

INSTRUCTIONS:

Please read carefully before filling in form. In order to be reimbursed, the worker must have notified the CNESST, using the Worker's Claim form, of the incident giving rise to this application for reimbursement.

IMPORTANT

Fill out the appropriate section(s) based on the type of expenses for which you are claiming reimbursement.

Attach prescriptions and supporting documents for medication, clothing and other expenses (essential for reimbursement). Securely attach them to the form, ensuring that the Worker's file number is indicated on each document. For travel and accommodation expenses, you do not have to attach supporting documents. However, you must keep all your original receipts for a period of three years, since the CNESST may require them for verification.

If the person accompanying the worker because of the worker's state of health is claiming expenses, he or she must properly fill out section 2 and provide the information required concerning the worker. The authorization of the CNESST is necessary for the expenses to be reimbursed. A medical certificate may be required.

If the CNESST has granted an advance on travel expenses, the amount of the advance must be entered in the space provided.

For fast processing, send the form by fax to 1 855 722-8081.

Claims for travel, meals or accommodation expenses must be made within 6 months of the date on which the expenses were incurred. For medication, clothing and other expenses, the period is three years.

TRAVEL EXPENSES

Public transport

Travel by public transport (bus, subway, train, ferry) is reimbursed on an actual cost basis.

Personal vehicle

The costs of using a personal vehicle are reimbursed at a rate of \$0.145 per kilometre.

Provided that the worker has CNESST authorization and a medical certificate stating that he or she is unable to use public transport, the cost of using a personal vehicle is reimbursable at the rate of **\$0.48 per kilometre.**

Taxi

Provided that the worker has CNESST authorization and a medical certificate stating that he or she is unable to use public transport, the cost of the taxi fare is reimbursed on an actual cost basis.

Parking and tolls

Parking and tolls are reimbursable on an actual cost basis.

Travelling more than 100 kilometres from home

If you decide to travel more than 100 kilometres from your home for treatment that is available closer, **contact us before you undertake such a trip.** We may authorize the trip if it is the most economical and appropriate solution. Otherwise, you would be entitled to be reimbursed for the equivalent of a 200-kilometre round trip.

MEDICATION

Clearly indicate the name of each drug and the name of the prescribing health professional. Attach all supporting documents.

MEALS AND ACCOMMODATION EXPENSES

Meals

As a general rule, meal expenses are reimbursed only if the destination is more than 16 kilometers from the worker's home.

Meals actually taken will be reimbursed under the following conditions:

- If the worker must leave home before 7:30 a.m., breakfast is reimbursed up to \$10.40;
- If the worker must leave home before 11:30 a.m., and return home after 1:30 p.m., lunch is reimbursed up to \$14.30;
- If the worker must leave home before 5:30 p.m., and return home after 6:30 p.m., dinner is reimbursed up to \$21.55.

Accommodation

Expenses for staying in a hotel or with a relative or friend must be authorized by the CNESST. These expenses are reimbursed according to the following rates:

- Hotel Accommodation
 - **Montreal:**
to a maximum of \$126* per night
 - **Québec City:**
to a maximum of \$106 per night

- **Gatineau, Lac-Beauport, Lac-Delage, Laval and Longueuil:**
to a maximum of \$102* per night
- **Elsewhere in Quebec:**
to a maximum of \$83* per night

- Allowance granted for each day of travel requiring hotel accommodation: \$5.85.
 - Lodging with a relative or friend: \$22.25 per night.
- The maximum amounts for hotel accommodation do not include the goods and services tax (GST), the Québec Sales Tax (QST) and the tax on lodging which, when applied, should be reimbursed.

* Between June 1 and October 31 of each year, the \$126, the \$102 and the \$83 maximums are increased to \$138, to \$110 and to \$87 respectively.

CLOTHING

Briefly describe any damage to your clothing at the time of the accident. Specify the type of expenses incurred (cleaning, repair, replacement) and attach supporting documents.

Note. Under the Act, cleaning, repair, or replacement of clothing is not fully reimbursable. In this case, reimbursement is subject to a deductible amount, amended on January 1 of each year.

OTHER EXPENSES

Use section 7 to claim all other expenses incurred as a result of the work-related accident, and which are not mentioned elsewhere in the form.

For reimbursement of expenses for services, clearly indicate the following:

- the period during which the service was provided;
- the supplier's name;
- the type of service;
- the number of children (in the case of childcare services);
- the amount of the expenses incurred (amount claimed)

Attach the original medical prescription, if any, and all supporting documents. Contact your local CNESST office if you require further information.

Worker

 Person accompanying the worker

 Other

1. Information about the person applying for reimbursement										2. Information about worker					
Surname (as shown on birth certificate) and first name Smith, John								Telephone 9 9 9 9 9 9 9 9 9 9		Worker's file No. 1 0 3 9 4 0 3 3 8					
Home Address, Number, Street, Apt. 1151 Hill Street								Date of original event 2 0 1 9 0 4 2 2		Date of recurrence, relapse or aggravation 2 0 2 0 1 1 1 5					
City, Province, Country Québec city (Québec) Canada								Postal code G 1 Y 2 N 4							
3. Travel Expenses															
Date			From	To	Reason for travel			Method of transportation used	Distance (km)	Round trip	Amount Claimed				
Year	Month	Day			Physio (✓)	Occ. Therapy (✓)	Other (Specify)				Transportation	Parking and tolls			
21	01	22	Home	Physio Clinic	✓			bus			5.20				
21	01	23	Home	Hospital			Doctor appointment	car	32		4.64	6.50			

CNESST Regional Offices

Just one number for the CNESST:

1 844 838-0808
Fax: 1 855 722-8081

Abitibi-Témiscamingue
33, rue Gamble Ouest
Rouyn-Noranda
(Québec) J9X 2R3
Fax: 819 762-9325

2^e étage
1185, rue Germain
Val-d'Or
(Québec) J9P 6B1
Fax: 819 874-2522

Bas-Saint-Laurent
180, rue des Gouverneurs
Case postale 2180
Rimouski
(Québec) G5L 7P3
Fax: 418 725-6237

Capitale-Nationale
425, rue du Pont
Case postale 4900
Succursale Terminus
Québec
(Québec) G1K 7S6
Fax: 418 266-4015

Chaudière-Appalaches
835, rue de la Concorde
Lévis
(Québec) G6W 7P7
Fax: 418 839-2498

Côte-Nord
Bureau 236
700, boulevard Laure
Sept-Îles
(Québec) G4R 1Y1
Fax: 418 964-3959

235, boulevard La Salle
Baie-Comeau
(Québec) G4Z 2Z4
Fax: 418 294-7325

Estrie
Place-Jacques-Cartier
Bureau 204
1650, rue King Ouest
Sherbrooke
(Québec) J1J 2C3
Fax: 819 821-6116

Gaspésie-Îles-de-la-Madeleine
163, boulevard de Gaspé
Gaspé
(Québec) G4X 2V1
Fax: 418 368-7855

200, boulevard Perron Ouest
New Richmond
(Québec) G0C 2B0
Fax: 418 392-5406

Île-de-Montréal
1, complexe Desjardins
Tour Sud, 31^e étage
Case postale 3
Succursale Place-Desjardins
Montréal
(Québec) H5B 1H1
Fax: 514 906-3200
Services spécialisés
Téléc. : 514 906-3232
Indemnisation et réadaptation
Téléc. : 514 906-3434

Lanaudière
432, rue De Lanaudière
Case postale 550
Joliette
(Québec) J6E 7N2
Fax: 450 756-6832

Laurentides
3^e étage
275, rue Latour
Saint-Jérôme
(Québec) J7Z 0J7
Fax: 450 432-1765

Laval
1700, boulevard Laval

Laval
(Québec) H7S 2G6
Fax: 450 668-1174

Longueuil
25, boulevard La Fayette
Longueuil
(Québec) J4K 5B7
Fax: 450 442-6373

Mauricie et Centre-du-Québec
Bureau 200
1055, boulevard des Forges
Trois-Rivières
(Québec) G8Z 4J9
Fax: 819 372-3286

Outaouais
15, rue Gamelin
Case postale 1454
Gatineau
(Québec) J8X 3Y3
Fax: 819 778-8699

Saguenay-Lac-Saint-Jean
Place-du-Fjord
901, boulevard Talbot
Case postale 5400
Saguenay
(Québec) G7H 6P8
Fax: 418 545-3543

Complexe du Parc
6^e étage
1209, boulevard du Sacré-Cœur
Case postale 47
Saint-Félicien
(Québec) G8K 2P8
Fax: 418 679-5931
Saint-Jean-sur-Richelieu
3^e étage
145, boulevard Saint-Joseph
Saint-Jean-sur-Richelieu
(Québec) J3B 1W5
Fax: 450 359-1307

Valleyfield
9, rue Nicholson
Salaberry-de-Valleyfield
(Québec) J6T 4M4
Fax: 450 377-8228

Yamaska
2710, rue Bachand
Saint-Hyacinthe
(Québec) J2S 8B6
Fax: 450 773-8126

Worker

 Person accompanying the worker

 Other

1. Information about the person applying for reimbursement

Surname (as shown on birth certificate) and first name		Telephone
Home Address, Number, Street, Apt.		
City, Province, Country		Postal code

2. Information about worker

Worker's file No.	<input type="text"/>
Date of original event	<input type="text"/> YYYYMMDD
Date of recurrence, relapse or aggravation	<input type="text"/> YYYYMMDD

3. Travel Expenses

Date			From	To	Reason for travel			Method of transportation used	Distance (km)	Round trip	Amount Claimed	
Year	Month	Day			Physio (v)	Occ. Therapy (v)	Other (Specify)				Transportation	Parking and tolls

If you received the CNESST's authorization to be accompanied, indicate:

Legend :	A : One way	A/R : Round trip	VM : Medical visit
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Surname and first name of person accompanying the worker	Telephone	Advance received (if applicable)	\$
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Home Address, Number, Street, Apt.	City, Province, Country
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I declare that the information provided in this form is true.

Signature of person applying for reimbursement	<input type="text"/> YYYYMMDD
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Detach and return to the CNESST

4. Medication (attach all supporting documents)						
Date			Name of drug	Name of health professional	Amount Claimed	
Year	Month	Day				

5. Meals and accommodation								
Date			Time of departure from home	Time of arrival at destination	Price of meals and room (if justified)			
Year	Month	Day			Breakfast	Lunch	Dinner	Room

6. Clothing (attach all supporting documents)						
Date			Brief description of damage	Amount Claimed		
Year	Month	Day		Cleaning	Repair	Replacement

Reserved for CNESST use

Amount of allowances (if applicable)

Daily allowance	
Accompaniment allowance	

7. Other expenses (attach medical prescriptions if any)									
Date range						Name of service provider	Type of service	No. of children (if applicable)	Amount claimed
From			To						
Year	Month	Day	Year	Month	Day				

8. Comments

Don't forget to:

- attach supporting documents and prescriptions if any
- sign and date the form on the back of this page