

**IDENTIFICATION OF EMPLOYEE (Block letters)**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ CUSTOMER NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ OR SOCIAL INSURANCE NUMBER \_\_\_\_\_

Year Month Day

**IMPORTANT NOTE ► READ THE INFORMATION ON THE BACK OF THE FORM BEFORE FILLING IT IN**

**IDENTIFICATION OF DEPENDENT CHILD**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DOES THE CHILD HAVE A SPOUSE?  YES  NO IF YES, DATE WHEN COHABITATION BEGAN \_\_\_\_\_

Year Month Day (see back) Year Month Day

IS HE REGISTERED WITH AN EDUCATIONAL INSTITUTION? YES  FILL IN PART B AND HAVE THE EDUCATIONAL INSTITUTION YOU ATTEND FILL IN PART C NO  FILL IN PART A ONLY IF HE HAS STOPPED ATTENDING THE EDUCATIONAL INSTITUTION

**CESSATION OF SCHOOL ATTENDANCE**

**A** I HAVE STOPPED ATTENDING REASON OF CESSATION: WITHDRAWAL  END OF COURSE

NAME OF EDUCATIONAL INSTITUTION \_\_\_\_\_ DATE OF CESSATION \_\_\_\_\_

Year Month Day

SIGNATURE OF DEPENDENT CHILD : \_\_\_\_\_ DATE : \_\_\_\_\_

**REGISTRATION AND AUTHORIZATION**

**B** I AM REGISTERED AT

NAME OF EDUCATIONAL INSTITUTION \_\_\_\_\_

Year Month Day Year Month Day

FOR THE PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

I authorize the above-mentioned educational institution to send to the Commission de la construction du Québec all information necessary to confirm my student status and my registration for courses. This authorization is valid as long as I attend the educational institution and remains in force beyond that period to verify the date on which I stopped attending the educational institution. A photocopy of this authorization has the same validity as the original.

SIGNATURE OF DEPENDENT CHILD : \_\_\_\_\_ DATE : \_\_\_\_\_

**CONFIRMATION OF SCHOOL ATTENDANCE**

**C** TO BE FILLED IN BY THE EDUCATIONAL INSTITUTION AFTER COURSES BEGIN IN THE SESSION COVERED

IS REGISTERED AS A STUDENT AT OUR INSTITUTION : \_\_\_\_\_ NAME OF STUDENT \_\_\_\_\_

Year Month Day Year Month Day

FOR THE PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF EDUCATIONAL INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ EXTENSION NUMBER \_\_\_\_\_

STATUS : FULL TIME  PART TIME

**SEAL**

SIGNATURE OF PERSON AUTHORIZED BY THE EDUCATIONAL INSTITUTION : \_\_\_\_\_ DATE : \_\_\_\_\_

**EMPLOYEE SIGNATURE**

I agree to notify the Commission de la construction du Québec if my child interrupt his full-time studies, if he change educational institution, or if he have a spouse.

\_\_\_\_\_ DATE \_\_\_\_\_

INSURED'S EMPLOYEE SIGNATURE (MANDATORY)

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

PLEASE SEND YOUR APPLICATION TO :



Commission  
de la construction  
du Québec

DIRECTION DES AVANTAGES SOCIAUX  
SECTION ASSURABILITÉ  
CASE POSTALE 2414  
SUCCURSALE YOUVILLE  
MONTRÉAL (QUÉBEC)  
H2P 0A6

FOR MORE INFORMATION,  
CONTACT YOUR REGIONAL  
OFFICE OR THE OFFICE OF  
YOUR ASSOCIATION.

## ELIGIBILITY OF THE DEPENDENT CHILD

This document is produced for information purposes. Only the Regulation respecting the complementary social benefit plans in the construction industry has legal value.

### What is a « dependent child » ?

Is considered a «dependent child» a spouseless child of the insured employee or of the insured employee's spouse, most of whose support is provided by the insured employee, and who meets one of the following requirements:

1° The child is under 18 years of age

2° The child is aged 25 years or under and is a full-time student at an educational institution recognized by the ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche

3° The child became totally disabled while he was fulfilling the conditions in paragraph 1° or 2° and has remained continually disabled since

A child over whom the insured employee exerts parental authority is considered a child of the employee.

For the purposes of the provisions of the insurance plans, a child who reaches the age of 18 years between January 1 and August 31 remains a dependent child until August 31, and a child who reaches this age between September 1 and December 31 remains a dependent child until December 31. Thereafter, he remains a dependent child only if he proves that he is attending a recognized educational institution on a full-time basis.

### Documents to be provided for eligibility of a « dependent child »

For a child aged 18 years or over but under 26 years, you must supply form no. 4, "Certificate of School Attendance" and a proof of birth, if this has not already been done.

As a proof of birth, a photocopy of one of the following documents is accepted: birth certificate indicating the name of the parents (the pocket-size certificate is not accepted since it does not indicate the parents names), copy of the act of birth issued by the Directeur de l'état civil, declaration of birth (generally completed at the hospital), notice of registration of birth issued by the Directeur de l'état civil or probate of adoptions notice.

Form no. 4 must be supplied twice a year. The form supplied for the winter session allows the recognition of the dependent child for the period from January to August and the form supplied for the autumn session allows the recognition of the dependent child for the period from September to December, contingent on the date of beginning of the session under review. The form must be filled in by an authorized representative of the educational institution after the beginning of the courses for the related session.

### Documents to supply for eligibility of a disabled child

Whatever his or her current age, a child who becomes disabled when under 18 years of age or under 26 years of age while being a full-time student at an educational institution recognized by the ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche.

If the disability began before the child was 18 years of age, supply a medical certificate;

If the disability began when the child was 18 years or over but under 26 years, supply form no. 4, "Certificate of School Attendance" for the session during which the disability began, and a medical certificate.

## WHAT IS A « SPOUSE » ?

Spouses are considered to be two individuals (of opposite sexes or the same sex):

- who are married or joined in civil union;
- who have lived in a conjugal relationship for 12 months;
- who have lived in a conjugal relationship for any amount of time and who have a child together, adopted or biological.

## TO REACH US

You may contact your union or employer representative, or the staff at the CCQ's customer services:

### CCQ regional offices

Abitibi-Témiscamingue: .....819 825-4477  
Bas-Saint-Laurent-Gaspésie: .....418 724-4491  
Côte-Nord: .....418 962-9738  
418 589-3791  
Estrie: .....819 348-4115  
Mauricie-Bois-Francs: .....819 379-5410

Montréal: .....514 341-2686  
Outaouais: .....819 243-6020  
Québec: .....418 624-1173  
Saguenay-Lac-Saint-Jean: .....418 549-0627  
Toll-free line: .....1 888 842-8282

CCQ Web site: [www.ccq.org](http://www.ccq.org)

This site also provides links to the associations' Web sites.

### Bureaux régionaux — Directeur de l'état civil

Montréal: ..... 514 644-4545  
Québec: ..... 418 644-4545  
Other areas in Québec: ..... 1 877 644-4545 (Toll-free)  
Web site: [www.etatcivil.gouv.qc.ca](http://www.etatcivil.gouv.qc.ca)

### Bureaux régionaux — Régie de l'assurance maladie du Québec

Montréal: ..... 514 864-3411  
Québec: ..... 418 646-4636  
Other areas in Québec: ..... 1 800 561-9749 (Toll-free)  
Web site: [www.ramq.gouv.qc.ca](http://www.ramq.gouv.qc.ca)