

Application for Disability Benefits

If you are under age 65, have sufficiently contributed to the Québec Pension Plan and are disabled, you could be entitled to disability benefits under the Plan. There are two pensions:

- the disability pension;
- the pension for a disabled person's child.

The Régie can consider you to be disabled if your disability is severe and is expected to last indefinitely. You must be unable to do substantially gainful work on a regular basis because of your state of health.

However, **if you are between ages 60 and 65**, and your state of health prevents you from doing the **usual work** you left when you became disabled, you could be entitled to a disability pension.

Please note that the Régie's criteria for determining if a person is disabled are not the same as those of the Commission de la santé et de la sécurité du travail (CSST) and the Société de l'assurance automobile du Québec (SAAQ). The criteria used by insurance companies may also differ from those of the Régie.

The disability pension

Payment of a disability pension begins in the fourth month following the one as of which the person is considered disabled by the Régie. For example, if a person is deemed to be disabled by the Régie as of January, payment will begin four months later (in May). The last payment is made in the month of the person's 65th birthday.

Pension for a disabled person's child

If you are entitled to a disability pension, your children and any children you support, **who are not already receiving a pension under the Québec Pension Plan or the Canada Pension Plan**, could be entitled to a pension for a disabled person's child until age 18. You can apply for the following children:

- your child, whether or not he or she lives with you;
- the child of your spouse (your stepchild), if the child lives with you;
- any other child who lives with you or that you support.

How to apply

Return the form to the Régie as soon as you have finished filling it out. Do not wait for the Medical Report. The date we receive the application is very important because it can affect the date on which the pension becomes payable. However, the maximum retroactivity possible is 12 months from the date we receive the application, even if you were disabled before that time.

You must have the Medical Report completed by your physician. Be sure to ask him or her to send it back to the Régie as soon as possible. Your physician may charge you a fee for filling out the Medical Report. You are responsible for paying that fee.

Work outside Canada

If you participated in a social security plan in another country, you could be entitled to a pension under that plan. Pensions paid under the Québec Pension Plan are not reduced if you are receiving a pension from another country.

HOW TO COMPLETE YOUR APPLICATION FOR DISABILITY BENEFITS

- 1- Answer all the questions on the Application for Disability Benefits, unless you are instructed to skip a question.
- 2- If there is not enough space, continue your answer in section 26, OTHER INFORMATION.
- 3- Sign section 25, DECLARATION AND SIGNATURE.
- 4- Fill out and sign the AUTHORIZATION TO RELEASE MEDICAL AND PSYCHOSOCIAL INFORMATION.
- 5- Include a copy of all medical reports and test results that you have in your possession that concern your disability. **(DO NOT SEND X-ray films.)**
- 6- Place the form and all other documents in the envelope provided and mail it to the following address as soon as possible:

Régie des rentes du Québec
Case postale 5200
Québec (Québec) G1K 7S9

- 7- Be sure to use sufficient postage, especially if you have enclosed additional documents.

INSTRUCTIONS FOR THE ENCLOSED MEDICAL REPORT FORM

- 1- You (the applicant) must fill out section 1 of the Medical Report, APPLICANT'S IDENTITY.
- 2- Have the other sections completed by your physician. He or she will send the report directly to the Régie.

IMPORTANT: The Régie has the right to require proof of birth at any time.

For more information

By Internet: www.rrq.gouv.qc.ca

By telephone: Québec region: (418) 643-5185
Montréal region: (514) 873-2433
Toll-free: 1 800 463-5185
Service for the hearing impaired: 1 800 603-3540

ACCESS TO DOCUMENTS HELD BY PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION

The information requested on this form is needed in order for the Régie to study your file. The information will be held by the Régie in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*, and cannot be provided to other persons or agencies or verified with them except in those cases provided for by law. It could also be used for research, assessments, enquiries or surveys.

Application for Disability Benefits

Write your social insurance number in this space* ►

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Please print

IDENTIFICATION

1	Sex*	Family name*	Given name*
	<input type="checkbox"/> F <input type="checkbox"/> M	Family name at birth (if different)	Given name at birth (if different)

2	Date of birth*	Place of birth							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">year</td> <td style="width: 33%; text-align: center;">month</td> <td style="width: 33%; text-align: center;">day</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> </tr> </table>	year	month	day	_	_	_	city	province
year	month	day							
_	_	_							
Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English									

3	Your mother's family name at birth*	Your mother's given name*
	Your father's family name at birth*	Your father's given name*

4	Your address (number, street, apartment)*			
	City	Province	Country	Postal code

5	Telephone home*	area code	other	area code	extension
	_	_	_	_	_

GENERAL INFORMATION

6	If you live outside Canada, what was your last province of residence in Canada? _____
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7	Have you ever participated in the social security plan of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes, in the following country or countries _____
Please indicate your social security numbers for those countries: _____	

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GENERAL INFORMATION (cont.)

8

A. Do you have children born after 31 December 1958 or did you become responsible for children after that date?

- Yes
 No. **Go to section 9.**

B. Certain situations could help you become eligible for a pension or increase the amount:

- if you received family benefits for a child (Québec family allowance or Canada Child Tax benefit);
- if you did not receive such benefits because your family income was too high.

Did you receive family benefits paid in **your name** for a child born after 31 December 1958? If you did not, was it because your family income was too high? (Benefits are usually paid to the mother.)

- Yes. Complete the table below.
 No. **Go to section 9.**

Information about children born after 31 December 1958

1st child Family name at birth		Given name	
Date of birth <small>year month day</small>	Date of adoption or date child became your dependent (if applicable) <small>year month</small>	Date of death (if child died before age 7) <small>year month</small>	
Place of birth (province, country)	Child born outside Canada	Date of arrival in Canada <small>year month</small>	Province of residence at time of arrival in Canada

2nd child Family name at birth		Given name	
Date of birth <small>year month day</small>	Date of adoption or date child became your dependent (if applicable) <small>year month</small>	Date of death (if child died before age 7) <small>year month</small>	
Place of birth (province, country)	Child born outside Canada	Date of arrival in Canada <small>year month</small>	Province of residence at time of arrival in Canada

3rd child Family name at birth		Given name	
Date of birth <small>year month day</small>	Date of adoption or date child became your dependent (if applicable) <small>year month</small>	Date of death (if child died before age 7) <small>year month</small>	
Place of birth (province, country)	Child born outside Canada	Date of arrival in Canada <small>year month</small>	Province of residence at time of arrival in Canada

If there are more than 3 children, continue in section 26.

C. Between the birth and the 7th birthday of each of these children, were there any periods during which the family benefits were not **paid in your name**?

- Yes
 No

Write your social insurance number in this space 

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BENEFITS FROM OTHER AGENCIES

9 Have you ever applied for benefits from the Commission de la santé et de la sécurité du travail (CSST) following a work-related accident or an occupational disease (whether or not it was related to your current incapacity)?

No Yes. In what year? _____ For what reason? _____

Give your CSST file number. _____

What is the current status of your file at the CSST?

I have not yet received an answer from the CSST.

I am **currently** receiving an indemnity from the CSST.

I was receiving an indemnity from the CSST but have stopped receiving it.

The CSST rejected my application.

Did you undergo a medical examination for the CSST? Yes No

10 Have you ever applied for benefits from the Société de l'assurance automobile du Québec (SAAQ) (whether or not it was related to your current incapacity)?

No Yes. In what year did the accident occur? _____ Give your SAAQ file number _____

Did the SAAQ ask for a medical opinion? Yes No

11 Have you ever applied for benefits from an insurance company because of your disability?

No Yes. Give the name of the company _____ Your file number _____

Did the insurance company ask for a medical opinion? Yes No

WORK HISTORY

12 **A.** Have you completely stopped working?

Yes. Date of the **last day you went** to your place of work.

year	month	day
_	_	_

No. How many hours a week do you work? _____ What is your gross weekly salary? _____

B. Why did you totally or partially stop working? _____

13 **A.** Date you started your current job or your last job

year	month	day
_	_	_

B. Give the title of your job. _____

Briefly describe the work you did. _____

C. Name of your last employer _____ Telephone

area code	_	_	_	_	_	_	_	_	_
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D. Do you have another job? Yes No

14 **A.** List the other jobs you held before the job described in section 13.

Employer	Type of work	Duration	Reason for leaving

B. Are you currently self-employed or do you own a business? No Yes. **Go to section 15.**

C. Have you ever been self-employed or owned a business? Yes No. **Go to section 15.**

D. If the business has been sold, dissolved or closed, give the date concerned.

year	month	day
_	_	_

Write your social insurance number in this space ►

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INFORMATION ON YOUR STATE OF HEALTH

15 Since when have you been unable to work on a regular basis because of your state of health?

year	month	day

16 List the illnesses or impairments that prevent you from working or limit you in your work. If you do not know the exact medical terms, describe the problem in your own words.

17 List all the medicines that you are currently taking.

Name of the medicine	The dose you take	How often you take it

18 Indicate any other treatment (physical therapy, psychotherapy, etc.) that you are currently receiving and the place where you are treated.

Treatment	Place

19 Indicate, if possible, any special tests you have had during the past six months that are related to the health problem causing your disability (x-rays, treadmill exercise, magnetic resonance, respiratory test, etc.).

Type of test	Hospital or clinic where the test was done

20 Can you get around without aid?
 Yes
 No. I must use: a cane crutches a wheel chair
 other Explain _____

Write your social insurance number in this space

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INFORMATION ABOUT YOUR PHYSICIANS

21

Name the physicians currently caring for you and any physicians you have seen because of your disability.

Dr. _____ <input type="checkbox"/> Family doctor <input type="checkbox"/> Specialist. What field? _____ Telephone area code _____	Name the hospital, clinic or CLSC where you see this physician. _____ <input type="checkbox"/> Hospital <input type="checkbox"/> CLSC <input type="checkbox"/> Clinic Date you last saw that physician year month day _____
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Dr. _____ <input type="checkbox"/> Family doctor <input type="checkbox"/> Specialist. What field? _____ Telephone area code _____	Name the hospital, clinic or CLSC where you see this physician. _____ <input type="checkbox"/> Hospital <input type="checkbox"/> CLSC <input type="checkbox"/> Clinic Date you last saw that physician year month day _____
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Dr. _____ <input type="checkbox"/> Family doctor <input type="checkbox"/> Specialist. What field? _____ Telephone area code _____	Name the hospital, clinic or CLSC where you see this physician. _____ <input type="checkbox"/> Hospital <input type="checkbox"/> CLSC <input type="checkbox"/> Clinic Date you last saw that physician year month day _____
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Dr. _____ <input type="checkbox"/> Family doctor <input type="checkbox"/> Specialist. What field? _____ Telephone area code _____	Name the hospital, clinic or CLSC where you see this physician. _____ <input type="checkbox"/> Hospital <input type="checkbox"/> CLSC <input type="checkbox"/> Clinic Date you last saw that physician year month day _____
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If there is not enough space, continue in section 26.

INFORMATION ON HOSPITAL STAYS

22

Have you been hospitalized in the last five years? No Yes. Give the following information.

Approximate date <small>year month</small>	Reason
Name of the hospital	Location
Approximate date <small>year month</small>	Reason
Name of the hospital	Location
Approximate date <small>year month</small>	Reason
Name of the hospital	Location

Write your social insurance number in this space ►

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PENSION FOR A DISABLED PERSON'S CHILD

23

A. Do you wish to apply for a pension for a disabled person's child for one or more dependent children?
(See "Pension for a disabled person's child" on the cover page for eligibility requirements.)

No. Go to section 24. Yes. Give the names in the following sections.

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name at birth	Given name	Social insurance number
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Date of birth year month day	Place of birth (if the child was born outside Québec, provide proof of birth issued by an officer of civil status.) _____ city _____ province _____ country
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If the child is not your own child, since when has he or she been living with you? year month day

Child's address

His or her mother's family name at birth	His or her mother's given name at birth
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His or her father's family name	His or her father's given name at birth
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Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name at birth	Given name	Social insurance number
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Date of birth year month day	Place of birth (if the child was born outside Québec, provide proof of birth issued by an officer of civil status.) _____ city _____ province _____ country
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If the child is not your own child, since when has he or she been living with you? year month day

Please provide the following information if it is not the same as that for the first child.	Child's address
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His or her mother's family name at birth	His or her mother's given name at birth
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His or her father's family name	His or her father's given name at birth
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Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name at birth	Given name	Social insurance number
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Date of birth year month day	Place of birth (if the child was born outside Québec, provide proof of birth issued by an officer of civil status.) _____ city _____ province _____ country
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If the child is not your own child, since when has he or she been living with you? year month day

Please provide the following information if it is not the same as that for the first child.	Child's address
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His or her mother's family name at birth	His or her mother's given name at birth
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His or her father's family name	His or her father's given name at birth
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If there is not enough space, continue in section 26.

B. Do any of the children whose names appear above receive a pension under the Québec Pension Plan or the Canada Pension Plan?

No. Yes. Indicate under what social insurance number. _____

