Information

Régie des rentes Québec

Application for Review

In order to facilitate the processing of your application, you must complete **all the sections** of this form.

1. Identification

Applicant or beneficiary

Family name	Given name	Social insurance number

Address (number, street, apartment)

City	Province	Country	Postal code

Telephone
home (area code) other (area code) extension

Contributor

Family name	Given name	Social insurance number

Address (number, street, apartment)

City	Province	Country	Postal code

Telephone
home (area code) other (area code) extension

2. Reasons

Explain why you are applying for a review and provide any pertinent documents.

If you need more space, continue on a separate sheet.

Social insurance number

If the application for review is related to an application for a disability pension, complete section 3. If not, go to **section 4**.

3. Additional information

3.1 Have you seen your attending physician or another physician since the Régie rendered its decision?

☐ Yes ☐ No

If yes, indicate the physician's name and the location:

Physician's name	Location (hospital, clinic, CLSC, etc.)

3.2 Has your medication been changed (new medication, change in dose) since the Régie rendered its decision?

☐ Yes ☐ No

If yes, indicate the name of the medication and the dose:

Medication	Dose (e.g. 10 mg, twice a day)

3.3 Have you begun any new treatment (physical therapy, psychotherapy, surgery, pain clinic, etc.) since the Régie rendered its decision?

☐ Yes ☐ No

If yes, indicate the treatment, the starting date, the frequency and the location:

Treatment	Starting date	Frequency (per month)	Location (hospital, rehabilitation centre, clinic, CLSC, etc.)

3.4 Have you undergone tests since the Régie rendered its decision or are you expected to undergo tests?

☐ Yes ☐ No

If yes, indicate the test, the date or expected date and the location:

Test	Date (or expected date)	Location

Social insurance number

3. Additional information (cont.)

3.5 Have you been hospitalized since the Régie rendered its decision?

☐ Yes ☐ No

If yes, indicate the reason, the date and the hospital:

Reason	Date	Hospital

3.6 Since the Régie rendered its decision, have you been examined at the request of the CSST, SAAQ or an insurance company, or are you expected to undergo such an examination?

☐ Yes ☐ No

If yes, indicate the name of the agency or company and the date or expected date of the examination:

Agency or insurance company	Date (or expected date)

4. Signature

This form must be signed by the the person contesting the decision, or his or her heir, duly authorized mandatory or guardian or the Public Trustee.

Signature _____ Date year month day

Print

Return to:
Régie des rentes du Québec, Service de la révision, C. P. 5200, Québec (Québec) G1K 7S9