

## Application for a Health Insurance Card

Student from a country that has signed a social security agreement with the Québec government

ÉTIQUETTE

**Important: Read the reverse for the list of documents to be provided**

### 1. Identity information

Last name at birth	First name	Date of birth Year      Month      Day		
Social security number/Registration number (France and Greece)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Canadian citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No	

### 2. Residential address in Québec\*

Apartment or room number	Civic number	Street		
Name of the university residence, if applicable	Municipality	Province <b>Québec</b>	Postal code	

\* Please notify us within 30 days following a change of address.

### 3. Information on the stay in Québec

Country of origin (mandatory)	Date of arrival in Québec (mandatory) Year      Month      Day	Expected date of departure (mandatory) Year      Month      Day			
<b>If you have or have had a Health Insurance Card:</b> <table border="1"> <tr> <td>Health Insurance Number</td> <td>           Situation  <input type="checkbox"/> I have not left Québec (extension of stay)    <input type="checkbox"/> I am back in Québec         </td> <td>           Date on which you left Québec            Year      Month      Day         </td> </tr> </table>			Health Insurance Number	Situation <input type="checkbox"/> I have not left Québec (extension of stay) <input type="checkbox"/> I am back in Québec	Date on which you left Québec Year      Month      Day
Health Insurance Number	Situation <input type="checkbox"/> I have not left Québec (extension of stay) <input type="checkbox"/> I am back in Québec	Date on which you left Québec Year      Month      Day			

### 4. Authorization and signature

I hereby authorize the Régie de l'assurance maladie du Québec (RAMQ) to exchange any information concerning my eligibility with my Québec-accredited educational institution. This consent is valid for the entire duration of my stay here to pursue studies.

I declare that all the information provided is accurate and true. I am aware that anyone making a false statement is committing an offence.

Signature <b>X</b>	Date of signature Year      Month      Day
Québec telephone number	Other telephone number

To avoid any delays, please:

- fill out all sections of this form
- date and sign the form
- attach legible photocopies of all the pages (both sides) of the requested documents in the section concerning you.

Mail this form, along with the photocopies of all requested documents, to the following address:

**Régie de l'assurance maladie du Québec**  
C. P. 6600, succ. Terminus  
Québec (Québec) G1K 7T3

## Documents to be attached to the form Application for a Health Insurance Card

### Student from France

#### If you are registered full time in a program leading to a diploma

- ☐ Certificate of coverage under French social security SE 401-Q-102
- ☐ Identity page of your passport
- ☐ Confirmation of your full-time enrolment in an educational institution  
\*Admission letters are not accepted.

#### If the duration of your program of studies is over 6 months

- ☐ Québec selection certificate  
\*The letter *Délivrance de votre certificat d'acceptation du Québec (CAQ) pour études* is not accepted.

#### If you are participating in an exchange between educational institutions (including bidualation and joint doctoral-level supervision)

- ☐ Certificate of coverage under French social security SE 401-Q-106  
\*Make sure that section 3 is completed by your educational institution of origin and that section 4 is completed by the organization issuing the certificate.
- ☐ Identity page of your passport

#### If the duration of your program of studies is under 6 months

- ☐ Québec selection certificate  
\*The letter *Délivrance de votre certificat d'acceptation du Québec (CAQ) pour études* is not accepted.

#### If you are doing an internship or undergoing training as part of your studies

- ☐ Certificate of coverage under French social security SE 401-Q-104
- ☐ Identity page of your passport
- ☐ Authorization of entry, issued by the Canadian immigration authorities  
(permit with the mention "Working holiday," a passport stamp, etc.)

### Student from a country that has signed a social security agreement with Québec (country other than France)

#### If you are registered full time in a program leading to a diploma

- ☐ Certificate of coverage under your country's social security
- ☐ Identity page of your passport
- ☐ Confirmation of your full-time enrolment in an educational institution  
\*Admission letters are not accepted.

#### If the duration of your program of studies is over 6 months

- ☐ Québec selection certificate  
\*The letter *Délivrance de votre certificat d'acceptation du Québec (CAQ) pour études* is not accepted.

#### If you are doing an internship or undergoing training as part of your studies

- ☐ Certificate of coverage under your country's social security
- ☐ Identity page of your passport
- ☐ Attestation confirming that you have been accepted as a researcher or intern

If you hold **Canadian citizenship**, attach photocopies of all the documents related to your student status in Québec. Replace the Québec selection certificate with one of the following documents:

- Identity page of your valid Canadian passport
- Canadian citizenship certificate issued on or after February 1, 2012 or Canadian citizenship card with photo, if issued before that date
- Birth certificate issued by a Canadian vital statistics office  
\*For a birth in Québec, only a document issued by the Directeur de l'état civil on or after January 1, 1994 is accepted