



IMPORTANT: Before filling out this form, please read the guide.
It will help you for completing your application for exemption or re-evaluation.

Identity of user under care

Last name at birth		First name			Health Insurance Number		
Civil status		Year			Month		Day
<input type="checkbox"/> Single <input type="checkbox"/> Married or living in a civil union		Since					Spouse's Health Insurance Number
<input type="checkbox"/> Legally separated <input type="checkbox"/> Divorced		Provide a photocopy of the legal separation decree or divorce decree, including corollary relief.			Year		Month
							Day
		<input type="checkbox"/> Widow(er)			Since		
Residential address of the user under care before their admission							
Number		Street				Apartment	
Municipality				Province		Postal code	

Spouse (married or living in a civil union)

Does your spouse live in a public facility (residential and long-term care centre (CHSLD) or in a rehabilitation centre, intermediate resource or family-type resource)?

Yes
 No **Please provide below all requested information concerning the non-accommodated spouse.**

Last name at birth		First name			Date of birth			Telephone number		
					Year			Month		Day
Spouse's address if different from that of the user under care										
Number		Street				Apartment				
Municipality				Province		Postal code				

Dependent children

Do you or your spouse have dependent children? <input type="checkbox"/> Yes ▶ How many? _____ <input type="checkbox"/> No				<p align="center">IMPORTANT</p> <p>For children age 18 to 25 (inclusive), provide:</p> <ul style="list-style-type: none"> • Proof of full-time school attendance <p>AND</p> <ul style="list-style-type: none"> • Proof of residential address 		
Health Insurance Number of each child		<input type="checkbox"/> Single <input type="checkbox"/> Legally separated			<input type="checkbox"/> Married or living in a civil union <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	
		<input type="checkbox"/> Single <input type="checkbox"/> Legally separated			<input type="checkbox"/> Marié ou uni civilement <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	
		<input type="checkbox"/> Single <input type="checkbox"/> Legally separated			<input type="checkbox"/> Marié ou uni civilement <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	

Rent payment

In addition to the contribution paid to the facility in which you are accommodated, have you paid any other rent since your admission?

Yes ▶ Provide a copy of the lease and proof of payments.
 No

Citizenship

Were you born in Canada?

Yes
 No ▶ Country of birth: _____

* Provide an official Canadian immigration document indicating the date you obtained permanent resident status.

DECLARATION OF PROPERTY AND INCOME

N. B. : To be entitled to a partial or total exemption from payment of your contribution, you must answer all of the questions in this form and provide photocopies of all supporting documents.

	LIQUID ASSETS	User	Non-accommodated spouse (married or living in a civil union)
300	Accounts with financial institutions No <input type="checkbox"/> Yes <input type="checkbox"/> Account number _____ Amount _____ \$ _____ \$ Provide photocopies of passbooks and account statements from financial institutions showing the transactions made in the 12 months prior to this application or to being admitted. Investments (Stocks, certificates of deposit, RRIF, TFSA, permanent shares, etc.) No <input type="checkbox"/> Yes <input type="checkbox"/> Amount/value _____ \$ _____ \$ Provide photocopies of the statements of investment or equity holdings for the 12 months prior to this application or to being admitted.	Account number _____ Amount _____ \$ _____ \$ Amount/value _____ \$ _____ \$ Amount/value _____ \$ _____ \$	Account number _____ Amount _____ \$ _____ \$ Account number _____ Amount _____ \$ _____ \$ Amount/value _____ \$ _____ \$
301	Registered Retirement Savings Plan (RRSP) No <input type="checkbox"/> Yes <input type="checkbox"/> Amount/value _____ \$ _____ \$ Provide photocopies of investment statements for the 12 months prior to this application or to being admitted.	Amount/value _____ \$ _____ \$	Amount/value _____ \$ _____ \$
302	Registered Disability Savings Plan (RDSP) No <input type="checkbox"/> Yes <input type="checkbox"/> Amount/value _____ \$ _____ \$ Provide photocopies of investment statements for the 12 months prior to this application or to being admitted.	Amount/value _____ \$ _____ \$	Amount/value _____ \$ _____ \$
309	Compensation (Hôpital St-Julien, Allan Memorial Institute, Duplessis orphans, etc.) No <input type="checkbox"/> Yes <input type="checkbox"/> Amount _____ \$ _____ \$ Provide an official document showing the amount received.	Amount _____ \$ _____ \$	Amount _____ \$ _____ \$
310	Liquid assets given during the past two years (donations, gifts, etc.) No <input type="checkbox"/> Yes <input type="checkbox"/> Amount _____ \$ Date of donation or gift _____ Year Month Day Reason _____ Provide proof of financial transactions .	Amount _____ \$ Date of donation or gift _____ Year Month Day Reason _____	Amount _____ \$ Date of donation or gift _____ Year Month Day Reason _____
410	PROPERTY Property (Main residence) No <input type="checkbox"/> Yes <input type="checkbox"/> Municipal assessment _____ \$ Mortgage balance _____ \$ _____ \$ Were you living in this residence prior to your admission? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide a photocopy of the municipal assessment for the current year attesting to the value of this property and a photocopy of the mortgage balance statement for the month prior to this application or to being admitted.	Municipal assessment _____ \$ Mortgage balance _____ \$ _____ \$ Were you living in this residence prior to your admission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Municipal assessment _____ \$ Mortgage balance _____ \$ _____ \$ Are you currently living in this residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
412	Other immovable property (Secondary residence, land, building, etc.) No <input type="checkbox"/> Yes <input type="checkbox"/> Municipal assessment _____ \$ _____ \$ Provide a photocopy of the municipal assessment for the current year.	Municipal assessment _____ \$ _____ \$	Municipal assessment _____ \$ _____ \$
420	Immovable and movable property given during the past two years No <input type="checkbox"/> Yes <input type="checkbox"/> Value _____ \$ Date of donation or gift _____ Year Month Day Provide a photocopy of the notarized contract of gift or donation.	Value _____ \$ Date of donation or gift _____ Year Month Day	Value _____ \$ Date of donation or gift _____ Year Month Day
430	Automobile No <input type="checkbox"/> Yes <input type="checkbox"/> Market value _____ \$ Kilometrage _____ km _____ \$ _____ km Provide a photocopy of both sides of the registration certificate.	Market value _____ \$ Kilometrage _____ km _____ \$ _____ km	Market value _____ \$ Kilometrage _____ km _____ \$ _____ km
441	Other movable property (Trailer, boat, motorhome, etc.) No <input type="checkbox"/> Yes <input type="checkbox"/> Market value _____ \$ _____ \$ Provide a photocopy of the document proving the value.	Market value _____ \$ _____ \$	Market value _____ \$ _____ \$
449	Property purchased with money received as compensation (Hôpital St-Julien, Allan Memorial Institute, Duplessis orphans, etc.) No <input type="checkbox"/> Yes <input type="checkbox"/> Value _____ \$ _____ \$ Provide an official document showing the amount received.	Value _____ \$ _____ \$	Value _____ \$ _____ \$

User's Health Insurance Number

Information required for traceability purposes

	MONTHLY INCOME	User	Non-accommodated spouse (married or living in a civil union)
500 to 505	Old Age Security Pension	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Provide proof of the gross monthly amount.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____
510	Québec Pension Plan	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Provide proof of the gross monthly amount.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____
520	Retirement benefits from a personal or former employer's pension plan	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Provide proof of the gross monthly amount.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____
521	U.S. social security benefits	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Provide proof of the gross monthly amount in U.S. funds.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____
522	Pension from another country	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Provide proof of the annual amount in the country's currency.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____
530	Employment income	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Provide photocopies of the paycheque stubs for the last four weeks, showing the deductions and gross salary.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____
532	Rental property income	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Provide a photocopy of the schedule entitled "Income and Expenses Respecting the Rental of Immovable Property" (TP-128-V), sent with your Québec income tax return.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____
540	Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST)	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Provide proof of the gross monthly amount.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____
543	Income from salary or disability insurance	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Provide proof of the gross monthly amount.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____
560	Pension, annuity or income from a succession (estate)	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Provide proof of the gross monthly amount and a photocopy of the will, where applicable.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____
561	Income from investments and bonds, interest, dividends	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Provide a photocopy of the "Relevé 3" slip sent with your Québec income tax return.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____
	Other income (Canada Pension Plan, Employment insurance, SAAQ indemnity, veterans pension or allowance, support, etc.)	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Specify: _____ Provide proof of the gross monthly amount.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Specify: _____
570	Do you or does your spouse receive compensation under a private insurance plan to pay your contribution?	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Specify: _____ Provide a document confirming the monthly amount paid as well as a copy of the contract.	No <input type="checkbox"/> Yes <input type="checkbox"/> \$ _____ Specify: _____

Declaration and signatures

I declare that the information in this form is accurate and complete, and I agree to notify the Régie de l'assurance maladie du Québec of any change in this information, without delay.

Date

Year Month Day

Signature of the user or representative

If the signature of the user is an X, a witness must sign. Telephone number

Signature of spouse (married or living in a civil union), where applicable

Please return this form and all required documents to the following address:

Régie de l'assurance maladie du Québec
Service de la contribution et de l'aide financières
 425, boul. De Maisonneuve Ouest, bureau 213
 Montréal (Québec) H3A 3G5