

## Undertaking Form

Program of temporary measures related to certain assisted procreation services required for in vitro fertilization

This undertaking form must be completed, signed and sent by each of the spouses at the time of submitting the request for reimbursement to the Régie de l'assurance maladie du Québec.

### Identification of the insured person

First name		Last name	
Health Insurance Number	Date of birth Year	Month	Day

### Information on eligibility criteria

#### Eligibility criteria for the Program of temporary measures related to certain assisted procreation services required for in vitro fertilization (IVF):

- The person alone or spouses are 18 years of age or over at the beginning of treatments.
- The woman has reached 41 years of age between November 15, 2021, and December 31, 2022.
- The person alone or spouses are insured persons under the Québec Health Insurance Plan.
- The person alone or either spouse has never before benefited from IVF insured services as part of an assisted procreation project.
- In the case of spouses, either is infertile or unable to reproduce.
- The person alone or either spouse has not undergone voluntary surgical sterilization or had reanastomosis of the uterine tube or the vas deferens, if applicable.

### Undertaking

I, the undersigned \_\_\_\_\_ confirm that  
First and last names of the insured person  
 I meet the eligibility criteria indicated on this form and I undertake to inform the Régie de l'assurance maladie du Québec of any changes in my situation.

\_\_\_\_\_  
Signature of the insured person

Year      Month      Day  
 \_\_\_\_\_  
Date