

**Application to Obtain an Attestation
for a Québec Resident Going to Greece**
Agreement of November 1, 2010 between Québec and Greece

1. Insured person

Last name at birth			First name		
Date of birth YEAR MONTH DAY	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Health Insurance Number		Telephone (home) AREA CODE	Telephone (work) AREA CODE
Address in Québec (number, street)					Apartment
Municipality					Postal code Québec

Complete section 2 or 3 depending on your situation.

2. Temporary absence from Québec

Check the appropriate box, depending on the reason for your temporary absence from Québec. <input type="checkbox"/> Work <input type="checkbox"/> Studies					
Date of departure from Québec	YEAR	MONTH	DAY	Expected date of return	YEAR MONTH DAY
Comments, where applicable					

3. Permanent departure from Québec

Date of departure from Québec to take up residence in Greece	YEAR	MONTH	DAY
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4. Identity of the persons accompanying you

4.1 Your spouse							
Last name at birth	First name	Date of birth YEAR MONTH DAY	Health Insurance Number				
4.2 Dependants under age 18 (persons over 18 must complete their own application)							
Last name at birth	First name	Date of birth YEAR MONTH DAY	Health Insurance Number				
		YEAR MONTH DAY					
Please specify the departure and return dates for these persons, if different from the dates entered in section 2 or 3.							
Date of departure or date of taking residence outside Québec	YEAR	MONTH	DAY	Expected return date (temporary stay only)	YEAR	MONTH	DAY

5. Insured person's signature

Signature	Date
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Instructions

To receive health insurance benefits under the Greek plan, you must provide confirmation of your coverage issued by the Régie de l'assurance maladie du Québec. To obtain such confirmation, complete sections 1 and 5, section 2 or 3 and, if applicable, section 4 of this form and return it to us at the following address:

Régie de l'assurance maladie du Québec
Case postale 16000
Québec (Québec) G1K 9A2

Upon receiving the completed form, the Régie will issue your attestation of affiliation.