Régie de l'assurance maladie
Québec

Application to Obtain an Attestation for a Québec Resident Going to Luxembourg

Agreement of April 1, 1990 between Québec and Luxembourg

1. Insured person

Last name at birth	First name			
Date of birth YEAR MONTH DAY	Sex ☐ M ☐ F	Health Insurance Number	Telephone (home) AREA CODE	Telephone (work) AREA CODE
Address in Québec (number, street)				Apartment
Municipality			Québec	Postal code

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. ▶ ☐ **Work** ☐ **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 Luxembourg ▶ YEAR MONTH DAY

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

Instructions

To receive health insurance benefits under the Luxembourg 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.