

1. Mandator (insured person)

Last name at birth		First name	
Health Insurance Number	Date of birth YEAR MONTH DAY	Telephone number AREA CODE	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home address Number	Street	Apartment	
Locality		Postal code	

2. Mandatary (representative)

Last name at birth		First name	
Health Insurance Number	Date of birth YEAR MONTH DAY	Telephone number AREA CODE	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home address Number	Street	Apartment	
Locality		Postal code	

3. Power of attorney

I, the undersigned, _____, designate _____,
first and last names of the mandator first and last names of the mandatary
to represent me in my dealings with the Régie de l'assurance maladie du Québec (the Régie) in the situations indicated below.
To this end, I authorize the Régie to disclose to my mandatary the confidential information in my file regarding these situations.

Check the following situation(s) for which you are authorizing your mandatary to act on your behalf:
(It is important that you be fully aware of the scope of these powers, which are listed on the reverse.)

1) registration for the Québec Health Insurance Plan
2) registration for the Public Prescription Drug Insurance Plan
3) the review of a decision of the Régie concerning me, rendered in accordance with the Québec *Health Insurance Act*,
the *Act respecting prescription drug insurance* or under any other program administered by the Régie
4) a request related to a technical aids program or financial assistance program administered by the Régie, whether I am
currently admitted to any such program or wish to be
5) a request to obtain a reimbursement or a statement of account related to a service covered by the Régie and to obtain
information or documents related to the request
6) other situation: _____
7) **all these situations**

Duration
This power of attorney becomes effective on the date of its signature and remains valid:
 for an indefinite period
or
 until _____, **unless I cancel it by writing to the Régie.**

Signature of mandator X _____	Place	Date YEAR MONTH DAY
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Important: Barring an exception provided for under the law, this power of attorney does not exempt mandators from having to be authenticated by going to one of the Régie's service points.

INSTRUCTIONS

Section 1 – Mandator (insured person)

You must fill out all the boxes of this section.

Section 2 – Mandatary (representative)

The mandatary is the person acting on behalf of you, the mandator (insured person), and to whom the Régie is authorized to disclose information with respect to the situations you specify.

The mandatary must provide, at the minimum, the following information: his or her last and first names, full address and date of birth.

Section 3 – Power of attorney

Depending on the boxes that you (the mandator) check off, the mandatary is authorized to:

Box 1

- register you for the Québec Health Insurance Plan
- take the steps necessary to obtain or renew your Health Insurance Card
- replace your card in the event of loss, theft or damage
- obtain the forms required for any request you may have
- change your address
- modify the information in your registration file
- notify the Régie of a departure from or return to Québec or if you acquire Canadian citizenship

Box 2

- register you for the Public Prescription Drug Insurance Plan or modify the information in your registration file

Box 3

- apply to the Régie for a review of a decision concerning you
- obtain all information relevant to your review file
- make any necessary representations on your behalf

Box 4

- file an application to obtain information or documents regarding services that you received or will receive under:
 - technical aids programs (devices that compensate for a physical deficiency, hearing aids, visual aids or other),
 - financial assistance programs (appliances for ostomates, external breastforms, ocular prostheses, treatment of lymphedema or other),
 - the Financial Assistance Program for Domestic Help Services

Box 5

- file an application for reimbursement for insured services rendered outside Québec.

Signature of mandator

You must sign the power of attorney yourself and indicate the location and date of signing. No exception is allowed.

New power of attorney

To renew an expired power of attorney, you must send the Régie a new, duly completed form.

Correspondence

This power of attorney does not authorize the Régie to send your correspondence to the mandatary.

Website

www.ramq.gouv.qc.ca

Telephone

Québec: 418 646-4636
Montréal: 514 864-3411
Elsewhere in Québec: 1 800 561-9749

Mail

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Case postale 6600
Québec (Québec) G1K 7T3