

Date:

Name:

Address:

Record of:

Record No.

Date of event:

Employer:

Subject: Important information on your medical follow-up outside Québec

(Dear Sir **OU** Madam),

Pour le travailleur étranger qui se trouve encore au Québec, mais qui manifeste son intention de retourner dans son pays d'origine.

(We wish to inform you that, when you leave Québec, you continue, under the *Act respecting industrial accidents and occupational diseases*, to be entitled to medical assistance in your country, in particular, to the services of a physician, medicines, and care and treatment, provided your state of health requires them and they are related to your employment injury).

Prior to your departure, you must provide us with the contact information (address and telephone number) where you can be reached in your country, as well as that of the physician who will see to your medical follow-up. These conditions are essential to ensure adequate follow-up of your employment injury).

Pour le travailleur qui est retourné dans son pays d'origine.

(We wish to inform you that, even though you have left Québec, you continue, under the *Act respecting industrial accidents and occupational diseases*, to be entitled to medical assistance in your country, in particular, to the services of a physician, medicines, and care and treatment, provided your state of health requires them and they are related to your employment injury).

For this, you must provide us, as soon as possible, with the telephone number where you can be reached, and send us the contact information of the physician who will see to your medical follow-up. In addition, please indicate whether we can continue to communicate with you using the same address. These conditions are essential to ensure adequate follow-up of your employment injury).

You must also continue your regular medical follow-up and, if applicable, the care and treatment prescribed by your physician, in addition to making sure that all the information on your medical condition is sent to the CSST. If you do not meet these obligations, the CSST may suspend your indemnities.

Care, treatment and medical appointments are reimbursed by the CSST up to the rates that apply in Québec. The CSST also reimburses the actual costs for medicines and other pharmaceutical products prescribed by your physician for the treatment of your employment injury. You must submit the original receipts to be reimbursed.

In addition, travel and living expenses incurred for medical appointments and care and treatment are reimbursable according to the terms and conditions provided for in the *Regulation respecting travel and living expenses*. Any application for this type of expenses must be filed within six months following the date on which the expenses are paid.

You will find enclosed a copy of your record that you must give the physician who will see to your follow-up.

We remain at your disposal for any additional information you may require.

Yours truly,

[Nom de l'agent(e) d'indemnisation]

[Coordonnées de la direction régionale]

Telephone: **[Numéro de téléphone CSST]**

Fax: **[Numéro de télécopieur]**

Encl. Copy of CSST record