

## ELECTION UNDER THE ACT RESPECTING INDUSTRIAL ACCIDENTS AND OCCUPATIONAL DISEASES

(SECTION 452 OF THE ACT)

me at birth, First name			Telephone Number
ss No Street			
ss no street			
Municipality	Province, Country		Postal Code
Date of Birth	Date of Event	Social Insurance Number	Worker's CSST file number
Date of Birth	Date of Event	Coolar mourance ruminos.	Worker o' Coo'r me mamber
A A A M M J J	AAAAMMJJJ		
l,	(Name of Worker)	, declare that I s	suffered an employment injur
	, in	(Province, Territory or, if outside Canada, Country)	
		(Province, Territory or, if outside Canada, Country)	
for	(Nan	me and Address of Employer)	
Or (in case of dea	th)		
•	-		
I am the	se. Dependent, Father, Mother, Succession)	of(Name of Worker)	who died o
(0)		oyment injury sustained in (Province, Te	
(Day, Month, Ye			rritory or, if outside Canada, Country)
working for		(Name and Address of Employer)	
I must choose bety	ween the benefits provided ι	under the Act respecting industria	I accidents and occupationa
	·	, -	·
	ween the benefits provided under the benefits provided	ed under the laws of	· 
diseases (Quebec	Act) and the benefits provide	ed under the laws of(Province other than Qu	uebec, Territory or, if outside Canada, Country)
diseases (Quebec	Act) and the benefits provide	ed under the laws of(Province other than Quality of the injury with the	uebec, Territory or, if outside Canada, Country)
diseases (Quebec	Act) and the benefits provide making a claim for this emp	loyment injury with the(Province, Terri	nebec, Territory or, if outside Canada, Country)  Board tory or, if outside Canada, Country)
I declare that I am and I am advising t	Act) and the benefits provide making a claim for this empted the Commission de la santé e	loyment injury with the  (Province other than Queen the laws of (Province other than Queen the laws of (Province, Terring (Province, Terring the laws of (Province, Terring (Province, Terring the laws of (Province, Terring (Province, Terring (Province, Terring (Province)))	bebec, Territory or, if outside Canada, Country) Boar tory or, if outside Canada, Country) ngly. I also declare that I hav
I declare that I am and I am advising t	Act) and the benefits provide making a claim for this empted the Commission de la santé e	loyment injury with the(Province, Terri	bebec, Territory or, if outside Canada, Country) Boar tory or, if outside Canada, Country) ngly. I also declare that I hav
I declare that I am and I am advising t	Act) and the benefits provide making a claim for this empted the Commission de la santé e	loyment injury with the  (Province other than Queen the laws of (Province other than Queen the laws of (Province, Terring (Province, Terring the laws of (Province, Terring (Province, Terring the laws of (Province, Terring (Province, Terring (Province, Terring (Province)))	bebec, Territory or, if outside Canada, Country)  Boar tory or, if outside Canada, Country)  ngly. I also declare that I hav
I declare that I am and I am advising to not claimed for core	Act) and the benefits provide making a claim for this empthe the Commission de la santé empensation from another org	loyment injury with the  (Province other than Queen the laws of (Province other than Queen the laws of (Province, Terring (Province, Terring the laws of (Province, Terring (Province, Terring the laws of (Province, Terring (Province, Terring (Province, Terring (Province)))	Board or, if outside Canada, Country)  Board or, if outside Canada, Country)  angly. I also declare that I have not injury.
I declare that I am and I am advising to not claimed for cor	Act) and the benefits provide making a claim for this empthe the Commission de la santé empensation from another org	loyment injury with the (Province other than Que (Province other than Que (Province other than Que (Province, Terring)) anization for the same employment.	Board or, if outside Canada, Country)  Board or, if outside Canada, Country)  angly. I also declare that I have not injury.
I declare that I am and I am advising to not claimed for core	Act) and the benefits provide making a claim for this empthe the Commission de la santé empensation from another org	loyment injury with the (Province other than Que (Province other than Que (Province other than Que (Province, Terring)) anization for the same employment.	Board or, if outside Canada, Country)  Board ory or, if outside Canada, Country)  angly. I also declare that I have ontining the country.
I declare that I am and I am advising to not claimed for correct If this claim is accellegislation.	Act) and the benefits provide making a claim for this empthe the Commission de la santé empensation from another org	loyment injury with the(Province other than Queen delayed and the province, Terriet de la sécurité du travail according ganization for the same employment is employment injury all rights to c	Board or, if outside Canada, Country)  Board ory or, if outside Canada, Country)  ngly. I also declare that I have nt injury.

## PROTECTION OF PERSONAL INFORMATION

In accordance with the Act respecting access to documents held by public bodies and the protection of personal information, the Commission de la santé et de la sécurité du travail hereby advises you that the nominative information collected on this form is confidential. However, it may be disclosed without your consent pursuant to the exceptions stipulated in the Act respecting industrial accidents and occupational disease and the Act respecting access to documents held by public bodies and the protection of personal information.

You are hereby given notice that in accordance with section 67 of the Act respecting access to documents held by public bodies and the protection of personal information, this form will be transmitted to the relevant Workers Compensation Board in the place where the accident occured, or the place where you are domiciled, or the place where exposure may have contributed to your occupational disease.