

Name:
Address:

File name:
File number:
Social Insurance Number:
Date of the event:
Employer:

[Sir **ou** Madam],

When we received your claim, we noted that [(you are domiciled outside of Québec) **ou** (your accident occurred or your illness was contracted outside of Québec) **ou** (you were exposed to occupational hazards that could have caused your injury, outside of Québec)]. Accordingly, you could be protected under Québec's *Act respecting industrial accidents and occupational diseases* (AIAOD) as well as under the law of [(nom de la province ou du territoire du Canada ou du pays avec lequel la CSST ne participe pas à une entente)]. Because you are not entitled to receive benefits under more than one statute for the same event, you must, according to section 452 of the AIAOD, decide under which law you wish to receive them and notify the CSST of your decision.

To confirm your election, you must complete the enclosed form entitled *Election under the Act respecting industrial accidents and occupational diseases (section 452 AIAOD)*, sign it and send it to the CSST in the return envelope provided for that purpose within six month of the industrial accident or of the date that it was medically established and you were advised that you have an occupational disease. **This form is essential and the CSST will not consider your claim before it has received it duly completed and signed.** If you decide to claim benefits under the AIAOD, we will consider your application. If you elect to claim benefits from (nom de la province ou territoire du Canada ou du pays), the CSST will render a decision dismissing the claim and you must then file a claim with the corresponding compensation authority in [(that province) **ou** (that territory) **ou** (that country)]. Take note that if you fail to notify the CSST of your election within the prescribed time limit, you will be presumed to have waived entitlement to benefits under the AIAOD and a decision dismissing your claim will be rendered.

To help you make your decision, we enclose a summary of the benefits to which you could be entitled under the AIAOD and you should contact the competent compensation authority of the other [(province) **ou** (territory) **ou** (country)] to find out the benefits that you may be entitled to under their injuries compensation plan.

Thank you for cooperation.

Nom de l'intervenant
No de téléphone

Encl. Document entitled *Benefits under the Act respecting industrial accidents and occupational diseases (AIAOD)*
Form entitled *Election under the Act respecting industrial accidents and occupational diseases (section 452 AIAOD)*