

## AUTOMOBILE POLICY - SECTION B - ACCIDENT BENEFITS CONTINUING CLAIM

(For use in Quebec with Q.E.F. 34 & 78, not for use in Ontario. Ontario has regulated AB forms.)

Please return immediately after you resume work or after if you are still off work. <span style="float: right;">_____</span> <span style="float: right; margin-right: 100px;">Date</span>														
<b>NAME</b>		Claim No./Policy No.												
<b>ADDRESS</b>		Telephone No.												
Date of Accident	Are you working now? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>	If back at work, give date of return												
<b>WORKERS' COMPENSATION AND OTHER BENEFITS</b>	If still off work, answer the following questions:  Are Workers' Compensation, Quebec Crime Compensation or Quebec Automobile Insurance (Regie) benefits payable as a result of this accident? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>  Are E.I. Benefits payable as a result of this accident? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  Are you entitled to any other benefits as a result of this accident? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  If "yes", from whom?  <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Name</td> <td style="width: 30%;">Amount \$</td> <td style="width: 40%;">Per wk/month</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Name</td> <td>Amount \$</td> <td>Per wk/month</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		Name	Amount \$	Per wk/month				Name	Amount \$	Per wk/month			
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<b>LOSS OF INCOME BENEFITS CLAIMED</b>	Date  From <span style="margin-left: 100px;">20</span>	To <span style="margin-left: 100px;">20</span>												
I hereby state that, during the period for which I am claiming loss of income benefits I have been unable to perform the essential duties of my employment.														
Date		Signature												

Please complete and return this form