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|--|---|--|---|---|---|
| <p>1. Fill out the form by entering the necessary information in the appropriate spaces.</p> | ▶   | <p>2. Send the completed document to the <i>Direction générale de l'IVAC</i>:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>Online</b><br/><a href="http://www.ivac.qc.ca">www.ivac.qc.ca</a></p> </td> <td style="vertical-align: top;"> <p><b>By mail</b><br/>1600, avenue d'Estimauville, CP 1400 Succ. Terminus<br/>Québec (Québec) G1K 0K2</p> </td> <td style="vertical-align: top;"> <p><b>By fax</b><br/>1 888 927-0003</p> </td> </tr> </table> | <p><b>Online</b><br/><a href="http://www.ivac.qc.ca">www.ivac.qc.ca</a></p> | <p><b>By mail</b><br/>1600, avenue d'Estimauville, CP 1400 Succ. Terminus<br/>Québec (Québec) G1K 0K2</p> | <p><b>By fax</b><br/>1 888 927-0003</p> |
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**Declaration by beneficiary**

I, the undersigned, \_\_\_\_\_, hereby declare as follows :

- I am the beneficiary of a monthly indemnity of \_\_\_\_\_ \$ paid by the Direction générale de l'IVAC;
- The following information is correct (*please provide **all** the information requested*):

IVAC file number <input style="width: 100%; height: 20px;" type="text"/>	Address <input style="width: 100%; height: 20px;" type="text"/>	
Telephone <input style="width: 100%; height: 20px;" type="text"/>	Date of birth <input style="width: 100%; height: 20px;" type="text"/>	Social Insurance Number <input style="width: 100%; height: 20px;" type="text"/>

And I have signed in \_\_\_\_\_ on \_\_\_\_\_

(city) (date)

\_\_\_\_\_

(Signature of beneficiary)

**Declaration by witness**

I hereby attest to the identity of the beneficiary.

Name of witness	Title or occupation
Full address	Telephone

Signature of witness \_\_\_\_\_

(Commissioner for Oaths, justice of the peace, notary, lawyer, doctor, bank manager, clerk of a court of law or of a municipality)

Date \_\_\_\_\_

Year / Month / Day

Seal or stamp, if any

**Please enclose a certified copy of the requested document with the enclosed letter.**