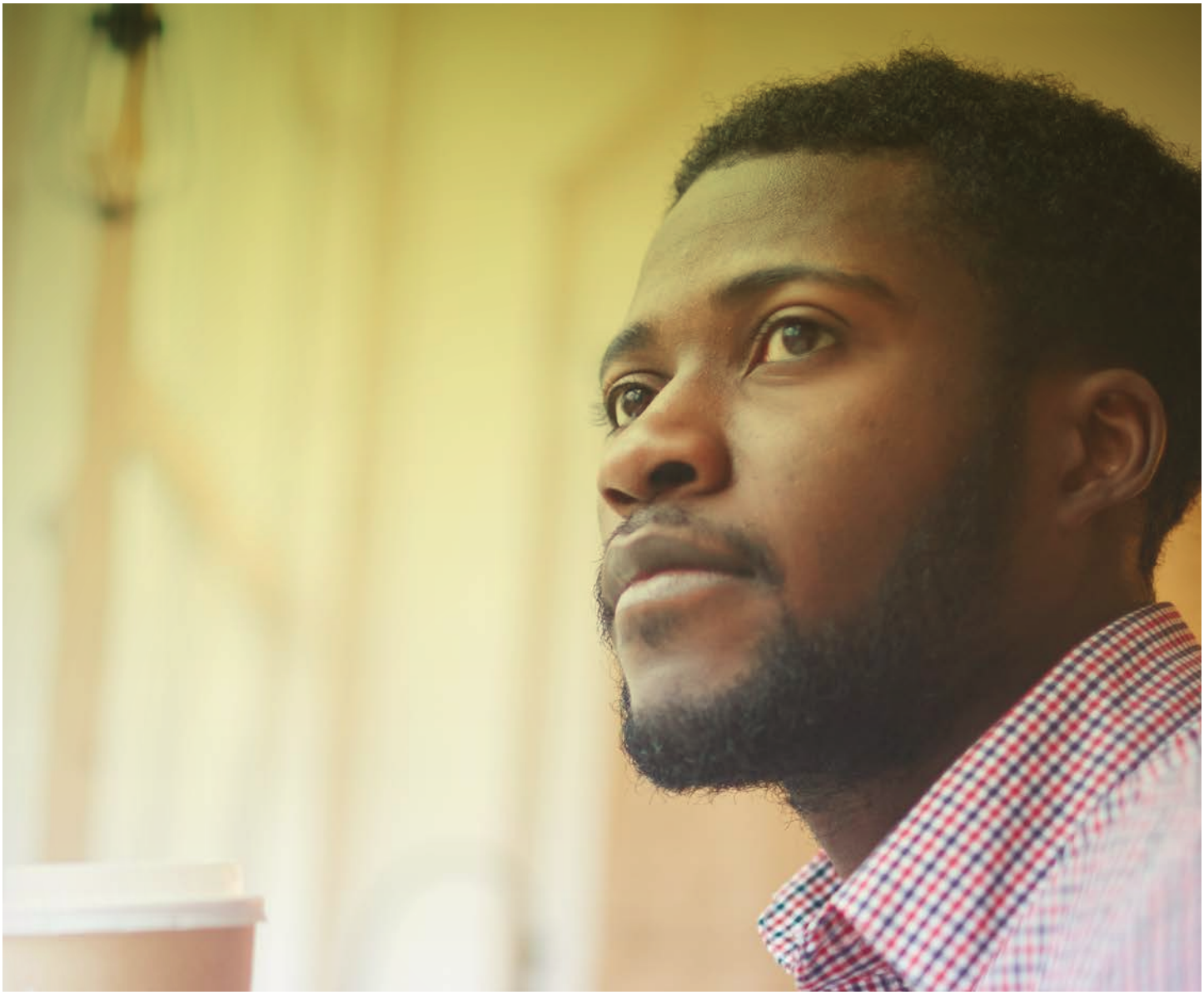

IVAC COMPENSATION APPLICATION GUIDE
PERSON WHO PERFORMED AN ACT OF GOOD CITIZENSHIP (RESCUER)

IVAC
Indemnisation des victimes d'actes criminels

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IVAC COMPENSATION APPLICATION GUIDE

Person who performed an act of good citizenship (rescuer)

This guide sets out the information you need to have before sending us your application. It provides assistance in filling out the form and gathering the required documents.

This is not a legal document. For information of a legal nature, please refer to the *Crime Victims Compensation Act or the Workmen's Compensation Act*.

WHO CAN APPLY FOR BENEFITS?

A rescuer may file for compensation. A rescuer is a person who, having reasonable cause to believe another person to be in danger of their life or of bodily harm, voluntarily comes to their assistance. To be eligible for compensation, the rescuer must have died or have sustained an injury or material damage as a result of the act of good citizenship. The act must have taken place in Québec.

If the rescuer dies as a result of the incident, the rescuer's dependant or, if the rescuer is a minor or incapable, his or her guardian (tutor) may apply to the Direction de l'IVAC for compensation.

If you are not a dependant but have paid for funeral expenses or transportation of remains, you may also submit a claim.

Special cases – Road accident: If you suffer damage or injury while assisting someone hurt in a road accident, you may be compensated under either the *Act to Promote Good Citizenship or the Automobile Insurance Act*. For more information, call the Direction de l'IVAC at 1 800 561-4822 or visit our website at www.ivac.qc.ca.

WHEN MUST THE APPLICATION BE FILED?

To obtain the benefits provided for in the *Act to Promote Good Citizenship* (APGC), your application must be sent to us within two years after the material damage or injury sustained by the rescuer, or the rescuer's death. For acts of good citizenship performed before May 23, 2013, the time limit is one year.

If your application exceeds the limitation period, you must complete Appendix 4 of the application form.

WHAT DOCUMENTS MUST BE ATTACHED TO AN APPLICATION FOR BENEFITS?

When you file your claim, you must provide objective proof of damage or injury. If you have a document issued by a member of a professional order or a healthcare establishment that factually reports the damage or injuries caused by the act of good citizenship, you must attach it to your application. The document could be a medical report or a psychological or psychosocial assessment report, for example. The appendix to this guide lists the documents that may be accepted as objective proof of damage or injury.

In the case of material damage, you must attach documents supporting the amount of your claim, if applicable.

WHAT INFORMATION MUST BE PROVIDED?

For a file to be opened, your claim must include certain essential pieces of information, which are listed below. If any of these are missing, your file will be returned to you.

- Identity of the rescuer, including health insurance number and social insurance number (Section 1)
- Date of incident (Section 3)
- Notice of Election, signed (Section 11)
- Applicant's signature (Section 13)

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FORM

1 – Identification of rescuer

Please provide all information requested in this section. This information is mandatory.

Home address

Please enter the address at which you live most of the time. We will send your correspondence to this address.

2 – Claimant

Fill out this section only if the rescuer is incapable or deceased. Please consult the glossary (page 17) before deciding in what capacity you are filing the claim.

Note: If you are not a dependant but have paid for funeral expenses or transportation of remains, you may submit a claim and have those expenses reimbursed.

To find out the eligible amounts and conditions of reimbursement, go to the "Indemnités et services offerts" tab on our website at www.ivac.qc.ca.

3 – Act of good citizenship

Please indicate the date and time when the incident took place.

Please indicate the location and city where the incident took place. If you know the exact address, please include it.

Give a detailed description of the event as you experienced it. Use a separate sheet if necessary.

4 – Bodily or psychological injury or material damage

In your own words, name and describe any injury or damage you have sustained as a result of your act of good citizenship. Use a separate sheet if necessary.

Examples of physical injury : abrasions, contusions, fractures, cranial trauma, broken teeth

Examples of psychological injury : acute stress, adjustment disorder, post-traumatic stress disorder, anxiety, insomnia, nightmares, melancholy, hypervigilance, fears, phobias, flashbacks.

Examples of symptoms : torn or ruined clothing, broken eyeglasses, damaged prosthesis or orthotic device.

Manifestation of injuries or damage

Indicate the date on which the injury or damage became evident; use a separate sheet if necessary.

If the injury or damage manifested on the same day as the act of good citizenship, check ☐ on the date of the incident.

Example : On November 4, 2015, Henry saved Andrew from drowning. Andrew had fallen into the river while chasing his ball. As Henry dove into the water, he tore his sweater on a metal bar. He also sustained several abrasions. The material damage and the injuries both manifested on the same day as the act of good citizenship.

If the injury or damage manifested at a later date, check ☐ on another date. Indicate the date as precisely as possible (year/month/day), and explain the delay.

Example : During the night of July 19 to 20, 1996, a torrential rain fell on the city of Saguenay, causing unprecedented flooding. Citizens took action to save people who had been swept away during the night. Frederick was among the rescuers. After the disaster, he returned to his usual routine. In July 2006, for the 10th anniversary of the flooding, commemorative events took place and received media coverage. On July 19, 2006, when Frederick saw the images on television, he had a panic attack and went to see his doctor. The doctor diagnosed post-traumatic stress resulting from the events of July 1996. The injury therefore manifested at a date after the act of good citizenship. When Frederick fills out the application for compensation, he checks ☐ *on another date* and writes *2006-07-19* as the date the injury manifested.

If you later became aware of a connection between the incident and injuries or damage sustained, check ☐ *on another date*. Please indicate the exact date (year/month/day) and explain the discrepancy.

If you have gradually become aware that an injury or damage was caused by your act of good citizenship, indicate the day on which you began to think about it as the start date and the day on which you became fully aware of the connection as the end date.

5 – Medical follow-up

Here you must list all the health providers you have consulted because of injuries arising from the incident; use a separate sheet if necessary.

Indicate the exact date (year/month/day) of the first consultation in connection with injuries caused by the act of good citizenship, the name and address of the health professional consulted, and the name of the hospital or establishment where you were treated or hospitalized, if applicable.

If you have not yet consulted a healthcare professional but have made an appointment, please indicate the date of the appointment, along with the professional's name and address and the name of the hospital or establishment where the appointment will take place.

6 – Witness(es) to act of good citizenship (if applicable)

Provide the names and contact information of witnesses, if known. The Direction de l'IVAC may have to contact and meet with them if additional information is needed to determine the eligibility of your application.

7 – Expenses and treatment

Check each type of expense, treatment or service you want to claim. The Direction de l'IVAC will assess each claim submitted and will let you know whether it is accepted or rejected. To be eligible for reimbursement, an expenditure must have been incurred because of an injury caused by the crime, and the original receipts must be presented.

☐ *Ambulance* if you were taken by ambulance to a healthcare establishment for treatment of injuries caused by the crime and you paid for the service. The original ambulance service receipt or invoice must be attached.

☐ *Living and/or transportation expenses* if you travelled to obtain medical care necessitated by injuries caused by the crime.

To find out the rates in effect, see the form *Demande de remboursement des frais* (expense reimbursement application), available on our website at www.ivac.qc.ca.

☐ *Childcare expenses* if, due to injuries from the incident, you have had to use a childcare service to take care of your children under 16 or an invalid. This expense is eligible for reimbursement if you have sole custody of and responsibility for the children or the invalid and had to be absent to receive care or treatment for injuries from the incident.

☐ *Medication* if prescribed for treatment of an injury from the incident. To be reimbursable, it must be on the list of medications covered by the Québec basic drug insurance plan unless you are not a resident of Québec.

☐ *Dental treatments* if you want to be reimbursed for expenses incurred for dental care made necessary by injuries from the incident. Please include a dental treatment plan and a panoramic X-ray of your teeth.

☐ *Physiotherapy or occupational therapy* if these treatments were prescribed by a physician to treat an injury from the incident. They must be administered by a member of the Ordre professionnel de la physiothérapie du Québec. For the reimbursement procedure, please go to our website at www.ivac.qc.ca and see the section on rehabilitation under Indemnities and services.

☐ *Psychotherapy* if you have had or would like to have help from a psychotherapist. Make sure the therapist you consult has a psychotherapy permit issued by the Ordre des psychologues du Québec.

☐ *Personal home care* if, because of injuries resulting from the act of good citizenship, you are not able to take care of yourself and perform, unassisted, most of the household chores and activities of daily living (e.g., cleaning, preparing meals, dressing, bathing) you usually do at home. After a needs assessment and under certain conditions, and under certain conditions, the Direction de l'IVAC will determine any amount to which you are entitled, given the nature of your injuries and the resulting limitations.

☐ *Routine home maintenance* if, because of injuries from the incident, you are not able to perform everyday upkeep (e.g., mowing the lawn and clearing snow from the driveway) and must hire someone to do it. After a needs assessment and under certain conditions, the Direction de l'IVAC will determine whether such expenses should be reimbursed. Reimbursement may be made after submission of two quotes.

☐ *Availability allowance* if, because of your condition, you must be accompanied when receiving treatment. For the reimbursement procedure, please go to our website at www.ivac.qc.ca and see the section on rehabilitation under Indemnities and services.

☐ *Damaged prostheses or orthotic,* ☐ *Damaged spectacles/contact lenses, or* ☐ *Material damage,* if you wish to be reimbursed for items damaged during the incident (based on replacement value). For material damage, no receipt is necessary. However, for reimbursement of glasses, prostheses or orthotic devices, a quote from a health professional indicating the replacement value is required.

☐ *Other* if you foresee any other expenses needed to treat the injuries or repair the damage resulting from your act of good citizenship.

8 – Inability to work, study or go about most of your usual activities

You may be entitled to indemnities for the period of temporary total disability (TTD) during which you are unable to work, attend school or perform most of your usual activities of daily living.

Only a physician can determine whether you are unable to work, attend school or perform most of your usual activities. If you checked ☐ *Yes,* you must attach a medical certificate, or other document issued by a doctor, confirming your inability to work, attend school or perform most of your usual activities of daily living due to injuries from the incident. If you were employed, you must complete Appendix 1A of the application form.

TTD indemnities are based on your annual revenue at the time you stopped working.

If you were in school or unemployed on the date when the injuries from the incident began preventing you from attending school or performing your usual activities, the indemnities will be based on the minimum wage in effect on that date.

9 – Marital status

The Direction de l'IVAC needs to know your family situation in order to calculate and pay the indemnities for temporary total disability and for permanent disability, if applicable. Your family situation must be as declared in your provincial and federal tax returns.

Please see the glossary (page 18) for definitions of possible family situations. Then mark the one that corresponds to your situation as at the date of the incident.

Please indicate the number of the rescuer's dependants, including dependent adults and spouse.

IMPORTANT NOTE : If you have been unable to work, attend school or perform most of your usual activities, you must indicate your family situation as at the date of disability, i.e., the date on which you stopped working, attending school or performing most of your usual activities. You must also indicate the number of your dependants (both over and under 18 years of age) as at the date of disability.

10 – Employment status and sources of income

In the left-hand column, indicate your status and income sources as at the date of the incident.

In the right-hand column, indicate your status and income sources as at the date of disability.

You must fill out the left-hand column. The right-hand column is to be filled out only if you checked ☐ *Yes* in Section 8 to declare a disability. If you checked ☐ *No,* do not fill out the right-hand column in Section 12.

Please check each response that applies:

☐ *Working* et ☐ *Employee* if you were working full time, part time, seasonally or were on call for an employer and were receiving a salary. If so, you must fill out and attach Appendix 1A or 1B of the compensation application:

- Attach Appendix 1A if you were placed on leave immediately after the act of good citizenship because of your injuries.

- Attach Appendix 1B only if you were not placed on leave because of injuries resulting from the act of good citizenship.
- Attach appendices 1A and 1B if the date of disability is different from the date of the incident.

If you do not provide Appendix 1A or 1B, please attach one of the following:

- Copies of your pay stubs for the 12 months preceding the date of the incident or the date of disability
- A letter from your employer confirming that you work there and stating your job title, when you were hired, your annual salary, your work schedule and a brief description of your duties
- A termination letter from your employer if you are no longer employed
- Employment insurance benefit statements showing the amount of unemployment insurance you are receiving and your benefit weeks

☐ *Employed* et ☐ *Self-employed* if, on the date of the incident or the date of disability, you were operating your own business and were acting as a supplier to customers. If such was the case, you must enclose the following with your application:

- Your provincial or federal tax return for the year preceding the incident or the disability (the provincial tax return is preferable for residents of Québec)
- Your detailed assessment notice for the year preceding the incident or the disability; if you did not keep your notice, you can request a copy from Revenu Québec or the Canada Revenue Agency
- Proof that your business was a going concern as at the date of the incident or the date of disability (subject to acceptance by the Direction de l'IVAC; the proof may be a receipt for supplies, a lease for commercial premises, a service contract or any other document showing that your business was active)
- If you are the president of an incorporated company (Inc.) and you pay yourself a salary and dividends, in addition to the above documents, your Relevé 3 or Relevé T5 for the year preceding your disability
- If you are not a resident of Canada, any official document proving your income; this type of document is usually required by the tax authorities of most countries and territories (the equivalent of Revenu Québec or the Canada Revenue Agency)

☐ *Unemployed* if you were unemployed as at the date of the incident or the date of disability.

☐ *Full-time student* if, as at the date of the incident or the date of disability, you were attending an educational institution full time. You must attach an attestation of attendance issued by the registrar of your educational institution.

Check ☐ *Retired* if you were retired as at the date of the incident or the date of disability.

Check ☐ *Beneficiary* AND each situation that applies:

☐ *Last-resort financial assistance (social assistance)* if you were receiving government social assistance as at the date of the incident (and the date of disability if applicable)

☐ *Employment insurance* if you were receiving employment insurance benefits. Please attach an employment insurance (EI) statement covering the date of the incident (and the date of disability if applicable), or an employment termination notice, or all pay stubs covering the 12 months preceding the incident (and the date of disability if applicable)

☐ *Private or group disability insurance* if you were receiving benefits under a private or group disability insurance plan. Please have your employer fill out Appendix 1A or 1B of the application, or attach all pay stubs covering the 12 months preceding the date on which you began receiving disability insurance benefits

☐ *CNESST benefits* if you were receiving compensation from the CNESST following an occupational injury. Please have your employer fill out Appendix 1A or 1B of the application, or attach proof of employment or a letter from your employer confirming that you work there

☐ *SAAQ benefits* if you were receiving compensation from the Société de l'assurance automobile du Québec (SAAQ) following a vehicle accident. Please have Appendix 1A or 1B of the application filled out by the person who employed you at the time of the vehicle accident, or attach proof of employment, a letter from your employer confirming that you worked there at the time of the accident, or all pay stubs covering the 12 months preceding the date of the accident

☐ *QPP benefits* if you were receiving benefits from the Régie des rentes du Québec (RRQ)

☐ *Other* if none of the above categories apply, and specify your employment situation on the date of the incident or the date of disability

11 – Notice of Election

If you perform an act of good citizenship to rescue someone, you may elect one of two options:

- Institute civil proceedings to obtain compensation for all damages suffered

- Apply for compensation under the APGC

If you elect to apply for compensation, you must complete the Notice of Election and sign it in the presence of a witness to inform us of your choice.

Once you have signed the application for compensation and filed it with the Direction de l'IVAC, the CNESST may, in your stead and without your permission, initiate or continue a

civil suit for an amount up to the amount of compensation it could have to pay you. This is allowed under the law, even if you are receiving the compensation provided for in the APGC.

If you already filed a civil suit before applying to the Direction de l'IVAC for compensation, you must inform us of the amount claimed and, if the court has already handed down a ruling, of the amount received. If the latter is less than the compensation you could have received under the APGC, you may be entitled to an amount making up the difference. To be eligible, you must notify the CNESST within the year following the court ruling.

12 – Authorization to collect information on my health status

To determine your right to certain benefits, measures and reimbursements, the Direction de l'IVAC requires information about your health status. We therefore need your consent to collect this information from your attending physician or other health professional, or from a healthcare establishment, clinic or healthcare worker.

Please sign this section to indicate your consent. Enter the date beside your signature.

13 – Declaration

You must date and sign the compensation application form. Your signature testifies to the truthfulness of the information provided in the appendices attached (if applicable). If the form is not signed and dated, it will be returned to you.

APPENDIX 1A
Information on employee's remuneration at date of work interruption

If you checked ☐ *Yes* in Section 10, please have your employer fill out Appendix 1A. This information will be used to calculate the amount of your temporary total disability (income replacement) benefit, if applicable.

APPENDIX 1B
Information on employee's salary at date of the crime

If you checked ☐ *Employee* in Section 12, please have your employer fill out Appendix 1B, even if you are not claiming any income replacement. This information will be used to calculate the amount of your permanent disability benefit in case of lasting effects of injuries sustained as a result of your act of good citizenship.

You must sign the form authorizing the employer to disclose the information to us.

APPENDIX 3
Rescuer's dependents

Appendix 3 is to be filled out only if the rescuer is deceased and had dependants at the time of the act of good citizenship.

Please see the Glossary (page 18) for the definition of "dependant."

APPENDIX 4
Application for benefits submitted after deadline

You must fill out Appendix 4 if you are filing for compensation after expiry of the two-year limitation period in the case of an act of good citizenship performed after May 23, 2013, or after expiry of the one-year period if the incident occurred before that date.

CHECKLIST OF DOCUMENTS THAT MIGHT BE REQUIRED

To speed up the processing of your file, we strongly recommend attaching all documents that are required or that could support and justify your claim. A representative of the Direction de l'IVAC may contact you to request any other document deemed useful.

Check box if document is attached to the application	Documents
☐	Attestation of school attendance
☐	Medical certificate
☐	CNESST medical certificate
☐	Other official document proving income
☐	Other report
☐	Assessment notice for year preceding the incident
☐	Copies of birth certificates of dependants, including mother's and father's names
☐	Copy of death certificate
☐	Copy of marriage or civil union certificate
☐	Provincial or federal tax return
☐	Court order of tutorship (guardianship) or curatorship (trusteeship)
☐	Dental treatment plan and panoramic X-ray
☐	Psychological assessment report
☐	Psychosocial assessment report
☐	Police report
☐	Medical report
☐	Original receipt for transportation of remains
☐	Original receipt for crime scene cleaning expenses
☐	Original receipt for funeral expenses
☐	Original receipt or invoice for ambulance service
☐	Receipt for personal aid services
☐	Employment insurance benefits statement
☐	Quote for eyeglasses, prosthesis or orthotic device
☐	Quotes for routine home maintenance services
☐	Pay stubs for the past 12 months or letter from employer

GLOSSARY

Spouse

The following persons are recognized as the rescuer's spouse:

- Any person who is joined to the rescuer by marriage or civil union and who cohabited with the rescuer at the time of the incident
- Any person who at the time of the incident had cohabited with the rescuer in a conjugal relationship for at least three years (or one year if a child was born or adopted during their union) and who is publicly recognized as the rescuer's spouse. The spouse and the rescuer may be of the same or opposite sex

Dependent spouse

The rescuer's spouse is considered a dependent spouse if, as at the date of the incident, the rescuer was able to claim a total or partial tax credit or a tax deduction for alimony.

Non-dependent spouse

The rescuer's spouse is considered a non-dependent spouse if the spouse was not financially dependent on the rescuer as at the date of the incident, and the rescuer was therefore not claiming any tax credit or tax deduction for alimony.

Date of manifestation of injury

The date on which the injury caused by the act of good citizenship manifests itself. To be eligible for compensation under the IVAC program, the injury must be reported in a document issued by a member of a professional order or by a healthcare establishment. The appendix to this guide lists the documents that may be accepted as objective proof of damage or injury.

Date of disability

The date on which a physician certifies, in a medical report or a CNESST medical assessment, that you are unable to work, attend school or perform your usual activities of daily living (housework, making meals, getting dressed, bathing, etc.).

Filing date

The date on which the Direction de l'IVAC receives your application for compensation. The date is stamped on the application when it is received.

Date of incident

The date on which you performed an act of good citizenship.

Date of awareness of connection between the injury and the act of good citizenship

The date on which you became aware that the harm for which you are asking compensation was caused by an act of good citizenship that you performed.

Single-parent family

A family is considered single-parent when the rescuer is solely responsible for the care of the children, either because he or she is the sole living parent or because he or she has sole custody following a separation. To claim single-parent status for purposes of the compensation application, the rescuer must be recognized as a single parent under the Income Tax Act and must claim the corresponding tax credits.

Dependant

Anyone for whom you can claim a total or partial tax credit or a deduction for alimony may be considered a dependant. The following may be dependants:

1. Your spouse
2. A person from whom you are separated or divorced and who, at the time of the incident, was entitled to alimony under a court order or agreement
3. Your adopted or biological children under 18 years of age
4. Your adopted or biological children over 18 years of age who are attending an educational institution full time or who are invalids
5. Any other person, whether a blood relative or not, who acts as a parent toward you or toward whom you act as a parent and who, at the time of the incident, was living totally or partially from your income

Incapacity

Incapacity means a person is unable to care for himself/herself or manage his/her affairs.

Incapacity may be declared due to a mental or degenerative illness, stroke, intellectual disability, head injury or weakened state as a result of old age that alters the mental faculties or physical ability to express one's wishes.

Tutor of an incapacitated person

Adults are considered incapacitated when they are unable to care for themselves or manage their affairs. Incapacity may be declared due to a mental or degenerative illness, stroke, intellectual disability, head injury or weakened state as a result of old age that alters the mental faculties or physical ability to express one's wishes.[1]

Such a person may be protected under a system called tutorship (or guardianship). The tutor is someone appointed by the court to protect an incapacitated adult, manage his/her affairs and exercise his/her civil rights, given the incapacitated adult's lack of autonomy. The tutor may be a spouse, family member, friend or other close relation of the person needing protection.[2]

If no one is able or willing to be the tutor of the incapacitated adult, the court appoints the Curateur public as tutor.

1. http://www.curateur.gouv.qc.ca/cura/en/majeur/inaptitude/protection/index.html
2. https://www.educaloi.qc.ca/en/capsules/tutorship-adults

APPENDIX : Documents establishing objective proof of injury - Adult victim

If the rescuer sustained an injury during the act of good citizenship, the application for benefits form submitted to the Direction de l'IVAC must be accompanied by a document proving the injury.

A number of different documents are acceptable for this purpose. For example, a medical report issuing a diagnosis or a psychological assessment report can be accepted as proof of bodily harm. Effective June 1, 2017, other documents may be accepted as objective proof of injury, copies of the following in particular:

- Medical or psychosocial consultation notes
- Medical record
- Psychological or psychosocial assessment report

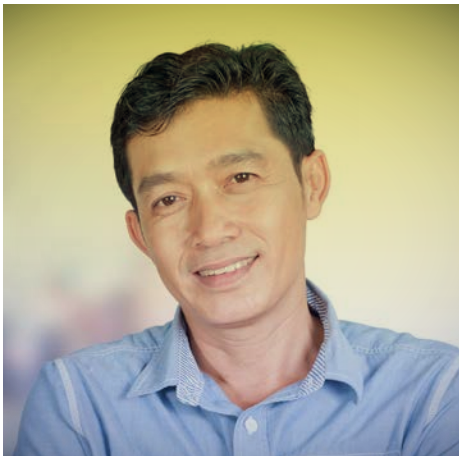
These documents must be written by:

- A healthcare professional working in the public system or a private establishment (medical clinic, rehabilitation centre, CLSC, youth centre, etc.)
- A member of a professional order who has provided support to the victim (psychologist, psychotherapist, sexologist, nurse, social worker, etc.)

For one of these documents to be accepted as objective proof of injury, it must factually describe the physical or psychological impacts of the act of good citizenship on the rescuer.

In the case of psychological injury, if the rescuer cannot supply a document providing objective proof of injury, the Direction de l'IVAC may pay for a psychological assessment.

If you are not sure that the document you have is acceptable as objective proof of injury, please contact the Direction de l'IVAC.



IVAC

Indemnisation
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Contact Us At

ivac.qc.ca
info@ivac.qc.ca

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