



@ student@majorplan.ca  
☎ 1 877 976 2567  
🌐 majorplan.ca

This form is for students who wish to submit a claim for La Fracture Insurance. If you need more information, do not hesitate to contact us. We will be happy to answer your questions.

### Important

In order to process your claim, it is important to attach your radiologist's protocol to the claim form. Please send it to the following address: Plan Major CP 70025 SUCC QUÉBEC-CENTRE, Québec, QC, G2J 0A1

### Personal information (Please write clearly in printed script)

LAST NAME		FIRST NAME	
<input type="text"/>		<input type="text"/>	
GROUP NUMBER	CERTIFICATE NUMBER	DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/> YYYY / <input type="text"/> MM / <input type="text"/> DD	
EDUCATIONAL INSTITUTION		E-MAIL ADDRESS	
<input type="text"/>		<input type="text"/>	
ADDRESS		CITY	
<input type="text"/>		<input type="text"/>	
PROVINCE	POSTAL CODE	PHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Information related to the accident

DESCRIPTION OF THE ACCIDENT (date, time, place, circumstances of the accident, type of bill)

Were any of these expenses claimed from a government plan (CSST, SAAQ, IVAC, ...)?  Yes  No

### Authorization and declaration of the participant

- I have attached the radiologist's protocol to my submission.
- I authorize any person or institution that has medical or financial information about me to provide Plan Major and Humania Assurance Inc. with any information they deem necessary to study my claim.
- I authorize Plan Major and Humania Assurance Inc. to make any verification or investigation to ensure the validity of my claim. I agree that the information provided on this form may be used by Plan Major and Humania Assurance Inc. to manage my claim and to produce statistical reports.
- I declare that the information contained herein is accurate and complete.

SIGNATURE

DATE