

Person Living Outside Québec

Child Assistance

Please print

Indicate your social insurance number

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1. Information about you

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name		Given name	
	Date of birth year month day	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English		Your mother's family name at birth (last name only)
Your address outside Québec (number, street, apartment)				
City		Province/State		Country
Telephone area code		Other area code		Extension
Your address before you left Québec (number, street, apartment)				
City				Postal code
Indicate the date of your departure from Québec and the expected date of your return to Québec:				
Date of departure: year month day		Date of return: year month day		

2. Information about your spouse

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name		Given name		Social insurance number
	Date of birth year month day	His or her mother's family name at birth (last name only)			
Is your spouse living in Québec during your absence? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, indicate the date of his or her departure from Québec and the expected date of his or her return to Québec:					
Date of departure: year month day		Date of return: year month day			

3. Information about children under 18 who are living with you

Provide the following information about the children under age 18 who are living with you outside Québec.

Given name	Family name	Date of birth	Date of departure from Québec
		year month day	year month day

4. Information about your situation outside Québec

Important: It is your responsibility to notify us if your situation changes.

4.1 Check the box corresponding to your situation or that of your spouse. You must also provide the proof requested:

- a)** You or your spouse is a member of the Canadian Forces and you were living in Québec immediately before your departure from Canada to carry out military service in a foreign country.

☐ You ☐ Your spouse

Please provide **an employer's letter** confirming the situation.

If you checked **Your spouse** and you lived in Québec during a previous tax year, indicate the year: year

- b)** You or your spouse is an ambassador, member of parliament, civil servant, high commissioner, minister, senator or official of Canada, or a general agent, civil servant or official of a Canadian province or territory and, immediately before your election, employment or appointment by Canada or a province or territory, you were living in Québec, or you are receiving a representation allowance for the current year.

☐ You ☐ Your spouse

Please provide **an employer's letter** confirming the situation.

Title or position: _____

Employer: _____

Date on which you entered into office: year month day

If you checked **Your spouse** and you lived in Québec during a previous tax year, indicate the year: year

- c)** You or your spouse works in a country other than Canada in the context of an international development aid program of the Gouvernement du Québec or the Government of Canada, and you lived in Québec at some time within the **six months** preceding the date on which your employment began.

☐ You ☐ Your spouse

Please provide **an employer's letter** confirming the situation.

Program name: _____

Date on which you entered into office: year month day

If you checked **Your spouse** and you lived in Québec during a previous tax year, indicate the year: year

- d)** You or your spouse lives outside Canada and you spent time in Québec during one or several periods totalling 183 days or more during the current calendar year.

☐ You ☐ Your spouse

Indicate the periods during which you were in Québec:

From year month day to year month day

From year month day to year month day

Number of days: _____

Indicate the reasons you were in Québec: _____

If you checked **Your spouse** and you lived in Québec during a previous tax year, indicate the year: year

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4. Information about your situation outside Québec (continued)

4.2 If the choices in **question 4.1** do not correspond to your situation, check the box below that best describes your situation or that of your spouse. You must also provide the proof requested.

a) Work: ☐ You ☐ Your spouse

Please provide your employment contract or an employer's letter confirming the date you will return.

b) Studies: ☐ You ☐ Your spouse

Please provide an acceptance letter from the educational institution or a document confirming that you have received an academic scholarship.

c) Sabbatical leave: ☐ You ☐ Your spouse

Please provide an employer's letter confirming your leave and the expected date of your return to work.

d) Other. Indicate the reason: _____

5. Residential ties with Québec

5.1 Are you leaving Québec for more than two years? ☐ Yes ☐ No

5.2 Check **the box** corresponding to your situation during your absence from Québec.

What ties will you have with Québec during your absence?

a) ☐ No ties

b) ☐ House, lodging, condominium or other

Address: _____

If your home is occupied by someone else, can you terminate the lease in less than three months? ☐ Yes ☐ No

If you checked Yes, please provide us with a **copy of the lease**.

c) ☐ Personal property (automobiles, furniture, etc.)

Specify: _____

d) ☐ Other ties

Specify: _____

5.3 During your absence, will you be covered by the Régie de l'assurance maladie du Québec? ☐ Yes ☐ No

5.4 Are you living in another country on a permanent basis? ☐ Yes ☐ No

If yes, what is your status? _____

5.5 Did you visit Québec during your absence or do you plan to do so? ☐ Yes ☐ No

If yes, why? _____

How often? _____

If you checked Yes, please provide us with a **copy of your passport**, with the dates of arrival in and departure from Québec.

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5. Residential ties with Québec (continued)

For questions 5.6 to 5.9, check to indicate whether the situation applies to you or your spouse.

5.6 Are you working or will you be working outside Québec in a specific job for which the end date is known?

You: ☐ Yes ☐ No

Your spouse: ☐ Yes ☐ No

If yes, indicate the employer's name: _____

Work: _____

Period: _____

5.7 Are you working, or will you work, under a contract under which the end date is known or your return to Québec is foreseen?

You: ☐ Yes ☐ No

Your spouse: ☐ Yes ☐ No

If yes, indicate the employer's name: _____

Description of duties: _____

Period: _____

Please answer the following questions if you answered Yes to question 5.6 or 5.7. If not, go to section 6.

5.8 Do you have a guarantee that you can resume working for your employer when you return to Québec?

You: ☐ Yes ☐ No ☐ Does not apply

Your spouse: ☐ Yes ☐ No ☐ Does not apply

5.9 Are you a worker who has been temporarily sent by your employer to a country with which Québec has a social security agreement?

You: ☐ Yes ☐ No ☐ Does not apply

Your spouse: ☐ Yes ☐ No ☐ Does not apply

Important: If we consider you to be a resident of Québec after studying your file, you will have to declare all income earned in and outside Québec.

6. Application for direct deposit

Please provide your bank information to sign up for direct deposit. Your child assistance payments will be deposited directly in your account at a financial institution in Canada.

The account provided must be in your name or that of the beneficiary if you are applying on his or her behalf.

If you are already receiving child assistance payments that are paid by direct deposit, your benefits will be paid into the same account. In that case, do not complete this section.

Name of the financial institution

Branch number
(transit)

Bank or caisse
number

Account number
(folio)

Address of the financial institution

Au moment de

890

12345678

9012345

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7. Declaration and signatures

Making a false declaration is an offence and may result in repercussions against you.

I declare that all the information given in this application is true and complete.

Your signature _____

Date

year

month

day

If you completed this form for another person, please provide the following information:

Your family name

Your given name

Signed in the capacity of

Telephone

area code

Other

area code

Extension

Signature _____

Date

year

month

day

Information concerning the documentary proof

You must provide proof on which your, your spouse's or your employer's address is indicated, as the case may be.

Note that the documents must be originals. We will return them to you rapidly.

How to reach us

Online

My Account

Access your file **24/7**

www.retraitequebec.gouv.qc.ca



By telephone

Québec region: 418 643-3381

Montréal region: 514 864-3873

Toll-free: 1 800 667-9625

Please return the duly completed form to:

**Retraite Québec
Case postale 7777
Québec (Québec) G1K 7T4**