

CNESST - INDUSTRIAL ACCIDENT COVERAGE FOR STUDENTS

PLEASE READ:

- It is imperative that the student have or acquire personal health insurance coverage (medical, dental, dismemberment, death) prior to commencing this stage/internship.
- In the event of a work related injury sustained while engaged in activities related to this stage/internship, any incurred expenses not normally covered by Quebec Medicare must be assumed by the student's private insurance plan, or in the absence of such a plan, the student herself or himself. Students may be covered as part of a family or a partner's plan.
- Concordia University Student Union health plan (ihaveaplan.ca), Concordia GSA health plan (gsaconcordia.ca/services/health-plan/) and Blue Cross (bluecross.com) are possible options for obtaining individual health insurance coverage.

STUDENT INFORMATION:

FAMILY NAME: _____ FIRST NAME: _____ STUDENT ID#: _____

ADDRESS: _____
(Civic Number) (Street) (Apt No.) (City) (Postal Code)

TELEPHONE NUMBER(S): Home: _____ Mobile: _____

E-MAIL ADDRESS: _____

MEDICARE NUMBER: _____

HEALTH INSURANCE PLAN INFORMATION:

(Insurance Company) (Full Name of Insured – if covered by another person's plan) (Policy No.) (Certificate No.)

CONTACT PERSON IN CASE OF ACCIDENT OR INJURY:

NAME: _____

ADDRESS: _____
(Civic Number) (Street) (Apt No.) (City) (Postal Code)

TELEPHONE NUMBER: _____

UNIVERSITY CONTACT PERSON: (Supervisor)

NAME: _____ TITLE: _____

DEPARTMENT: _____

INTERNAL ADDRESS: _____ TELEPHONE NUMBER: _____

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ORGANIZATION WHERE YOU WILL BE PERFORMING STAGE/INTERNSHIP:

NAME OF NON-PROFIT ORGANIZATION OR PROJECT: _____

ADDRESS: _____

(Civic Number)

(Street)

(Apt No.)

(City)

(Postal Code)

NAME OF CONTACT PERSON (On-site Supervisor): _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____

IMPORTANT: By signing below, you, the representative of the organization confirm your organization's agreement that this student pursue an internship at your organization for the project described below.

INTERNSHIP INFORMATION:

Brief Description: _____

Length of Assignment - From: _____ To: _____

The undersigned has understood and completed all sections of this form in full.

Student's Signature

Date

Organization's Authorized Representative

Date