

WELCOME • SUPPORT • UNITE

For support in dealing with an absence:

SvcPersInfoAbsenceCRFM@forces.gc.ca 450-358-7099 ext. 2911 450-462-8777 ext. 6818

Absence section



Follow us!



info.crfm@forces.gc.ca

Saint-Jean Garrison Service Centre

Building 178, Falaise Street Richelain, Quebec JOJ 1R0 450-358-7099 #7955

Saint-Hubert Garrison Service Centre

4815 de la Savane Street Saint-Hubert, Quebec J3Y 9G1 450-462-8777 #6810

Satellite offices

Montreal Garrison

Building 214, Room 129-1 514-252-2777 #4984

Sherbrooke

41 King Street West 450-358-7099 #2349

This document has been adapted from the following checklists: "To be better prepared during an absence" (Valcartier MFRC) and "Pre-deployment checklist" (CFMWS).

EMERGENCY

MEMBER INFO IN CASE OF EMERGENCY Rank: Name: Service #: Unit: Mission: Email: Full posting address: Contact information in case of emergency:

24/7 HELP LINES

Emergency: 9-1-1

Info Santé: 8-1-1 oprion 1 Info Social: 8-1-1 option 2

Poison Control Centre: 1-800-463-5060 Suicide Prevention Centre: 1-800-277-3553

Kids Help Phone: 1-800-668-6868

Family Information Line; 1-800-866-4546 Member Assistance Program: 1-800-268-7708

Duty padre:

HELP LINES WITH HOURS OF OPERATION

Tel-jeunes Parents: 1-800-361-5085 (6:00 a.m. to 00:00 a.m.), live chat (6:00 a.m. to 10:30

p.m.)

Tel-Aînés: 514-353-2463 (10:00 a.m. to 10:00

p.m.)

HEALTH

| | Health care and medication | Dental care |
|--------------------|--|--|
| Address for claims | Canada Life Montreal Benefit Payments PO Box 4592 Station A Toronto, ON, M5W 0L5 | Canada Life Montreal Benefit Payments PO Box 4592 Station A Toronto, ON, M5W 0L5 |
| Forms | | |
| Contracts | | |
| Certificates | | |
| Participants | | |

| Contact Canada Life to authorize spouse to |
|--|
| submit claims |
| |

Contact Canada Life to authorize spouse to access insurance file

Know how to make an insurance claim

Register online

Know the insurance policy (what is covered,

what is not)

Know the maximum amounts

Make sure that all family members have a valid health insurance card from the Régie d'assurance maladie du Québec

ABSENCE CHECKLIST











FAMILY Have the member complete form 2050 (this form authorizes the MFRC to contact the family during the absence) Check that the Next-of-Kin Identification form (DND 2587) is correct and up to date Have a legal letter authorizing you to travel alone outside Canada with your children Complete all childcare forms Prepare an emergency plan for childcare (MFRC) Prepare a list of important things to remember before departure Be aware of your available resources (chaplains, MFRC, neighbours, relatives, friends, etc.) Be aware of the emotional cycle and of the documentation that might be useful to better get through the absence Establish an understanding in advance about visits from relatives during vacations and after the return Plan ways of keeping in touch (parcels, recorded messages, Internet, etc.) Be aware of the possible reactions and emotions your children may experience upon departure Involve your children in the preparations for departure Prepare exemption documents to allow you to register your children in English school, if necessary (CAF HR) **MILITARY** Full posting address Drop-off point for parcels (MFRC) Know how to reach the member in case of an emergency Information on the mission where the member is deployed Complete information on the member (fill out the

VEHICULE(S) Will the vehicle's registration and insurance expire during the absence? If so, does the member have to sign the forms? (forms available at the Société d'assurance automobile du Québec) The registration and insurance slips in the vehicle Make: Model: Year: Serial No.: Plate No.: Company: Adress: Contract No: Contract expiry: Telephone: Storage for other vehicles (boat, motorcycle, etc.) Insurance for other vehicles Specific maintenance (tires, oil, service under warranty, etc.) In case of emergency (CAA, roadside assistance) Alternative transportation (budget for public transportation, taxi, colleagues, friends, etc.) Give a copy of your key to someone you trust Name: Adress: Telephone:

LEGAL ISSUES

| ,,,, | I (marsh on AND on ourse) |
|------|---|
| VIL | LL (member AND spouse) |
| | Will |
| | Mandate in case of incapacity |
| | Executor of the will notified |
| _ | AVED OF ATTORNEY |
| | WER OF ATTORNEY |
| | Financial institution |
| | SAAQ Care arrangements |
| | Care arrangements Pets |
| | Children placement |
| | Ciniai cii piacciiicii |
| IFE | E INSURANCE/DISABILITY (member AND spouse) |
| 7 | Sufficient life insurance in the event of death |
| | Sufficient disability insurance (mortgage, debts, etc.) |
| | Insurance beneficiaries up to date |
| | Check the terms of your life insurance policy for |
| | members on mission |
| | |
| TI | HER |
| | Long form birth certificates for all family members |
| | Marriage certificate or divorce certificate, if |
| | necessary |
| | |
| | |
| | |
| | IOME |
| | HOME |
| 7 | Home insurance (information and coverage) |
| | What to do in the event of an incident |
| | Emergency assistance (flooding, etc.) |
| | Location of the water shutoff valve |
| | Location of the electrical panel |
| | Other residences (cottage, trailer, etc.) |
| | Seasonal upkeep (snow clearing, car shelter, etc.) |
| | Telephone list of emergency resources (plumber, |
| _ | electrician, etc.) |
| - | Give a copy of your key to someone you trust |
| | Appliance warranties |

FINANCES

| BUE | OGET |
|------|---|
| | Budget Identify bills and payments due during the absence Emergency fund for unforeseen circumstances Emergency help fund (meals, childcare, cleaning, etc.) Borrowing capacity |
| МО | RTGAGE/RENT/TAXES |
| | Mortgage coming due Rent / mortgage payment date Municipal tax payment date School tax payment date |
| FINA | ANCIAL INSTITUTION |
| | Joint account for paying bills Individual account in the event of death to ensure access to funds Investments coming due Plan for decisions regarding RRSP issues and income tax Income tax declarations during the absence |

PETS

| _ | · ~ |
|---|---|
| | Microchip / tattoo number Feeding information Medical information Routines |
| | Name: |
| 요 | Adress: |

Telephone: