



# ENACTION

Vol. 33 | No. 9 | December 2020

REGROUPEMENT DES FIQ | [fiqsante.qc.ca](http://fiqsante.qc.ca) | [fiqp.org](http://fiqp.org)

RFIQ Provincial Council on Nov. 30, Dec. 2, 7 and 8  
FIQ Federal Council on Nov. 30 and Dec. 7  
FIQP Federal Council on Dec. 1



## PROVINCIAL NEGOTIATIONS THE SECTORAL AGREEMENT ADOPTED BY A STRONG MAJORITY

A very important step towards the renewal of the healthcare professionals' collective agreement was taken on December 8<sup>th</sup> when the FIQ and FIQP delegates adopted the tentative agreement reached with the Government of Québec on the sectoral matters by 82%. This agreement is only on working conditions.

Two weeks after delegates rejected a first tentative agreement, the negotiation team presented a new agreement in a virtual Provincial Council that included crucial elements for all healthcare professionals.

Returning to the bargaining table was a delicate exercise, especially during a pandemic, but this exercise will consolidate the foundations of the health network by putting an end to the

toxic management which has greatly contributed to the deterioration of the healthcare professionals' working conditions and installing a culture of stability for positions and work teams.

The FIQ is the first labour organization to reach a tentative agreement with the government, which means it can ensure the sustainability of the well thought out and proven solutions proposed by the healthcare professionals.

The joint political officers for the provincial negotiations, treasurer, Roberto Bomba and vice-president, Jérôme Rousseau, made it clear that the last 20 years of misery cannot be wiped out with a magic wand nor can we think that all can be changed in a few months. But we can at last see hope, a light at the end of the tunnel.

CONT. P. 3



POSTE-PUBLICATION  
Convention 40007983

(adresse de retour)  
FIQ Québec | 1260, rue du Blizzard  
Québec (Qc) G2K 0J1

## WORD FROM THE PRESIDENT

En Action, Vol. 33, No. 9, December 2020 | Published by the Communication Service | Distribution: 76,000 copies | Graphic layout: Josée Roy | Photography: Jacques Lavallée | Printing: Solisco | Reprint of any article or excerpt must indicate "reprint from the FIQ en Action" | 100% recycled paper | If you wish to receive only the electronic version of FIQ publications, send a request to info@fiqsante.qc.ca | ISSN 1913-1755 (Print) | ISSN 1913-1763 (Online) | fiqsante.qc.ca | info@fiqsante.qc.ca



## LET'S BE PROUD!

After over a year of negotiations, and despite a world-wide pandemic, we finally reached a tentative agreement on the working conditions for the 76,000 FIQ and FIQP members. Our determination and mobilization played a decisive part in obtaining these important gains, which will have a significant impact on healthcare professionals' daily lives.

They were very difficult negotiations, but we were successful. We were successful because we made the right choices and used good strategies. We can be proud of how far we've come and the result of our collective efforts. We should be proud because, let's admit it, even if this tentative agreement won't solve all of the problems in the health network, it has solid foundations that will change the toxic management culture.

For far too long, a great many employers have hinged their decisions on mobility and flexibility. From now on, stability will be valued for nurses, licensed practical nurses, respiratory therapists and clinical perfusionists. And not only will we see an improvement in our professional and personal lives, Quebec patients will also see a vast improvement in care quality.

In the long run, the gains we have made will guarantee that you can work on a fully-staffed team with a stable position, both in terms of

the shift and centre of activities. You can know your schedule in advance and take days off. Finally, mandatory overtime hours should decrease slowly but surely. In short, you need to be able to practice your profession in a health network where it is truly possible to have a work-family-study balance.

Each negotiation is important and, in a way, becomes the stepping stone for the next. This one will be no exception. In addition to the immediate gains that will allow you to see considerable improvements to the quality of your professional and personal lives, this agreement will serve as leverage, enabling us to push farther for projects we have been fighting for for years.

Whether it's the new targets for safe healthcare professional-to-patient ratios in CHSLDs and private subsidized institutions or the government's clear commitment to review the framework for hiring independent labour, this tentative agreement will be a game

changer for the duration of the collective agreement, as well as for future generations of healthcare professionals.

Negotiations for working conditions are finished. Now we have to finish negotiating the intersectoral matters, i.e., salaries, retirement plan, parental rights and regional disparities.

We are negotiating these matters in alliance with the APTS and work is ongoing. Once these negotiations are finished, you will have to vote in a referendum on the entire new collective agreement.

In the meantime, feel free to visit your union representatives and participate in the upcoming general assemblies. Your voice counts so please speak up! ■

*We know just how different the holidays will be this year due to the health crisis and how you are working constantly to offer the Quebec population the most precious gift: health.*

*Your health is just as important. The FIQ and FIQP are continuing to fight so that you can work in a safe environment.*

*We hope that you can take a moment for yourselves, a moment full of simple pleasures.*

**Health and solidarity**  
The Provincial Executive Committee



## PROVINCIAL NEGOTIATIONS

## The sectoral agreement adopted by a strong majority (cont.)



Negotiating Committee



Marika Turcotte, CIUSSS de l'Estrie-CHUS

## THE SECTORAL AGREEMENT ADOPTED BY A STRONG MAJORITY

(cont. from page 1)

The FIQ convinced the government to make changes that have a profound effect on employers' management methods, and especially granting appropriate budgets for funding stable and permanent job structures.

At the heart of the healthcare professionals' demands was the work overload, healthcare professional-to-patient ratios, particularly in CHSLDs, and the attraction of full-time positions.

The FIQ and FIQP members, who are 90% women, can improve their economic situation, reduce job insecurity and make work-family-study balance easier.

A review of the preventive measures in occupational health and safety was also part of the FIQ's key

demands. The tabling of Bill 59 in the National Assembly this fall is a step in the right direction and the FIQ will participate in the parliamentary process leading to its passing.

Of course, the FIQ's ultimate objective is that safe healthcare professional-to-patient ratios are implemented throughout the network. A provincial standard of care hours per bed in a CHSLD and EPC is only a beginning and the Federation will devote all its resources to obtaining a law on ratios over the next few years.

### NEXT STEPS

The collective agreement will not be complete until there is an agreement on the intersectoral matters (salary, retirement, parental rights and regional disparities) reached at the

central table, where the FIQ is a team with the Alliance du personnel professionnel et technique (APTS).

With the strength of 131,000 members, the APTS-FIQ Alliance will continue to speak up demanding a major salary catch-up and end of salary discrimination for employees in the health and social services network, who are a very large majority of women.

Once the global agreement is reached, all the information will be given to the members in local general assemblies and via various information tools. Every FIQ and FIQP member can then vote on the next collective agreement in a referendum that will be held only online for the first time because of the pandemic. ■



## MAIN GAINS IN THE SECTORAL AGREEMENT

- Targets reducing the healthcare professional-to-patient ratios in public and private subsidized CHSLDs and the addition of 1,000 equivalent full-time positions.
- A letter of understanding with the objective of reducing the use of overtime and independent labour (IL).
- A government commitment to review the directive on the management framework governing the use of IL.
- Voluntary upgrading of healthcare professional incumbents of a part-time position to a full-time position, on their shift and in their centre of activities for 24/7 centres of activities and in CHSLD-EPC.
- The addition of 500 equivalent full-time positions with priority in medical-surgical centres of activities.
- New premiums for healthcare professionals working evenings (up to 4%) and nights (up to 2.5%).
- The weekend premium for healthcare professionals with a full-time position will go from 4% to 8%.
- Possibility for a full-time evening healthcare professional to have a 9/14 schedule giving her better work-family-study balance.
- Reduction of job insecurity for healthcare professionals because they will have access to part-time positions of 7 days per 14-day period.
- Specific critical care premium expanded to obstetrical care (mother-child) units.
- A 37.5-hour workweek for clinical perfusionists, respiratory therapists who work in a 24/7 centre of activities or on two different continuous shifts, and for nurses, licensed practical nurses and respiratory therapists who work in a CLSC and northern clinic.
- A supervision and training premium for clinical perfusionists.
- Increase in the number of paid hours for the specialty nurse practitioner (SNP) and specialty nurse practitioner candidate to 40 hours a week.
- A budget reserved for SNP in-service training.
- Automatic reclassification of the employee with a bachelor's in nursing to the nurse clinician job title.
- Improvement in taking leaves for death.
- Employer's contribution to the basic drug insurance plan doubled.

For more details: [fiquante.qc.ca/nego2020](https://fiquante.qc.ca/nego2020)



# fiqp FEDERAL COUNCIL

While the FIQ | Secteur privé was very busy with the renewal of the collective agreement in the last few months, the health crisis was at the heart of the organization's concerns. As such, Sonia Mancier, President, took a moment at the Federal Council to look back on the main battles fought in 2020.

## DEFICIENT VENTILATION IN SOME INSTITUTIONS

During the first wave, affiliated unions filed many appeals to denounce their members' working conditions, in particular to contest the lack of equipment, transfers between hot and cold zones, and ventilation problems.

On this last point, on October 19, 2020 the Administrative Labour Tribunal (TAT) ruled in favour of some by reaffirming the importance of the partnership between the unions and employers to eliminate dangers at the source, as provided in the Act respecting occupational health and safety (AOHS).

## PROBLEMATIC ACCESS TO N95 MASKS

Another battle underway: access to N95 masks. While there is yet to be a favourable ruling on this, literature and research on aerosol transmission may soon lead to a change in standards.

On November 26, 2020, the Public Health Agency of Canada finally recognized possible airborne transmission of the SARS-CoV-2

virus. The MSSS's public health director continues, despite everything, to recommend a lower level of protection. The FIQP contested Dr. Arruda's recommendation.

## VACATIONS UNDER THREAT

Ministerial order after ministerial order has been issued over the last months, each one violating healthcare professionals' rights a little more.

The TAT then ordered Vigi Santé Ltée to give the UHCP union access to the work sites to inspect the ventilation systems and analyze the air quality, as well as to share all documentation related to the systems' maintenance.

Just before summer 2020, professionals' right to take their vacation time was in jeopardy. The FIQP fought to ensure its members would be able to take a little time to rest. Its efforts paid off as most members were able to take their vacation time.

## PROFESSIONAL ORDERS' GENERAL ASSEMBLIES

As usual, FIQP representatives attended the OIIAQ's and OIIQ's annual general assemblies in the fall. The OIIAQ's dealt with issues related to the pandemic and the actions the Order took, mandatory overtime hours, professional education, and maintaining the \$190 dues for 2021-2022, which has been the same since 2016.

As for the OIIQ, Patricia Conrath, Vice-President, Nurse, reported on an announcement regarding possibly staggering the annual dues for the practice license, as well as on discussions about initial training and the practice of specialty nurse practitioners. ■

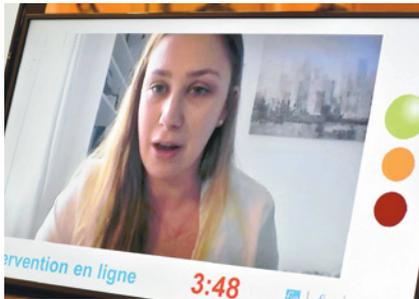
The FIQP's financial statements as at December 2019 and the 2021 financial forecast presented by Treasurer Martine Tremblay were unanimously adopted.



1. Sonia Mancier, President of the FIQP  
 2. Martine Tremblay, Treasurer of the FIQP  
 3. Justine Shepherd, Vigi Santé Ltée Montréal  
 4. Marianne Use, Résidence Sorel-Tracy Inc.

## GROUP INSURANCE

Rates in effect starting on April 1, 2021



Virginie Lambert-Bérubé, CISSS de la Montérégie-Est

# GROUP INSURANCE RATES IN EFFECT STARTING ON APRIL 1, 2021

At this provincial council, delegates were informed of the outcome of the FIQ's negotiations with La Capitale Insurance and Financial Services regarding the 2021 renewal conditions for the group insurance contract for FIQ and FIQP members.

## LONG-TERM DISABILITY

The analysis of the long-term disability experience shows significant deterioration over the last few years. The FIQ will continue to pay special attention to the increase in members going on long-term disability to evaluate the impacts on the plan. This phenomenon is affecting several fields, but health sector groups are particularly hard hit.

The restructuring of the health network, the challenges and distress plaguing healthcare professionals with the current work overload, the overtime hours, and the COVID-19 pandemic all have a direct impact on the incidence of disability leave.

For the delegates, it is important to take fast action to reduce the impact of this deterioration on the experience and prevent major premium rate increases for future renewals. Consequently, they accepted the FIQ's proposal to switch back to the 1.126% rate of the base salary in 2021. This percentage more accurately reflects the premium rate for long-term disability.

It is the first renewal since the change of insurer on April 14, 2019 following a call for tenders that included a premium rate guarantee for the health, dental and long-term disability insurance plans.

Considering the recent changes to the group insurance plan, i.e., the switch from a universal plan to a modular plan for health care and the switch to optional dental coverage, the delegates felt it was a very good renewal.

### PREMIUM HOLIDAY

The current pandemic and the lockdown period last spring do not impact all plans in the same way. For the health insurance plan, which

mainly covers prescription drugs, no impacts are foreseen as people continue to take medication. However, as regards the dental care plan, it was important to quickly compensate members for the drop in consumption due to the lockdown. Current rates will therefore be maintained.

Furthermore, in order to provide the same premium holiday that other insurers granted to groups last spring who don't have access to dental care plan surpluses, La Capitale will apply a partial four-week premium holiday to the dental care plan (two pay periods), starting with the first full pay period following or coinciding with April 1, 2021.

Delegates gave the green light to putting part of the deposit from the government's additional contribution, as provided in this collective agreement, toward offering a premium holiday in 2021.

In short, the delegation granted a 3.1% premium holiday for the health insurance plan, as well as the equivalent of 7.7% for the dental care plan, which amounts to a four-week period with no premium payments. ■

### RATES STARTING ON APRIL 1, 2021 UNTIL MARCH 31, 2022

Plan	Coverage category	Current rates paid until March 31, 2021 <sup>1</sup>	Rates paid from April 1, 2021 to March 31, 2022 <sup>1</sup>
<b>Health insurance</b>			
■ Bronze	Individual	\$46.86	\$49.49
	Single-parent	\$61.85	\$65.33
	Family	\$109.19	\$115.33
■ Silver	Individual	\$52.70	\$56.32
	Single-parent	\$69.57	\$74.35
	Family	\$122.79	\$131.24
■ Gold	Individual	\$55.45	\$60.57
	Single-parent	\$73.19	\$79.95
	Family	\$129.20	\$141.15
<b>Dental care</b>	Individual	\$14.85	\$14.85
	Single-parent	\$28.22	\$28.22
	Family	\$41.58	\$41.58
<b>Basic life and AD&amp;D<sup>2</sup> for insured</b>		\$0.29/\$5,000	\$0.29/\$5,000
<b>Optional life for member<sup>3</sup> (maximum \$100,000)</b>		\$0.059	\$0.059
<b>Optional<sup>3</sup> AD&amp;D<sup>2</sup></b>		\$0.01	\$0.01
<b>Life insurance for dependents</b>		\$0.33	\$0.33
<b>Optional life for member</b>		Table of rates	Table of rates
<b>Spouse's optional life</b>		Table of rates	Table of rates
<b>Acquired rights life</b>		Table of rates	Table of rates
<b>Long-term disability</b>		0.997%	1.126%

1. Rates paid per 14 days. The contractual rates indicated do not show the employer contribution and exclude the 9% tax.

2. Accidental death and dismemberment.

3. Rate per \$1,000.

**FINANCES**

**2021 financial forecast – A budget geared towards the FIQ’s priorities  
2021 priorities: think collectively**



**2021 FINANCIAL FORECAST  
A BUDGET GEARED TOWARDS  
THE FIQ’S PRIORITIES**

Meeting in a Federal Council, the delegates adopted the FIQ’s 2021 budget based on the organization’s priorities. This budget, presented by the treasurer, Roberto Bomba, will ensure the organization’s financial stability and maintain quality services for the members and affiliated unions.

2021 will be a pivotal year for the Federation, in particular because of the conclusion of the provincial negotiations and roll out of a new collective agreement, holding the quadrennial convention and preparing for the next change of union allegiance period.

In the context of the COVID-19 pandemic, the FIQ’s finances must continue to be monitored in 2021 while ensuring the healthcare professionals’ working conditions are defended and improved.

**PROVINCIAL NEGOTIATIONS**

Significant amounts are planned for funding the conclusion of the provincial negotiations and renewal of the FIQ and FIQP members’ collective agreement. This is a major priority that affects all the healthcare professionals.

**LABOUR RELATIONS**

Almost half of the Federation’s expenses are linked to the Labour Relations Sector to support the affiliated unions and ensure members are defended, in arbitration, before the CNESST and employers. The 2021 income includes 72,213 dues-paying members, which is an increase of 821 members. This

increase is particularly evident with nurses and licensed practical nurses because of new hires in the health network.

**HEALTHCARE PROFESSIONAL-TO-PATIENT RATIOS**

The necessary amounts to support the battle the FIQ has waged for several years to implement safe healthcare professional-to-patient ratios in all Québec healthcare institutions are maintained.

**OCCUPATIONAL HEALTH AND SAFETY**

The 2021 budget still provides a loan envelope to support healthcare professionals who have to appeal

their employer’s decision regarding a preventive withdrawal for a pregnant worker (RPTE).

**ONLINE TRAINING**

The special project started on the rollout of online training will continue in 2021. This project aims to modernize and update the training the FIQ gives to the union representatives and members.

**OHS-COVID ACTION PLAN**

A budget planned for the Union Defence Fund will allow the work to obtain a safe workplace for healthcare professionals to continue. ■

**2021 PRIORITIES:  
THINK COLLECTIVELY**

The delegates adopted the FIQ and FIQP priority actions for 2021. The objectives of the established priorities are to conclude the provincial negotiations and roll out the new collective agreement, revisit the quadrennial convention and prepare the next change of union allegiance period.

**PRIORITY 1: ROLL OUT THE NEW COLLECTIVE AGREEMENT**

From holding referendum assemblies on the tentative agreement in a context of a pandemic to applying the new collective agreement, the Federations will support the affiliated unions in this process in 2021. No one can predict if this future will be under COVID, but already, we can expect that rolling out the new collective agreement will take place in an unprecedented context.

Even with this pandemic, the FIQ and FIQP have not been overwhelmed by the challenges it has caused and the unions will undoubtedly together find the best ways to inform the members and promote these new gains for the healthcare professionals.

**PRIORITY 2: REVISIT THE 2021 CONVENTION**

The next Convention, scheduled in June 2021, will be an opportunity to define a common and rallying project and consolidate the solidarity of affiliated unions and members around those that the FIQ and FIQP are already working on. This is the perfect time to make the most of the knowledge of the healthcare professionals in the health network in proposing a vision of humane, safe and inclusive care to influence the political apparatus in this respect. This important decision-making location will foster critical and political reflections at all levels of the Federations.

**PRIORITY 3: PREPARE THE CHANGE OF UNION ALLEGIANCE PERIOD**

In 2021, the FIQ and FIQP will prepare for the next change of union allegiance period. They will consolidate their assets as labour organizations that listen to their members and who hold an important place in the health network for defending their working conditions and the healthcare professionals’ expertise. They will continue promoting their identity and specificities with the healthcare professionals. It will be an opportunity to make the Federations’ solutions known, especially the implementation of healthcare professional-to-patient ratios in Québec. ■



## ORGANIZATION OF WORK

## Front-line ad hoc committee's report OHS report on the first wave of COVID-19



# FRONT-LINE AD HOC COMMITTEE'S REPORT

The ad hoc committee on the impact of budget cuts on front-line care and services presented its findings to the delegates. The committee was set up in 2018 to measure the extent of government budget cuts made over the last decade, in CLSCs in particular.

The committee believes that implementing safe ratios in home care is the solution. It emphasized the need to document the work overload in CLSCs and to make each mission's budget public, which was also recommended by the Auditor General. It also mentioned the need to maintain neighbourhood clinics for the population, whether they be CLSCs or SABS-type clinics.

The committee members closely analyzed the breakdown of the role of CLSCs to the benefit of FMGs and the consequences of this shift for FIQ members and their patients. First, the committee concluded that the million dollars invested in physicians to improve front-line access did not yield the expected results.

For example, in 2018-2019, 71% of patients admitted to the emergency department consisted of cases deemed less urgent or not urgent (P4-P5) and, of these, 75% had a family doctor. The committee sees this as evidence that front-line care access through FMGs is not meeting demand, as the population still has to rush to the ER, due to lack of a better option.

The committee identified three important consequences for the population caused by the shift in front-line services from CLSCs to FMGs. First, the committee and teams consulted noted the significant decrease, or flat-out disappearance of walk-in patients in their CLSCs. As a result, patients have to travel farther to get care in an FMG or just resolve themselves to going to the emergency department.

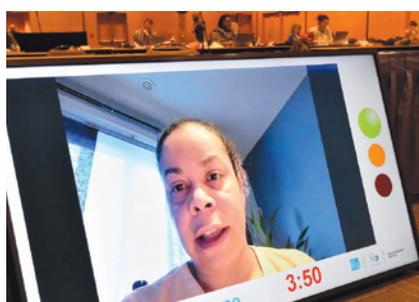
Second, since the FMG structure requires patients to be registered with a doctor, this marginalizes the most vulnerable patients. Lastly, the committee denounces giving private stakeholders, i.e., doctor business owners, the power to organize care based on their interests. For

example, front-line SNPs aren't placed in FMGs because doctors prefer to keep paying places for themselves.

Moreover, government budget cuts and austerity measures imposed between 2010 and 2016 were disastrous for the population. The committee provided several examples to the delegation, such as the impoverishment of preventive and social services such as school health and mental health. It also documented many cases in which healthcare professionals have to perform administrative tasks, effectively taking time away from patient care. ■

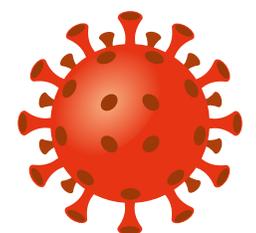


Mélanie Gignac, CISSS de la Montérégie-Ouest



Nissa Poisson-Thomas, McGill University Health Centre

## OHS REPORT ON THE FIRST WAVE OF COVID-19



A report on the first wave of COVID-19 was presented to the delegation by the FIQ sector and legal team in occupational health and safety. Despite the public health crisis, the FIQ and FIQP members have maintained a high level of healthcare services.

In this respect, although they have been present since the beginning of the pandemic, the government has attacked the healthcare professionals by means of ministerial orders, adding to the mandatory overtime thereby making working conditions worse.

Québec is by far the province where healthcare professionals have been the most affected by the virus, accounting for 24.1% of all cases. It is clear that the Government of Québec has shown a high level of incomprehension and disconnection on the healthcare professionals' situation. However, well before the pandemic, the FIQ strongly denounced the urgent need to

implement a genuine culture of prevention in the health network.

The FIQ took several OHS actions as of the first outbreaks. For example, it denounced loud and clear the CNESST's complacent attitude about the health network and appeared before the House of Commons Standing Committee on Health. The battle also moved before the courts for the judicial motions to defend the right of healthcare professionals to work in a safe setting.

One thing is certain, the pandemic will have revealed the importance of implementing a genuine culture of prevention, but the battle is

far from over. As such, the OHS-COVID action plan, voted on at the Provincial Council last October, will be an important tool for the FIQ in pursuing this battle.

The delegates were able to see that the FIQ has been able to assume a real leadership role in the inter-union and with health network employers. ■

**STATUS OF WOMEN**

**STRONGER TOGETHER.**



Denis Cloutier, CIUSSS de l'Est-de-l'Île-de-Montréal

# AGORA-FIQ: A PLATFORM FOR UNION TRAINING!

At this provincial council, delegates learned about the AGORA-FIQ digital platform developed by the Education-Animation Service. The new platform that affiliated unions have been waiting for will offer a range of online and in-person union training sessions to union reps and FIQ and FIQP members.

The purpose of the AGORA platform is to further learning and organized training management that is tailored to the participant's learning pace. It's a system that is fully dedicated to learning management. It is like an intersection that brings together all of the FIQ's training programs in one place. This platform makes it possible to see all of the different

programs and more easily access relevant material and documents.

**TRAINING FOR NEW GRIEVANCE AGENTS**

Delegates were told about the recent overhaul of the training program for new grievance agents. This program was completely redesigned and will feature a three-

part training: an integration kit, a two-day in-person training session and development workshops.

Because of the pandemic and Public Health directives, new grievance agents will be able to take part of the training program online through virtual workshops. ■

**PAY EQUITY MAINTENANCE POSTPONED SIX MONTHS**

The Pay Equity Act stipulates that once a business has conducted the initial equity review, it is the employer's responsibility to maintain it. To uphold this obligation, the Treasury Board (employer of government employees) must post its results by December 31, 2020.

The Treasury Board issued a request to the CNESST's pay equity division for additional time to evaluate the pay equity maintenance. It said that several thousand complaints resulting from the 2010 and 2015 maintenance reviews are still active. These complaints could compromise the work, as they question the value of some employment classes and their predominance. They could also directly impact the evaluation of gaps, especially if they include male job classes, which are the comparators according to the Act.

The CNESST granted the Treasury Board's request, giving the employer six more months to conduct the maintenance evaluation. The employer must post the CNESST's decision in all institutions for 30 days, as well as the notice about the application of the Pay Equity Act, which accompanies the decision. ■

## COMMEMORATION OF DECEMBER 6

Despite this being a virtual council with the Status of Women Committee members and FIQ and FIQP delegates attending remotely, the resources on site held the roses ceremony which is marked every year.

A minute of silence was observed in memory of the 14 women assassinated at the École polytechnique de Montréal, on December 6, 1989. A special moment to collectively honour them.

As this year was the exception and union reps were in different places, they were also encouraged to remotely recreate this collective moment with a symbolic gesture by lighting a candle for publishing on the FIQ's social media.



## CAR, HOME AND BUSINESS INSURANCE

The FIQ offers its members group car, home and business insurance with The Personal General Insurance. The company is authorized to solicit members by phone. However, The Personal has agreed not to divulge the list of FIQ and FIQP members to anyone. Under an Act Respecting the Protection of Personal Information in the Private Sector, members may refuse that their name and contact information (address, phone number) be sent to service providers. Therefore, **members who do not want their contact information sent to The Personal** must complete and return the form below to the address on the form before February 28, 2021. ■



I, undersigned, explicitly refuse use of my personal information held by the FIQ for marketing or solicitation purposes as regards the agreement it has with The Personal for its members.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to FIQ Québec, a/s Édith Côté, 1260, rue du Blizzard, Québec (Québec) G2K 0J1, by fax at 418 626-2111 or send this information by email to [ecote@fiqsante.qc.ca](mailto:ecote@fiqsante.qc.ca)

