



## Form

Agents | Brokers | Claims adjusters



CHAMBRE  
DE L'ASSURANCE  
DE DOMMAGES

# Request for Exemption, PDUs

Each representative (agent, broker or claims adjuster) is responsible for notifying the Chambre de l'assurance de dommages of any interruption to their business activities by reason of force majeure (parental leave or absence from work due to illness) if they wish to be exempted from their mandatory professional development obligations during the reference period when the leave of absence occurs.

Calculation Table, Number of PDUs to complete	
Full months worked	PDUs to complete during the period
24	20
23	20
22	19
21	18
20	17
19	16
18	15
17	15
16	14
15	13
14	12
13	11
12	10
11	10
10	9
9	8
8	7
7	6
6	5
5	5
4	4
3	3
2	2
1	1
0	0

This table shows the number of professional development units (PDUs) you must complete, calculated according to the number of months worked during the reference period.

**Explanation:** When you are granted an exemption, the number of PDUs to be completed during the reference period is reduced in proportion to the number of months you are absent (0.833 for each month).

▶▶ **Please complete the form on page 2 and send it to: [formation@chad.qc.ca](mailto:formation@chad.qc.ca).**

Do not forget to enclose the required supporting documents.



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### Identification

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Autorité des marchés financiers certificate number: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Reason for Absence

If you feel that you have any other valid reason for an exemption, do not hesitate to contact us by email at: [formation@chad.qc.ca](mailto:formation@chad.qc.ca).

#### ▶ Parental Leave

In addition to this duly completed form, please attach a supporting document (a letter of confirmation from the RQAP [Quebec Parental Insurance Plan]).

Length

Start date: \_\_\_\_\_ Return date: \_\_\_\_\_

Note: A maximum of 52 consecutive weeks is granted for parental leave.

#### ▶ Absence from work due to illness

In addition to this duly completed form, please attach a supporting document (either a doctor's note or a wage-loss replacement letter).

Length

Start date: \_\_\_\_\_ Expected return date: \_\_\_\_\_

Note: A doctor's note with the comment "indefinite" can give you a three-month exemption. You will be required to submit a document if your absence from work lasts any longer.

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

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

Please send this form, along with the supporting documents, to [formation@chad.qc.ca](mailto:formation@chad.qc.ca). You will receive a confirmation email once your request has been processed.