

Undertaking Form
Medically assisted
procreation services

Information on eligibility criteria

Eligibility criteria for insured medically assisted procreation services:

1. Eligibility criteria for insured medically assisted procreation services required for **artificial insemination** and **in vitro fertilization (IVF)** are as follows:
 - The person alone or spouses are insured persons under the Québec Health Insurance Plan.
 - The person alone or either spouse has never before formed an assisted procreation project as part of the current program of insured services.
 - In the case of spouses, either is infertile or unable to reproduce.
 - The person alone or either spouse has not undergone voluntary surgical sterilization or had reanastomosis of the uterine tubes or the vas deferens.
 - The man is 18 years of age or over at the time the first service is provided in the course of the assisted procreation project.
2. In addition to the eligibility criteria mentioned in point 1 above, medically assisted procreation services required for **artificial insemination** are considered insured services only if the following condition is met:
 - The woman is 18 years of age or over and less than 41 years of age at the time of the ovarian stimulation (stimulated ovulatory cycle or modified natural ovulatory cycle), on the first day of the menstrual cycle (natural ovulatory cycle), and at the time of every artificial insemination.
3. In addition to the eligibility criteria mentioned in point 1 above, medically assisted procreation services required for **in vitro fertilization (IVF)** are considered insured services only if the following conditions are met:
 - The woman is 18 years of age or over and less than 41 years of age at the time of the ovarian stimulation (stimulated ovulatory cycle or modified natural ovulatory cycle), or at the time of the ovarian puncture (natural ovulatory cycle).
 - The woman is less than 42 years of age at the time of the last frozen embryo transfer.

Undertaking

I, the undersigned _____ confirm that

First and last name of the insured person

the information given on this form is accurate and complete:

- I am a person covered by the Québec Health Insurance Plan.
- I have never before formed an assisted procreation project as part of the current program of insured services.
- I have been diagnosed with infertility or am unable to reproduce.
- I have not undergone voluntary surgical sterilization or had reanastomosis of the uterine tubes or the vas deferens.

- I undertake to inform the centre for assisted procreation of any birth resulting from the medically assisted procreation services.
- I undertake to inform the centre for assisted procreation of any changes in my situation.

Signature of the insured person

Year Month Day
|_|_| |_|_| |_|_|
Date

Signature of the health professional providing the information

Health professional number

Year Month Day
|_|_| |_|_| |_|_|
Date

This undertaking form must be kept in the insured person's file by the centre for assisted procreation.