



Today's Date

SR#: Click here to enter  
Case #: Click here to enter  
MIS Case #: Click here to enter

Client Name  
Address

Dear Client Name:

BC Employment and Assistance assists British Columbians in achieving their potential by moving people from income assistance to employment, and by providing income assistance to those in need.

Based upon a review of your file, the ministry believes that you have received an overpayment because of an error made by the ministry. An overpayment occurs when a client receives income assistance for which he or she is not eligible. The ministry believes this overpayment to be \$Dollar amount, calculated as follows:

Month	Amount
Month	Amount
Month	Amount

TOTAL: Dollar amount

We have set up an appointment Choose an item at Phone number or location on Date at Time to discuss this overpayment. You are welcome to have another person at the appointment with you. If this is not a good time for you, please call our office at the number below and we will set up a new time.

Fill in details of anything client needs to have or do for the appointment.

At this appointment, you may be given an overpayment notification form to acknowledge that you received assistance for which you were not eligible. You are not required to sign this form, but you will have a minimum monthly deduction of \$10 from future assistance cheques until the overpayment is repaid.

The Ministry of Social Development and Social Innovation operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.

If you do not agree with this decision, you can ask the ministry to reconsider it. You have 20 business days from the day you receive this letter to submit a completed Request for Reconsideration form. You can get this form, and all information that we considered to make this decision, from your Employment and Assistance office or by phoning the ministry. We have enclosed a Reconsideration and Appeals brochure to give you more information about the reconsideration process.

If you have any questions, please call the Ministry of Social Development and Social Innovation [Choose an item](#)

Sincerely,

Enter Name

Ministry [Choose an item](#)

HR3043 (13/12/30)  
Security Classification: MEDIUM SENSITIVITY

Enclosure(s): [Reconsideration and Appeals brochure]

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**Ministry of Social  
Development and  
Social Innovation**

**Office Name**

**Mailing Address**  
Enter address

**Telephone: (###) ###-####**  
**Facsimile: (###) ###-####**