

BENEFICIARY'S NOTICE TO MINISTER

Pursuant to section 12 of the Health Care Costs Recovery Act

Personal information on this form is collected under the authority of the Health Care Costs Recovery Act. The information will be used to identify recoverable health care costs as a result of a third party liability incident. If you have any questions about the collection of this information, contact Third Party Liability's email at hlth.tpl@gov.bc.ca or call (250) 952-2034. Personal information is protected from unauthorized use and disclosure in accordance with the Health Care Costs Recovery Act and the Freedom of Information and Protection of Privacy Act.

The beneficiary's legal counsel may complete and send this form on behalf of the beneficiary

PART A			
Last Name of Beneficiary Given Name(s)			Date of Birth (YYYY / MM / DD)
Residential Address Postal Code			Personal Health Number (PHN)
Contact Phone Number (include area code)	Email Address		Date of Incident (YYYY / MM / DD)
Name of Parent, Guardian or Litigation Guardian (if applicable)			
Incident Location			
Nature of Incident Motor Vehicle Slip and Fall Other (specify) Type of Injury/Illness (attach details if needed)			
PART B			
Have legal proceedings been commenced relating to your injury/illness? Yes* No *If yes, provide registry number and location			
Registry Number	Location		
Has a proposed settlement been reached? Yes No	Date(s) of any upcoming mediation or settlement meetings/conferences or trial		
PART C			
BENEFICIARY'S COUNSEL		WRONGDOER'S REPRESENTATIVE (DEFENCE COUNSEL / ADJUSTER)	
Counsel's Name and Address		Representative's Name and Address	
Counsel's Phone Number (include area code)		Representative's Phone Number (include area code)	
Counsel's Email Address		Representative's Email Address	
Name(s) of Wrongdoer(s)			
Signature	Print Name		OFFICE USE ONLY
Signature	Tillename		OFFICE OSE ONE!
Date Signed (YYYY / MM / I))	
If signatory is not plaintiff/beneficiary, state rel	ationship		

This form is sufficiently served if scanned and emailed to the following address: hlth.tpl@gov.bc.ca

- OR - Please send registered mail or traceable courier to: Third Party Liability, Ministry of Health