



# PROMISE TO REPAY

## Benefit While Awaiting Reconsideration/Appeal Decision

Case Number

SR Number

I/We acknowledge receipt of the sum of \$

provided to me/us by the Minister of Social

Development and Social Innovation while awaiting the outcome of:

(Check One)

- A Reconsideration
- an Appeal to the Employment and Assistance Appeal Tribunal

If the final outcome of the Reconsideration or Appeal confirms the ministry's decision to reduce or discontinue my/our assistance or supplement, I/we jointly and separately agree to repay Her Majesty the Queen in right of the Province of British Columbia (payable to the Minister of Finance) the total amount of the above sum.

If the final outcome of the Reconsideration or Appeal confirms or reverses part of the ministry's decision to reduce or discontinue my/our assistance or supplement, I/we jointly and separately agree to repay Her Majesty the Queen in right of the Province of British Columbia (payable to the Minister of Finance), the total amount of the above sum less the total amount of any adjustment in my favour.

This repayment agreement is taken pursuant to:

(Check One)

- Employment and Assistance Act* and Regulations
- Employment and Assistance for Persons with Disabilities Act* and Regulations

Signature of Client

\_\_\_\_\_) (\_\_\_\_\_)  
Print Name

\_\_\_\_\_) (\_\_\_\_\_)  
Date (YYYY MMM DD)

Signature of Client

\_\_\_\_\_) (\_\_\_\_\_)  
Print Name

\_\_\_\_\_) (\_\_\_\_\_)  
Date (YYYY MMM DD)

Signature of Witness

\_\_\_\_\_) (\_\_\_\_\_)  
Print Name

\_\_\_\_\_) (\_\_\_\_\_)  
Date (YYYY MMM DD)

Signature of Witness

\_\_\_\_\_) (\_\_\_\_\_)  
Print Name

\_\_\_\_\_) (\_\_\_\_\_)  
Date (YYYY MMM DD)