



REPAYMENT AGREEMENT APPEAL BENEFIT

SR Number:

OFFICE CODE	DATE (YYYY MMM DD)	FILE ID
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In consideration of the Province of British Columbia agreeing to provide me/us with a supplement while a decision to discontinue or reduce assistance is under Reconsideration or Appeal pursuant to Section 54 of the Employment and Assistance Regulation, and Section 52 of the Employment and Assistance for Persons with Disabilities Regulation, I/we jointly and separately agree:

- a) to pay Her Majesty the Queen in right of the Province of British Columbia (payable to the Ministry of Finance) the sum of \$ _____ ;
- b) that the ministry may deduct that amount from subsequent assistance under the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*,
- c) if I am/we not entitled to subsequent payments of assistance, to repay that amount on demand.

SIGNATURE OF RECIPIENT	SIGNATURE OF WITNESS
_____) (_____) (
PRINT NAME	PRINT NAME
_____) (_____) (
DATE (YYYY MMM DD)	DATE (YYYY MMM DD)
_____) (_____) (
SIGNATURE OF RECIPIENT	SIGNATURE OF WITNESS
_____) (_____) (
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