Ministry of Social Development and Social Innovation

OVERPAYMENT NOTIFICATION

Choose File Type

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act.* The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act.* Any questions about this information should be directed to your local Employment and Assistance Office.

FOR PLMS USE ONLY

OFFICE CODE/BRANCH	DATE (YYYY MM DD)	FILE ID#

The Ministry of Social Development and Social Innovation has determined that you, Recipient 1 and Recipient 2, received $500.00 of assistance under the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act* for which you were not eligible. This is an overpayment and it is a debt due to the government of British Columbia that you are liable to repay under the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*.The attached Overpayment Chart explains how this overpayment was calculated.

Please contact a representative of the Province at our toll free number 1 877 815-2363 within 30 days of the date shown on this Overpayment Notification, if you wish to arrange a repayment schedule.

If we do not hear from you within 30 days, action to recover this debt due to government will commence, and may include, but is not limited to, entering into a repayment agreement with you, deducting the mandatory amount prescribed by the Employment and Assistance Act or the Employment and Assistance for Persons with Disabilities Act from any subsequent assistance you may receive, referring the matter to the Province or its agents for debt collection, referring the matter to legal counsel for possible civil litigation, or exercising other remedies available to government to recover the debt due.

If you disagree with the ministry's decision that you received assistance for which you were not eligible, you may request the Minister to reconsider that decision. A request for reconsideration must be delivered to the Prevention and Loss Management Services office located at Office Location within 20 business days after the date you received this Overpayment Notification.

I acknowledge that I have received this notification and I am aware of my right to request a reconsideration of this decision.

SIGNATURE

SIGNATURE OF WITNESS

PRINT NAME

PRINT NAME

DATE SIGNED (YYYY MMM DD)

SIGNATURE

SIGNATURE OF WITNESS

PRINT NAME

PRINT NAME

DATE SIGNED (YYYY MMM DD)

SAMPLE