



NOTICE OF PROPOSED TERMS OF SETTLEMENT

Pursuant to section 13 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.

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

PART A - BENEFICIARY

Last Name of Beneficiary, Given Name(s), Date of Incident, Date of Birth, Personal Health Number

PART B - PAYOR

Full Name, Address, Postal Code, Contact Phone Number, Email Address

PART C - PAYOR'S COUNSEL

Name and Address, Phone Number, Email Address, Name(s) of Parties to Proposed Settlement, Total Amount of Settlement, Amount Proposed for Health Care Costs, Is the claim continuing against any other wrongdoer?

PART D - ATTACHMENTS

Proposed Settlement Terms, Draft Terms of Settlement or Settlement Agreement, Releases / Covenants not to sue, Consent Dismissal Order / Discontinuance

Signature, Print Name and Title, Date Signed, Phone Number, Email Address, Full Mailing Address, OFFICE USE ONLY

This form, including attachments, 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, 2nd Floor - 1515 Blanshard Street, PO Box 9647 STN PROV GOVT, Victoria BC V8W 9P4