



NOTICE OF LEGAL PROCEEDING

Pursuant to section 4 (1) 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.

Form with fields: Last Name of Plaintiff / 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), 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.

Form with fields: Signature, Print Name, Date Signed (YYYY / MM / DD), OFFICE USE ONLY, If signatory is not plaintiff/beneficiary, state relationship.

Please attach a copy of the filed Notice of Civil Claim (or equivalent document)

Health Care Costs Recovery Act

Service of Notices to Government

22 Written notice to the government under section 4 (1) or (1.1) [requirement to notify government of claim] or 5 (3) (b) [final disposition of claim or legal proceeding]

- (a) must be served on the Attorney General at the Ministry of Attorney General in the City of Victoria, and
(b) is sufficiently served if
(i) left there during office hours with a solicitor on the staff of the Attorney General at Victoria,
(ii) mailed by registered mail to the Deputy Attorney General at Victoria, or
(iii) if provided by any other means of service prescribed in the regulations.\*

\*Pursuant to the Health Care Costs Recovery Regulation, this form and filed Notice of Civil Claim (or equivalent document) are sufficiently served if emailed to the following address: AGHCCRAService@gov.bc.ca. Notice is deemed to be served once an email confirmation has been received by the person filing the notice.