

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*.

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

PART A			
Last Name of 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)			
Incident Location			
Nature of Incident <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Slip and Fall <input type="checkbox"/> Other (specify)		Type of Injury/Illness (attach details if needed)	

PART B	
Have legal proceedings been commenced relating to your injury/illness? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, provide registry number and location	
Registry Number	Location
Has a proposed settlement been reached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of any upcoming mediation or settlement meetings/conferences or trial

PART C	
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
Name(s) of Wrongdoer(s)	

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

This form 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