

SCHEDULE "A"

**ASSIGNMENT OF PAYMENT DUE TO INSURED PERSON OR BENEFICIARY
UNDER THE MEDICARE PROTECTION ACT OR
HOSPITAL INSURANCE ACT**

BETWEEN: _____ of the first part,
_____ hereinafter referred to
_____ as the Assignor

AND
MEDIPAC ASSISTANCE INTERNATIONAL of the second part,
180 LESMILL ROAD hereinafter referred to
NORTH YORK, ONTARIO M3B 2T5 as the Assignee

AND **HER MAJESTY THE QUEEN IN THE RIGHT OF** hereinafter referred
THE PROVINCE OF BRITISH COLUMBIA AS to as the Minister
REPRESENTED BY THE MINISTER OF HEALTH

WHEREAS the Assignor is a person eligible for insured services or benefits or both under the province of British Columbia's *Medicare Protection Act* or *Hospital Insurance Act* or both, and as such may receive payment for the above services from the Minister.

And WHEREAS the Assignor is under a covenant or obligation under a contract with the Assignee to remit to the Assignee all such payments received for medical services from the Minister.

NOW WITNESSETH THAT in consideration of the said obligation to the Assignee the Assignor hereby assigns unto the Assignee all sums of money that shall be owing to the Assignor by the Minister for the above noted contract. The Minister is hereby authorized to pay all such sums directly to the Assignee at the address aforesaid, or at any address the Assignee may from time to time designate, with payment of any such sum to be sufficient discharge to the Minister of and from any indebtedness in that amount to the Assignor, his heirs, executors, or Administrators.

DATED this _____ day of _____, 20_____

Signature of Assignor

Witness:

ASSIGNMENT:

Effective from _____ / _____ / _____
MM DD YR

To _____ / _____ / _____
MM DD YR

Signature

Occupation