LIONS GATE
UNDERWRITING

For Residents of British Columbia Only

SCHEDULE "A"

ASSIGMENT 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 *Lions Gate Underwriting Agency.* of the second part, hereinafter referred to as the **Assignee**

AND Her Majesty the Queen in the Right of the Province of British Columbia represented by the Minister of Health as herein referred to as the **Minister**

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.

WHEREAS the Assignor is under a covenant or obligation under a contract of insurance 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 ____ /____ /____ to ____ /____ /____
_____ Signature (travel dates) M D Y M D Y

_____ Occupation

SCHEDULE "B"

AUTHORIZATION TO PROVIDE MEDICAL INFORMATION

I, _____ (or I, _____ parent/guardian of minor) hereby consent to and authorize the Ministry of Health to furnish to any representative of McLarens Canada any and all records and information in the Ministry of Health's possession regarding claims for Medical Services incurred while I had insurance coverage
from ____ /____ / ____ to ____ /____ /____ (travel dates)
M D Y M D Y

including medical history and physical condition both prior and subsequent to receipt of Medical Services, regardless of lapsed time and bearing in any way on the Services received during the above time period.

DATED this _____ day of _____ , 20 _____

_____
Personal Health Number

_____
SIGNATURE

_____
Address

_____

_____
Telephone