

Schedule A

Allianz 

Global Assistance

**Allianz Global Assistance Claims
Department**

4273 King St. E. Kitchener, ON N2P 2E9
Canada

Collect worldwide: 416-340-8809

Toll-free Canada/U.S.A.: 1-800-869-6747

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

BETWEEN: _____ of the first part,
(claimant's name) _____ hereinafter referred
_____ to as the Assignor

AND: AZGA Service Canada Inc. of the second part,
o/a Allianz Global Assistance hereinafter referred
to as the Assignee

AND: HER MAJESTY THE QUEEN IN THE RIGHT hereinafter referred
OF 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 WITNESS 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 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 (Insured)
(parent/guardian if minor)

WITNESS:

Signature _____

Occupation _____

ASSIGNMENT:

Effective from: ____/____/____ (DD/MM/YY)

To: ____/____/____ (DD/MM/YY)