

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | [pac.bluecross.ca](http://pac.bluecross.ca)

**i Please complete one Reimbursement Agreement Form per incident of accident or injury. It is not necessary to submit a new form with each claim.**

## PART 1 — MEMBER INFORMATION

Policy number	ID number	Birthdate (mm-dd-yyyy)		
First name	Last name	Employment status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retiree <input type="checkbox"/> Student		Daytime phone number (10 digits)
Street address	City	Province	Postal code	New address? <input type="checkbox"/> Yes

## PART 2 — APPLICATION FOR ADVANCE

I \_\_\_\_\_ acknowledge that under the terms of my policy or my group benefits contract and Part 16 of the Pacific Blue Cross Bylaws, no benefits are payable to a Member or Dependent who suffers injury or sickness covered by Workers' Compensation or for which a third party is, or may be, directly or indirectly, either in whole or in part legally liable. By completing this form I am applying for an advance payment and agree to take all necessary action to recover from Workers' Compensation or the third party, the total of the benefits advanced. I understand that a completed and signed reimbursement agreement must be submitted in order for my claims to be processed.

Member's signature <b>X</b>	Date (mm-dd-yyyy)
--------------------------------	-------------------

## PART 3 — ACCIDENT INFORMATION

Describe how the accident or injury happened:

---



---

Who is, or may be, directly or indirectly, either in whole or in part legally liable for the accident or injury?

---



---

List all members/dependent under the above noted policy with claims related to the accident or injury:

First name	Last name	Birthdate (mm-dd-yyyy)
Describe the accident-related injuries for each member/dependent injured		
First name	Last name	Birthdate (mm-dd-yyyy)
Describe the accident-related injuries for each member/dependent injured		
First name	Last name	Birthdate (mm-dd-yyyy)
Describe the accident-related injuries for each member/dependent injured		
First name	Last name	Birthdate (mm-dd-yyyy)
Describe the accident-related injuries for each member/dependent injured		

Date of the accident/injury (mm-dd-yyyy)	Location of accident/injury	City and province where accident/injury occurred
Was the accident reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you retained a lawyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, lawyer's name/Law firm name)
Lawyer's Address/City/Province/Postal code		Lawyer's daytime phone number (10 digits)
Has legal action been initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Registry Action Number: _____

## PART 4 — AUTHORIZATION TO RELEASE

I \_\_\_\_\_ authorize Pacific Blue Cross to release to the above noted lawyer/law firm any and all information they may request, including but not limited to, my or my dependent's medical information in regards to the above noted accident or injury.  Yes  No

Member's signature <b>X</b>	Date (mm-dd-yyyy)
--------------------------------	-------------------

## PART 5 — THIRD PARTY LIABILITY INFORMATION

Have you or the injured dependent(s) received, or do you or the injured dependent(s) expect to receive, monies in connection with this accident?  Yes  No  Pending

If yes, give details: Amount(s) \$ \_\_\_\_\_

Insurance Corporation of British Columbia (ICBC)  WorkSafeBC  Other: \_\_\_\_\_

ICBC/WorkSafeBC/Other claim number	Adjuster's name	Daytime phone number (10 digits)
------------------------------------	-----------------	----------------------------------

Additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART 6 — MEMBER CONSENT AND DECLARATION

- I understand that Pacific Blue Cross will advance payment to me (or the Dependent, if different from Member) for Dental and/or Extended Health Care expenses related to the accident/injury as identified in Part 3 of this Accident or Injury Reimbursement Agreement Form (the "Accident/Injury"), for which a third party is or may be wholly or partially liable for, in accordance with the Third Party Liability section of the contract providing benefits to my plan, and Part 16 of the Pacific Blue Cross Bylaws.
- I will take all reasonable action(s) to recover the total expenses advanced by Pacific Blue Cross resulting from the Accident/Injury from the Third Party who is or who may be, directly or indirectly, either in whole or in part legally liable for same. In consideration of this, I will pay, or I will authorize and direct The Insurance Corporation of British Columbia (ICBC), WorkSafeBC or other liable third party to pay, directly to Pacific Blue Cross, the total amount of expenses advanced by Pacific Blue Cross within 15 days of settlement.
- The member and/or his or her dependent acknowledge that all settlements (including those reached on a global, all-inclusive, or non-particularized basis) will be deemed to account for the full reimbursement of all special damages as they relate to expenses as advanced by Pacific Blue Cross. Any compromise of liability must be clearly documented with supporting details provided to Pacific Blue Cross within 7 days of settlement.
- I understand that Pacific Blue Cross may allow a reasonable deduction for legal fees and applicable taxes (if they were incurred in pursuing any claim against the liable third party) in their final settlement, although Pacific Blue Cross has no legal obligation to do so.
- I understand that Pacific Blue Cross will deduct an administration fee of 7.5% from all amounts recovered and my claims experience will be adjusted by the net amount of the recovery after legal and administration fees.
- I will repay Pacific Blue Cross the full amount of Accident/Injury related benefits advanced to me (or the Dependent, if different from Member) if I fail to comply with this agreement or if the claim against the Third Party is abandoned or settled without written consent of Pacific Blue Cross.
- I understand I will not be entitled to claim medical expenses for injury(ies) resulting from the Accident/Injury from Pacific Blue Cross after the settlement/judgment is reached.
- I agree to advise any lawyer I retain of this agreement.
- I acknowledge (or the Dependent acknowledges, if different from Member) that he or she has had the opportunity to seek independent legal advice as to the contents of this Reimbursement Agreement and are not under any legal disability.
- I also authorize any third party, including WorkSafeBC and ICBC, to release to Pacific Blue Cross all clinical, medical and settlement records including details of the settlement agreement and the liability allocation percentage. Pacific Blue Cross will use this information solely for adjudicating my claims and calculating balances repayable. This consent shall be and remain in effect for 2 years unless otherwise specified or revoked in writing prior to that date.
- The terms of this Reimbursement Agreement are non-negotiable and can only be modified with the prior approval of Pacific Blue Cross.

I certify that the information I have provided on pages 1 and 2 of this agreement is as true and complete as I know it to be.

I have read, understood and agree to terms above.

Member's signature <b>X</b>	Policy number	ID number	Date (mm-dd-yyyy)
Dependent's signature (If different from Member) <b>X</b>			Date (mm-dd-yyyy)
Witness signature <b>X</b>	Witness full name (print)	Date (mm-dd-yyyy)	