

**PROVINCE OF BRITISH COLUMBIA**  
**ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL**

Order in Council No. 127 , Approved and Ordered April 7, 2026

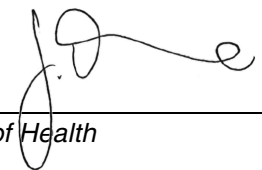
  
~~Lieutenant Governor~~  
Administrator

**Executive Council Chambers, Victoria**

*Administrator*

On the recommendation of the undersigned, the ~~Lieutenant Governor~~, by and with the advice and consent of the Executive Council, orders that

- (a) the *Health Care Costs Recovery Amendment Act, 2025*, S.B.C. 2025, c. 15, is brought into force, and
- (b) the Health Care Costs Recovery Regulation, B.C. Reg. 397/2008, is amended as set out in the attached Appendix.

  
\_\_\_\_\_  
*Minister of Health*

  
\_\_\_\_\_  
*Presiding Member of the Executive Council*

*(This part is for administrative purposes only and is not part of the Order.)*

**Authority under which Order is made:**

Act and section: *Health Care Costs Recovery Amendment Act, 2025*, S.B.C. 2025, c. 15, s. 18  
*Health Care Costs Recovery Act*, S.B.C. 2008, c. 27, s. 25

Other: OIC 928/2008

R10885503

## APPENDIX

- 1** *Section 1 of the Health Care Costs Recovery Regulation, B.C. Reg. 397/2008, is repealed and the following substituted:*

### **Definition**

- 1** In this regulation, “**Act**” means the *Health Care Costs Recovery Act*.
- 2** *Section 6 is amended by striking out “sections 4 (1) and (1.1), 10, 12 and 13” and substituting “sections 4, 4.1, 10, 12 and 13”.*
- 3** *Section 7 (1) is amended by striking out “section 4 (1) or (1.1) or 5 (3) (b)” and substituting “section 4, 4.1 or 5 (3) (b)”.*
- 4** *The Schedule is amended by adding the attached forms.*



NOTICE OF THIRD PARTY CLAIM

Pursuant to section 4.1(1) of the Health Care Costs Recovery Act

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.

Form with fields: Name of Party Filing Notice, Address, Postal Code, Contact Phone Number, Email Address, Last Name of Plaintiff / Beneficiary, Given Name(s), Date of Incident (YYYY / MM / DD), COUNSEL FOR PARTY FILING NOTICE, THIRD PARTY'S REPRESENTATIVE (DEFENCE COUNSEL / ADJUSTER), Counsel's Name and Address, Representative's Name and Address, Counsel's Phone Number, Representative's Phone Number, Counsel's Email Address, Representative's Email Address.

Form with fields: Signature, Print Name, Date Signed (YYYY / MM / DD), OFFICE USE ONLY, If signatory is not party filing notice, state relationship.

Please attach a copy of the filed Third Party Notice (or equivalent document)

Health Care Costs Recovery Act
Service of Notices to Government
22 Written notice to the government under section 4 (1) or (1.1) [requirement to notify government of claim], 4.1 (1) [requirement to notify government if third party claim] or 5 (3) (b) [final disposition of claim or legal proceeding]
(a) must be served on the Attorney General at the Ministry of Attorney General in the City of Victoria, and
(b) is sufficiently served if
(i) left there during office hours with a solicitor on the staff of the Attorney General at Victoria,
(ii) mailed by registered mail to the Deputy Attorney General at Victoria, or
(iii) provided by any other means of service prescribed in the regulations.\*
\*Pursuant to the Health Care Costs Recovery Regulation, this form and filed Third Party Notice (or equivalent document) are sufficiently served if emailed to the following address: AGHCCRAService@gov.bc.ca. Notice is deemed to be served once an email confirmation has been received by the person filing the notice.



INFORMATION FROM UNINSURED DEFENDANT

Pursuant to section 10 of the Health Care Costs Recovery Act

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.

Name of Uninsured Defendant		
Full Address of Uninsured Defendant		Postal Code
Phone Number of Uninsured Defendant / Contact Person	Email Address of Uninsured Defendant / Contact Person	
Last Name, First Name of Injured Person(s)	Date of Birth and / or Address (if known)	Personal Health Number (PHN) (if known)
Name of Injured Person's Legal Counsel (if known)		
Date of Incident (YYYY / MM / DD)	Incident Location	
Nature of Incident <input type="radio"/> Motor Vehicle <input type="radio"/> Slip and Fall <input type="radio"/> Other (specify)	Type of Injury/Illness (attach details if needed)	
Have legal proceedings been commenced?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown   (If yes, provide registry number and location)	
Registry Number	Location	

Signature	Print Name	<b>OFFICE USE ONLY</b>
	Date Signed (YYYY / MM / DD)	
Title of Signatory		

This form, including attachments, 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