

## **Application to Pre-1986/Post-1990 Hepatitis C Settlement Fund** ***Information for Claimants about this Application Package***

### **Definitions**

In this Settlement, the following definitions apply:

- **Primarily Infected Claimants:** All persons who received Hepatitis C (HCV) contaminated blood, blood products or blood derivatives anywhere in Canada before January 1, 1986 and between July 1, 1990 and September 28, 1998 inclusive and who were infected for the first time with HCV during this period.
- **Secondarily Infected Claimants:** All persons who were infected with HCV through sexual, perinatal or other contact with a Primarily Infected Claimant (i.e., a person who received HCV contaminated blood, blood products or blood derivatives before January 1, 1986 or between July 1, 1990 and September 28, 1998 inclusive).
- **Family Claimants:** Living spouses, children, parents, grandparents, grandchildren and siblings of Primarily or Secondarily Infected Claimants.
- **Class Period:** Before January 1, 1986 or between July 1, 1990 and September 28, 1998 inclusive.

### **Eligibility of Primarily Infected Claimants**

- 1) To be eligible for payment from the HCV Fund under this Settlement, a Primarily Infected Claimant must deliver to the Administrator, KPMG Inc., a completed application in the prescribed form (**Application Form for Primarily/Secondarily Infected Claimants - FORM A**). Claimants will be considered eligible for payment if they provide to the Administrator:
  - a) proof that they have been accepted as eligible for compensation by the Ontario Hepatitis C Assistance Plan, the Manitoba Hepatitis C Plan or the Quebec Hepatitis C Plan (i.e., a copy of the notice of acceptance);

**or,**

  - b) the following documentation:
    - i) a report in the prescribed form (**Physician Form for Primarily Infected Claimants - FORM B**) from a physician treating the Claimant verifying that the Claimant has tested HCV positive and stating that, to the best of the physician's knowledge, the Claimant has never used intravenous drugs except under the direction of a licensed medical practitioner;
    - ii) enclosed with the completed application (**Application Form for Primarily/Secondarily Infected Claimants - FORM A**) copies of medical, clinical, laboratory, hospital, or other records demonstrating that the Claimant received blood, blood products or blood derivatives by way of transfusion or other medical procedures in Canada during the Class Period, or, in the absence of such records, a letter from a physician treating the Claimant indicating that given the nature of a procedure undergone by the Claimant in Canada during the Class Period, it is highly likely that blood, blood products or blood derivatives would have been received by the Claimant; and
    - iii) an affidavit sworn by the Claimant in the prescribed form (**Affidavit for Primarily/Secondarily Infected Claimants - FORM D**) deposing:

- (1) to the fact that the Claimant has never used intravenous drugs except under the direction of a licensed medical practitioner;
  - (2) that the Claimant had not had any indications of HCV infection prior to the receipt of blood, blood products or blood derivatives during the Class Period; and
  - (3) that the Claimant is not entitled to compensation under the FPT 1986-1990 Settlement (also referred to as the Hepatitis C January 1, 1986 - July 1, 1990 Class Actions Settlement).
- 2) If a Primarily Infected Claimant is unable to fulfill the conditions in paragraphs 1(b)(i) or 1(b)(iii)(1) above, such Claimant may file such further or other evidence with the Administrator, KPMG Inc., to substantiate the Claimant's HCV infection through blood, blood products or blood derivatives received by the Claimant in Canada during the Class Period. The evidence shall be provided to the Trustee of the HCV Fund, who shall review such evidence and determine whether, on a balance of probabilities, the Claimant became HCV infected as a result of the receipt of blood, blood products or blood derivatives in Canada during the Class Period. If such a determination is made, the claim shall be considered accepted.

#### **Eligibility of Secondarily Infected Claimants**

- 3) If a Secondarily Infected Claimant can satisfy the Trustee, on a balance of probabilities based on evidence submitted, that the Claimant became HCV infected through sexual, perinatal or other exposure to a person who became HCV infected through the receipt of blood, blood products or blood derivatives in Canada during the Class Period, that Claimant's claim shall be considered accepted. Evidence to be submitted pursuant to this paragraph shall, at a minimum, include a completed application form (**Application Form for Primarily/Secondarily Infected Claimants - FORM A**), a report referred to in paragraph 1(b)(i) (**Physician Form for Secondarily Infected Claimants - FORM C**) and an affidavit referred to in paragraph 1(b)(iii) (**Affidavit for Primarily/Secondarily Infected Claimants - FORM D**) with respect to the Claimant, and evidence sufficient to establish a claim on behalf of the infected person pursuant to paragraph 1(a) or (b) above.

#### **Eligibility of Family Claimants**

- 4) All living spouses, children, parents, siblings, grandparents and grandchildren of Primarily or Secondarily Infected Claimants are entitled to apply for payment under the Settlement. The amounts payable to Family Claimants are deducted from the amounts payable to the related Primary or Secondary Claimant. In this way, each "family unit" will receive the same total payment.
- 5) Primarily or Secondarily Infected Claimants shall list on their application forms (**Schedule 1 to Application Form for Primarily/Secondarily Infected Claimants - FORM A**) the names and addresses of all Family Claimants who are under the age of 18 or under a legal disability. Failure of a Primarily or Secondarily Infected Claimant to list all such family members on the form could result in future payments to the Primarily or Secondarily Infected Claimant being denied.
- 6) Adult Family Claimants who are not under a disability shall file their own, separate application forms (**Application Form for Adult Family Claimants Not Under a Disability - FORM E**), which shall provide the name and other information about the Primarily or Secondarily Infected Claimant to whom their claim refers.

#### **Important Information for Claimants about the British Columbia Settlement**

- 7) A Primarily Infected Claimant or Secondarily Infected Claimant who is accepted as eligible under this Settlement for compensation from the HCV Fund and establishes that his or her claim arises from blood, blood products or blood derivatives received in British Columbia, will automatically qualify for additional payments from the

settlement with the Province of British Columbia. There are no payments to Family Claimants in the settlement with the Province of British Columbia.

Claimants who contracted their HCV infections from blood, blood products or blood derivatives received in British Columbia who are not resident in British Columbia will be deemed to have opted into the British Columbia class action by applying for compensation under the British Columbia settlement or this Settlement.

**MORE INFORMATION ON THE APPLICATION FORMS  
CAN BE OBTAINED IN THE HCV DISTRIBUTION PROTOCOL  
AVAILABLE ON THE ADMINISTRATOR'S HCV FUND WEBSITE: [www.kpmg.ca/hepatitisC](http://www.kpmg.ca/hepatitisC)**

***This application package contains six (6) different forms, as follows:***

- Application Form for Primarily/Secondarily Infected Claimants (FORM A)
- Physician Form for Primarily Infected Claimants (FORM B)
- Physician Form for Secondarily Infected Claimants (FORM C)
- Affidavit for Primarily/Secondarily Infected Claimants (FORM D)
- Application Form for Adult Family Claimants Not Under a Disability (FORM E)
- Opt Out Form (FORM F)

If you are a ***Primarily Infected Claimant***, your completed application must include the following:

If you have already been accepted as eligible for compensation by the Ontario Hepatitis C Assistance Plan, the Quebec Hepatitis C Assistance Plan or the Manitoba Hepatitis C Assistance Program:

- Application Form for Primarily/Secondarily Infected Claimants (FORM A)

If you have not already been accepted as eligible for compensation by the Ontario Hepatitis C Assistance Plan, the Quebec Hepatitis C Assistance Plan or the Manitoba Hepatitis C Assistance Program:

- Application Form for Primarily/Secondarily Infected Claimants (FORM A)
- Physician Form - Primarily Infected Claimants (FORM B)
- Affidavit for Primarily/Secondarily Infected Claimants (FORM D)

If you are a ***Secondarily Infected Claimant***, your completed application must include the following:

If you have already been accepted as eligible for compensation by the Ontario Hepatitis C Assistance Plan, the Quebec Hepatitis C Assistance Plan or the Manitoba Hepatitis C Assistance Program:

- Application Form for Primarily/Secondarily Infected Claimants (FORM A)

If you have not already been accepted as eligible for compensation by the Ontario Hepatitis C Assistance Plan, the Quebec Hepatitis C Assistance Plan or the Manitoba Hepatitis C Assistance Program:

- Application Form for Primarily/Secondarily Infected Claimants (FORM A)
- Physician Form - Secondarily Infected Claimants (FORM C)
- Affidavit for Primarily/Secondarily Infected Claimants (FORM D)

If you are a Minor Family Claimant or an Adult Family Claimant Under a Disability you need not complete a separate application; information pertaining to your claim must be provided in:

- Schedule 1 to the Application Form for Primarily/Secondarily Infected Claimants (FORM A)

If you are a Adult Family Claimant Not Under a Disability, your completed application must include the following:

- Application Form for Adult Family Claimant Not Under a Disability (FORM E)

If you wish to Opt Out of the Settlement, you must complete the following:

- Opt Out Form (FORM F)

**Mail your completed forms and supporting documents to: KPMG Inc.  
2000 McGill College Avenue  
Suite 1900  
Montreal, Quebec  
H3A 3H8  
Attention: Administrator - Hepatitis C**

**PLEASE NOTE: All completed forms and supporting documents will be maintained in strict confidence.**