

Pre-1986/Post-1990 Hepatitis C Settlement Fund  
*Opt Out Form*  
FORM F

**THIS IS NOT A CLAIM FORM**

If you complete and return this form you will be **EXCLUDED** from the Settlement and will **NOT** be able to make a claim for compensation from the HCV Fund.

**DO NOT USE THIS FORM IF YOU WANT TO RECEIVE BENEFITS UNDER THE SETTLEMENT**

**IMPORTANT NOTE: The information provided below summarizes more detailed information contained in the Settlement Court orders and judgements. These documents are available in their entirety on the Administrator's HCV Fund website: [www.kpmg.ca/hepatitisC](http://www.kpmg.ca/hepatitisC)**

**1. Effect of the Settlement**

This Settlement relates to:

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

Subject to the "opt out" provisions of the Settlement described below, you will be entitled to receive compensation from the HCV Fund if you are a Primarily Infected Claimant, a Secondarily Infected Claimant or a Family Claimant. In return, you will release the Canadian Red Cross Society and all other participants to the Settlement (Plan Participants) from any and all actions, causes of action, liabilities, claims and demands whatsoever of every nature or kind for damages, contribution, indemnity, costs, expenses and interest which you ever had, now have or may hereafter have in any way relating to or arising from the HCV infection of the Primarily or Secondarily Infected Claimant, whether such claims were made or could have been made in any proceeding including the class actions that have resulted in this settlement. Any pending action or proceeding by or for the benefit of a Primarily Infected Claimant, a Secondarily Infected Claimant or a Family Claimant who has not opted out by the dates indicated below will be dismissed without recourse, on a without costs basis and/or on the basis of an out of Court settlement without costs against the Red Cross and the Plan Participants, subject to the special procedures of the Quebec Class Action and the British Columbia Class Action outlined below.

**2. Effect of Opting Out of the Settlement**

If you wish, you may choose to opt out and exclude yourself from this Settlement. If you do this, you will not be entitled to receive any of the Settlement benefits including, in particular, compensation from the HCV Fund.

If you opt out, you may be entitled to start or to continue your own legal proceeding against certain Plan Participants at your own cost. Your ability to do so, however, will be subject to the conditions and limitations contained in the Court orders and judgments approving this Settlement, the Canadian Red Cross Amended Plan of Compromise and Arrangement dated July 31, 2000 (Red Cross

Plan) and generally applicable law. In addition, even if you opt out, the Red Cross Plan provides that you cannot start or continue a legal proceeding against the Red Cross.

If a Primarily or Secondarily Infected Claimant opts out of the Settlement, each Family Claimant related to his or her claim is deemed to have opted out of the Settlement. However, a Family Claimant may opt out without affecting the Primarily or Secondarily Infected Claimant or any other Family Claimant who may also derive their claims from that Primarily or Secondarily Infected Claimant. Similarly, a Primarily Infected Claimant may opt out without affecting a Secondarily Infected Claimant(s) who contracted HCV from him or her (or the Secondarily Infected Claimant(s)' own Family Claimants).

**3. Important Information for Quebec Class Action Members**

If you are a Quebec Class Action Member who has an individual action pending against the Red Cross and/or a Plan Participant(s) concerning infection by HCV further to receiving blood, blood products or blood derivatives, you will be **deemed to be excluded** from the Settlement unless you take formal steps to desist from this action **before** the opt out deadline indicated below.

**4. Important Information for British Columbia Class Action Members**

If you are a member of the British Columbia Class Action and you opt out of this Settlement, you will also be **deemed to have opted out** of the settlement with the Province of British Columbia.

**5. To opt out, you need to do the following:**

If you are a Primarily Infected Claimant, a Secondarily Infected Claimant or a Family Claimant (including Adult Family Claimants not under a disability, minor Family claimants, and Adult Family Claimants under a legal disability) and want to opt out of this Settlement, you must complete this form and send it to the Administrator, KPMG Inc., this must be done **on or before March 30, 2002** unless:

- you are a Family Claimant who is deemed to have opted out because the Primarily or Secondarily Infected Claimant to whom your claim relates has already opted out (as explained above); **or**
- you (or, if you are a Family Claimant, the Primarily or Secondarily Infected Claimant to whom your claim relates) were unaware as of September 14, 2000 that you (he/she) had been infected with HCV, in which case this opt out form must be completed and sent to the Administrator, KPMG Inc., **on or before September 30, 2003.**

<b>Personal Information</b> (to be completed by all Claimants seeking to <u>opt out</u> of the Red Cross Settlement)	
Last Name(s)	First name
Social Insurance Number	
Address	
Telephone No. (home)	
Are you diagnosed with Hepatitis C (HCV)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you:

A **Primarily Infected Claimant?** (a person who received HCV contaminated blood, blood derivatives or blood products in any Canadian province or territory).

A **Secondarily Infected Claimant?** (a person who was infected with HCV through contact with a Primarily Infected Claimant). If you check this box, please provide the name of the Primarily Infected Claimant from whom you contracted HCV: \_\_\_\_\_.

A **Family Claimant?** (a living spouse, child, parent, sibling or grandparent of a Primarily or Secondarily Infected Claimant). If you check this box, please provide the name of the Primarily or Secondarily Infected Claimant to whom your claim relates: \_\_\_\_\_.

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Did you receive blood, blood products or blood derivatives in Canada during any or all of the following period(s):

on or before December 31, 1985       January 1, 1986 - July 1, 1990       July 2, 1990 - September 28, 1998

all

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In which province/territory did you receive your blood, blood products or blood derivatives?

Newfoundland       Quebec       Alberta       Nunavut

P.E.I.       Ontario       British Columbia

Nova Scotia       Manitoba       Yukon Territory

New Brunswick       Saskatchewan       N.W.T.

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If the Claimant who seeks to opt out is less than 18 years of age or under a legal disability at date of application, this form must be signed by a parent or other legal representative. If you are acting as the parent or other legal representative for the Claimant, please sign below and indicate in which capacity.

I am the parent/legal representative of the Claimant, and confirm that I have the legal authority to sign this application, authorization and consent.

parent

legal guardian

other legal representative (specify status) \_\_\_\_\_ Signature: \_\_\_\_\_

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If the person signing this application is someone other than the Claimant (such as a parent, guardian or other legal representative) please provide your:

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone No. (home) \_\_\_\_\_ Telephone No. (business) - optional \_\_\_\_\_

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**By completing and signing this document I confirm my intention and understanding that by opting out I (or the Family Claimant I represent) will never be entitled to receive any of the benefits of this Settlement including, in particular, compensation from the HCV Fund.**

**Signature of Claimant/Legal Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail completed form to: **KPMG Inc.**

**2000 McGill College Avenue**  
**Suite 1900**  
**Montreal, Quebec**  
**H3A 3H8**  
**Attention: Claim Administrator - Hepatitis C**