COUR SUPÉRIEURE

CANADA
PROVINCE DE QUÉBEC
DISTRICT DE MONTRÉAL

No : 500-06-000016-960
500-06-000068-987

DATE : 29 novembre 2017

SOUS LA PRÉSIDENCE DE : L'HONORABLE CHANTAL CORRIVEAU, J.C.S.

500-06-000016-960

DOMINIQUE HONHON

Requérante

c.

PROCUREUR GÉNÉRAL DU CANADA
Et
PROCUREUR GÉNÉRAL DU QUÉBEC
Et
SOCIÉTÉ CANADIENNE DE LA CROIX-ROUGE

Intimés

Et

ME MICHEL SAVONITTO, ès qualités de membre du Comité conjoint

REQUÉRANT

Et
FONDS D'AIDE AUX RECOURS COLLECTIFS
Et
LE CURATEUR PUBLIC DU QUÉBEC

Mis en cause

JC2308

500-06-000068-987

DAVID PAGE

Requérant

c.

PROCUREUR GÉNÉRAL DU CANADA

et

PROCUREUR GÉNÉRAL DU QUÉBEC

et

SOCIÉTÉ CANADIENNE DE LA CROIX-ROUGE

Intimés

et

FONDS D'AIDE AUX RECOURS COLLECTIFS

et

LE CURATEUR PUBLIC DU QUÉBEC

Mis en cause

JUGEMENT SUR LA DEMANDE DU COMITÉ CONJOINT POUR APPROBATION DE MODIFICATIONS AUX DIVERS PROTOCOLES APPROUVÉS PAR LES TRIBUNAUX

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[1] **ATTENDU QUE** le tribunal est saisi d'une *Demande du comité conjoint pour approbation de modifications aux divers protocoles approuvés par les Tribunaux (Application from the Joint Committee for the approval of modifications to the court approved protocols)* présentée par Me Michel Savonitto, *ès qualités* de membre du Comité conjoint pour le Québec;

[2] **CONSIDÉRANT** les allégations à la demande et les pièces déposées à l'appui de celle-ci;

[3] **CONSIDÉRANT** la preuve au dossier;

[4] **CONSIDÉRANT** que le Procureur Général du Canada et la Procureure Générale du Québec consentent à cette demande;

[5] **PAR CES MOTIFS, LE TRIBUNAL :**

[6] **ACCUEILLE** la demande en partie;

[7] **APPROUVE** les protocoles suivants pour les fins de la Convention de Règlement sur l'Hépatite C 1986-1990 et du Régime d'indemnisation pour les réclamations

tardives dans leur version anglaise modifiée telle qu'annexée au présent jugement à savoir :

A1 Recent HCV Diagnosis Exception to the June 30, 2010 First Claim Deadline

A2 Issuance of Initial Claims Packages after the June 30, 2010 First Claim Deadline

A3 Traceback Procedure Criteria

A4 Eligibility and Traceback Requirements for Secondarily Infected Persons

A5 Non-Prescription Intravenous Drug Use

A7 Alternative to Biopsy Medical Evidence

A8 Uninsured Medical Expenses and Treatment and Out-of-Pocket Expenses

A9 Claims or Late Claims Involving Family Members and/or Dependants

A10 Loss of Services in the Home

A11 Deficient Claims/Late Claims, Claimants that Cannot be Located and Duplicate Claims/Late Claims

A12 Payments to Approved Class Members and Approved Late Claim Class Members

A13 Rules for References and Arbitrations

[8] **ORDONNE** à l'Administrateur d'utiliser les protocoles ci-joints en lieu et place des protocoles antérieurement approuvés par les Tribunaux et ce, à compter de la prise d'effet du présent jugement;

[9] **REPORTE** *sine die* la demande concernant les modifications au protocole **A6** Preuve Médicale afin qu'elle soit entendue en même temps que la demande du Comité conjoint intitulée *Application from the Joint Committee for approval of the modifications to the Medical Evidence court approved protocol with respect to Compensable HCV Drug Therapy* et datée du 13 octobre 2017, conformément au consentement intervenu entre les parties à ce sujet;

[10] **DÉCLARE** que le présent jugement ne prendra effet qu'au moment où des ordonnances similaires auront été rendues par la Cour supérieure de l'Ontario et la Cour suprême de la Colombie-Britannique;

[11] **LE TOUT** sans frais.

Chantal Corriveau j.c.s.

CHANTAL CORRIVEAU, j.c.s.

Me Martine Trudeau
Me Michel Savonitto
Savonitto & Ass. inc.
Pour Me Michel Savonitto *ès qualités* de membre du Comité conjoint

Me Nathalie Drouin
Me Stéphane Arcelin
Procureure générale du Canada/Attorney general of Canada
Ministère de la Justice Canada
Pour la Procureure générale du Canada

Me Serge Ghorayeb
Bernard Roy (Justice-Québec)
Pour la Procureure générale du Québec

Me Mason Poplaw
Me Kim Nguyen
McCarthy, Tétrault
Conseillers juridiques du Fonds

APPENDIX A1

COURT APPROVED PROTOCOL

RECENT HCV DIAGNOSIS EXCEPTION TO THE JUNE 30, 2010 FIRST CLAIM DEADLINE

REVISED ◆, 2017

This protocol applies to section 3.08(b) of the Transfused HCV Plan and section 3.07(b) of the Hemophiliac HCV Plan (the Plans). For greater certainty, this protocol does not apply to the HCV Late Claims Benefit Plan.

The Court Approved Protocol—Requirements for the Exceptional Filing of Claims after Applicable Time Limits shall not have any force and effect after June 30, 2010.

ISSUANCE OF AN INITIAL CLAIM PACKAGE

1. The Administrator shall issue an Initial Claim Package upon request, notwithstanding that the request is made after the June 30, 2010 first claim deadline contained in the Plans, in the circumstances where the HCV Infected Person first learned of his or her infection with HCV within the three (3) years prior to the date the claimant first advised the Administrator of a potential claim (such circumstances to be referred to as the "**Recent HCV Diagnosis**"), provided the claimant submits a signed statement to that effect and an HCV Antibody Test report dated within the said three (3) year timeframe.

2. When issuing the Initial Claim Package to a claimant the Administrator shall advise the claimant in writing that:

   (a) the deadline to deliver the completed Initial Claim Package to the Administrator is the later of six (6) months from the date the Initial Claim Package is issued to the claimant or within three (3) years from the date the HCV Infected Person first learned of his or her infection with HCV (the "**Completed Package Delivery Deadline**");

   (b) if the claimant is unable to deliver the completed Initial Claim Package to the Administrator by the Completed Package Delivery Deadline, the claimant must

submit a "Request Form – Completed Package Delivery Deadline Extension" attached as Appendix "A" (the "**Request Form**") to the Administrator before the Completed Package Delivery Deadline expires if the claimant wishes to maintain the right to submit a claim; and

(c) if the Administrator does not receive the completed Initial Claim Package or the completed Request Form by the Completed Package Delivery Deadline, the Administrator will deny the claim.

COMPLETED PACKAGE DELIVERY DEADLINE EXTENSION REQUEST

3. A request to extend the Completed Package Delivery Deadline must be made before the Completed Package Delivery Deadline expires. The Request Form shall be provided by the Administrator to claimants upon request and shall also be made available on the Administrator's website.

4. The claimant will be required to set out:

(a) the steps already taken to complete the Initial Claim Package;

(b) the reasons why the Initial Claim Package has not been completed to date; and

(c) the new steps the claimant proposes to take to complete the Initial Claim Package and how long these steps will take.

5. Upon receipt of a completed Request Form, the Administrator shall forthwith review it and determine if the Request Form sets out a plan that could reasonably result in the completion of the Initial Claim Package. If so, the Administrator shall grant the extension, which shall not exceed six (6) months from the date the Request Form is submitted. The Administrator shall communicate the length of the extension and the terms on which it is granted by sending the claimant a "Notice of Extension of Completed Package Delivery Deadline" substantially in the form attached as Appendix "B".

6. If, upon reviewing a Request Form, the Administrator determines that it does not set out a plan that could reasonably result in the completion of the Initial Claim Package, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "C".

7. If the claimant has not submitted a completed Initial Claim Package or a completed Request Form on or before the Completed Package Delivery Deadline, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "D".

8. If a claimant has obtained an extension of the Completed Package Delivery Deadline but has failed to submit a completed Initial Claim Package on or before the extended Completed Package Delivery Deadline expires, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "E".

PROCESSING THE COMPLETED INITIAL CLAIM PACKAGE

9. The issuance of an Initial Claim Package pursuant to this protocol shall not be determinative of the eligibility of the claimant to receive compensation. Where the Administrator receives a timely completed Initial Claim Package, it shall process the Claim and determine eligibility for compensation by applying the terms of the Settlement Agreement in light of the Court approved protocols and standard operating procedures which are in place under the Plans at the time of processing.

10. If, during the processing of the claim, the Administrator becomes aware of information which causes it to believe that the HCV Infected Person first learned of his or her infection with HCV more than three (3) years prior to the date that the claimant first advised the Administrator of a potential claim, the Administrator shall deny the claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "E".

DENIED CLAIMS

11. Where the Administrator denies a Recent HCV Diagnosis Claim in accordance with the provisions of this protocol, the Administrator shall also notify the claimant in writing that:

    (a) the appeal route at section 10.01 of the relevant Plan applies; and

    (b) the claimant shall not be estopped from seeking to advance a Claim under the HCV Late Claims Benefit Plan or other relevant Court approved protocol or Court Order.

APPENDIX A2

COURT APPROVED PROTOCOL

ISSUANCE OF INITIAL CLAIM PACKAGES AFTER THE JUNE 30, 2010 FIRST CLAIM DEADLINE

REVISED ◆ 2017

This protocol applies to sections 3.02, 3.05, 3.06, 3.07 and 3.08(a) of the Transfused HCV Plan and sections 3.02, 3.04, 3.05, 3.06 and 3.07(a) of the Hemophiliac HCV Plan and to claims initially advanced under the Pre-1986/Post-1990 Hepatitis C Settlement prior to June 30, 2010. For greater certainty, this protocol does not apply to the HCV Late Claims Benefit Plan.

The Court Approved Protocol, Requirements for the Exceptional Filing of Claims after Applicable Time Limits, shall not have any force and effect after June 30, 2010.

ISSUANCE OF AN INITIAL CLAIM PACKAGE

1. The Administrator shall issue an Initial Claim Package upon request, notwithstanding the request was made after the June 30, 2010 first claim deadline, provided that:

   (a) the claim is sought to be made within one (1) year of the claimant reaching his/her age of majority;

   (b) the Secondarily Infected Person is seeking to claim within three (3) years from the date the Primarily Infected Person, Primarily Infected Hemophiliac or the HCV Personal Representative first made a Claim;

   (c) the HCV Personal Representative of a deceased HCV Infected Person is seeking to claim within three (3) years of the HCV Infected Person's date of death;

   (d) the Dependant or Family Member of a deceased HCV Infected Person is seeking to claim within three (3) years of the HCV Infected Person's date of death; or

   (e) the claim was initially advanced under the Pre-1986/Post-1990 Hepatitis C Settlement prior to June 30, 2010.

2. When issuing the Initial Claim Package to a claimant the Administrator shall advise the claimant in writing that:

   (a) the deadline to deliver the completed Initial Claim Package to the Administrator is the later of six (6) months from the date the Initial Claim Package is issued to the claimant or the time remaining under the applicable provision of paragraph 1 hereof, if any (the "Completed Package Delivery Deadline");

   (b) if the claimant is unable to deliver the completed Initial Claim Package to the Administrator by the Completed Package Delivery Deadline, the claimant must submit a completed Request Form – Completed Package Delivery Deadline Extension attached as Appendix "A" (the "Request Form") to the Administrator

before the Completed Package Delivery Deadline expires if the claimant wishes to maintain the right to submit a claim; and

(c) if the Administrator does not receive the completed Initial Claim Package or the completed Request Form by the Completed Package Delivery Deadline, the Administrator will deny the claim.

COMPLETED PACKAGE DELIVERY DEADLINE EXTENSION REQUEST

3. A request to extend the Completed Package Delivery Deadline must be made before the Completed Package Delivery Deadline expires. The Request Form shall be provided by the Administrator to claimants upon request and shall also be made available on the Administrator's website.

4. The claimant will be required to set out:

(a) the steps already taken to complete the Initial Claim Package;

(b) the reasons why the Initial Claim Package has not been completed to date; and

(c) the new steps the claimant proposes to take to complete the Initial Claim Package and how long these steps will take.

5. Upon receipt of a completed Request Form, the Administrator shall forthwith review it and determine if the Request Form sets out a plan that could reasonably result in the completion of the Initial Claim Package. If so, the Administrator shall grant the extension, which shall not exceed six (6) months from the date the Request Form is submitted. The Administrator shall communicate the length of the extension and the terms on which it is granted by sending the claimant a "Notice of Extension of Completed Package Delivery Deadline" substantially in the form attached as Appendix "B".

6. If, upon reviewing a Request Form, the Administrator determines that it does not set out a plan that could reasonably result in the completion of the Initial Claim Package, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "C".

7. If the claimant has not submitted a completed Initial Claim Package or a completed Request Form on or before the Completed Package Delivery Deadline, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "D".

8. If a claimant obtains an extension of the Completed Package Delivery Deadline but fails to submit a completed Initial Claim Package to the Administrator on or before the extended Completed Package Delivery Deadline expires, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "E".

PROCESSING THE COMPLETED INITIAL CLAIM PACKAGE

9. The issuance of an Initial Claim Package pursuant to this protocol shall not be determinative of the eligibility of the claimant to receive compensation. Where the Administrator receives a timely completed Initial Claim Package, it shall process the claim and determine eligibility for compensation by applying the terms of the Settlement Agreement in light of the Court approved protocols and standard operating procedures which are in place at the time of processing.

10. If, during the processing of the claim, the Administrator becomes aware of information which causes it to believe that the applicable timeframe set out in paragraph 1 hereof has not been met, the Administrator shall deny the claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "F".

DENIED CLAIMS

11. Where the Administrator denies a claim in accordance with the provisions of this protocol, the Administrator shall also notify the claimant in writing that:

    (a) the appeal route at section 10.01 of the relevant Plan applies; and

    (b) the claimant shall not be estopped from seeking to advance a Late Claim under the Late Claims Benefit Plan or any other relevant Court approved protocol or Court Order.

APPENDIX A3

COURT APPROVED PROTOCOL

TRACEBACK PROCEDURE CRITERIA

REVISED ◆, 2017

This protocol sets out the criteria for Traceback Procedures referred to in sections 3.03, 3.04, 3.05(6) of the Transfused HCV Plan and 3.03, 3.04Tran and 3.05(6) of the HCV Late Claims Benefit Plan

DEFINED TERMS AND PROVISIONS APPLICABLE TO THIS PROTOCOL

1. In addition to the defined terms contained in the Transfused HCV Plan and the HCV Late Claims Benefit Plan (which appear herein as capitalized words), the following defined terms are used in this protocol:

   (a) "**Traceback Procedure**" means a targeted search for and investigation of the donor and/or the units received by a claimant in Canada and, for the purpose of this protocol, includes any one or more of the following stages of search: a Records Search, a Class Period Search and/or a Pre-Class Period Search;

   (b) "**Records Search**" means that stage of Traceback Procedure where a search is conducted to match the units received by a claimant at any time against the records of Canadian Blood Services ("CBS") and Hema-Quebec to determine if the HCV antibody status of the donor of some or all of the units received is known;

   (c) "**Class Period Search**" means that stage of Traceback Procedure where attempts are made to locate the donors of the units received by a claimant during the Class Period and, where necessary, to have the donor tested to determine his or her HCV antibody status;

   (d) "**Pre-Class Period Search**" means that stage of Traceback Procedure where attempts are made to locate the donors of the units received by a claimant before the Class Period and, where necessary, to have the donor tested to determine his or her HCV antibody status;

   (e) "**Lookback notification**" means notification that the claimant received units from a donor who, on subsequent donation or testing, is confirmed to be HCV antibody positive.

2. For the purposes of this protocol, where the words transfusion, donor and/or unit are used in reference to a Claim they refer to the claimant's receipt of Blood as defined under the Transfused HCV Plan and where they are used in reference to a Late Claim they refer to

the claimant's receipt of Blood (Transfused) as defined under the HCV Late Claims Benefit Plan and claimant refers to a person claimed to be a Primarily-Infected Person.

COMPLETION AND/OR DISCONTINUANCE OF THE TRACEBACK PROCEDURE

3. For the purposes of this protocol:

   (a) a Traceback Procedure shall be deemed complete and all further Traceback Procedure efforts under this protocol relating to a Claim or Late Claim discontinued where:

      (i) the claimant received units only during the Class Period or only during and after the Class Period and:

         A. one of the donors or units he or she received during the Class Period is determined to be HCV antibody positive; or

         B. all of the donors or units he or she received during the Class Period are determined not to be HCV antibody positive; or

      (ii) the claimant received units before and during the Class Period or before, during and after the Class Period and:

         A. one of the donors or units he or she received before the Class Period is determined to be HCV antibody positive;

         B. all of the donors or units he or she received during the Class Period are determined not to be HCV antibody positive; or

         C. all of the donors or units he or she received before the Class Period are determined not to be HCV antibody positive and one of the donors or units he or she received during the Class Period is determined to be HCV antibody positive;

   (b) all further Class Period Search and/or Pre-Class Period Search efforts under this protocol relating to a Claim or a Late Claim shall be discontinued once the Administrator has made its decision to accept or reject that Claim or Late Claim. Subsequent periodic Record Search updates may be required in respect of some Claims or Late Claims as provided in paragraph 13 of this protocol.

THE ADMINISTRATOR'S DECISION TO ACCEPT OR REJECT A CLAIM OR LATE CLAIM

4. In making its decision whether the Claim or Late Claim in respect of a claimant, the Administrator shall:

(a) obtain and assess the results of the stage or stages of Traceback Procedure required by such of paragraphs 6 to 11 of this protocol as are applicable to the Claim or Late Claim in question;

(b) carry out additional investigation where one or more of the type of indicia enumerated at paragraph 11 of this protocol are present; and

(c) where required by the provisions of paragraphs 10(e), 10(f)(ii) or 11(d)(iv) of this protocol and/or where the Administrator undertook additional investigation as required by paragraph 4(b) of this protocol, consider whether all of the information available to the Administrator when weighed together establishes to the satisfaction of the Administrator on the balance of probabilities, that the claimant was infected with HCV for the first time prior to the Class Period (the "Balance of Probabilities Analysis").

5. Subject to the other requirements in paragraph 4 of this protocol, the Administrator shall make its decision to accept or reject the Claim or Late Claim, notwithstanding that a Class Period Search and/or a Pre-Class Period Search may not have been completed:

(a) when the Administrator is of the view that in all of the circumstances a Class Period Search and/or a Pre-Class Period Search is unlikely to yield any further information that will assist in assessing the Claim or Late Claim; and

(b) notwithstanding subparagraph (a) above, no later than 6 months after the date on which the claimant has met the requirements of sections 3.01(1)(a) and (b) of the Transfused HCV Plan or sections 3.01Tran(1)(a) and (b) of the HCV Late Claims Benefits Plan and provided the Authorization to Initiate Traceback Procedure and/or to Release Information Form and the Transfusion History Form, whichever is later, unless:

(i) the transfusion information concerning the claimant provided on or with the Transfusion History Form was incomplete or inaccurate, in which case the 6 months will begin to run from the time the Administrator determines the transfusion information is complete; or

(ii) the time is extended with the consent of the claimant or by a Court on a teleconference motion made by Fund Counsel on notice to the claimant.;

The Administrator shall take reasonable steps to assist the claimant to identify unit numbers for transfusions received by the claimant where that information was not provided in the Forms, records and/or in the available Traceback Procedure information. In its discretion, the Administrator may relieve against the requirement to identify all unit numbers for transfusions received where the claimant received Blood only during the Class Period or only during and after the Class Period and a negative is indicated on the Pre-Approval Tables annexed hereto when applied to his or her transfusion history.

OBTAIN AND ASSESS AVAILABLE TRACEBACK PROCEDURE INFORMATION

6. The Administrator shall obtain and assess the results of any Traceback Procedure in respect of a person claimant initiated without the involvement of the Administrator. If the Traceback Procedure is complete or can be deemed complete as provided in paragraph 3 herein, the Administrator shall accept or reject the Claim or Late Claim:

   (a) where transfusions were received only during the Class Period or only during and after the Class Period, by applying the appropriate subparagraph of paragraph 8 below; or

   (b) where transfusions were received before and during the Class Period or before, during and after the Class Period, by applying the appropriate subparagraph in paragraphs 9 to 11 below.

INITIATE A RECORDS SEARCH

7. In each case where there is no conclusive Lookback notification or the available Traceback Procedure information, if any, is insufficient to allow the Administrator to make its decision to accept or reject a Claim, the Administrator shall initiate a Records Search of those units received by the claimant in respect of which the HCV antibody status is unknown and:

   (a) where transfusions were received only during the Class Period or only during and after the Class Period, proceed as directed in paragraph 8 below; or

   (b) where Blood transfusions were received before and during the Class Period or before, during and after the Class Period, proceed as directed in paragraphs 9 to 11 below.

WHERE TRANSFUSIONS WERE RECEIVED IN CANADA ONLY DURING THE CLASS PERIOD OR ONLY DURING AND AFTER THE CLASS PERIOD

8. After reviewing the available Traceback Procedure information, if any, and the results of the Records Search, if such was required, the Administrator shall:

   (a) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;

   (b) where one or more of the donors or units received by the claimant during the Class Period is determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the

Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(c) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown and a negative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 3(c) of this protocol; or

(d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown and an affirmative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, initiate a Class Period Search and after reviewing the results proceed as follows:

(i) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable and paragraph 18 of this protocol;

(ii) where one or more of the donors or units received by the person claimed to be a Primarily-Infected Person during the Class Period is determined to be HCV antibody positive by the Class Period Search, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or

(iii) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (d)(i) or (d)(ii) of this paragraph and the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown following the Class Period Search, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the results of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol.

The directions contained in this paragraph are also depicted in the following flowchart:

TRANSFUSIONS ONLY DURING CLASS PERIOD OR ONLY DURING AND AFTER CLASS PERIOD

↓

Review Available Traceback Procedure Information and/or Conduct Record Search

↓

Negative on Pre-Approval Tables

Subparagraph in protocol	8(a)	8(b)	8(c)
1 +ve Class Period	N	Y	N
All -ve Class Period	Y	N	N
Unknown Class Period	N	IR	Y
Action	Reject[1]	Accept[2]	Accept[3]

Affirmative on Pre-Approval Tables

Subparagraph in protocol	8(a)	8(b)	8(d)
1 +ve Class Period	N	Y	N
All -ve Class Period	Y	N	N
Unknown Class Period	N	IR	Y
Action	Reject[1]	Accept[2]	Class Period Search

↓

Subparagraph in protocol	8(d)(i)	8(d)(ii)	8(d)(iii)
1 +ve Class Period	N	Y	N
All -ve Class Period	Y	N	N
Unknown Class Period	N	IR	Y
Action	Reject[1]	Accept[2]	Accept[3]

1. The Administrator's decision to reject these Claims or Late Claims is subject to the claimants' rights provided in section 3.04(2) of the Transfused HCV Plan and section 3.04Tran(2) of the HCV Late Claims Benefit Plan and paragraph 18 of this protocol.

2. The Administrator's decision to accept these Claims or Late Claims will be subject to the Balance of Probabilities Analysis required by paragraph 4(c) of this protocol where the types of indicia enumerated at paragraph 12 of this protocol are present.

3. The Administrator's decision to accept these Claims or Late Claims will be subject to the subject to the Balance of Probabilities Analysis required by paragraph 4(c) of this protocol where the types of indicia enumerated at paragraph 12 of this protocol are present and to updated Record Searches as required by paragraph 13 of this protocol.

Y = Yes
N = No
IR = Irrelevant

WHERE TRANSFUSIONS WERE RECEIVED IN CANADA BEFORE AND DURING THE CLASS PERIOD OR BEFORE, DURING AND AFTER THE CLASS PERIOD

9. After reviewing the available Traceback Procedure information, if any, and the results of the Records Search, if such was required, the Administrator shall:

(a) where one or more of the donors or units received by the claimant before the Class Period is determined to be HCV antibody positive, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;

(b) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;

(c) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive and one or more of the donors or units he or she received during the Class Period is determined to be HCV antibody positive, accept the Claim or Late Claim , subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (c) of this paragraph, all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive, the HCV antibody status of some of the donors or units he or she received during the Class Period remains unknown and a negative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or

(e) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (d) of this paragraph and the HCV antibody status of one or more of the donors or units received by the claimant before or during the Class Period remains unknown, after considering how to most expeditiously investigate the transfusions, initiate a Class Period Search and/or a Pre-Class Period Search on the remaining units he or she received.

10. Where a Pre-Class Period Search was initiated pursuant to subparagraph 9(e) above, the Administrator shall:

(a) where one or more of the donors or units received by the claimant before the Class Period is determined to be HCV antibody positive by the Pre-Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;

(b) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive by the Pre-Class Period Search and one or more of the donors or units received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(c) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive by the Pre-Class Period Search and the HCV antibody status of some or all of the donors or units he or she received during the Class Period remains unknown and a negative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (c) of this paragraph, all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive by the Pre-Class Period Search,

the HCV antibody status of some or all of the donors or units he or she received during the Class Period remains unknown and an affirmative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, initiate a Class Period Search of the remaining units received by the claimant during the Class Period and after reviewing the results proceed as follows:

(i) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the

HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;

(ii) where one or more of the donors or units received by the claimant during the Class Period is determined to be HCV antibody positive by the Class Period Search, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(iii) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (d)(i) or (d)(ii) of this paragraph and the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown following the Class Period Search, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(e) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (d) of this paragraph, the HCV antibody status of some or all of the donors or units received by the claimant before the Class Period remains unknown following the Pre-Class Period Search and one or more of the donors or units he or she received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or

(f) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) to (d) of this paragraph, the HCV antibody status of some of the donors or units received by the claimant before the Class Period remains unknown following the Pre-Class Period Search and the HCV antibody status of some or all of the donors or units he or she received during the Class Period remains unknown, initiate a Class Period Search of the remaining units received by the claimant during the Class Period and after reviewing the results proceed as follows:

(i) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the

HCV Late Claims Benefit Plan, as applicable and paragraph 18 of this protocol; or

(ii) where the Claim or Late Claim cannot be rejected as provided in subparagraph (f)(i) of this paragraph following the Class Period Search, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol.

11. Where a Class Period Search was initiated pursuant to subparagraph 9(e) above, the Administrator shall:

(a) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;

(b) where one or more of the donors or units received by the claimant during the Class Period is determined to be HCV antibody positive by the Class Period Search and all of the donors or units he or she received before the Class Period have already been determined not to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(c) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown following the Class Period Search and all of the donors or units he or she received before the Class Period have already been determined not to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or

(d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (c) of this paragraph, none of the donors or units received by the claimant before the Class Period have been determined to be HCV antibody positive and the HCV antibody status of some of the donors or units he or she received before the Class Period remains unknown, initiate a Pre-Class Period

Search on the remaining units received by the claimant before the Class Period and after reviewing the results proceed as follows:

(i) where one or more of the donors or units received by the claimant before the Class Period is determined to be HCV antibody positive following the Pre-Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable and paragraph 18 of this protocol;

(ii) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive following the Pre-Class Period Search and one or more of the donors or units he or she received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(iii) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive following the Pre-Class Period Search, the HCV antibody status of one or more of the donors or units he or she received during the Class Period remains unknown and none of the donors or units received during the Class Period have been determined to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or

(iv) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (d)(i) to (d)(iii) of this paragraph and the HCV antibody status of some or all of the units received by the person claimant before the Class Period remains unknown following the Pre-Class Period Search regardless of whether or not one or more of the donors or units he or she received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol.

The directions contained in paragraphs 9, 10 and 11 are also depicted in the following flowchart:

TRANSFUSIONS ONLY DURING CLASS PERIOD OR ONLY DURING AND AFTER CLASS PERIOD

↓

Review Available Traceback Procedure Information and/or Conduct Record Search

↓

Negative on Pre-Approval Tables

Subparagraph in protocol	8(a)	8(b)	8(c)
1 +ve Class Period	N	Y	N
All -ve Class Period	Y	N	N
Unknown Class Period	N	IR	Y
Action	Reject$_1$	Accept$_2$	Accept$_3$

Affirmative on Pre-Approval Tables

Subparagraph in protocol	8(a)	8(b)	8(d)
1 +ve Class Period	N	Y	N
All -ve Class Period	Y	N	N
Unknown Class Period	N	IR	Y
Action	Reject$_1$	Accept$_2$	Class Period Search

↓

Subparagraph in protocol	8(d)(i)	8(d)(ii)	8(d)(iii)
1 +ve Class Period	N	Y	N
All -ve Class Period	Y	N	N
Unknown Class Period	N	IR	Y
Action	Reject$_1$	Accept$_2$	Accept$_3$

1. The Administrator's decision to reject these Claims or Late Claims is subject to the claimants' rights provided in section 3.04(2) of the Transfused HCV Plan and section 3.04Tran(2) of the HCV Late Claims Benefit Plan and paragraph 18 of this protocol.

2. The Administrator's decision to accept these Claims or Late Claims will be subject to the Balance of Probabilities Analysis required by paragraph 4(c) of this protocol where the types of indicia enumerated at paragraph 12 of this protocol are present.

3. The Administrator's decision to accept these Claims or Late Claims will be subject to the subject to the Balance of Probabilities Analysis required by paragraph 4(c) of this protocol where the types of indicia enumerated at paragraph 12 of this protocol are present and to updated Record Searches as required by paragraph 13 of this protocol.

Y = Yes
N = No
IR = Irrelevant

INDICATIONS FOR ADDITIONAL INVESTIGATION

12. The Administrator shall review such records, Forms, documentation and/or information it receives pertaining to the person claimed to be a Primarily-Infected Person to determine if there is any indication for additional investigation, including:

(a) any indication of non-prescription intravenous drug use by the claimant, notwithstanding that the claimant provided the required declaration;

(b) a failure to provide a declaration of knowledge, information and belief that the claimant was not infected with Hepatitis Non-A Non-B or the Hepatitis C virus prior to January 1, 1986;

(c) a prior application to another government HCV compensation program and/or a declaration of knowledge, information or belief that the claimant was infected with HCV by blood received before January 1, 1986;

(d) any indication of transfusion information that conflicts with the information provided on the Forms submitted;

(e) a relationship with the Treating Physician which appears to be of a transitory nature;

(f) any indication of the existence of Hepatitis B, a previous unspecified Hepatitis or liver irregularity by the person claimed to be a Primarily-Infected Person prior to his or her first transfusion during the Class Period;

(g) any indication of the existence of a major surgical procedure, disease, treatment or trauma that was likely to have required a transfusion but which was not detailed in the answers provided in the Forms submitted to the Administrator;

(h) any indication of one or more of the risk factor(s) outlined in the Treating Physician Form either from the Treating Physician or in the other documentation received;

(i) receipt of any transfusions outside Canada at any time prior to his or her diagnosis with HCV; and/or

(j) an inconclusive Traceback Procedure result;

and conduct such additional investigation as to it seems appropriate for the Claim or Late Claim in question, which may include obtaining additional documentation and/or medical examination as provided in section 3.03 of the Transfused HCV Plan or section 3.03 of the HCV Late Claims Benefit Plan, as applicable.

PERIODIC UPDATE OF THE RECORDS SEARCH IN SOME CASES

13. The Administrator shall, after having made its decision to accept or reject a Claim or Late Claim as provided in subparagraph 8(c), 8(d)(iii), 9(d), 10(c), 10(d)(iii), 10(e), 10(f)(ii), 11(c), 11(d)(iii) or 11(d)(iv), periodically update the Records Search of the relevant units received by the claimant for which the HCV antibody status remains unknown to determine if there is any additional information with which to re-assess its decision in respect of the Claim or Late Claim.

14. Where a Claim or Late Claim is accepted, it may later be rejected if information concerning the HCV antibody status of the donors or units received by the claimant or other means of infection becomes known which would have resulted in rejection of the Claim or Late Claim had that information been considered at the time the Administrator's decision was taken. The claimant shall thereafter become disentitled to future payments under the applicable Plan. Absent fraud on the part of the claimant, the claimant shall not be obligated to repay any monies received under the applicable Plan prior to becoming disentitled under the applicable Plan.

15. Where a Claim or Late Claim is rejected, it may later be accepted if information concerning the HCV antibody status of the donors or units received by the claimant becomes known which would have resulted in acceptance of the Claim or Late Claim had the information been considered at the time the original decision was taken. The claimant shall become entitled to the relevant payments under the applicable Plan.

REPORTING

16. The Administrator shall, where it has received sufficient Traceback Procedure information from CBS or Hema-Quebec to make its decision to accept or reject a Claim or Late Claim, request CBS or Hema-Quebec to provide a report of available Traceback Procedure information to the claimant.

CONFIDENTIALITY

17. The Administrator shall not use or disclose the information obtained pursuant to the Traceback Procedure other than for the purpose of performing its obligation pursuant to Ontario and British Columbia judgments dated October 22, 1999, the Quebec judgment dated November 19, 1999, the orders of the Courts approving the HCV Late Claims Benefit Plan and any other relevant court orders and for no other improper purpose. Any person to whom the Administrator discloses the information obtained pursuant to the Traceback Procedure in performing its obligations pursuant to the fulfilment of the said judgments and orders shall not use the Traceback Procedure information for any purpose other than the fulfilment of the said judgments and orders.

SECTION 3.04(1) – REJECTION OF CLAIM OR LATE CLAIM

18. The Administrator shall, after determining in accordance with the provisions of section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, and subparagraph 8(a), 8(d)(i), 9(a), 9(b), 10(a), 10(d)(i), 10(f)(i), 11(a) or 11(d)(i) above that a Claim or Late Claim must be rejected based upon the Traceback Procedure result, advise the claimant that, unless the claimant provides further evidence of first infection ("Further Evidence of First Infection") which establishes to the satisfaction of the Administrator that the person claimed to be the Primarily-Infected Person was infected for the first time with HCV by a transfusion received in Canada during the Class Period notwithstanding the Traceback Procedure result in accordance with section 3.04(2) of the Transfused HCV Plan or section

3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, his or her claim shall be rejected (a "Section 3.04/3.04Tran Letter").

19. A Section 3.04/3.04Tran Letter shall advise the claimant that he or she may elect to provide Further Evidence of First Infection by returning the election form provided to the Administrator within thirty days from the date of receipt of the Section 3.04/3.04Tran Letter, failing which his or her Claim or Late Claim shall be rejected.

20. If the claimant elects to provide Further Evidence of First Infection and returns the prescribed election form in the prescribed time, he or she must provide, within the following six months, his or her Further Evidence of First Infection, unless that time is extended with the consent of the Administrator or by the Court on a teleconference motion arranged at the request of the claimant.

21. The Administrator shall, following receipt and consideration of the Further Evidence of First Infection received from a claimant, accept or reject his or her Claim or Late Claim based upon all of the information available to the Administrator and section 3.04 of the Transfused HCV Plan or section 3.04Tran of the HCV Late Claims Benefit Plan, as applicable.

22. If the claimant who elected to provide Further Evidence of First Infection does not provide the Further Evidence of First Infection within the six months following his or her election, or such further time as has been agreed or ordered, his or her Claim or Late Claim shall be rejected.

APPEAL RIGHTS

23. Where the Administrator rejects a Claim or Late Claim, it shall advise the claimant of his or her appeal rights under the applicable Plan.

RESULTS OF CERTAIN FROZEN SAMPLES

24. Notwithstanding the foregoing provisions of this protocol, no test result in respect of a frozen blood sample maintained by Canadian Blood Services shall be taken into consideration for the purpose of including or excluding any HCV Infected Person under the Transfused HCV Plan or the HCV Late Claims Benefit Plan.

PRE-APPROVAL TABLE 1
For use with male transfusion recipient

			Year of Birth				
		# of units transfused	1970+	1960-69	1945-59	1935-44	<1935
Year of Transfusion	1986	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	Y	Y	N	N
	1987	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-29	N	Y	Y	N	N
		60+	N	Y_3	Y	N	N
	1988	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	Y	Y	N	N
	1989	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-59	N	Y	Y	N	N
		60+	N	Y_2	Y_3	N	N
	January – March 1990	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-59	N	Y	Y	N	N
		60+	N	Y_2	Y_3	N	N
	April – June 1990	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-59	N	Y	Y	Y	N
		60+	N	Y	Y	Y_2	N

Y – (affirmative) means a Class Period Search is required
N – (negative) means a Class Period Search is not required
1 – Except for those less than 20 years of age at time of HCV diagnosis
2 – Pre-approval for this age group for 100+ units only
3 – Pre-approval for this age group for 200+ units only

PRE-APPROVAL TABLE 2
For use with female transfusion recipient

			Year of Birth				
		# of units transfused	1970+	1960-69	1945-59	1935-44	<1935
Year of Transfusion	1986	1-4	Y_1	Y	Y	N	N
		5-9	Y_1	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N
		25-59	N	N	Y	N	N
		60+	N	N	N	N	N
	1987	1-4	Y_1	Y	Y	N	N
		5-9	Y_1	Y	Y	N	N
		10-14	N	Y	Y	N	N

		15-24	N	Y	Y	N	N
		25-29	N	Y	Y	N	N
		60+	N	N	N	N	N
	1988	1-4	Y_1	Y	Y	N	N
		5-9	Y_1	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	N	N	N	N
	1989	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	N	N	N	N
	January – March 1990	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	N	N	N	N
	April – June 1990	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-59	N	Y	Y	Y	N
		60+	N	Y_3	Y_4	N	N

APPENDIX A4

COURT APPROVED PROTOCOL

ELIGIBILITY AND TRACEBACK REQUIREMENTS FOR SECONDARILY-INFECTED PERSONS

REVISED ◆, 2017

This protocol applies to sections 3.02 and section3.05 (insofar as it applies to a Secondarily-Infected Person) of the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan.

THE CLAIM/LATE CLAIM FOR A SPOUSE AS A SECONDARILY-INFECTED PERSON

1. Section 3.02 of the applicable Plan permits a Claim or Late Claim for a Secondarily-Infected Person who is the Spouse of a Primarily-Infected Person/Primarily-Infected Hemophiliac. That is, a Spouse may claim to have been secondarily-infected with HCV by his or her Spouse who is a Primarily-Infected Person or Primarily-Infected Hemophiliac. Section 3.05 of each Plan also permits a claim by an HCV Personal Representative of a Secondarily-Infected Person.

THE CLAIM FOR A CHILD AS A SECONDARILY-INFECTED PERSON

2. Section 3.02 of each Plan permits a Claim or Late Claim for a Secondarily-Infected Person who is the Child of an HCV Infected Person. That is, a Child may claim to have been secondarily infected with HCV by his or her Parent who is a Primarily-Infected Person, Primarily-Infected Hemophiliac or a Secondarily-Infected Person. Section 3.05 of each Plan also permits a claim by an HCV Personal Representative of a Secondarily-Infected Person.

ELIGIBILITY CRITERIA

3. The Administrator must be satisfied on the balance of probabilities that the Secondarily-Infected Person was infected with HCV for the first time by a Spouse who is a Primarily-Infected Person, or a Primarily-Infected Hemophiliac or by a Parent who is an HCV Infected Person, as the case may be.

4. In order to assess the Claim or Late Claim of a Secondarily-Infected Person under section 3.02 of the applicable Plan, the Spouse who is the Primarily-Infected Person or Primarily-Infected Hemophiliac or the Parent who is the HCV Infected Person must first be determined to meet the eligibility requirements under the appropriate Plan. If the Spouse who is the Primarily-Infected Person or Primarily-Infected Hemophiliac or the Parent who is the HCV Infected Person has not applied, then the Secondarily-Infected Person must provide the Administrator with the information required in order to determine whether the Spouse or Parent, as the case may be, would qualify as an Approved HCV Infected Person or Approved Late Claim HCV Infected Personif he/she did apply.

ASSESSING THE CLAIM OR LATE CLAIM OF THE SECONDARILY-INFECTED PERSON

5. On receipt of a Claim or Late Claim for a Secondarily-Infected Person including the following forms under the applicable Plan:

   (a) General Claimant Information Form;

   (b) Treating Physician Form;

   (c) Declaration by HCV Infected Person, HCV Personal Representative or Other Knowledgeable Person,

the Administrator shall:

   (d) obtain all relevant medical, hospital and clinical records which are in existence up to the date of application pertaining to the Secondarily-Infected Person and review them to determine if the Secondarily-Infected Person has any risk factors for infection with HCV other than through their Spouse or Parent, as the case may be, including any indications for additional investigation as provided in paragraph 6 below; and

   (e) request a traceback of any units of blood received by the Secondarily-Infected Person to determine whether any donors of the blood received by the Secondarily-Infected Person tests positive for the antibody to HCV.

6. Indications for additional investigation include:

   (a) any evidence of non-prescription intravenous drug use by the Secondarily-Infected Person, irrespective of whether the claimant provided the required declaration;

   (b) a failure to provide a declaration of knowledge, information and belief that the Secondarily-Infected Person was not infected with Hepatitis Non-A Non-B or the Hepatitis C virus prior to January 1,1986;

   (c) a prior application to another government HCV compensation program and/or a declaration of knowledge, information and belief that the Secondarily-Infected Person was infected with blood received before January 1, 1986;

   (d) any indication of the existence of Hepatitis B, a previous unspecified Hepatitis or a liver irregularity for the Secondarily-Infected Person;

   (e) any indication of the existence of a major surgical procedure, disease, treatment or trauma that was likely to have required a blood transfusion at any time prior to the earlier of July 1, 1990 or the date of the Secondarily-Infected Person's diagnosis with HCV;

(f) any indication of one or more of the risk factor(s) outlined in the Treating Physician Form or in the other documentation received; and

(g) receipt of any blood transfusions or blood in or outside Canada at any time prior to the Secondarily-Infected Person's diagnosis with HCV.

7. Where there is one or more indication for additional investigation, the Administrator shall require such additional information and records pursuant to section 3.03 of the applicable Plan as, in its complete discretion, it considers necessary to inform its decision.

8. The Administrator shall weigh the totality of the evidence obtained including the evidence obtained from the investigations required by the provisions of this protocol and determine whether, on a balance of probabilities, the Secondarily-Infected Person meets the eligibility criteria.

9. In weighing the evidence in accordance with the provisions of this protocol, the Administrator must be satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision. If the Administrator is not satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision, the Administrator shall reject the Claim or Late Claim.

10. Reference to a Primarily-Infected Person, Primarily-Infected Hemophiliac or HCV Infected Person throughout this protocol also includes an Opted-Out Primarily-Infected Person, Opted-Out Primarily-Infected Hemophiliac or Opted-Out HCV Infected Person.

APPENDIX A5

COURT APPROVED PROTOCOL

NON-PRESCRIPTION INTRAVENOUS DRUG USE

REVISED ◆ 2017

This protocol applies to sections 3.01(1)(c) and (3), 3.02(1)(a) and (c) and (2) or 3.05(5) of the Transfused HCV Plan, sections 3.01(1)(c) and (3), 3.02(1)(a) and (c) and (2) or 3.04(5) of the Hemophiliac HCV Plan and sections 3.01Tran(1)(c) and (3), 3.01Hemo(1)(c) and (3), 3.02(1)(a) and (c) and 2, 3.05(5)(Tran) and 3.05(5)(Hemo) of the HCV Late Claims Benefit Plan.

1. This protocol applies where:

   (a) there is an admission that the HCV Infected Person used non-prescription intravenous drugs;

   (b) there is no declaration that the HCV Infected Person has never used non-prescription intravenous drugs pursuant to section 3.01(1)(c), 3.02(1)(c), or 3.05(5) of the Transfused HCV Plan, section 3.01(1)(c), 3.02(1)(c), or 3.04(5) of the Hemophiliac HCV Plan or section 3.01Tran(1)(c), 3.01Hemo(1)(c), 3.02(1)(c), 3.05(5)(Tran) or 3.05(5)(Hemo) of the HCV Late Claims Benefit Plan; or

   (c) despite receipt of a declaration that the HCV Infected Person has never used non-prescription intravenous drugs, there is other evidence that the HCV Infected Person has used non-prescription intravenous drugs.

ELIGIBILITY CRITERIA WHERE THIS PROTOCOL APPLIES

2. The Administrator must be satisfied on the balance of probabilities that:

   (a) the Primarily-Infected Hemophiliac (or person with Thalassemia Major) was infected with HCV for the first time by Blood or Blood (Hemophiliac) (under the applicable Plan)received in Canada; or

   (b) the Primarily-Infected Person or Secondarily-Infected Person was infected with HCV for the first time:

      (i) by a Blood transfusion or Blood (Transfused) transfusion (under the applicable Plan) received in Canada in the Class Period;

      (ii) by a Spouse who is a Primarily-Infected Person/Primarily-Infected Hemophiliac/Opted-Out Primarily-Infected Person/Opted-Out Primarily Infected Hemophiliac; or

(iii) by a Parent who is an HCV Infected Person/Opted-Out HCV Infected Person;

as the case may be.

3. The burden to prove eligibility is on the claimant. The Administrator shall assist the claimant by advising what types of evidence will be useful in meeting the burden of proof in accordance with this protocol.

TRACEBACK

4. The Administrator shall conduct a Traceback under the Traceback Procedure Criteria Protocol or the Eligibility and Traceback Requirements for Secondarily-Infected Persons Protocol unless:

(a) in the case of a Primarily-Infected Hemophiliac (or person with Thalassemia Major), the HCV Infected Person was a regular recipient of Blood or Blood (Hemophiliac) (under the applicable Plan) prior to his or her attaining the age of 18; or

(b) in the case of a person claimed to be a Secondarily-Infected Person, the person has no history of blood transfusion.

5. If neither the Traceback Procedure Criteria Protocol nor the Eligibility and Traceback Requirements for Secondarily-Infected Persons Protocol applies, the Administrator shall perform the additional investigations required by paragraph 8 below.

6. If the result of a traceback investigation is such that the applicable Traceback protocol requires the Administrator to reject the Claim or Late Claim of the HCV Infected Person, the Administrator shall reject the Claim or Late Claim.

7. The Administrator may not accept a Claim or Late Claim where this protocol applies based on the results of a traceback investigation without performing the additional investigations required by the provisions of paragraph 8 below.

ADDITIONAL INVESTIGATIONS

8. If the Claim or Late Claim is not rejected under the applicable Traceback protocol, the Administrator shall perform the following additional investigations:

(a) obtain such additional information and records pursuant to section 3.03 of the applicable Plan as the Administrator in its complete discretion considers necessary to inform its decision; and

(b) obtain the opinion of a medical specialist experienced in treating and diagnosing HCV as to whether the HCV infection and the disease history of the HCV Infected Person is more consistent with infection at the time of the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan), the Class Period

Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) or the secondary infection or more consistent with infection at the time of the non-prescription intravenous drug use as indicated by the totality of the medical evidence.

9. The Administrator shall weigh the totality of evidence obtained including the evidence obtained from the additional investigations required by the provisions of this protocol and determine whether, on a balance of probabilities, the HCV Infected Person meets the eligibility criteria.

10. In weighing the evidence in accordance with the provisions of this protocol, the Administrator must be satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision. If the Administrator is not satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision, the Administrator shall reject the Claim or Late Claim.

EXAMPLES OF ADDITIONAL INVESTIGATIONS

11. Examples of the evidence the Administrator may require to inform its decision include the following:

(a) an independent medical examination with a physician of the Administrator's choice, to obtain opinion evidence on any medical issues which the Administrator believes will assist in making its decision;

(b) the medical and clinical records from any or all hospitalizations and treating physicians for the HCV Infected Person for such time frame as the Administrator considers relevant;

(c) the donation history, transmissible disease information, deferral codes or the results of any lookbacks pertaining to blood donated by the HCV Infected Person available from Canadian Blood Services and/or Hema-Quebec;

(d) an affidavit from the HCV Infected Person and a person who knew the HCV Infected Person at the time he/she used non-prescription intravenous drugs describing:

(i) whether the drug paraphernalia used was sterile;

(ii) whether the HCV Infected Person shared needles; and

(iii) the best estimate of the number of occasions and time period during which the HCV Infected Person used non-prescription intravenous drugs;

(e) a consent to conduct a criminal records search of HCV Infected Person; and

(f) an affidavit or interview of any person the Administrator believes may have knowledge about the non-prescription intravenous drug use or disease history of the HCV Infected Person.

RESULTS OF THE INVESTIGATIONS

12. Although none of these factors may prove conclusive in any individual case because the Administrator must consider the totality of the evidence, the following factors are examples of evidence that would be supportive of a finding that the person claimed to be an HCV Infected Person is eligible:

(a) identification of a Class Period Blood transfusion or Blood (Transfused) transfusion (under the applicable Plan) from an HCV antibody positive donor;

(b) the HCV Infected Person was under the age of 18 at the time of the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan)or the Class Period Blood transfusions or Blood (Transfused) transfusions (under the applicable Plan);

(c) reliable evidence establishes that the non-prescription intravenous drug use took place after July 1, 1990;

(d) an HCV disease history which is more consistent with the timing of:

(i) the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major);

(ii) the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for which an HCV antibody positive donor has been located or for which the status of the donor remains unknown; or

(iii) the alleged secondary infection;

than with the time of non-prescription intravenous drug use;

(e) reasonably reliable evidence that the non-prescription intravenous drug use history is subsequent to the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), or the date of Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily Infected Person, or the date of alleged secondary infection for the Secondarily-Infected Person;

(f) reasonably reliable evidence that the non-prescription intravenous drug use was limited to a single occasion and was done with sterile equipment which was not shared; and

(g) no medical history of unspecified Hepatitis, Hepatitis B or Non-A, Non-B Hepatitis prior to the date of the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily-Infected Person or the date of alleged secondary infection for the Secondarily-Infected Person.

13. Although none of these factors may prove conclusive in any individual case because the Administrator must consider the totality of the evidence, the following are examples of evidence that would not be supportive of a finding that the person claimed to be an HCV Infected Person is eligible:

(a) failure to identify a Class Period Blood transfusion or Blood (Transfused) transfusion (under the applicable Plan) for the Primarily-Infected Person from an HCV antibody positive donor;

(b) an HCV disease history which is more consistent with infection at the time of non-prescription intravenous drug use than with the timing of:

(i) the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major);

(ii) the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily-Infected Person for which an HCV antibody positive donor has been located or for which the status of the donor remains unknown; or

(iii) the alleged secondary infection;

(c) reasonably reliable evidence that the non-prescription intravenous drug use took place on more than one occasion or was done with non-sterile or shared equipment;

(d) a medical history of unspecified Hepatitis, Hepatitis B or Non-A Non-B Hepatitis prior to the date of the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), or the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily-Infected Person or the date of alleged secondary infection for the Secondarily-Infected Person;

(e) a refusal to permit the Administrator to interview any person the Administrator believes may have knowledge about the non-prescription intravenous drug use or disease history of the HCV Infected Person;

(f) a CBS or Hema-Quebec donor file which indicates that the HCV Infected Person:

(i) tested positive for the antibodies to Hepatitis B; or

(ii) had donated blood prior to the Class Period and the pre-Class Period blood donations or recipients of the pre-Class Period blood donations have subsequently tested positive for HCV antibodies; and

(g) the file is in any other way consistent with infection with HCV by non-prescription intravenous drug use prior to the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), or the Class Period Blood transfusion(s) or Blood (Transfused) transfusions for the Primarily-Infected Person, or the date of alleged secondary infection for the Secondarily-Infected Person.

APPENDIX A6

COURT APPROVED PROTOCOL

MEDICAL EVIDENCE

REVISED ◆, 2017

This protocol sets out the acceptable medical evidence for sections 4.01(1), 4.01(2), 4.01(5), 4.02(1)(b)(i) and 4.03(1)(b)(i) of Article 4 of the Transfused HCV Plan, section 4.01(1), 4.01(2), 4.02(1)(b)(i) and 4.03(1)(b)(i) of Article 4 of the, the Hemophiliac HCV Plan and sections 4.01(1), 4.01(2), 4.01(6)(Hemo) 4.02(1)(b)(i) and 4.03(1)(b)(i) of Article 4 of the HCV Late Claims Benefit Plan.

DISEASE LEVEL 1

1. To be entitled to the fixed payment provided for at section 4.01(1)(a) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person will have delivered to the Administrator the following:

   (a) a satisfactorily completed Treating Physician Form for the applicable Plan; and

   (b) a positive HCV Antibody Test in compliance with the SOP - Criteria for Acceptable HCV Antibody Test and PCR Test.

DISEASE LEVEL 2

2. To satisfy the medical evidence requirement at section 4.01(1)(b) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator the following:

   (a) a satisfactorily completed Treating Physician Form for the applicable Plan; and

   (b) a positive PCR Test in compliance with the SOP - Criteria for Acceptable HCV Antibody Test and PCR Test.

DISEASE LEVEL 3

3. To satisfy the medical evidence requirement at section 4.01(1)(c) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator a satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has either:

   (a) developed fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal areas but without any bridging to other portal tracts or to central veins ("non-bridging fibrosis") as confirmed by a copy of a pathology report of a liver biopsy or by a positive result on Fibroscan (Elastography);

   (b) undergone one of the following types of Compensable HCV Drug Therapy:

(i) interferon therapy;

(ii) combination interferon and ribavirin therapy;

(iii) treatment with interferon combined with a drug other than ribavirin;

(iv) treatment with ribavirin combined with a drug other than interferon;

(v) treatment with at least one direct-acting antiviral agent (DAA) approved by Health Canada in circumstances where the Treating Physician certifies that the HCV Infected Person suffered adverse side effects as a result of taking the DAA treatment; or

(c) met or meets the following protocol for Compensable HCV Drug Therapy:

(i) the HCV Infected Person is HCV RNA positive as confirmed by a copy of a PCR Test in compliance with the SOP-Criteria for Acceptance of HCV Antibody Test and PCR Test;

(ii) the HCV Infected person has medically demonstrated evidence of fibrotic changes to the liver as confirmed by a copy of a pathology report of a liver biopsy or by a positive result on Fibroscan (Elastography); or

(iii) the HCV Infected Person's ALTs were elevated 1.5 x normal for 3 months or more as confirmed by liver function test reports provided; and

(iv) the infection with HCV materially contributed to the elevated ALTs as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

DISEASE LEVEL 4, LOSS OF INCOME AND LOSS OF SERVICES IN THE HOME

4. To satisfy the medical evidence requirement at sections 4.01(2), 4.02(1)(b)(i) or 4.03(1)(b)(i) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator a satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has developed fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration ("bridging fibrosis") as confirmed by a copy of a pathology report of a liver biopsy.

DISEASE LEVEL 5

5. To satisfy the medical evidence requirement at section 4.01(1)(d) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator either:

(a) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person:

(i) has developed fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration ("cirrhosis") as confirmed by:

A. a pathology report of a liver biopsy;

B. a Fibroscan report (Elastography);

C. an Ultrasound report;

D. an MRI report;

E. a CT Scan report; or

(ii) in the absence of a liver biopsy, has been diagnosed with cirrhosis based on:

A. three or more months with:

(1) an increase in all gamma globulins with decreased albumin on serum electrophoresis as reported on a serum electrophoresis test provided;

(2) a significantly decreased platelet count as reported on laboratory reports provided; and

(3) an increased INR or prothrombin time as reported on laboratory reports provided;

(4) none of which are attributable to any cause other than cirrhosis; and

B. a finding of hepato-splenomegaly, supported by a copy of an ultrasound report, an MRI report or a CT scan report of an enlarged liver and spleen, and one or more of the following peripheral manifestations of liver disease, none of which are attributable to any cause other than cirrhosis:

(1) gynecomastia;

(2) testicular atrophy;

(3) spider angiomata;

(4) protein malnutrition;

(5) palm or nail changes characteristic of liver disease; or

C. one or more of the following, none of which are attributable to any cause other than cirrhosis:

(1) portal hypertension evidenced by:

a. an enlarged spleen which is inconsistent with portal vein thrombosis as confirmed by a copy of an ultrasound report; or

b. abnormal abdominal and chest wall veins as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;

(2) esophageal varices as reported on an endoscopic report provided;

(3) ascites as reported on an ultrasound report, an MRI report or a CT Scan report.

OR

(b) A satisfactorily completed Treating Physician Form for the Applicable Plan which indicates that the HCV Infected Person has been diagnosed with porphyria cutanea tarda:

(i) which failed to respond to one or more of the following treatments:

A. phlebotomy;

B. drug therapy - specifying the therapy;

C. Compensable HCV Drug Therapy; and

(ii) which is causing significant disfigurement and disability, a description of which is provided;

as confirmed by a 24 hour urine laboratory test report provided and a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the findings unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

OR

(c) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has thrombocytopenia unresponsive to therapy based on one or more of the following:

(i) a platelet count below 100×10^9 with:

A. purpura or other spontaneous bleeding; or

B. excessive bleeding following trauma;

as confirmed by a copy of a laboratory report and a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting either finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;

(ii) a platelet count below 30×10^9, as reported on a laboratory report provided.

OR

(d) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with glomerulonephritis not requiring dialysis which is consistent with infection with HCV and copies of the following:

(i) a pathology report of a kidney biopsy which reports a finding of glomerulonephritis; and

(ii) a consultation or other report of a nephrologist confirming that the HCV Infected Person has glomerulonephritis not requiring dialysis which is consistent with infection with HCV unless the Treating Physician is a nephrologist.

DISEASE LEVEL 6

6. To satisfy the medical evidence requirement at section 4.01(1)(e) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator either:

(a) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has had a liver transplant together as confirmed by a copy of an operative report of the transplant.

OR

(b) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has decompensation of the liver based on a finding of one or more of the following:

(i) hepatic encephalopathy as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;

(ii) bleeding esophageal varices as confirmed by a copy of an endoscopic report;

(iii) ascites as confirmed by a copy of an ultrasound report, MRI report or CT Scan;

(iv) subacute bacterial peritonitis as confirmed by a copy of a laboratory report showing a neutrophil count of greater than 150×10^9 per ml in the ascitic fluid and/or positive ascitic culture;

(v) protein malnutrition as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;

(vi) another condition a description of which is provided as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

OR

(c) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with hepatocellular cancer based on one or more of the following:

(i) a pathology report of a liver biopsy which reports hepatocellular cancer;

(ii) an alpha feto protein blood test report and a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;

(iii) a report of a CT scan or MRI scan of the liver confirming hepatocellular cancer.

OR

(d) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with B-Cell lymphoma as confirmed by a copy of a consultation or other report of an

oncologist or hematologist supporting the finding unless the Treating Physician is an oncologist or hematologist.

OR

(e) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with symptomatic mixed cryoglobulinemia and copies of:

(i) the results of a blood test demonstrating elevated cryoglobulins; and

(ii) a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

OR

(f) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with glomerulonephritis requiring dialysis which is consistent with infection with HCV and copies of the following:

(i) a pathology report of a kidney biopsy which reports a finding of glomerulonephritis; and

(ii) a consultation or other report of a nephrologist confirming that the HCV Infected Person has glomerulonephritis requiring dialysis which is consistent with infection with HCV unless the Treating Physician is a nephrologist.

OR

(g) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with renal failure and copies of:

(i) laboratory reports of serum creatinine and serum urea supporting the diagnosis; and

(ii) a consultation or other report of a nephrologist supporting the diagnosis unless the Treating Physician is a nephrologist.

Notes:

DISEASE LEVEL 3

[1]**Note**: The Administrator shall:

(a) accept the pathology report or Fibroscan report as evidence of non-bridging (or more severe) fibrosis if the pathology report or Fibroscan report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) non-bridging fibrosis;

(b) accept the pathology report or Fibroscan Report as evidence of non-bridging (or more severe) fibrosis although the pathology report or Fibroscan report is not reported in such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist, or internist; or

(c) seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.

DISEASE LEVEL 4

[2]**Note**: The Administrator shall:

(a) accept the pathology report as evidence of bridging (or more severe) fibrosis if the pathology report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) bridging fibrosis;

(b) accept the pathology report as evidence of bridging fibrosis although the pathology report is not reported in such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist or internist; or

(c) seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.

DISEASE LEVEL 5

[3]**Note**: The Administrator shall:

(a) accept the pathology report, Fibroscan report, CT Scan report, Ultrasound report or MRI report as evidence of cirrhosis if the applicable report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) cirrhosis;

(b) accept the pathology report, Fibroscan report, CT Scan report, Ultrasound or MRI report as evidence of cirrhosis although the pathology report is not reported in

such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist or internist; or

(c) seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.

DISEASE LEVEL 6

[4]**Note**: In the event that the Treating Physician specifies another condition at b(vi), the Administrator shall seek the advice of a gastroenterologist, hepatologist, infectious disease specialist or internist as to whether the diagnosis of decompensation of the liver would be generally accepted by the medical community in those circumstances.

APPENDIX A7

COURT APPROVED PROTOCOL
ALTERNATIVE TO BIOPSY MEDICAL EVIDENCE

REVISED: ◆, 2017

This protocol sets out the alternative medical evidence approved by the Courts under section 4.01(5) of the Transfused HCV Plan, section 4.01(5) of the Hemophiliac HCV Plan and sections 4.01(5)(Tran) and 4.01(5)(Hemo) of the HCV Late Claims Benefit Plan.

FOR THE PRIMARILY-INFECTED HEMOPHILIAC WHO IS AN APPROVED HCV INFECTED PERSON UNDER THE HEMOPHILIAC HCV PLAN OR THE PRIMARILY-INFECTED HEMOPHILIAC WHO IS AN APPROVED LATE CLAIM HCV INFECTED PERSON UNDER THE HCV LATE CLAIMS BENEFIT PLAN

1. Section 4.01(5) of the Hemophiliac HCV Plan and section 4.01(5)(Hemo) of the HCV Late Claims Benefit Plan permits Primarily-Infected Hemophiliacs who are Approved HCV Infected Persons or Approved Late Claim HCV Infected Persons to establish:

   (a) Disease Level 3 – Section 4.01 (1)(c)(i);

   (b) Disease Level 4 – Section 4.01(2);

   (c) Disease Level 5 – Section 4.01(1)(d)(i) or 4.01(1)(d)(v); and,

   (d) Disease Level 6 – Section 4.01(1)(e)(ii) or 4.01(i)(e)(v);

   without the necessity of a biopsy.

2. Paragraphs 3 and 4 of this protocol shall only be available to Primarily-Infected Hemophiliacs who are Approved HCV Infected Persons and Primarily-Infected Hemophiliacs who are Approved Late Claim HCV Infected Persons where the Treating Physician certifies to the Administrator:

   (a) that he or she is unable to assign the disease level he or she considers most appropriate for his or her patient due to the absence of a biopsy and the unavailability or inapplicability of the non-biopsy diagnostic methods set out the Medical Evidence Court Approved Protocol; and

   (b) that his or her patient does not have any of the other medical conditions applicable at the disease level for which qualification is sought.

3. To utilize this protocol in respect of the following disease levels of the Hemophiliac HCV Plan or the HCV Late Claims Benefit Plan, the Primarily-Infected Hemophiliac who is an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person must deliver the following for consideration by the Administrator:

   (a) FOR DISEASE LEVEL 3 - SECTION 4.01(1)(c)(i) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal area but without any bridging to other portal tracts or to central veins (i.e., non-bridging fibrous);

(b) FOR DISEASE LEVEL 4 – SECTION 4.01(2) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration (i.e., bridging fibrous);

(c) FOR DISEASE LEVEL 5 – SECTION 4.01(1)(d)(i) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration (i.e. cirrhosis);

(d) FOR DISEASE LEVEL5 - SECTION 4.01(1)(d)(v) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a kidney biopsy, the opinion of a gastroenterologist, hepatologist, internist, infectious disease specialist, nephrologist or hemophiliac treating physician based on non-invasive testing and

diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has developed glomerulonephritis not requiring dialysis which is consistent with infection with HCV;

(e) FOR DISEASE LEVEL 6 – SECTION 4.01(1)(e)(ii) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided that if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he/she has developed hepatocellular cancer;

(f) FOR DISEASE LEVEL 6 - SECTION 4.01(1)(e)(v) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a kidney biopsy, the opinion of a gastroenterologist, hepatologist, internist, infectious disease specialist, nephrologist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has developed glomerulonephritis requiring dialysis which is consistent with infection with HCV.

4. The Administrator may, if the Administrator deems it appropriate, obtain further medical opinions or require an independent medical examination in respect of the disease level of the Primarily-Infected Hemophiliac who is an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person seeking to qualify under this protocol.

5. This protocol will be periodically reviewed to determine if there is any change to the medical evidence which is generally accepted by the medical profession and amendments may be sought in the future in order that it keep pace with evolving medical science.

FOR AN APPROVED HCV INFECTED PERSON (NON-HEMOPHILIAC) OR AN APPROVED LATE CLAIM HCV INFECTED PERSON (NON-HEMOPHILIAC)

6. Section 4.01(5) of the Transfused HCV Plan permits an Approved HCV Infected Person and sections 4.01(5)(Tran) and 4.01(6)(Hemo) of the HCV Late Claims Benefits Plan permits Approved Late Claim HCV Infected Persons to establish:

(a) Disease Level 3 – Section 4.01 (1)(c)(i);

(b) Disease Level 4 – Section 4.01(2);

(c) Disease Level 5 – Section 4.01(1)(d)(i) or 4.01(1)(d)(v); and,

(d) Disease Level 6 – Section 4.01(1)(e)(ii) or 4.01(i)(e)(v);

by medical evidence that is generally accepted by the medical community and approved by the Courts.

7. Paragraphs 11 and 12 of this protocol shall only be available to Approved HCV Infected Persons and Approved HCV Late Claim HCV Infected Persons who have:

(a) provided evidence satisfactory to the Administrator that a biopsy is contraindicated in the circumstances of the medical condition of that Approved HCV Infected Person or Approved Late Claim HCV Infected Person; and

(b) provided evidence satisfactory to the Administrator that the non-biopsy diagnostic methods set out in the Medical Evidence Court Approved Protocol are not available or not applicable in the circumstances of the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person.

8. Satisfactory evidence may include the opinion of a qualified gastroenterologist, hepatologist, infectious disease specialist or internist, that a biopsy is contraindicated in the circumstances of the medical condition of such Approved HCV Infected Person or Approved Late Claim HCV Infected Person and stating reasons why the non-biopsy diagnostic methods set out in the Medical Evidence Court Approved Protocol are not available or not applicable in the circumstances of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person.

9. The Administrator may, if the Administrator deems it appropriate, obtain further medical opinions or require an independent medical examination as to whether a liver biopsy is contraindicated in respect of the medical condition of an Approved HCV Infected Person or Approved Late Claim HCV Infected Person.

10. Further, this protocol shall only be available to an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person where the treating physician certifies to the Administrator:

(a) that he or she is unable to assign the disease level he or she considers most appropriate for his or her patient due to the absence of a biopsy; and

(b) that his or her patient not have any of the other medical conditions applicable at the disease level for which qualification is sought.

11. To utilize this protocol in respect of the following disease levels of the Transfused HCV Plan and the HCV Late Claims Benefit Plan, the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person must deliver the following for the consideration by the Administrator:

(a) FOR DISEASE LEVEL 3 - SECTION 4.01(1)(c)(i) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, or internist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal area but without any bridging to other portal tracts or to central veins (i.e., non- bridging fibrous);

(b) FOR DISEASE LEVEL 4 – SECTION 4.01(2) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist or internist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration (i.e., bridging fibrous);

(c) FOR DISEASE LEVEL 5 – SECTION 4.01(1)(d)(i) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist or internist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration (i.e. cirrhosis);

(d) FOR DISEASE LEVEL 5 - SECTION 4.01(1)(d)(v) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a kidney biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or nephrologist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has developed glomerulonephritis not requiring dialysis which is consistent with infection with HCV;

(e) FOR DISEASE LEVEL 6 - SECTION 4.01(1)(e)(ii) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist or internist based on non-invasive testing and diagnosis, complete details of which are provided that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he/she has developed hepatocellular cancer;

(f) FOR DISEASE LEVEL 6 - SECTION 4.01(1)(e)(v) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a kidney biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist, or nephrologist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has developed glomerulonephritis requiring dialysis which is consistent with infection with HCV.

12. The Administrator may, if the Administrator deems it appropriate, obtain further medical opinions or require an independent medical examination in respect of the disease level of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person seeking to qualify under this protocol.

13. This protocol will be periodically reviewed to determine if there is any change to the medical evidence which is generally accepted by the medical profession and amendments may be sought in the future in order that it keep pace with evolving medical science.

APPENDIX A8

COURT APPROVED PROTOCOL

UNINSURED TREATMENT AND MEDICAL EXPENSES AND OUT-OF-POCKET EXPENSES

REVISED ◆, 2017

This protocol applies to sections 4.06 and 4.07 of the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan and to out-of- pocket expenses special distribution benefits provided for in the 2016 Allocation Orders.

GENERAL PROVISIONS

1. For the purpose of this protocol, Treating Physician means a medical doctor who is or was treating the Approved HCV Infected Person or Approved Late Claim HCV Infected Person in respect of his/her HCV infection or conditions due to his/her infection with HCV.

2. The restriction on processing claims for out-of-pocket expenses and uninsured treatment and medical expenses to circumstances where the claim totaled $250 or more or once per year contained in the previous version of this protocol is removed.

TREATMENT AND MEDICAL EXPENSES

3. In consultation with a physician(s) in one or more of the medical specialties listed on the Treating Physician Form("HCV Medical Specialist") the Administrator shall compile a list of medications and treatments which are recommended or prescribed for treatment of HCV and for conditions due to the infection with HCV which are generally accepted by the medical community (the "HCV Medication List"). This list shall be periodically updated at the Administrator's discretion.

4. The Administrator may accept a completed Compensation for Uninsured Treatment/Medication and Out-of-Pocket Expenses Form accompanied by receipts as proof of medical expenses incurred for any of the items on the HCV Medication List, except where:

   (a) the total claimed for medical expenses on any one application exceeds $500 (excluding the costs of Compensable HCV Drug Therapy);

   (b) the level of medical expenses claimed is inconsistent with the overall application or disease level (eg: a person who is at Level 1 and has a negative PCR test claiming for significant medical expenses) of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person ; or

(c) for any other reason, the Administrator requires the confirmation of the Treating Physician that the treatments or medications were prescribed or recommended as treatment or medication for the HCV infection or conditions due to the infection with HCV.

5. Where one of the exceptions described above applies, or where there are items for which a claim is made but no receipts are available, the Administrator shall require the Approved HCV Infected Person or Approved Late Claim HCV Infected Person to supply a form completed by a Treating Physician confirming that he or she prescribed or recommended the claimed items as treatment or medication for the Approved HCV Infected Person or Approved Late Claim HCV Infected Person for his or her HCV infection or conditions due to the infection with HCV.

6. Where reimbursement is claimed for items which are not on the HCV Medication List, the Administrator shall require the Approved HCV Infected Person or Approved Late Claim HCV Infected Person to supply a form completed by the Treating Physician confirming that he or she prescribed or recommended the treatment or medications for treatment of the Approved HCV Infected Person's or Approved Late Claim HCV Infected Person's HCV infection or conditions due to the infection with HCV. If the Treating Physician is an HCV Medical Specialist, the Treating Physician must confirm that the treatments or medications prescribed or recommended are generally accepted by the medical community for the treatment of HCV or conditions due to the infection with HCV. If the Treating Physician is not an HCV Medical Specialist, the Administrator shall consult an HCV Medical Specialist to determine whether the items are generally accepted by the medical community for the treatment of HCV or conditions due to the infection with HCV.

OUT-OF-POCKET EXPENSES

7. The Administrator may accept a completed Compensation for Uninsured Treatment/Medication and Out-of-Pocket Expenses Form accompanied by receipts (for those items which should be the subject of a receipt) as proof of out-of-pocket expenses due to HCV infection or conditions due to the infection with HCV, except where:

(a) the total claimed for out-of-pocket expenses on any one application exceeds $500;

(b) the level of expenses claimed is inconsistent with the overall application or disease level (eg: a person who lives in a major centre claiming travel costs to doctors' appointments or a person who is at Level 1 and has a negative PCR test claiming for frequent appointments with doctors) of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person; or

(c) for any other reason, the Administrator requires confirmation of the Treating Physician the expenses were incurred due to the HCV infection or conditions due to the infection with HCV.

8. Where one of the exceptions described above applies or where there are items claimed for which the claimant does not have receipts but should have a receipt, the Administrator shall:

   (a) require the Approved HCV Infected Person or Approved Late Claim HCV Infected Person to supply a form completed by the Treating Physician confirming that the Approved HCV Infected Person or Approved Late Claim HCV Infected Person had to incur the expense in order to seek medical advice or treatment for HCV or conditions due to the infection with HCV; and

   (b) in the event the item for which reimbursement claimed is such that it is not amenable to confirmation by the Treating Physician, require such additional evidence as the Administrator considers appropriate.

   (c)

9. For expenses which are covered by the Treasury Board of Canada Secretariat Travel Directive, the amounts stipulated in the Directive shall be the maximum amount reimbursed.

10. The Administrator shall pay a reasonable amount on account of fees to a Treating Physician for Forms completed on account of a claim for compensation. In assessing a reasonable amount for fees, the Administrator shall have regard to the BCMA position on reasonable fees as stipulated in the letter from the BCMA dated June 15, 2000, after indexing to present day dollars.

APPENDIX A9

COURT APPROVED PROTOCOL

CLAIMS OR LATE CLAIMS INVOLVING FAMILY MEMBERS AND/OR DEPENDANTS

REVISED ◆, 2017

This protocol sets out the documentation required and the processes for allocating payments for Claims or Late Claims under the applicable sections 5.01(2), 6.01 and 6.02 of the Transfused HCV Plan, sections 5.01(2), 5.01(4), 6.01 and 6.02 of the Hemophiliac HCV Plan, sections 5.01(2), 5.01(4)(Hemo), 6.01 and 6.02 of the HCV Late Claims Benefit Plan and applicable special distribution benefits pursuant to the 2016 Allocation Orders.

DOCUMENTATION FOR CLAIMS / LATE CLAIMS MADE BY FAMILY MEMBERS AND/OR DEPENDANTS

1. In addition to any other forms or documentation the Administrator may require, where a claim or Late Claim is made pursuant to section 5.01(2) or 6.01 of the Transfused HCV Plan, section 5.01(2), 5.01(4) or 6.01 of the Hemophiliac HCV Plan and section 5.01(2), 5.01(4)(Hemo) or 6.01 of the HCV Late Claims Benefit Plan, the Administrator shall obtain the following prior to allocating or paying the compensation provided for under the applicable section of the applicable Plan:

   (a) a declaration signed by each Family Member and/or each Dependant (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative):

      (i) providing the name, address and birth date of every living Family Member and/or Dependant who is:

         A. a Spouse, Child, Parent, Sibling, Grandparent or Grandchild of a deceased HCV Infected Person; and

         B. a former spouse of the deceased HCV Infected Person to whom the HCV Infected Person was providing support or was under a legal obligation to provide support on the date of the HCV Infected Person's death;

      (ii) stating that the declarant does not know of any such Family Member and/or Dependant other than those listed; and

      (iii) identifying each listed Family Member and/or Dependant who is a minor or a mentally incompetent adult, and providing a copy of any guardianship or committee order in respect of such person;

(b) where a Dependant is a minor or a mentally incompetent adult, a completed Loss of Income/Support or Loss of Services Claim Form; and

(c) any further information the Administrator may require pursuant to section 3.04(6) of the Hemophiliac HCV Plan, 3.05(6) of the Transfused HCV Plan or section 3.05(6) of the HCV Late Claims Benefit Plan, such as a family budget.

2. Where a Claim or Late Claim made for loss of support pursuant to section 6.01 of the applicable Plan includes a Dependant who is a Child under the age of 25, loss of support will be presumed to continue until his or her 25th birthday unless the Child provides evidence satisfactory to the Administrator that some other period of loss is appropriate.

DEATH PRIOR TO JANUARY 1, 1999 AND NO FIXED PAYMENT ELECTION

3. Unless the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependants (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased HCV Infected Person having claims under the applicable Plan agree to elect the fixed payment pursuant to section 5.01(2) of the applicable Plan, or section 5.01(4) of the Hemophiliac HCV Plan, or section 5.01(4)(Hemo) of the HCV Late Claims Benefit Plan, the Administrator shall allocate and pay compensation to each Approved Family Member in accordance with section 6.02 of the applicable Plan, subject to section 7.06 of the applicable Plan.

4. Unless the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependants (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased HCV Infected Person having claims under the applicable Plan agree to elect the fixed payment pursuant to section 5.01(2) of the applicable Plan, or section 5.01(4) of the Hemophiliac HCV Plan, or section 5.01(4)(Hemo) of the HCV Late Claims Benefit Plan, the Administrator shall:

(a) allocate loss of support claimed pursuant to section 6.01 of the applicable Plan as follows:

(i) one-third to common expenses and two-thirds to exclusive expenses;

(ii) an equal share of common expenses to each Approved Dependant or Approved Late Claim Dependant, examples of which are set out on a percentage basis in the following chart:

Allocation of Common Expenses as a Percentage of the Loss of Support				
adult / minor	0	1	2	3
0	0 0	33.33 0	16.66 0	11.11 0
1	0 33.33	16.66 16.66	11.11 11.11	8.33 8.33
2	0 16.66	11.11 11.11	8.33 8.33	6.66 6.66
3	0 11.11	8.33 8.33	6.66 6.66	5.55 5.55

(iii) a share of exclusive expenses to each Approved Dependant or Approved Late Claim Dependant calculated in accordance with the equations provided in subparagraph 3(a)(iv) below, with the result that exclusive expenses for an Approved Dependant or Approved Late Claim Dependant who is an adult shall be 1.5 times the exclusive expenses for an Approved Dependant or Appoved Late Claim Dependant who is a minor, examples of which are set out on a percentage basis in the following chart:

Allocation of Exclusive Expenses as a Percentage of the Loss of Support				
adult / minor	0	1	2	3
0	0 0	66.66 0	33.33 0	22.22 0
1	0 66.66	40 26.66	25 16.66	18.18 12.12
2	0 33.33	28.57 19.04	20 13.33	14.8 10
3	0 22.22	22.22 14.8	16.66 11.11	13.33 8.88

(iv) the following equations shall be used to calculate the allocation of exclusive expenses:

S = loss of support
A = the share of exclusive expenses for each adult who is an Approved Dependant or Approved Late Claim

Dependant

M = the share of exclusive expenses for each minor who is an Approved Dependant or Approved Late Claim Dependant

n_a = number of adults who are Approved Dependants or Approved Late Claim Dependants

n_m = number of minors who are Approved Dependants or Approved Late Claim Dependants

$M = \frac{4S}{3(3n_a + 2n_m)}$ $\quad A = \frac{2S}{(3n_a + 2n_m)}$

(v) if an Approved Dependant or Approved Late Claim Dependant does not agree with the Administrator's allocation of the loss of support, he or she must file a Request for Review in accordance with the Protocol Rules for References and Arbitrations. Fund Counsel shall provide a copy of any Request for Review to the appropriate Public Guardian and Trustee and/or Children's Lawyer, if Applicable. Thereafter the Administrator shall allocate loss of support as directed by the Referee, Arbitrator or Court once the award, report or order is final;

(b) where no review of the allocation of loss of support is taken or following a review of the allocation of loss of support once the award, report or order concerning allocation of loss of support is final, the Administrator shall pay loss of support in accordance with the allocation as follows:

(i) for each Approved Dependant or Approved Late Claim Dependant who is a mentally incompetent adult, his or her share of the common expenses and the exclusive expenses to the Personal Representative legally appointed to manage his or her financial affairs, subject to subparagraph 3(b)(viii) below;

(ii) to each Approved Dependant or Approved Late Claim Dependant who is a mentally competent adult, his or her share of the exclusive expenses;

(iii) to each Approved Dependant or Approved Late Claim Dependant who is a mentally competent adult and who does not reside in the same household with Approved Dependants who are minors, his or her share of the common expenses;

(iv) subject to subparagraphs 3(b)(vi) and 3(b)(vii) below, for those Approved Dependants or Approved Late Claim Dependants who are mentally competent adults who reside in the same household as Approved Dependants or Approved Late Claim Dependants who are minors, the adult's share of the common expenses and the minor's share of the common expenses and the exclusive expenses, to the adult member of the household who provides an undertaking to the Administrator that:

A. the common expenses will be used for the benefit of all Approved Dependants or Approved Late Claim Dependants resident in the household;

B. the exclusive expenses for each Approved Dependant or Approved Late Claim Dependant who is a minor in the household will be used for his or her direct benefit; and

(v) the Administrator will be notified if there is a material change of circumstances in the household, such as the departure of an Approved Dependant or Approved Late Claim Dependant from the household;

(vi) subject to subparagraphs 3(b)(vi) and 3(b)(vii) below, for those Approved Dependants or Approved Late Claim Dependants who are minors who do not reside in the same household with an Approved Dependant or Approved Late Claim Dependants who is a mentally competent adult, each minor's share of the common expenses and the exclusive expenses to the person with care and control of the minor on that person's undertaking to the Administrator that:

A. the monies will be used for the benefit of the minor; and

B. the Administrator will be notified if there is a material change of circumstances in the household, such as the departure of the minor from the household;

(vii) if at any time the Administrator has a concern that the undertaking in subparagraph 3(b)(iv) or 3(b)(v) above is not being complied with or that the circumstances in the household have changed so that payment to the adult member of the household or the adult with care and control of the minor who provided the undertaking is no longer reasonable, the Administrator shall reassess and recalculate the allocation of compensation if necessary and/or adjust payment of the compensation for loss of support accordingly, and in so doing shall in its discretion, direct or redirect payments to any person, who in the Administrator's opinion is best qualified to administer the payment on behalf of an Approved Dependant or Approved Late Claim Dependant who is a minor including, if appropriate, the Public Guardian and Trustee or the Children's Lawyer; and

(viii) notwithstanding the provisions of subparagraph 3(b)(iv) or 3(b)(v) above, the Administrator retains the discretion to pay the common expenses and the exclusive expenses for an Approved Dependant or Approved Late Claim Dependant who is a minor to the person who in the Administrator's opinion is best qualified to administer the payment on behalf of the Approved Dependant or Approved Late Claim Dependant who is a minor

including, if appropriate, the Public Guardian and Trustee or the Children's Lawyer; and

(ix) if at any time the Administrator has a concern that the share of the common expenses and/or the exclusive expenses of the Approved Dependant or Approved Late Claim Dependant who is a mentally incompetent adult are not being used for his or her benefit, the Administrator shall withhold those payments and notify the appropriate Public Guardian and Trustee through Fund Counsel. The Administrator shall recommence making payments in the manner and at the time directed by the appropriate Public Guardian and Trustee or by order of the Court.

DEATH PRIOR TO JANUARY 1, 1999 AND ELECTION MADE PURSUANT TO SECTION 5.01(2) OF THE APPLICABLE PLAN

5. If the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependants (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased HCV-Infected Person having claims under the applicable Plan agree to elect the fixed payment pursuant to section 5.01(2) of the applicable Plan in full satisfaction of all their Claims or Late Claims (including all potential Claims or Late Claims pursuant to Article Six of the applicable Plan), the Administrator shall:

(a) accept an election pursuant to section 5.01(2) of the applicable Plan, provided that any Family Member who is a minor or a mentally incompetent adult is not also a Dependant and that the sum of all of the amounts which would have been payable had Claims been made pursuant to Section 6.02 of the Plan is less than 7/12ths of the applicable fixed payment amount, and allocate and pay the compensation, subject to section 7.06 of the applicable Plan, as follows:

(i) 5/12ths of the fixed payment to the Approved HCV Personal Representative on behalf of the estate of the HCV Infected Person who has died;

(ii) to each Family Member, the amount to which he or she would have been entitled pursuant to section 6.02 of the applicable Plan, and such payments shall be a first charge against 7/12ths of the fixed payment; and

(iii) where the Family Members who received amounts under subparagraph 4(a)(ii) above comprise the entire group of Family Members and Dependants, the remainder of 7/12ths of the fixed payment to each Family Member on a pro rata basis, calculated in accordance with the equation provided in subparagraph 4(a)(v) below; or

(iv) where there is one or more Dependant who would not have been entitled to a payment under Section 6.02 of the applicable Plan, the remainder of the 7/12ths of the fixed payment to each Dependant and/or Family Member as they shall all agree, provided that no Family Member who is a

minor or a mentally incompetent adult shall receive less than his or her pro rata share of the remainder of the 7/12ths of the fixed payment , calculated in accordance with the equation provided in subparagraph 4(a)(v) below; and

(v) the following equation shall be used to calculate the allocation of the remainder of the 7/12ths fixed payment to each Family Member where required by subparagraph 4(a)(iii) above or to each Family Member who is a minor or a mentally incompetent adult where required by subparagraph 4(a)(iv) above:

FMP_1, FMP_2, etc.	=	the amount an individual Family Member would have been entitled to if claiming the preset Family Member payment pursuant to section 6.02 of the applicable Plan
PRS_1, PRS_2, etc.	=	an individual Family Member's pro rata share of the remainder of the 7/12ths of the fixed payment
T	=	$FMP_1 + FMP_2$ + etc.
PRS_1	=	(FMP_1/T x 7/12ths of the fixed payment) – FMP_1
PRS_2, etc.	=	(FMP_2/T x 7/12ths of the fixed payment) – FMP_2

(b) if one or more of the Dependants is a minor and/or a mentally incompetent adult and the sum of all of the amounts which would have been payable had Claims or Late Claims been made pursuant to section 6.02 of the applicable Plan is less than 7/12ths of the fixed payment , apply to the Court for directions through Fund Counsel with notice to the Approved HCV Personal Representative, or Approved Late Claim HCV Personal Representative, Family Members and/or Dependants and the appropriate Public Guardian and Trustee and/or Children's Lawyer and thereafter allocate and pay the compensation as directed by the Court once its order is final; or

(c) reject the election pursuant to section 5.01(2) of the applicable Plan, if the sum of all of the amounts which would be payable pursuant to section 6.02 of that Plan is equal to or greater than 7/12ths of the fixed payment, and allocate and pay compensation pursuant to section 5.01(1), 6.01 and/or 6.02 of that Plan, as applicable in accordance with the provisions of this Protocol.

DEATH PRIOR TO JANUARY 1, 1999 AND ELECTION MADE UNDER SECTION 5.01(4) OF THE HEMOPHILIAC HCV PLAN OR SECTION 5.01(4)(HEMO) OF THE HCV LATE CLAIMS BENEFIT PLAN

6. If the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependants (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV having Claims or Late Claims under the applicable Plan agree to claim the fixed payment pursuant to section 5.01(4) of the Hemophiliac HCV Plan or section 5.01(4)(Hemo) of the HCV Late Claims Benefit Plan in full satisfaction of all their Claims or Late Claims (including all potential Claims or Late Claims pursuant to Article 6 of the applicable Plan), the Administrator shall:

   (a) provided that no Dependant is a minor and/or a mentally incompetent adult, allocate and pay the compensation, subject to section 7.06 of the applicable Plan, as follows:

      (i) to each Family Member (who may or may not also be an Dependant), his or her pro rata share calculated in accordance with the equation provided in subparagraph 5(a)(iv) below, using as his or her FMP for the calculation the amount he or she would have been paid if he or she had a claim pursuant to section 6.02 of the applicable Plan;

      (ii) to each Dependant who would not have been entitled to a payment under section 6.02, his or her pro rata share calculated in accordance with the equation provided in subparagraph 5(a)(iv) below, using as his or her FMP for the calculation a deemed amount equivalent to what an Family Member under the age of 21 would be paid pursuant to section 6.02 of that Plan; and

      (iii) to the Approved HCV Personal Representative or Approved Late Claim Personal Representative on behalf of the estate of the Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV who has died, a pro rata share calculated in accordance with the equation provided in subparagraph 5(a)(iv) below, using as its FMP for the calculation a deemed amount of $50,000;

      (iv) the following equation shall be used to calculate each pro rata share of the fixed payment compensation:

FMP_1, FMP_2, etc.	=	the amount directed in subparagraph 5(a)(i), (ii) or (iii) above to be used in the equation in respect of each Family Member, Dependant or the Approved HCV Personal Representative
T	=	$FMP_1 + FMP_2$ + etc.
PRS_1, PRS_2, etc.	=	the pro rata share of each Family Member, Dependant or the Approved HCV Personal Representative
PRS_1,	=	(FMP_1/T) x the fixed payment
PRS_2, etc.	=	(FMP_2/T) x the fixed payment

(b) if one or more of the Dependants is a minor and/or a mentally incompetent adult, apply to the Court for directions through Fund Counsel with notice to the Approved HCV Personal Representative, Approved Late Claim Personal Represenative, Family Members and/or Dependants and the appropriate Public Guardian and Trustee and/or Children's Lawyer and thereafter allocate and pay the compensation as directed by the Court once its order is final.

DEATH ON OR AFTER JANUARY 1, 1999 - SECTION 6.02 OF THE TRANSFUSED HCV PLAN, THE HEMOPHILIAC HCV PLAN AND THE HCV LATE CLAIMS BENEFIT PLAN

7. If no fixed payment has been or will be made under section 4.08(2) of the Hemophiliac HCV Plan or section 4.08(2)(Hemo) of the HCV Late Claims Benefit Plan, or where an election under the applicable section has been reversed by re-election[1] and the fixed payment has been accounted for against benefits payable to the Approved Primarily-Infected Hemophiliac who has since died the Administrator shall allocate and pay compensation to each Approved Family Member in accordance with section 6.02 of the applicable Plan, subject to section 7.06 of the applicable Plan.

DEATH ON OR AFTER JANUARY 1, 1999 - SECTION 6.01(1) OF THE TRANSFUSED HCV PLAN, THE HEMOPHILIAC HCV PLAN AND THE HCV LATE CLAIMS BENEFIT PLAN

8. If no fixed payment has been or will be made under section 4.08(2) of the Hemophiliac HCV Plan or section 4.08(2)(Hemo) of the HCV Late Claims Benefit Plan, or where an election under the applicable section has been reversed by re-election[2] and the fixed payment has been accounted for against benefits payable to the Approved Primarily-

[1] This proposed amendment corresponds with the Joint Committee's proposal to allow class members to reverse an election made pursuant to s.4.08 of the Hemophiliac HCV Plan or s.4.08(Hemo) of the HCV Late Claims Benefit Plan. If the courts do not make an order permitting such re-elections, than this proposed amendment is moot.

[2] This proposed amendment corresponds with the Joint Committee's proposal to allow class members to reverse an election made pursuant to s.4.08 of the Hemophiliac HCV Plan or s.4.08(Hemo) of the HCV Late Claims Benefit Plan. If the courts do not make an order permitting such re-elections, than this proposed amendment is moot.

Infected Hemophiliac who has since died, the Administrator shall allocate and pay loss of support to each Approved Dependant in accordance with section 6.01(1) of the applicable Plan in the same manner as provided in paragraph 3 above.

NOTES APPLICABLE TO SOME OF THE PROVISIONS OF THIS PROTOCOL

9. Compensation payments for loss of services in the home in accordance with section 6.01(2) of the applicable Plan shall be allocated and paid in the same manner as provided for loss of support under this protocol, subject to the provision in section 6.01(2) that such compensation shall only be allocated and paid to Approved Dependants or Approved Late Claim Dependants living with the HCV Infected Person at the time of the HCV Infected Person's death.

10. All compensation payable under sections 5.01(2), 6.01 and/or 6.02 of any Plan is subject to the restrictions in section 5.01(3), 5.02(2) or 6.02 of the applicable Plan where the deceased HCV Infected Person is also a HIV Secondarily-Infected Person.

11. The amounts referred to in this protocol are subject to the indexing provisions of section 7.02 of the applicable Plan and/or the 2016 Allocation Orders (the August 2016 judgments or orders of the Courts directing the establishment of a discrete Late Claims Benefit Plan and establishing the HCV Special Distribution Benefits).

12. An amount not to exceed $5,000 to reimburse uninsured funeral expenses may be payable to the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative on behalf of the estate of the HCV Infected Person who has died, pursuant to section 5.01(2) of the Transfused HCV Plan or the Hemophiliac HCV Plan. An amount not to exceed $6,728.67 to reimburse uninsured funeral expenses may be payable to the Approved Late Claim HCV Personal Representative on behalf of the estate of the HCV Infected Person who has died, pursuant to section 5.01(2) of the HCV Late Claims Benefit Plan.

APPENDIX A10

COURT APPROVED PROTOCOL

LOSS OF THE SERVICES IN THE HOME

This protocol applies to sections 4.03 and 6.01(2) of the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan and the loss of services special distribution benefits payments made pursuant to the 2016 Allocation Orders.

GENERAL ELIGIBILITY CRITERIA

1. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person at Disease Level 3 or higher who normally performed household duties in his or her home and who delivers proof satisfactory to the Administrator that his or her infection caused his or her inability to perform these household duties shall be eligible for compensation for loss of services in the home.

2. The Approved Dependants or Approved Late Claim Dependants of a deceased Approved HCV Infected Person or a deceased Approved Late Claim HCV Infected Person, who were ordinarily resident with him or her at the time of his or her death, shall be eligible for compensation for loss of the deceased's services in the home

3. The maximum number of hours per week that may be compensated for loss of services in the home is 22. The Transfused HCV Plan and the Hemophiliac HCV Plan provide for a maximum recovery of 20 hours per week of loss of services in the home and the special distribution benefits under the 2016 Allocation Orders provide for a maximum recovery of 2 additional hours. The HCV Late Claims Benefit Plan provides for a maximum recovery of 22 hours per week of loss of services in the home. .

4. Although the hourly rate payable in respect of loss of services in the home is expressed at $12 per hour (1999 dollars) under the Transfused HCV Plan and the Hemophiliac HCV Plan and as $16.15 per hour (2014 dollars) for the special distribution benefits under the 2016 Allocation Orders and the HCV Late Claims Benefit Plan, in all cases the hourly rate payable is indexed to the dollar value at the time the payment is actually made.

5. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person may not recover both loss of income and loss of services in the home compensation for the same period of time. Similarly, Approved Dependants or Approved Late Claim Dependants may not recover both loss of support and loss of services in the home for the same period of time.

6. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person may recover loss of services in the home while continuing to work or in lieu of loss of income if it is financially advantageous and he/she satisfies the other eligibility criteria.

7. A claim for loss of income will cease at the end of the calendar year that an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person reaches age 65. At that time he or she may commence receiving compensation for loss of services in the home, if he or she satisfies the other eligibility criteria. Similarly, a claim for loss of support will cease at the end of the calendar year that the deceased Approved HCV Infected Person or Approved Late Claim HCV Infected Person would have reached age 65. Approved Dependants or Approved Late Claim Dependants may commence receiving compensation for loss of services in the home subsequent to the end of the calendar year of death, if the other eligibility and entitlement criteria are satisfied.

8. Approved HCV Infected Persons and Approved Late Claim HCV Infected Persons aged 12 years and older may recover compensation for loss of services in the home if they satisfy the other eligibility criteria.

ENTITLEMENT OF LIVING APPROVED HCV INFECTED PERSONS OR APPROVED LATE CLAIM HCV INFECTED PERSONS

9. Compensation for past loss of services in the home is payable to an eligible living Approved HCV Infected Person or Approved Late Claim HCV Infected Person, back to the date of his or her HCV disability.

10. Compensation for loss of services in the home is payable to an eligible living Approved HCV Infected Person or Approved Late Claim HCV Infected Person until the date of his or her death (subject to any change as a result of a re-evaluation of the person's medical condition).

CALCULATION OF PAYMENT FOR LIVING APPROVED HCV INFECTED PERSONS OR APPROVED LATE CLAIM HCV INFECTED PERSONS

11. The Treating Physician Form and Loss of Services in the Home – Master Form will provide the Administrator with a percentage disability estimate by the physician together with the number of hours the eligible Approved HCV Infected Person or Approved Late Claim HCV Infected Person states he or she can no longer perform services in the home. Entitlement to loss of services, subject to the provisions of this paragraph and paragraphs 12, 13 and 14 below, will be calculated in accordance with the following:

    (a) if the physician indicates that the Approved HCV Infected Person or Approved Late Claim HCV Infected Person is 60% or more disabled, then the Approved HCV Infected Person or Approved Late Claim HCV Infected Person will be entitled to the number of hours of work in the home which he or she is no longer able to do up to a maximum of 22 hours per week multiplied by the applicable hourly rate indexed to the dollar value at the time the payment is made;

    (b) if the physician indicates that the Approved HCV Infected Person or Approved Late Claim HCV Infected Person is 30% or more disabled but less than 60% disabled, then the Approved HCV Infected Person or Approved Late Claim HCV Infected Person will be entitled to the number of hours of work in the home which he or she is no longer able to do up to a maximum of 11 hours per week

multiplied by the applicable hourly rate indexed to the dollar value at the time the payment is made;

(c) if the physician indicates that the Approved HCV Infected Person or an Approved Late Claim HCV Infected Person is less than 30% disabled, then the person will be entitled to the number of hours of work in the home which he or she is no longer able to do up to a maximum of 5.5 hours per week multiplied by the applicable hourly rate indexed to the dollar value at the time the payment is made.

12. An Approved HCV Infected Person or Approved Late Claim HCV Infected Person who qualifies at Disease Level 6 will be presumed to be entitled to the maximum weekly number of hours for loss of services in the home unless the information on Loss of Services in the Home – Master Form indicates less than 22 hours of services per week have been lost.

13. The payments set out in paragraph 11 are presumptive only. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person may provide information, satisfactory to the Administrator, that because of his or her personal circumstances he or she should be entitled to a payment greater than the payment calculated under paragraph 11, up to the maximum number of hours per week for loss of services in the home.

14. The Administrator may periodically reassess the entitlement of an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person to compensation for loss of services in the home and, in particular, may each year ask for an updated Loss of Services in the Home – Master Form and Treating Physician Form.

ENTITLEMENT OF DEPENDANTS AND LATE CLAIM DEPENDANTS OF DECEASED HCV INFECTED PERSONS

15. Where the eligible deceased HCV Infected Person died after January 1, 1999, past loss of services in the home will be payable back to the date of his or her HCV disability to the extent loss of services in the home or loss of income was not already paid to the Approved HCV Infected Person or Approved Late Claim HCV Infected Person for the same time period prior to his or her death. Any amount owing for loss of services in the home up to the date of death will be payable to the deceased's Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative. Any amount owing for loss of services in the home after the date of death will be payable to the Approved Dependants or Approved Late Claim Dependants.

16. Where the eligible deceased HCV Infected Person died before January 1, 1999, past loss of services in the home will be payable back to the date of death to the HCV Infected Person's Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative. Any amount owing for loss of services in the home incurred after the date of death will be payable to the Approved Dependants or Approved Late Claim Dependants

17. The Administrator will use the most current Canada Life Tables to calculate a notional life expectancy of the deceased HCV Infected Person without reduction for any pre-

existing ailment or illness (including HCV) to determine the maximum period loss of services in the home may be payable.

18. Loss of services in the home will be paid to Approved Dependants or Approved Late Claim Dependants for the calculated life expectancy of the deceased HCV Infected Person[1], so long as the Spouse who is an Approved Dependant or Approved Late Claim Dependant remains alive or there is a Child who is an Approved Dependant or Approved Late Claim Dependant who continues to qualify for payments. Loss of services in the home payments will cease upon the death of the Spouse who is an Approved Dependant or Approved Late Claim Dependant unless there is a Child who continues to qualify for payments as an Approved Dependant or an Approved Late Claim Dependant.

19. Where the Approved Dependant or Approved Late Claim Dependant claiming is a Child, the loss of services in the home will be presumed to continue until his or her 25th birthday unless the Child provides evidence satisfactory to the Administrator that some other period of loss is appropriate.

20. Approved Dependants or Approved Late Claim Dependants claiming loss of services in the home will be advised at the time of the processing of the claim the maximum period that loss of services in the home could be paid in the circumstances of their cases.

CALCULATION OF PAYMENT FOR APPROVED DEPENDANTS OR APPROVED LATE CLAIM DEPENDANTS

21. Approved Dependants or Approved Late Claim Dependants who qualify to receive loss of services will be presumed to be entitled collectively to receive the maximum number of hours per week for loss of services in the home unless the information on the most recent Loss of Services in the Home – Master Form and Treating Physician Form indicates less than 22 hours per week of the deceased's services in the home have been lost.

ALLOCATIONS AND PAYMENTS FOR APPROVED DEPENDANTS OR APPROVED LATE CLAIM DEPENDANTS

22. Where one or more Approved Dependant or Approved Late Claim Dependant is a Child who is still a minor or is a mentally incompetent adult, both the allocation of the loss of services payments and their payment is governed by the provisions of the Court Approved Protocol – Claims or Late Claims Involving Family Members and/or Dependants..

[1] Subject to the approval by the Courts, if forthcoming, of the Joint Committee's proposal that alive permanently disabled Approved Dependants of a deceased HCV Infected Person, who receive compensation for loss of services in the home, receive compensation for loss of services for their lifetime.

APPENDIX A12

COURT APPROVED PROTOCOL

PAYMENT TO APPROVED CLASS MEMBERS AND APPROVED LATE CLAIM CLASS MEMBERS

REVISED ◆, 2017

This protocol applies to payments to Approved Class Members and Approved Late Claim Class Members under the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plans (the "Plans").

REQUESTS FOR BANKING INFORMATION

1. In order to limit expense and expedite payments, all Approved Class Members and Approved Late Claim Class Members will be requested and encouraged to provide banking information to the Administrator to facilitate direct deposit of the payments.

DELIVERY OF PAYMENT(S)

2. Subject to paragraph 3 of this protocol, while the Administrator will communicate with whomever is specified by the Approved Class Member or Approved Late Claim Class Member, the Administrator will only deliver the payment(s) to the Approved Class Member or Approved Late Claim Class Member, either by way of direct deposit into the bank account of the Approved Class Member of Approved Late Claim Class Member where such banking information is provided, or to the attention of the Approved Class Member or Approved Late Claim Class Member at his or her home address.

PAYMENTS WHERE SECTION 7.06 OF THE APPLICABLE PLAN APPLIES

3. Where section 7.06 of the applicable Plan applies, the Administrator shall deliver the payment(s) to the Public Trustee or Public Curator or such other person as the law provides.

APPENDIX A11

COURT APPROVED PROTOCOL

DEFICIENT CLAIMS/LATE CLAIMS, CLAIMANTS THAT CANNOT BE LOCATED AND DUPLICATE CLAIMS / LATE CLAIMS

REVISED ◆ 2017

This protocol applies to Claims made under the Transfused HCV Plan, the Hemophiliac HCV Plan and Late Claims made under the HCV Late Claims Benefit Plan.

DEFICIENT CLAIMS/LATE CLAIMS

1. The Administrator shall make all reasonable efforts to assist claimants in resolving deficiencies.

2. In the circumstances where:

   (a) the Administrator concludes that it has taken all reasonable steps to assist the claimant in resolving deficiencies;

   (b) six months have passed since the last step was taken by the Administrator or the claimant without those deficiencies being cured;

   (c) the Administrator is not aware of further steps actively being pursued by the claimant which could reasonably cure the deficiencies; and

   (d) the Administrator has insufficient information or documentation to either approve or deny the Claim or Late Claim,

   the Administrator shall send the claimant a "Notice of Pending Deficiency Denial Letter" in substantially the form attached as Appendix "A".

3. The Notice of Pending Deficiency Denial Letter shall:

   (a) set out the deficiencies with the Claim or Late Claim;

   (b) provide the claimant a deadline of 90 days from the date of the Notice of Pending Deficiency Denial Letter to cure all of the deficiencies (the "Deficiency Deadline"), unless 90 days from the date of the Notice of Pending Deficiency Denial Letter falls on a date that is not a Business Day (as defined in the Settlement Agreement), in which case the Deficiency Deadline will be stipulated as the next succeeding Business Day;

   (c) inform the claimant of his or her ability to request an extension of the Deficiency Deadline; and

(d) inform the claimant that if the deficiencies are not cured or the claimant does not request an extension by the Deficiency Deadline, the Claim or Late Claim will be denied.

4. Where a claimant wishes to request an extension of the Deficiency Deadline, he or she will be required to submit to the Administrator a "Request Form – Deficiency Deadline Extension", attached as Appendix "B", which will require the claimant to set out:

(a) the steps already taken to cure the deficiencies;

(b) the reasons why the deficiency have not been cured to date; and

(c) the new steps the claimant proposes to take to cure the deficiencies and how long these steps will take.

5. The "Request Form – Deficiency Deadline Extension" will be provided by the Administrator to claimants upon request and will also be made available on the Administrator's website.

6. Upon receipt of a Request Form, the Administrator shall forthwith review it and determine if the Request Form sets out a plan that could reasonably cure the deficiencies. If so, the Administrator shall grant the extension, which shall not exceed 6 months from the date the Request Form is submitted. The Administrator shall communicate the length of the extension and the terms on which it is granted by sending the claimant a "Notice of Extension of Deficiency Deadline" substantially in the form attached as Appendix "C".

7. If, upon reviewing a Request Form, the Administrator determines that it does not set out a plan that could reasonably cure the deficiencies, the Administrator will deny the Claim or Late Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "D".

8. If the claimant has not cured all of the deficiencies or submitted a Request Form on or before the Deficiency Deadline, the Administrator shall deny the Claim or Late Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "E".

9. If a claimant has obtained an extension of the Deficiency Deadline but has failed to cure all of the deficiencies on or before the extended Deficiency Deadline, the Administrator shall deny the Claim or Late Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "F".

CLAIMANTS THAT CANNOT BE LOCATED

10. Where the Administrator is in receipt of a Claim or Late Claim, but mail sent to the said claimant has been returned as "undeliverable" and the claimant has not provided the Administrator with updated contact information, then the Administrator will:

(a) make reasonable efforts to locate the claimant through Internet searches or other available means, and

(b) where possible, contact the claimant's physician to locate the claimant.

11. Where the Administrator is unable to obtain updated contact information for the claimant after completing the steps in 10(a) and 10(b), the Administrator shall process the Claim or Late Claim as having been denied.

DUPLICATE CLAIMS/LATE CLAIMS

12. Where the Administrator is in receipt of a Claim or Late Claim that it has determined is a duplicate of a Claim or Late Claim that has already been finalized, the Administrator shall process the duplicate Claim or Late Claim as having been denied and communicate this to the claimant in a letter substantially in the form attached as Appendix "G".

APPENDIX A12

COURT APPROVED PROTOCOL

PAYMENT TO APPROVED CLASS MEMBERS AND APPROVED LATE CLAIM CLASS MEMBERS

REVISED ◆, 2017

This protocol applies to payments to Approved Class Members and Approved Late Claim Class Members under the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plans (the "Plans").

REQUESTS FOR BANKING INFORMATION

1. In order to limit expense and expedite payments, all Approved Class Members and Approved Late Claim Class Members will be requested and encouraged to provide banking information to the Administrator to facilitate direct deposit of the payments.

DELIVERY OF PAYMENT(S)

2. Subject to paragraph 3 of this protocol, while the Administrator will communicate with whomever is specified by the Approved Class Member or Approved Late Claim Class Member, the Administrator will only deliver the payment(s) to the Approved Class Member or Approved Late Claim Class Member, either by way of direct deposit into the bank account of the Approved Class Member of Approved Late Claim Class Member where such banking information is provided, or to the attention of the Approved Class Member or Approved Late Claim Class Member at his or her home address.

PAYMENTS WHERE SECTION 7.06 OF THE APPLICABLE PLAN APPLIES

3. Where section 7.06 of the applicable Plan applies, the Administrator shall deliver the payment(s) to the Public Trustee or Public Curator or such other person as the law provides.

APPENDIX A13

RULES FOR REFERENCES AND ARBITRATIONS

REVISED ◆, 2017

This protocol sets out the rules for references and arbitrations pursuant to Article 10 of the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan.

RULES TO THE CONTRARY

1. These rules are rules to the contrary and supersede the applicable rules of Reference or Arbitration in the province or territory where the Reference or Arbitration is being conducted.

REFEREE OR ARBITRATOR

2. A Reference or Arbitration will be heard by one Referee or Arbitrator appointed from the roster of Referees and Arbitrators, as established by the Court having jurisdiction in the Class Action in which the claimant is a Class Member.

NATURE OF REVIEW

3. A Reference or Arbitration shall be a review of the Administrator's decision utilizing the simplest, least expensive and most expeditious procedure for the Reference or Arbitration.

4. In meeting this objective, the Referee or Arbitrator may conduct the Reference or Arbitration in whatever manner he or she considers appropriate, provided that the parties are treated with equality and each party is given a fair opportunity to present his, her or its case.

REPRESENTATION

5. The claimant may act in person on a Reference or Arbitration or through a representative; in which case, the representative shall notify the Administrator and the Referee or Arbitrator in writing providing the written consent of the claimant.

COMMENCEMENT

6. In order to commence a Reference or Arbitration, the claimant shall file a Request for Review by an Arbitrator/Referee in the prescribed form.

7. The Administrator shall forward the claimant's file to the claimant, Fund Counsel and the Chair and/or Vice-Chair of the Roster of Arbitrators/Referees within ten (10) days of receipt of the Request for Review by an Arbitrator/Referee.

8. The claimant shall have fifteen (15) days upon receipt of the claimant's file to forward any supplementary submissions to the Chair and/or Vice-Chair of the Roster of Arbitrators/Referees and the Administrator.

9. The Fund Counsel shall have fifteen (15) days from the date of the Administrator's receipt of the claimant's submissions to forward any submissions in reply to the Chair and/or Vice-Chair of the Roster of Arbitrators/Referees and the Administrator.

10. The Chair and/or Vice-Chair of the Roster of Arbitrators/Referees shall appoint a Referee or Abitrator in the Province or Territory where the claimant resides or is deemed to reside to take carriage of the matter unless the claimant resides or is deemed to reside in the Province of Québec, in which case the Referee or Arbitrator shall be the Referee or Arbitrator appointed by the Québec Superior Court.

11. The Administrator shall forward to the Referee or Arbitrator, to the claimant and to the Fund Counsel the following:

    (a) a copy of the Claim and the Request for Review by an Arbitrator/Referee;

    (b) a copy of all the written submissions and material in support of the submissions and other evidence pertaining to the Claim in the possession of the Administrator;

    (c) a copy of the Administrator's decision; and

    (d) such other information or material as the Referee, Arbitrator or Fund Counsel may request.

MEDIATIONS

12. The Arbitrator has jurisdiction to request that the parties enter into mediation. The Referee has discretion to attempt to mediate the dispute at any time in the process.

MODE OF HEARING

13. Within five (5) days of the receipt of the Request for Review by an Arbitrator/Referee, any supplementary submissions by the Claimant and the Claimant's file from the Administrator or reply submissions from Fund Counsel, the Referee or Arbitrator shall verify with the parties if:

    (a) an oral hearing is necessary; or

    (b) further written submissions are necessary.

14. Notwithstanding the Referee or Arbitrator's discretion in paragraph 13, an oral hearing will be required where the claimant or Fund Counsel wishes to adduce oral evidence.

15. If no further written submissions are to be provided and no oral hearing is required, the Referee or Arbitrator shall notify the parties that he or she will proceed on the basis of the

Request for Review by an Arbitrator/Referee, the claimant's file, the claimant's supplementary submissions, if any, and any reply submissions.

16. Within thirty (30) days following notification by the parties that no further written submissions or oral hearings will be necessary, the Referee or Arbitrator shall release his or her Reasons for Decision.

17. If further written submissions are required, the Referee or Arbitrator shall notify the claimant and Fund Counsel of the issues to be addressed in the written submissions and the time limits for the receipt of such submissions, including any submissions in reply.

18. Within thirty (30) days following the receipt of the final submissions, the Referee or Arbitrator shall release his or her Reasons for Decision.

19. If an oral hearing is requested by one or more of the parties because the requesting party wishes to adduce oral evidence, the Referee or Arbitrator shall:

    (a) determine whether the hearing shall be an in-person hearing or conducted by telephone conference and the time, date and location of the hearing and give all parties fifteen (15) days prior written notice of such time, date and location;

    (b) give directions as to the issues to be addressed at the oral hearing;

    (c) if necessary, give directions as to the issues which require oral evidence; and

    (d) provide any other directions, as the Referee or Arbitrator deems appropriate.

20. If an oral hearing with evidence is requested by one or more of the parties because the requesting party wishes to lead oral evidence and the Referee or Arbitrator orders an oral hearing with evidence, the following rules will apply, unless the Referee or Arbitrator makes an order to the contrary:

    (a) any documentation, including medical records, medical reports and/or loss of income documentation, intended to be relied upon by the claimant shall be produced to the Administrator and the Referee or Arbitrator at least fifteen (15) days prior to the Reference or Arbitration;

    (b) the Referee or Arbitrator, upon his or her own Notice or upon written request by the Administrator, has the jurisdiction to order an independent medical examination of the claimant;

    (c) subject to issues of privilege, a Referee or Arbitrator may accept all oral or written evidence as the Referee or Arbitrator, in his or her discretion, considers proper, whether admissible in a court of law or not; and

    (d) if an oral hearing with evidence is required, the Referee or Arbitrator may require production of documents and examination for discovery, if necessary.

21. Within thirty (30) days following the completion of the oral hearing, the Referee or Arbitrator shall release his or her Reasons for Decision.

CONFIDENTIAL PROCESS

22. The Reference or Arbitration process is private and all information and evidence utilized in the Reference or Arbitration process is confidential.

REASONS FOR DECISION

23. Any Reasons for Decision by a Referee or Arbitrator shall state the facts and conclusions without identifying the claimant by name or location. A Referee or Arbitrator may rely upon earlier decisions of other Referees and Arbitrators to arrive at his or her Reasons for Decision. All decisions shall be posted on the website www.hepc8690.ca. The Referee or Arbitrator may extend the time for the release of the Reasons for Decision if he or she considers such an extension is justified.

APPENDIX A1

COURT APPROVED PROTOCOL

RECENT HCV DIAGNOSIS EXCEPTION TO THE JUNE 30, 2010 FIRST CLAIM DEADLINE

REVISED ◆, 2017

This protocol applies to section 3.08(b) of the Transfused HCV Plan and section 3.07(b) of the Hemophiliac HCV Plan (the Plans). For greater certainty, this protocol does not apply to the HCV Late Claims Benefit Plan.

The Court Approved Protocol—Requirements for the Exceptional Filing of Claims after Applicable Time Limits shall not have any force and effect after June 30, 2010.

ISSUANCE OF AN INITIAL CLAIM PACKAGE

1. The Administrator shall issue an Initial Claim Package upon request, notwithstanding that the request is made after the June 30, 2010 first claim deadline contained in the Plans, in the circumstances where the HCV Infected Person first learned of his or her infection with HCV within the three (3) years prior to the date the claimant first advised the Administrator of a potential claim (such circumstances to be referred to as the "**Recent HCV Diagnosis**"), provided the claimant submits a signed statement to that effect and an HCV Antibody Test report dated within the said three (3) year timeframe.

2. When issuing the Initial Claim Package to a claimant the Administrator shall advise the claimant in writing that:

   (a) the deadline to deliver the completed Initial Claim Package to the Administrator is the later of six (6) months from the date the Initial Claim Package is issued to the claimant or within three (3) years from the date the HCV Infected Person first learned of his or her infection with HCV (the "**Completed Package Delivery Deadline**");

   (b) if the claimant is unable to deliver the completed Initial Claim Package to the Administrator by the Completed Package Delivery Deadline, the claimant must

submit a "Request Form – Completed Package Delivery Deadline Extension" attached as Appendix "A" (the "**Request Form**") to the Administrator before the Completed Package Delivery Deadline expires if the claimant wishes to maintain the right to submit a claim; and

(c) if the Administrator does not receive the completed Initial Claim Package or the completed Request Form by the Completed Package Delivery Deadline, the Administrator will deny the claim.

COMPLETED PACKAGE DELIVERY DEADLINE EXTENSION REQUEST

3. A request to extend the Completed Package Delivery Deadline must be made before the Completed Package Delivery Deadline expires. The Request Form shall be provided by the Administrator to claimants upon request and shall also be made available on the Administrator's website.

4. The claimant will be required to set out:

(a) the steps already taken to complete the Initial Claim Package;

(b) the reasons why the Initial Claim Package has not been completed to date; and

(c) the new steps the claimant proposes to take to complete the Initial Claim Package and how long these steps will take.

5. Upon receipt of a completed Request Form, the Administrator shall forthwith review it and determine if the Request Form sets out a plan that could reasonably result in the completion of the Initial Claim Package. If so, the Administrator shall grant the extension, which shall not exceed six (6) months from the date the Request Form is submitted. The Administrator shall communicate the length of the extension and the terms on which it is granted by sending the claimant a "Notice of Extension of Completed Package Delivery Deadline" substantially in the form attached as Appendix "B".

6. If, upon reviewing a Request Form, the Administrator determines that it does not set out a plan that could reasonably result in the completion of the Initial Claim Package, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "C".

7. If the claimant has not submitted a completed Initial Claim Package or a completed Request Form on or before the Completed Package Delivery Deadline, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "D".

8. If a claimant has obtained an extension of the Completed Package Delivery Deadline but has failed to submit a completed Initial Claim Package on or before the extended Completed Package Delivery Deadline expires, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "E".

PROCESSING THE COMPLETED INITIAL CLAIM PACKAGE

9. The issuance of an Initial Claim Package pursuant to this protocol shall not be determinative of the eligibility of the claimant to receive compensation. Where the Administrator receives a timely completed Initial Claim Package, it shall process the Claim and determine eligibility for compensation by applying the terms of the Settlement Agreement in light of the Court approved protocols and standard operating procedures which are in place under the Plans at the time of processing.

10. If, during the processing of the claim, the Administrator becomes aware of information which causes it to believe that the HCV Infected Person first learned of his or her infection with HCV more than three (3) years prior to the date that the claimant first advised the Administrator of a potential claim, the Administrator shall deny the claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "E".

DENIED CLAIMS

11. Where the Administrator denies a Recent HCV Diagnosis Claim in accordance with the provisions of this protocol, the Administrator shall also notify the claimant in writing that:

    (a) the appeal route at section 10.01 of the relevant Plan applies; and

    (b) the claimant shall not be estopped from seeking to advance a Claim under the HCV Late Claims Benefit Plan or other relevant Court approved protocol or Court Order.

APPENDIX A2

COURT APPROVED PROTOCOL

ISSUANCE OF INITIAL CLAIM PACKAGES AFTER THE JUNE 30, 2010 FIRST CLAIM DEADLINE

REVISED ◆ 2017

This protocol applies to sections 3.02, 3.05, 3.06, 3.07 and 3.08(a) of the Transfused HCV Plan and sections 3.02, 3.04, 3.05, 3.06 and 3.07(a) of the Hemophiliac HCV Plan and to claims initially advanced under the Pre-1986/Post-1990 Hepatitis C Settlement prior to June 30, 2010. For greater certainty, this protocol does not apply to the HCV Late Claims Benefit Plan.

The Court Approved Protocol, Requirements for the Exceptional Filing of Claims after Applicable Time Limits, shall not have any force and effect after June 30, 2010.

ISSUANCE OF AN INITIAL CLAIM PACKAGE

1. The Administrator shall issue an Initial Claim Package upon request, notwithstanding the request was made after the June 30, 2010 first claim deadline, provided that:

   (a) the claim is sought to be made within one (1) year of the claimant reaching his/her age of majority;

   (b) the Secondarily Infected Person is seeking to claim within three (3) years from the date the Primarily Infected Person, Primarily Infected Hemophiliac or the HCV Personal Representative first made a Claim;

   (c) the HCV Personal Representative of a deceased HCV Infected Person is seeking to claim within three (3) years of the HCV Infected Person's date of death;

   (d) the Dependant or Family Member of a deceased HCV Infected Person is seeking to claim within three (3) years of the HCV Infected Person's date of death; or

   (e) the claim was initially advanced under the Pre-1986/Post-1990 Hepatitis C Settlement prior to June 30, 2010.

2. When issuing the Initial Claim Package to a claimant the Administrator shall advise the claimant in writing that:

   (a) the deadline to deliver the completed Initial Claim Package to the Administrator is the later of six (6) months from the date the Initial Claim Package is issued to the claimant or the time remaining under the applicable provision of paragraph 1 hereof, if any (the "Completed Package Delivery Deadline");

   (b) if the claimant is unable to deliver the completed Initial Claim Package to the Administrator by the Completed Package Delivery Deadline, the claimant must submit a completed Request Form – Completed Package Delivery Deadline Extension attached as Appendix "A" (the "Request Form") to the Administrator

before the Completed Package Delivery Deadline expires if the claimant wishes to maintain the right to submit a claim; and

(c) if the Administrator does not receive the completed Initial Claim Package or the completed Request Form by the Completed Package Delivery Deadline, the Administrator will deny the claim.

COMPLETED PACKAGE DELIVERY DEADLINE EXTENSION REQUEST

3. A request to extend the Completed Package Delivery Deadline must be made before the Completed Package Delivery Deadline expires. The Request Form shall be provided by the Administrator to claimants upon request and shall also be made available on the Administrator's website.

4. The claimant will be required to set out:

(a) the steps already taken to complete the Initial Claim Package;

(b) the reasons why the Initial Claim Package has not been completed to date; and

(c) the new steps the claimant proposes to take to complete the Initial Claim Package and how long these steps will take.

5. Upon receipt of a completed Request Form, the Administrator shall forthwith review it and determine if the Request Form sets out a plan that could reasonably result in the completion of the Initial Claim Package. If so, the Administrator shall grant the extension, which shall not exceed six (6) months from the date the Request Form is submitted. The Administrator shall communicate the length of the extension and the terms on which it is granted by sending the claimant a "Notice of Extension of Completed Package Delivery Deadline" substantially in the form attached as Appendix "B".

6. If, upon reviewing a Request Form, the Administrator determines that it does not set out a plan that could reasonably result in the completion of the Initial Claim Package, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "C".

7. If the claimant has not submitted a completed Initial Claim Package or a completed Request Form on or before the Completed Package Delivery Deadline, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "D".

8. If a claimant obtains an extension of the Completed Package Delivery Deadline but fails to submit a completed Initial Claim Package to the Administrator on or before the extended Completed Package Delivery Deadline expires, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "E".

PROCESSING THE COMPLETED INITIAL CLAIM PACKAGE

9. The issuance of an Initial Claim Package pursuant to this protocol shall not be determinative of the eligibility of the claimant to receive compensation. Where the Administrator receives a timely completed Initial Claim Package, it shall process the claim and determine eligibility for compensation by applying the terms of the Settlement Agreement in light of the Court approved protocols and standard operating procedures which are in place at the time of processing.

10. If, during the processing of the claim, the Administrator becomes aware of information which causes it to believe that the applicable timeframe set out in paragraph 1 hereof has not been met, the Administrator shall deny the claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "F".

DENIED CLAIMS

11. Where the Administrator denies a claim in accordance with the provisions of this protocol, the Administrator shall also notify the claimant in writing that:

    (a) the appeal route at section 10.01 of the relevant Plan applies; and

    (b) the claimant shall not be estopped from seeking to advance a Late Claim under the Late Claims Benefit Plan or any other relevant Court approved protocol or Court Order.

APPENDIX A3

COURT APPROVED PROTOCOL

TRACEBACK PROCEDURE CRITERIA

REVISED ◆, 2017

This protocol sets out the criteria for Traceback Procedures referred to in sections 3.03, 3.04, 3.05(6) of the Transfused HCV Plan and 3.03, 3.04Tran and 3.05(6) of the HCV Late Claims Benefit Plan

DEFINED TERMS AND PROVISIONS APPLICABLE TO THIS PROTOCOL

1. In addition to the defined terms contained in the Transfused HCV Plan and the HCV Late Claims Benefit Plan (which appear herein as capitalized words), the following defined terms are used in this protocol:

   (a) "**Traceback Procedure**" means a targeted search for and investigation of the donor and/or the units received by a claimant in Canada and, for the purpose of this protocol, includes any one or more of the following stages of search: a Records Search, a Class Period Search and/or a Pre-Class Period Search;

   (b) "**Records Search**" means that stage of Traceback Procedure where a search is conducted to match the units received by a claimant at any time against the records of Canadian Blood Services ("CBS") and Hema-Quebec to determine if the HCV antibody status of the donor of some or all of the units received is known;

   (c) "**Class Period Search**" means that stage of Traceback Procedure where attempts are made to locate the donors of the units received by a claimant during the Class Period and, where necessary, to have the donor tested to determine his or her HCV antibody status;

   (d) "**Pre-Class Period Search**" means that stage of Traceback Procedure where attempts are made to locate the donors of the units received by a claimant before the Class Period and, where necessary, to have the donor tested to determine his or her HCV antibody status;

   (e) "**Lookback notification**" means notification that the claimant received units from a donor who, on subsequent donation or testing, is confirmed to be HCV antibody positive.

2. For the purposes of this protocol, where the words transfusion, donor and/or unit are used in reference to a Claim they refer to the claimant's receipt of Blood as defined under the Transfused HCV Plan and where they are used in reference to a Late Claim they refer to

the claimant's receipt of Blood (Transfused) as defined under the HCV Late Claims Benefit Plan and claimant refers to a person claimed to be a Primarily-Infected Person.

COMPLETION AND/OR DISCONTINUANCE OF THE TRACEBACK PROCEDURE

3. For the purposes of this protocol:

   (a) a Traceback Procedure shall be deemed complete and all further Traceback Procedure efforts under this protocol relating to a Claim or Late Claim discontinued where:

      (i) the claimant received units only during the Class Period or only during and after the Class Period and:

         A. one of the donors or units he or she received during the Class Period is determined to be HCV antibody positive; or

         B. all of the donors or units he or she received during the Class Period are determined not to be HCV antibody positive; or

      (ii) the claimant received units before and during the Class Period or before, during and after the Class Period and:

         A. one of the donors or units he or she received before the Class Period is determined to be HCV antibody positive;

         B. all of the donors or units he or she received during the Class Period are determined not to be HCV antibody positive; or

         C. all of the donors or units he or she received before the Class Period are determined not to be HCV antibody positive and one of the donors or units he or she received during the Class Period is determined to be HCV antibody positive;

   (b) all further Class Period Search and/or Pre-Class Period Search efforts under this protocol relating to a Claim or a Late Claim shall be discontinued once the Administrator has made its decision to accept or reject that Claim or Late Claim. Subsequent periodic Record Search updates may be required in respect of some Claims or Late Claims as provided in paragraph 13 of this protocol.

THE ADMINISTRATOR'S DECISION TO ACCEPT OR REJECT A CLAIM OR LATE CLAIM

4. In making its decision whether the Claim or Late Claim in respect of a claimant, the Administrator shall:

(a) obtain and assess the results of the stage or stages of Traceback Procedure required by such of paragraphs 6 to 11 of this protocol as are applicable to the Claim or Late Claim in question;

(b) carry out additional investigation where one or more of the type of indicia enumerated at paragraph 11 of this protocol are present; and

(c) where required by the provisions of paragraphs 10(e), 10(f)(ii) or 11(d)(iv) of this protocol and/or where the Administrator undertook additional investigation as required by paragraph 4(b) of this protocol, consider whether all of the information available to the Administrator when weighed together establishes to the satisfaction of the Administrator on the balance of probabilities, that the claimant was infected with HCV for the first time prior to the Class Period (the "Balance of Probabilities Analysis").

5. Subject to the other requirements in paragraph 4 of this protocol, the Administrator shall make its decision to accept or reject the Claim or Late Claim, notwithstanding that a Class Period Search and/or a Pre-Class Period Search may not have been completed:

(a) when the Administrator is of the view that in all of the circumstances a Class Period Search and/or a Pre-Class Period Search is unlikely to yield any further information that will assist in assessing the Claim or Late Claim; and

(b) notwithstanding subparagraph (a) above, no later than 6 months after the date on which the claimant has met the requirements of sections 3.01(1)(a) and (b) of the Transfused HCV Plan or sections 3.01Tran(1)(a) and (b) of the HCV Late Claims Benefits Plan and provided the Authorization to Initiate Traceback Procedure and/or to Release Information Form and the Transfusion History Form, whichever is later, unless:

(i) the transfusion information concerning the claimant provided on or with the Transfusion History Form was incomplete or inaccurate, in which case the 6 months will begin to run from the time the Administrator determines the transfusion information is complete; or

(ii) the time is extended with the consent of the claimant or by a Court on a teleconference motion made by Fund Counsel on notice to the claimant.;

The Administrator shall take reasonable steps to assist the claimant to identify unit numbers for transfusions received by the claimant where that information was not provided in the Forms, records and/or in the available Traceback Procedure information. In its discretion, the Administrator may relieve against the requirement to identify all unit numbers for transfusions received where the claimant received Blood only during the Class Period or only during and after the Class Period and a negative is indicated on the Pre-Approval Tables annexed hereto when applied to his or her transfusion history.

OBTAIN AND ASSESS AVAILABLE TRACEBACK PROCEDURE INFORMATION

6. The Administrator shall obtain and assess the results of any Traceback Procedure in respect of a person claimant initiated without the involvement of the Administrator. If the Traceback Procedure is complete or can be deemed complete as provided in paragraph 3 herein, the Administrator shall accept or reject the Claim or Late Claim:

   (a) where transfusions were received only during the Class Period or only during and after the Class Period, by applying the appropriate subparagraph of paragraph 8 below; or

   (b) where transfusions were received before and during the Class Period or before, during and after the Class Period, by applying the appropriate subparagraph in paragraphs 9 to 11 below.

INITIATE A RECORDS SEARCH

7. In each case where there is no conclusive Lookback notification or the available Traceback Procedure information, if any, is insufficient to allow the Administrator to make its decision to accept or reject a Claim, the Administrator shall initiate a Records Search of those units received by the claimant in respect of which the HCV antibody status is unknown and:

   (a) where transfusions were received only during the Class Period or only during and after the Class Period, proceed as directed in paragraph 8 below; or

   (b) where Blood transfusions were received before and during the Class Period or before, during and after the Class Period, proceed as directed in paragraphs 9 to 11 below.

WHERE TRANSFUSIONS WERE RECEIVED IN CANADA ONLY DURING THE CLASS PERIOD OR ONLY DURING AND AFTER THE CLASS PERIOD

8. After reviewing the available Traceback Procedure information, if any, and the results of the Records Search, if such was required, the Administrator shall:

   (a) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;

   (b) where one or more of the donors or units received by the claimant during the Class Period is determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the

Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(c) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown and a negative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 3(c) of this protocol; or

(d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown and an affirmative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, initiate a Class Period Search and after reviewing the results proceed as follows:

(i) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable and paragraph 18 of this protocol;

(ii) where one or more of the donors or units received by the person claimed to be a Primarily-Infected Person during the Class Period is determined to be HCV antibody positive by the Class Period Search, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or

(iii) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (d)(i) or (d)(ii) of this paragraph and the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown following the Class Period Search, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the results of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol.

The directions contained in this paragraph are also depicted in the following flowchart:

TRANSFUSIONS ONLY DURING CLASS PERIOD OR ONLY DURING AND AFTER CLASS PERIOD

↓

Review Available Traceback Procedure Information and/or Conduct Record Search

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Negative on Pre-Approval Tables

Subparagraph in protocol	8(a)	8(b)	8(c)
1 +ve Class Period All -ve Class Period Unknown Class Period	N Y N	Y N IR	N N Y
Action	Reject[1]	Accept[2]	Accept[3]

Affirmative on Pre-Approval Tables

Subparagraph in protocol	8(a)	8(b)	8(d)
1 +ve Class Period All -ve Class Period Unknown Class Period	N Y N	Y N IR	N N Y
Action	Reject[1]	Accept[2]	Class Period Search

↓

Subparagraph in protocol	8(d)(i)	8(d)(ii)	8(d)(iii)
1 +ve Class Period All -ve Class Period Unknown Class Period	N Y N	Y N IR	N N Y
Action	Reject[1]	Accept[2]	Accept[3]

1. The Administrator's decision to reject these Claims or Late Claims is subject to the claimants' rights provided in section 3.04(2) of the Transfused HCV Plan and section 3.04Tran(2) of the HCV Late Claims Benefit Plan and paragraph 18 of this protocol.

2. The Administrator's decision to accept these Claims or Late Claims will be subject to the Balance of Probabilities Analysis required by paragraph 4(c) of this protocol where the types of indicia enumerated at paragraph 12 of this protocol are present.

3. The Administrator's decision to accept these Claims or Late Claims will be subject to the subject to the Balance of Probabilities Analysis required by paragraph 4(c) of this protocol where the types of indicia enumerated at paragraph 12 of this protocol are present and to updated Record Searches as required by paragraph 13 of this protocol.

Y = Yes
N = No
IR = Irrelevant

WHERE TRANSFUSIONS WERE RECEIVED IN CANADA BEFORE AND DURING THE CLASS PERIOD OR BEFORE, DURING AND AFTER THE CLASS PERIOD

9. After reviewing the available Traceback Procedure information, if any, and the results of the Records Search, if such was required, the Administrator shall:

(a) where one or more of the donors or units received by the claimant before the Class Period is determined to be HCV antibody positive, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;

(b) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;

(c) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive and one or more of the donors or units he or she received during the Class Period is determined to be HCV antibody positive, accept the Claim or Late Claim , subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (c) of this paragraph, all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive, the HCV antibody status of some of the donors or units he or she received during the Class Period remains unknown and a negative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or

(e) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (d) of this paragraph and the HCV antibody status of one or more of the donors or units received by the claimant before or during the Class Period remains unknown, after considering how to most expeditiously investigate the transfusions, initiate a Class Period Search and/or a Pre-Class Period Search on the remaining units he or she received.

10. Where a Pre-Class Period Search was initiated pursuant to subparagraph 9(e) above, the Administrator shall:

(a) where one or more of the donors or units received by the claimant before the Class Period is determined to be HCV antibody positive by the Pre-Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;

(b) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive by the Pre-Class Period Search and one or more of the donors or units received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(c) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive by the Pre-Class Period Search and the HCV antibody status of some or all of the donors or units he or she received during the Class Period remains unknown and a negative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (c) of this paragraph, all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive by the Pre-Class Period Search,

the HCV antibody status of some or all of the donors or units he or she received during the Class Period remains unknown and an affirmative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, initiate a Class Period Search of the remaining units received by the claimant during the Class Period and after reviewing the results proceed as follows:

(i) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the

HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;

(ii) where one or more of the donors or units received by the claimant during the Class Period is determined to be HCV antibody positive by the Class Period Search, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(iii) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (d)(i) or (d)(ii) of this paragraph and the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown following the Class Period Search, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(e) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (d) of this paragraph, the HCV antibody status of some or all of the donors or units received by the claimant before the Class Period remains unknown following the Pre-Class Period Search and one or more of the donors or units he or she received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or

(f) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) to (d) of this paragraph, the HCV antibody status of some of the donors or units received by the claimant before the Class Period remains unknown following the Pre-Class Period Search and the HCV antibody status of some or all of the donors or units he or she received during the Class Period remains unknown, initiate a Class Period Search of the remaining units received by the claimant during the Class Period and after reviewing the results proceed as follows:

(i) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the

HCV Late Claims Benefit Plan, as applicable and paragraph 18 of this protocol; or

(ii) where the Claim or Late Claim cannot be rejected as provided in subparagraph (f)(i) of this paragraph following the Class Period Search, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol.

11. Where a Class Period Search was initiated pursuant to subparagraph 9(e) above, the Administrator shall:

(a) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;

(b) where one or more of the donors or units received by the claimant during the Class Period is determined to be HCV antibody positive by the Class Period Search and all of the donors or units he or she received before the Class Period have already been determined not to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(c) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown following the Class Period Search and all of the donors or units he or she received before the Class Period have already been determined not to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or

(d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (c) of this paragraph, none of the donors or units received by the claimant before the Class Period have been determined to be HCV antibody positive and the HCV antibody status of some of the donors or units he or she received before the Class Period remains unknown, initiate a Pre-Class Period

Search on the remaining units received by the claimant before the Class Period and after reviewing the results proceed as follows:

(i) where one or more of the donors or units received by the claimant before the Class Period is determined to be HCV antibody positive following the Pre-Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable and paragraph 18 of this protocol;

(ii) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive following the Pre-Class Period Search and one or more of the donors or units he or she received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;

(iii) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive following the Pre-Class Period Search, the HCV antibody status of one or more of the donors or units he or she received during the Class Period remains unknown and none of the donors or units received during the Class Period have been determined to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or

(iv) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (d)(i) to (d)(iii) of this paragraph and the HCV antibody status of some or all of the units received by the person claimant before the Class Period remains unknown following the Pre-Class Period Search regardless of whether or not one or more of the donors or units he or she received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol.

The directions contained in paragraphs 9, 10 and 11 are also depicted in the following flowchart:

TRANSFUSIONS ONLY DURING CLASS PERIOD OR ONLY DURING AND AFTER CLASS PERIOD

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Review Available Traceback Procedure Information and/or Conduct Record Search

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Negative on Pre-Approval Tables

Subparagraph in protocol	8(a)	8(b)	8(c)
1 +ve Class Period All -ve Class Period Unknown Class Period	N Y N	Y N IR	N N Y
Action	Reject[1]	Accept[2]	Accept[3]

Affirmative on Pre-Approval Tables

Subparagraph in protocol	8(a)	8(b)	8(d)
1 +ve Class Period All -ve Class Period Unknown Class Period	N Y N	Y N IR	N N Y
Action	Reject[1]	Accept[2]	Class Period Search

↓

Subparagraph in protocol	8(d)(i)	8(d)(ii)	8(d)(iii)
1 +ve Class Period All -ve Class Period Unknown Class Period	N Y N	Y N IR	N N Y
Action	Reject[1]	Accept[2]	Accept[3]

1. The Administrator's decision to reject these Claims or Late Claims is subject to the claimants' rights provided in section 3.04(2) of the Transfused HCV Plan and section 3.04Tran(2) of the HCV Late Claims Benefit Plan and paragraph 18 of this protocol.

2. The Administrator's decision to accept these Claims or Late Claims will be subject to the Balance of Probabilities Analysis required by paragraph 4(c) of this protocol where the types of indicia enumerated at paragraph 12 of this protocol are present.

3. The Administrator's decision to accept these Claims or Late Claims will be subject to the subject to the Balance of Probabilities Analysis required by paragraph 4(c) of this protocol where the types of indicia enumerated at paragraph 12 of this protocol are present and to updated Record Searches as required by paragraph 13 of this protocol.

Y = Yes
N = No
IR = Irrelevant

INDICATIONS FOR ADDITIONAL INVESTIGATION

12. The Administrator shall review such records, Forms, documentation and/or information it receives pertaining to the person claimed to be a Primarily-Infected Person to determine if there is any indication for additional investigation, including:

(a) any indication of non-prescription intravenous drug use by the claimant, notwithstanding that the claimant provided the required declaration;

(b) a failure to provide a declaration of knowledge, information and belief that the claimant was not infected with Hepatitis Non-A Non-B or the Hepatitis C virus prior to January 1, 1986;

(c) a prior application to another government HCV compensation program and/or a declaration of knowledge, information or belief that the claimant was infected with HCV by blood received before January 1, 1986;

(d) any indication of transfusion information that conflicts with the information provided on the Forms submitted;

(e) a relationship with the Treating Physician which appears to be of a transitory nature;

(f) any indication of the existence of Hepatitis B, a previous unspecified Hepatitis or liver irregularity by the person claimed to be a Primarily-Infected Person prior to his or her first transfusion during the Class Period;

(g) any indication of the existence of a major surgical procedure, disease, treatment or trauma that was likely to have required a transfusion but which was not detailed in the answers provided in the Forms submitted to the Administrator;

(h) any indication of one or more of the risk factor(s) outlined in the Treating Physician Form either from the Treating Physician or in the other documentation received;

(i) receipt of any transfusions outside Canada at any time prior to his or her diagnosis with HCV; and/or

(j) an inconclusive Traceback Procedure result;

and conduct such additional investigation as to it seems appropriate for the Claim or Late Claim in question, which may include obtaining additional documentation and/or medical examination as provided in section 3.03 of the Transfused HCV Plan or section 3.03 of the HCV Late Claims Benefit Plan, as applicable.

PERIODIC UPDATE OF THE RECORDS SEARCH IN SOME CASES

13. The Administrator shall, after having made its decision to accept or reject a Claim or Late Claim as provided in subparagraph 8(c), 8(d)(iii), 9(d), 10(c), 10(d)(iii), 10(e), 10(f)(ii), 11(c), 11(d)(iii) or 11(d)(iv), periodically update the Records Search of the relevant units received by the claimant for which the HCV antibody status remains unknown to determine if there is any additional information with which to re-assess its decision in respect of the Claim or Late Claim.

14. Where a Claim or Late Claim is accepted, it may later be rejected if information concerning the HCV antibody status of the donors or units received by the claimant or other means of infection becomes known which would have resulted in rejection of the Claim or Late Claim had that information been considered at the time the Administrator's decision was taken. The claimant shall thereafter become disentitled to future payments under the applicable Plan. Absent fraud on the part of the claimant, the claimant shall not be obligated to repay any monies received under the applicable Plan prior to becoming disentitled under the applicable Plan.

15. Where a Claim or Late Claim is rejected, it may later be accepted if information concerning the HCV antibody status of the donors or units received by the claimant becomes known which would have resulted in acceptance of the Claim or Late Claim had the information been considered at the time the original decision was taken. The claimant shall become entitled to the relevant payments under the applicable Plan.

REPORTING

16. The Administrator shall, where it has received sufficient Traceback Procedure information from CBS or Hema-Quebec to make its decision to accept or reject a Claim or Late Claim, request CBS or Hema-Quebec to provide a report of available Traceback Procedure information to the claimant.

CONFIDENTIALITY

17. The Administrator shall not use or disclose the information obtained pursuant to the Traceback Procedure other than for the purpose of performing its obligation pursuant to Ontario and British Columbia judgments dated October 22, 1999, the Quebec judgment dated November 19, 1999, the orders of the Courts approving the HCV Late Claims Benefit Plan and any other relevant court orders and for no other improper purpose. Any person to whom the Administrator discloses the information obtained pursuant to the Traceback Procedure in performing its obligations pursuant to the fulfilment of the said judgments and orders shall not use the Traceback Procedure information for any purpose other than the fulfilment of the said judgments and orders.

SECTION 3.04(1) – REJECTION OF CLAIM OR LATE CLAIM

18. The Administrator shall, after determining in accordance with the provisions of section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, and subparagraph 8(a), 8(d)(i), 9(a), 9(b), 10(a), 10(d)(i), 10(f)(i), 11(a) or 11(d)(i) above that a Claim or Late Claim must be rejected based upon the Traceback Procedure result, advise the claimant that, unless the claimant provides further evidence of first infection ("Further Evidence of First Infection") which establishes to the satisfaction of the Administrator that the person claimed to be the Primarily-Infected Person was infected for the first time with HCV by a transfusion received in Canada during the Class Period notwithstanding the Traceback Procedure result in accordance with section 3.04(2) of the Transfused HCV Plan or section

3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, his or her claim shall be rejected (a "Section 3.04/3.04Tran Letter").

19. A Section 3.04/3.04Tran Letter shall advise the claimant that he or she may elect to provide Further Evidence of First Infection by returning the election form provided to the Administrator within thirty days from the date of receipt of the Section 3.04/3.04Tran Letter, failing which his or her Claim or Late Claim shall be rejected.

20. If the claimant elects to provide Further Evidence of First Infection and returns the prescribed election form in the prescribed time, he or she must provide, within the following six months, his or her Further Evidence of First Infection, unless that time is extended with the consent of the Administrator or by the Court on a teleconference motion arranged at the request of the claimant.

21. The Administrator shall, following receipt and consideration of the Further Evidence of First Infection received from a claimant, accept or reject his or her Claim or Late Claim based upon all of the information available to the Administrator and section 3.04 of the Transfused HCV Plan or section 3.04Tran of the HCV Late Claims Benefit Plan, as applicable.

22. If the claimant who elected to provide Further Evidence of First Infection does not provide the Further Evidence of First Infection within the six months following his or her election, or such further time as has been agreed or ordered, his or her Claim or Late Claim shall be rejected.

APPEAL RIGHTS

23. Where the Administrator rejects a Claim or Late Claim, it shall advise the claimant of his or her appeal rights under the applicable Plan.

RESULTS OF CERTAIN FROZEN SAMPLES

24. Notwithstanding the foregoing provisions of this protocol, no test result in respect of a frozen blood sample maintained by Canadian Blood Services shall be taken into consideration for the purpose of including or excluding any HCV Infected Person under the Transfused HCV Plan or the HCV Late Claims Benefit Plan.

PRE-APPROVAL TABLE 1
For use with male transfusion recipient

			Year of Birth				
		# of units transfused	1970+	1960-69	1945-59	1935-44	<1935
Year of Transfusion	1986	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	Y	Y	N	N
	1987	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-29	N	Y	Y	N	N
		60+	N	Y_3	Y	N	N
	1988	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	Y	Y	N	N
	1989	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-59	N	Y	Y	N	N
		60+	N	Y_2	Y_3	N	N
	January – March 1990	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-59	N	Y	Y	N	N
		60+	N	Y_2	Y_3	N	N
	April – June 1990	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-59	N	Y	Y	Y	N
		60+	N	Y	Y	Y_2	N

Y – (affirmative) means a Class Period Search is required
N – (negative) means a Class Period Search is not required
1 – Except for those less than 20 years of age at time of HCV diagnosis
2 – Pre-approval for this age group for 100+ units only
3 – Pre-approval for this age group for 200+ units only

PRE-APPROVAL TABLE 2
For use with female transfusion recipient

			Year of Birth				
		# of units transfused	1970+	1960-69	1945-59	1935-44	<1935
Year of Transfusion	1986	1-4	Y_1	Y	Y	N	N
		5-9	Y_1	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N
		25-59	N	N	Y	N	N
		60+	N	N	N	N	N
	1987	1-4	Y_1	Y	Y	N	N
		5-9	Y_1	Y	Y	N	N
		10-14	N	Y	Y	N	N

		15-24	N	Y	Y	N	N
		25-29	N	Y	Y	N	N
		60+	N	N	N	N	N
	1988	1-4	Y_1	Y	Y	N	N
		5-9	Y_1	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	N	N	N	N
	1989	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	N	N	N	N
	January – March 1990	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	N	N	N	N
	April – June 1990	1-4	Y_1	Y	Y	Y	N
		5-9	Y_1	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-59	N	Y	Y	Y	N
		60+	N	Y_3	Y_4	N	N

APPENDIX A4

COURT APPROVED PROTOCOL

ELIGIBILITY AND TRACEBACK REQUIREMENTS FOR SECONDARILY-INFECTED PERSONS

REVISED ◆, 2017

This protocol applies to sections 3.02 and section3.05 (insofar as it applies to a Secondarily-Infected Person) of the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan.

THE CLAIM/LATE CLAIM FOR A SPOUSE AS A SECONDARILY-INFECTED PERSON

1. Section 3.02 of the applicable Plan permits a Claim or Late Claim for a Secondarily-Infected Person who is the Spouse of a Primarily-Infected Person/Primarily-Infected Hemophiliac. That is, a Spouse may claim to have been secondarily-infected with HCV by his or her Spouse who is a Primarily-Infected Person or Primarily-Infected Hemophiliac. Section 3.05 of each Plan also permits a claim by an HCV Personal Representative of a Secondarily-Infected Person.

THE CLAIM FOR A CHILD AS A SECONDARILY-INFECTED PERSON

2. Section 3.02 of each Plan permits a Claim or Late Claim for a Secondarily-Infected Person who is the Child of an HCV Infected Person. That is, a Child may claim to have been secondarily infected with HCV by his or her Parent who is a Primarily-Infected Person, Primarily-Infected Hemophiliac or a Secondarily-Infected Person. Section 3.05 of each Plan also permits a claim by an HCV Personal Representative of a Secondarily-Infected Person.

ELIGIBILITY CRITERIA

3. The Administrator must be satisfied on the balance of probabilities that the Secondarily-Infected Person was infected with HCV for the first time by a Spouse who is a Primarily-Infected Person, or a Primarily-Infected Hemophiliac or by a Parent who is an HCV Infected Person, as the case may be.

4. In order to assess the Claim or Late Claim of a Secondarily-Infected Person under section 3.02 of the applicable Plan, the Spouse who is the Primarily-Infected Person or Primarily-Infected Hemophiliac or the Parent who is the HCV Infected Person must first be determined to meet the eligibility requirements under the appropriate Plan. If the Spouse who is the Primarily-Infected Person or Primarily-Infected Hemophiliac or the Parent who is the HCV Infected Person has not applied, then the Secondarily-Infected Person must provide the Administrator with the information required in order to determine whether the Spouse or Parent, as the case may be, would qualify as an Approved HCV Infected Person or Approved Late Claim HCV Infected Personif he/she did apply.

ASSESSING THE CLAIM OR LATE CLAIM OF THE SECONDARILY-INFECTED PERSON

5. On receipt of a Claim or Late Claim for a Secondarily-Infected Person including the following forms under the applicable Plan:

   (a) General Claimant Information Form;

   (b) Treating Physician Form;

   (c) Declaration by HCV Infected Person, HCV Personal Representative or Other Knowledgeable Person,

the Administrator shall:

   (d) obtain all relevant medical, hospital and clinical records which are in existence up to the date of application pertaining to the Secondarily-Infected Person and review them to determine if the Secondarily-Infected Person has any risk factors for infection with HCV other than through their Spouse or Parent, as the case may be, including any indications for additional investigation as provided in paragraph 6 below; and

   (e) request a traceback of any units of blood received by the Secondarily-Infected Person to determine whether any donors of the blood received by the Secondarily-Infected Person tests positive for the antibody to HCV.

6. Indications for additional investigation include:

   (a) any evidence of non-prescription intravenous drug use by the Secondarily-Infected Person, irrespective of whether the claimant provided the required declaration;

   (b) a failure to provide a declaration of knowledge, information and belief that the Secondarily-Infected Person was not infected with Hepatitis Non-A Non-B or the Hepatitis C virus prior to January 1,1986;

   (c) a prior application to another government HCV compensation program and/or a declaration of knowledge, information and belief that the Secondarily-Infected Person was infected with blood received before January 1, 1986;

   (d) any indication of the existence of Hepatitis B, a previous unspecified Hepatitis or a liver irregularity for the Secondarily-Infected Person;

   (e) any indication of the existence of a major surgical procedure, disease, treatment or trauma that was likely to have required a blood transfusion at any time prior to the earlier of July 1, 1990 or the date of the Secondarily-Infected Person's diagnosis with HCV;

(f) any indication of one or more of the risk factor(s) outlined in the Treating Physician Form or in the other documentation received; and

(g) receipt of any blood transfusions or blood in or outside Canada at any time prior to the Secondarily-Infected Person's diagnosis with HCV.

7. Where there is one or more indication for additional investigation, the Administrator shall require such additional information and records pursuant to section 3.03 of the applicable Plan as, in its complete discretion, it considers necessary to inform its decision.

8. The Administrator shall weigh the totality of the evidence obtained including the evidence obtained from the investigations required by the provisions of this protocol and determine whether, on a balance of probabilities, the Secondarily-Infected Person meets the eligibility criteria.

9. In weighing the evidence in accordance with the provisions of this protocol, the Administrator must be satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision. If the Administrator is not satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision, the Administrator shall reject the Claim or Late Claim.

10. Reference to a Primarily-Infected Person, Primarily-Infected Hemophiliac or HCV Infected Person throughout this protocol also includes an Opted-Out Primarily-Infected Person, Opted-Out Primarily-Infected Hemophiliac or Opted-Out HCV Infected Person.

APPENDIX A5

COURT APPROVED PROTOCOL

NON-PRESCRIPTION INTRAVENOUS DRUG USE

REVISED ◆ 2017

This protocol applies to sections 3.01(1)(c) and (3), 3.02(1)(a) and (c) and (2) or 3.05(5) of the Transfused HCV Plan, sections 3.01(1)(c) and (3), 3.02(1)(a) and (c) and (2) or 3.04(5) of the Hemophiliac HCV Plan and sections 3.01Tran(1)(c) and (3), 3.01Hemo(1)(c) and (3), 3.02(1)(a) and (c) and 2, 3.05(5)(Tran) and 3.05(5)(Hemo) of the HCV Late Claims Benefit Plan.

1. This protocol applies where:

   (a) there is an admission that the HCV Infected Person used non-prescription intravenous drugs;

   (b) there is no declaration that the HCV Infected Person has never used non-prescription intravenous drugs pursuant to section 3.01(1)(c), 3.02(1)(c), or 3.05(5) of the Transfused HCV Plan, section 3.01(1)(c), 3.02(1)(c), or 3.04(5) of the Hemophiliac HCV Plan or section 3.01Tran(1)(c), 3.01Hemo(1)(c), 3.02(1)(c), 3.05(5)(Tran) or 3.05(5)(Hemo) of the HCV Late Claims Benefit Plan; or

   (c) despite receipt of a declaration that the HCV Infected Person has never used non-prescription intravenous drugs, there is other evidence that the HCV Infected Person has used non-prescription intravenous drugs.

ELIGIBILITY CRITERIA WHERE THIS PROTOCOL APPLIES

2. The Administrator must be satisfied on the balance of probabilities that:

   (a) the Primarily-Infected Hemophiliac (or person with Thalassemia Major) was infected with HCV for the first time by Blood or Blood (Hemophiliac) (under the applicable Plan)received in Canada; or

   (b) the Primarily-Infected Person or Secondarily-Infected Person was infected with HCV for the first time:

      (i) by a Blood transfusion or Blood (Transfused) transfusion (under the applicable Plan) received in Canada in the Class Period;

      (ii) by a Spouse who is a Primarily-Infected Person/Primarily-Infected Hemophiliac/Opted-Out Primarily-Infected Person/Opted-Out Primarily Infected Hemophiliac; or

(iii) by a Parent who is an HCV Infected Person/Opted-Out HCV Infected Person;

as the case may be.

3. The burden to prove eligibility is on the claimant. The Administrator shall assist the claimant by advising what types of evidence will be useful in meeting the burden of proof in accordance with this protocol.

TRACEBACK

4. The Administrator shall conduct a Traceback under the Traceback Procedure Criteria Protocol or the Eligibility and Traceback Requirements for Secondarily-Infected Persons Protocol unless:

(a) in the case of a Primarily-Infected Hemophiliac (or person with Thalassemia Major), the HCV Infected Person was a regular recipient of Blood or Blood (Hemophiliac) (under the applicable Plan) prior to his or her attaining the age of 18; or

(b) in the case of a person claimed to be a Secondarily-Infected Person, the person has no history of blood transfusion.

5. If neither the Traceback Procedure Criteria Protocol nor the Eligibility and Traceback Requirements for Secondarily-Infected Persons Protocol applies, the Administrator shall perform the additional investigations required by paragraph 8 below.

6. If the result of a traceback investigation is such that the applicable Traceback protocol requires the Administrator to reject the Claim or Late Claim of the HCV Infected Person, the Administrator shall reject the Claim or Late Claim.

7. The Administrator may not accept a Claim or Late Claim where this protocol applies based on the results of a traceback investigation without performing the additional investigations required by the provisions of paragraph 8 below.

ADDITIONAL INVESTIGATIONS

8. If the Claim or Late Claim is not rejected under the applicable Traceback protocol, the Administrator shall perform the following additional investigations:

(a) obtain such additional information and records pursuant to section 3.03 of the applicable Plan as the Administrator in its complete discretion considers necessary to inform its decision; and

(b) obtain the opinion of a medical specialist experienced in treating and diagnosing HCV as to whether the HCV infection and the disease history of the HCV Infected Person is more consistent with infection at the time of the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan), the Class Period

Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) or the secondary infection or more consistent with infection at the time of the non-prescription intravenous drug use as indicated by the totality of the medical evidence.

9. The Administrator shall weigh the totality of evidence obtained including the evidence obtained from the additional investigations required by the provisions of this protocol and determine whether, on a balance of probabilities, the HCV Infected Person meets the eligibility criteria.

10. In weighing the evidence in accordance with the provisions of this protocol, the Administrator must be satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision. If the Administrator is not satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision, the Administrator shall reject the Claim or Late Claim.

EXAMPLES OF ADDITIONAL INVESTIGATIONS

11. Examples of the evidence the Administrator may require to inform its decision include the following:

(a) an independent medical examination with a physician of the Administrator's choice, to obtain opinion evidence on any medical issues which the Administrator believes will assist in making its decision;

(b) the medical and clinical records from any or all hospitalizations and treating physicians for the HCV Infected Person for such time frame as the Administrator considers relevant;

(c) the donation history, transmissible disease information, deferral codes or the results of any lookbacks pertaining to blood donated by the HCV Infected Person available from Canadian Blood Services and/or Hema-Quebec;

(d) an affidavit from the HCV Infected Person and a person who knew the HCV Infected Person at the time he/she used non-prescription intravenous drugs describing:

(i) whether the drug paraphernalia used was sterile;

(ii) whether the HCV Infected Person shared needles; and

(iii) the best estimate of the number of occasions and time period during which the HCV Infected Person used non-prescription intravenous drugs;

(e) a consent to conduct a criminal records search of HCV Infected Person; and

(f) an affidavit or interview of any person the Administrator believes may have knowledge about the non-prescription intravenous drug use or disease history of the HCV Infected Person.

RESULTS OF THE INVESTIGATIONS

12. Although none of these factors may prove conclusive in any individual case because the Administrator must consider the totality of the evidence, the following factors are examples of evidence that would be supportive of a finding that the person claimed to be an HCV Infected Person is eligible:

(a) identification of a Class Period Blood transfusion or Blood (Transfused) transfusion (under the applicable Plan) from an HCV antibody positive donor;

(b) the HCV Infected Person was under the age of 18 at the time of the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan)or the Class Period Blood transfusions or Blood (Transfused) transfusions (under the applicable Plan);

(c) reliable evidence establishes that the non-prescription intravenous drug use took place after July 1, 1990;

(d) an HCV disease history which is more consistent with the timing of:

(i) the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major);

(ii) the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for which an HCV antibody positive donor has been located or for which the status of the donor remains unknown; or

(iii) the alleged secondary infection;

than with the time of non-prescription intravenous drug use;

(e) reasonably reliable evidence that the non-prescription intravenous drug use history is subsequent to the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), or the date of Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily Infected Person, or the date of alleged secondary infection for the Secondarily-Infected Person;

(f) reasonably reliable evidence that the non-prescription intravenous drug use was limited to a single occasion and was done with sterile equipment which was not shared; and

(g) no medical history of unspecified Hepatitis, Hepatitis B or Non-A, Non-B Hepatitis prior to the date of the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily-Infected Person or the date of alleged secondary infection for the Secondarily-Infected Person.

13. Although none of these factors may prove conclusive in any individual case because the Administrator must consider the totality of the evidence, the following are examples of evidence that would not be supportive of a finding that the person claimed to be an HCV Infected Person is eligible:

(a) failure to identify a Class Period Blood transfusion or Blood (Transfused) transfusion (under the applicable Plan) for the Primarily-Infected Person from an HCV antibody positive donor;

(b) an HCV disease history which is more consistent with infection at the time of non-prescription intravenous drug use than with the timing of:

(i) the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major);

(ii) the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily-Infected Person for which an HCV antibody positive donor has been located or for which the status of the donor remains unknown; or

(iii) the alleged secondary infection;

(c) reasonably reliable evidence that the non-prescription intravenous drug use took place on more than one occasion or was done with non-sterile or shared equipment;

(d) a medical history of unspecified Hepatitis, Hepatitis B or Non-A Non-B Hepatitis prior to the date of the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), or the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily-Infected Person or the date of alleged secondary infection for the Secondarily-Infected Person;

(e) a refusal to permit the Administrator to interview any person the Administrator believes may have knowledge about the non-prescription intravenous drug use or disease history of the HCV Infected Person;

(f) a CBS or Hema-Quebec donor file which indicates that the HCV Infected Person:

(i) tested positive for the antibodies to Hepatitis B; or

(ii) had donated blood prior to the Class Period and the pre-Class Period blood donations or recipients of the pre-Class Period blood donations have subsequently tested positive for HCV antibodies; and

(g) the file is in any other way consistent with infection with HCV by non-prescription intravenous drug use prior to the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), or the Class Period Blood transfusion(s) or Blood (Transfused) transfusions for the Primarily-Infected Person, or the date of alleged secondary infection for the Secondarily-Infected Person.

APPENDIX A6

COURT APPROVED PROTOCOL

MEDICAL EVIDENCE

REVISED ◆, 2017

This protocol sets out the acceptable medical evidence for sections 4.01(1), 4.01(2), 4.01(5), 4.02(1)(b)(i) and 4.03(1)(b)(i) of Article 4 of the Transfused HCV Plan, section 4.01(1), 4.01(2), 4.02(1)(b)(i) and 4.03(1)(b)(i) of Article 4 of the, the Hemophiliac HCV Plan and sections 4.01(1), 4.01(2), 4.01(6)(Hemo) 4.02(1)(b)(i) and 4.03(1)(b)(i) of Article 4 of the HCV Late Claims Benefit Plan.

DISEASE LEVEL 1

1. To be entitled to the fixed payment provided for at section 4.01(1)(a) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person will have delivered to the Administrator the following:

   (a) a satisfactorily completed Treating Physician Form for the applicable Plan; and

   (b) a positive HCV Antibody Test in compliance with the SOP - Criteria for Acceptable HCV Antibody Test and PCR Test.

DISEASE LEVEL 2

2. To satisfy the medical evidence requirement at section 4.01(1)(b) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator the following:

   (a) a satisfactorily completed Treating Physician Form for the applicable Plan; and

   (b) a positive PCR Test in compliance with the SOP - Criteria for Acceptable HCV Antibody Test and PCR Test.

DISEASE LEVEL 3

3. To satisfy the medical evidence requirement at section 4.01(1)(c) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator a satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has either:

   (a) developed fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal areas but without any bridging to other portal tracts or to central veins ("non-bridging fibrosis") as confirmed by a copy of a pathology report of a liver biopsy or by a positive result on Fibroscan (Elastography);

   (b) undergone one of the following types of Compensable HCV Drug Therapy:

(i) interferon therapy;

(ii) combination interferon and ribavirin therapy;

(iii) treatment with interferon combined with a drug other than ribavirin;

(iv) treatment with ribavirin combined with a drug other than interferon;

(v) treatment with at least one direct-acting antiviral agent (DAA) approved by Health Canada in circumstances where the Treating Physician certifies that the HCV Infected Person suffered adverse side effects as a result of taking the DAA treatment; or

(c) met or meets the following protocol for Compensable HCV Drug Therapy:

(i) the HCV Infected Person is HCV RNA positive as confirmed by a copy of a PCR Test in compliance with the SOP-Criteria for Acceptance of HCV Antibody Test and PCR Test;

(ii) the HCV Infected person has medically demonstrated evidence of fibrotic changes to the liver as confirmed by a copy of a pathology report of a liver biopsy or by a positive result on Fibroscan (Elastography); or

(iii) the HCV Infected Person's ALTs were elevated 1.5 x normal for 3 months or more as confirmed by liver function test reports provided; and

(iv) the infection with HCV materially contributed to the elevated ALTs as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

DISEASE LEVEL 4, LOSS OF INCOME AND LOSS OF SERVICES IN THE HOME

4. To satisfy the medical evidence requirement at sections 4.01(2), 4.02(1)(b)(i) or 4.03(1)(b)(i) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator a satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has developed fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration ("bridging fibrosis") as confirmed by a copy of a pathology report of a liver biopsy.

DISEASE LEVEL 5

5. To satisfy the medical evidence requirement at section 4.01(1)(d) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator either:

(a) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person:

(i) has developed fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration ("cirrhosis") as confirmed by:

A. a pathology report of a liver biopsy;

B. a Fibroscan report (Elastography);

C. an Ultrasound report;

D. an MRI report;

E. a CT Scan report; or

(ii) in the absence of a liver biopsy, has been diagnosed with cirrhosis based on:

A. three or more months with:

(1) an increase in all gamma globulins with decreased albumin on serum electrophoresis as reported on a serum electrophoresis test provided;

(2) a significantly decreased platelet count as reported on laboratory reports provided; and

(3) an increased INR or prothrombin time as reported on laboratory reports provided;

(4) none of which are attributable to any cause other than cirrhosis; and

B. a finding of hepato-splenomegaly, supported by a copy of an ultrasound report, an MRI report or a CT scan report of an enlarged liver and spleen, and one or more of the following peripheral manifestations of liver disease, none of which are attributable to any cause other than cirrhosis:

(1) gynecomastia;

(2) testicular atrophy;

(3) spider angiomata;

(4) protein malnutrition;

(5) palm or nail changes characteristic of liver disease; or

C. one or more of the following, none of which are attributable to any cause other than cirrhosis:

(1) portal hypertension evidenced by:

a. an enlarged spleen which is inconsistent with portal vein thrombosis as confirmed by a copy of an ultrasound report; or

b. abnormal abdominal and chest wall veins as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;

(2) esophageal varices as reported on an endoscopic report provided;

(3) ascites as reported on an ultrasound report, an MRI report or a CT Scan report.

OR

(b) A satisfactorily completed Treating Physician Form for the Applicable Plan which indicates that the HCV Infected Person has been diagnosed with porphyria cutanea tarda:

(i) which failed to respond to one or more of the following treatments:

A. phlebotomy;

B. drug therapy - specifying the therapy;

C. Compensable HCV Drug Therapy; and

(ii) which is causing significant disfigurement and disability, a description of which is provided;

as confirmed by a 24 hour urine laboratory test report provided and a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the findings unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

OR

(c) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has thrombocytopenia unresponsive to therapy based on one or more of the following:

(i) a platelet count below 100×10^9 with:

A. purpura or other spontaneous bleeding; or

B. excessive bleeding following trauma;

as confirmed by a copy of a laboratory report and a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting either finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;

(ii) a platelet count below 30×10^9, as reported on a laboratory report provided.

OR

(d) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with glomerulonephritis not requiring dialysis which is consistent with infection with HCV and copies of the following:

(i) a pathology report of a kidney biopsy which reports a finding of glomerulonephritis; and

(ii) a consultation or other report of a nephrologist confirming that the HCV Infected Person has glomerulonephritis not requiring dialysis which is consistent with infection with HCV unless the Treating Physician is a nephrologist.

DISEASE LEVEL 6

6. To satisfy the medical evidence requirement at section 4.01(1)(e) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator either:

(a) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has had a liver transplant together as confirmed by a copy of an operative report of the transplant.

OR

(b) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has decompensation of the liver based on a finding of one or more of the following:

(i) hepatic encephalopathy as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;

(ii) bleeding esophageal varices as confirmed by a copy of an endoscopic report;

(iii) ascites as confirmed by a copy of an ultrasound report, MRI report or CT Scan;

(iv) subacute bacterial peritonitis as confirmed by a copy of a laboratory report showing a neutrophil count of greater than 150×10^9 per ml in the ascitic fluid and/or positive ascitic culture;

(v) protein malnutrition as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;

(vi) another condition a description of which is provided as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

OR

(c) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with hepatocellular cancer based on one or more of the following:

(i) a pathology report of a liver biopsy which reports hepatocellular cancer;

(ii) an alpha feto protein blood test report and a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;

(iii) a report of a CT scan or MRI scan of the liver confirming hepatocellular cancer.

OR

(d) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with B-Cell lymphoma as confirmed by a copy of a consultation or other report of an

oncologist or hematologist supporting the finding unless the Treating Physician is an oncologist or hematologist.

OR

(e) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with symptomatic mixed cryoglobulinemia and copies of:

(i) the results of a blood test demonstrating elevated cryoglobulins; and

(ii) a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

OR

(f) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with glomerulonephritis requiring dialysis which is consistent with infection with HCV and copies of the following:

(i) a pathology report of a kidney biopsy which reports a finding of glomerulonephritis; and

(ii) a consultation or other report of a nephrologist confirming that the HCV Infected Person has glomerulonephritis requiring dialysis which is consistent with infection with HCV unless the Treating Physician is a nephrologist.

OR

(g) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with renal failure and copies of:

(i) laboratory reports of serum creatinine and serum urea supporting the diagnosis; and

(ii) a consultation or other report of a nephrologist supporting the diagnosis unless the Treating Physician is a nephrologist.

Notes:

DISEASE LEVEL 3

[1]**Note**: The Administrator shall:

(a) accept the pathology report or Fibroscan report as evidence of non-bridging (or more severe) fibrosis if the pathology report or Fibroscan report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) non-bridging fibrosis;

(b) accept the pathology report or Fibroscan Report as evidence of non-bridging (or more severe) fibrosis although the pathology report or Fibroscan report is not reported in such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist, or internist; or

(c) seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.

DISEASE LEVEL 4

[2]**Note**: The Administrator shall:

(a) accept the pathology report as evidence of bridging (or more severe) fibrosis if the pathology report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) bridging fibrosis;

(b) accept the pathology report as evidence of bridging fibrosis although the pathology report is not reported in such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist or internist; or

(c) seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.

DISEASE LEVEL 5

[3]**Note**: The Administrator shall:

(a) accept the pathology report, Fibroscan report, CT Scan report, Ultrasound report or MRI report as evidence of cirrhosis if the applicable report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) cirrhosis;

(b) accept the pathology report, Fibroscan report, CT Scan report, Ultrasound or MRI report as evidence of cirrhosis although the pathology report is not reported in

such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist or internist; or

(c) seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.

DISEASE LEVEL 6

[4]**Note**: In the event that the Treating Physician specifies another condition at b(vi), the Administrator shall seek the advice of a gastroenterologist, hepatologist, infectious disease specialist or internist as to whether the diagnosis of decompensation of the liver would be generally accepted by the medical community in those circumstances.

APPENDIX A7

COURT APPROVED PROTOCOL
ALTERNATIVE TO BIOPSY MEDICAL EVIDENCE

REVISED: ◆, 2017

This protocol sets out the alternative medical evidence approved by the Courts under section 4.01(5) of the Transfused HCV Plan, section 4.01(5) of the Hemophiliac HCV Plan and sections 4.01(5)(Tran) and 4.01(5)(Hemo) of the HCV Late Claims Benefit Plan.

FOR THE PRIMARILY-INFECTED HEMOPHILIAC WHO IS AN APPROVED HCV INFECTED PERSON UNDER THE HEMOPHILIAC HCV PLAN OR THE PRIMARILY-INFECTED HEMOPHILIAC WHO IS AN APPROVED LATE CLAIM HCV INFECTED PERSON UNDER THE HCV LATE CLAIMS BENEFIT PLAN

1. Section 4.01(5) of the Hemophiliac HCV Plan and section 4.01(5)(Hemo) of the HCV Late Claims Benefit Plan permits Primarily-Infected Hemophiliacs who are Approved HCV Infected Persons or Approved Late Claim HCV Infected Persons to establish:

   (a) Disease Level 3 – Section 4.01 (1)(c)(i);

   (b) Disease Level 4 – Section 4.01(2);

   (c) Disease Level 5 – Section 4.01(1)(d)(i) or 4.01(1)(d)(v); and,

   (d) Disease Level 6 – Section 4.01(1)(e)(ii) or 4.01(i)(e)(v);

   without the necessity of a biopsy.

2. Paragraphs 3 and 4 of this protocol shall only be available to Primarily-Infected Hemophiliacs who are Approved HCV Infected Persons and Primarily-Infected Hemophiliacs who are Approved Late Claim HCV Infected Persons where the Treating Physician certifies to the Administrator:

   (a) that he or she is unable to assign the disease level he or she considers most appropriate for his or her patient due to the absence of a biopsy and the unavailability or inapplicability of the non-biopsy diagnostic methods set out the Medical Evidence Court Approved Protocol; and

   (b) that his or her patient does not have any of the other medical conditions applicable at the disease level for which qualification is sought.

3. To utilize this protocol in respect of the following disease levels of the Hemophiliac HCV Plan or the HCV Late Claims Benefit Plan, the Primarily-Infected Hemophiliac who is an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person must deliver the following for consideration by the Administrator:

   (a) FOR DISEASE LEVEL 3 - SECTION 4.01(1)(c)(i) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal area but without any bridging to other portal tracts or to central veins (i.e., non-bridging fibrous);

(b) FOR DISEASE LEVEL 4 – SECTION 4.01(2) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration (i.e., bridging fibrous);

(c) FOR DISEASE LEVEL 5 – SECTION 4.01(1)(d)(i) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration (i.e. cirrhosis);

(d) FOR DISEASE LEVEL5 - SECTION 4.01(1)(d)(v) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a kidney biopsy, the opinion of a gastroenterologist, hepatologist, internist, infectious disease specialist, nephrologist or hemophiliac treating physician based on non-invasive testing and

diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has developed glomerulonephritis not requiring dialysis which is consistent with infection with HCV;

(e) FOR DISEASE LEVEL 6 – SECTION 4.01(1)(e)(ii) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided that if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he/she has developed hepatocellular cancer;

(f) FOR DISEASE LEVEL 6 - SECTION 4.01(1)(e)(v) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a kidney biopsy, the opinion of a gastroenterologist, hepatologist, internist, infectious disease specialist, nephrologist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has developed glomerulonephritis requiring dialysis which is consistent with infection with HCV.

4. The Administrator may, if the Administrator deems it appropriate, obtain further medical opinions or require an independent medical examination in respect of the disease level of the Primarily-Infected Hemophiliac who is an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person seeking to qualify under this protocol.

5. This protocol will be periodically reviewed to determine if there is any change to the medical evidence which is generally accepted by the medical profession and amendments may be sought in the future in order that it keep pace with evolving medical science.

FOR AN APPROVED HCV INFECTED PERSON (NON-HEMOPHILIAC) OR AN APPROVED LATE CLAIM HCV INFECTED PERSON (NON-HEMOPHILIAC)

6. Section 4.01(5) of the Transfused HCV Plan permits an Approved HCV Infected Person and sections 4.01(5)(Tran) and 4.01(6)(Hemo) of the HCV Late Claims Benefits Plan permits Approved Late Claim HCV Infected Persons to establish:

(a) Disease Level 3 – Section 4.01 (1)(c)(i);

(b) Disease Level 4 – Section 4.01(2);

(c) Disease Level 5 – Section 4.01(1)(d)(i) or 4.01(1)(d)(v); and,

(d) Disease Level 6 – Section 4.01(1)(e)(ii) or 4.01(i)(e)(v);

by medical evidence that is generally accepted by the medical community and approved by the Courts.

7. Paragraphs 11 and 12 of this protocol shall only be available to Approved HCV Infected Persons and Approved HCV Late Claim HCV Infected Persons who have:

(a) provided evidence satisfactory to the Administrator that a biopsy is contraindicated in the circumstances of the medical condition of that Approved HCV Infected Person or Approved Late Claim HCV Infected Person; and

(b) provided evidence satisfactory to the Administrator that the non-biopsy diagnostic methods set out in the Medical Evidence Court Approved Protocol are not available or not applicable in the circumstances of the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person.

8. Satisfactory evidence may include the opinion of a qualified gastroenterologist, hepatologist, infectious disease specialist or internist, that a biopsy is contraindicated in the circumstances of the medical condition of such Approved HCV Infected Person or Approved Late Claim HCV Infected Person and stating reasons why the non-biopsy diagnostic methods set out in the Medical Evidence Court Approved Protocol are not available or not applicable in the circumstances of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person.

9. The Administrator may, if the Administrator deems it appropriate, obtain further medical opinions or require an independent medical examination as to whether a liver biopsy is contraindicated in respect of the medical condition of an Approved HCV Infected Person or Approved Late Claim HCV Infected Person.

10. Further, this protocol shall only be available to an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person where the treating physician certifies to the Administrator:

(a) that he or she is unable to assign the disease level he or she considers most appropriate for his or her patient due to the absence of a biopsy; and

(b) that his or her patient not have any of the other medical conditions applicable at the disease level for which qualification is sought.

11. To utilize this protocol in respect of the following disease levels of the Transfused HCV Plan and the HCV Late Claims Benefit Plan, the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person must deliver the following for the consideration by the Administrator:

(a) FOR DISEASE LEVEL 3 - SECTION 4.01(1)(c)(i) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, or internist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal area but without any bridging to other portal tracts or to central veins (i.e., non- bridging fibrous);

(b) FOR DISEASE LEVEL 4 – SECTION 4.01(2) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist or internist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration (i.e., bridging fibrous);

(c) FOR DISEASE LEVEL 5 – SECTION 4.01(1)(d)(i) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist or internist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration (i.e. cirrhosis);

(d) FOR DISEASE LEVEL 5 - SECTION 4.01(1)(d)(v) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a kidney biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or nephrologist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has developed glomerulonephritis not requiring dialysis which is consistent with infection with HCV;

(e) FOR DISEASE LEVEL 6 - SECTION 4.01(1)(e)(ii) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist or internist based on non-invasive testing and diagnosis, complete details of which are provided that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he/she has developed hepatocellular cancer;

(f) FOR DISEASE LEVEL 6 - SECTION 4.01(1)(e)(v) OF THE APPLICABLE PLAN

(i) a satisfactorily completed Treating Physician Form; and,

(ii) in the absence of a kidney biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist, or nephrologist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has developed glomerulonephritis requiring dialysis which is consistent with infection with HCV.

12. The Administrator may, if the Administrator deems it appropriate, obtain further medical opinions or require an independent medical examination in respect of the disease level of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person seeking to qualify under this protocol.

13. This protocol will be periodically reviewed to determine if there is any change to the medical evidence which is generally accepted by the medical profession and amendments may be sought in the future in order that it keep pace with evolving medical science.

APPENDIX A8

COURT APPROVED PROTOCOL

UNINSURED TREATMENT AND MEDICAL EXPENSES AND OUT-OF-POCKET EXPENSES

REVISED ◆, 2017

This protocol applies to sections 4.06 and 4.07 of the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan and to out-of- pocket expenses special distribution benefits provided for in the 2016 Allocation Orders.

GENERAL PROVISIONS

1. For the purpose of this protocol, Treating Physician means a medical doctor who is or was treating the Approved HCV Infected Person or Approved Late Claim HCV Infected Person in respect of his/her HCV infection or conditions due to his/her infection with HCV.

2. The restriction on processing claims for out-of-pocket expenses and uninsured treatment and medical expenses to circumstances where the claim totaled $250 or more or once per year contained in the previous version of this protocol is removed.

TREATMENT AND MEDICAL EXPENSES

3. In consultation with a physician(s) in one or more of the medical specialties listed on the Treating Physician Form("HCV Medical Specialist") the Administrator shall compile a list of medications and treatments which are recommended or prescribed for treatment of HCV and for conditions due to the infection with HCV which are generally accepted by the medical community (the "HCV Medication List"). This list shall be periodically updated at the Administrator's discretion.

4. The Administrator may accept a completed Compensation for Uninsured Treatment/Medication and Out-of-Pocket Expenses Form accompanied by receipts as proof of medical expenses incurred for any of the items on the HCV Medication List, except where:

   (a) the total claimed for medical expenses on any one application exceeds $500 (excluding the costs of Compensable HCV Drug Therapy);

   (b) the level of medical expenses claimed is inconsistent with the overall application or disease level (eg: a person who is at Level 1 and has a negative PCR test claiming for significant medical expenses) of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person ; or

(c) for any other reason, the Administrator requires the confirmation of the Treating Physician that the treatments or medications were prescribed or recommended as treatment or medication for the HCV infection or conditions due to the infection with HCV.

5. Where one of the exceptions described above applies, or where there are items for which a claim is made but no receipts are available, the Administrator shall require the Approved HCV Infected Person or Approved Late Claim HCV Infected Person to supply a form completed by a Treating Physician confirming that he or she prescribed or recommended the claimed items as treatment or medication for the Approved HCV Infected Person or Approved Late Claim HCV Infected Person for his or her HCV infection or conditions due to the infection with HCV.

6. Where reimbursement is claimed for items which are not on the HCV Medication List, the Administrator shall require the Approved HCV Infected Person or Approved Late Claim HCV Infected Person to supply a form completed by the Treating Physician confirming that he or she prescribed or recommended the treatment or medications for treatment of the Approved HCV Infected Person's or Approved Late Claim HCV Infected Person's HCV infection or conditions due to the infection with HCV. If the Treating Physician is an HCV Medical Specialist, the Treating Physician must confirm that the treatments or medications prescribed or recommended are generally accepted by the medical community for the treatment of HCV or conditions due to the infection with HCV. If the Treating Physician is not an HCV Medical Specialist, the Administrator shall consult an HCV Medical Specialist to determine whether the items are generally accepted by the medical community for the treatment of HCV or conditions due to the infection with HCV.

OUT-OF-POCKET EXPENSES

7. The Administrator may accept a completed Compensation for Uninsured Treatment/Medication and Out-of-Pocket Expenses Form accompanied by receipts (for those items which should be the subject of a receipt) as proof of out-of-pocket expenses due to HCV infection or conditions due to the infection with HCV, except where:

(a) the total claimed for out-of-pocket expenses on any one application exceeds $500;

(b) the level of expenses claimed is inconsistent with the overall application or disease level (eg: a person who lives in a major centre claiming travel costs to doctors' appointments or a person who is at Level 1 and has a negative PCR test claiming for frequent appointments with doctors) of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person; or

(c) for any other reason, the Administrator requires confirmation of the Treating Physician the expenses were incurred due to the HCV infection or conditions due to the infection with HCV.

8. Where one of the exceptions described above applies or where there are items claimed for which the claimant does not have receipts but should have a receipt, the Administrator shall:

   (a) require the Approved HCV Infected Person or Approved Late Claim HCV Infected Person to supply a form completed by the Treating Physician confirming that the Approved HCV Infected Person or Approved Late Claim HCV Infected Person had to incur the expense in order to seek medical advice or treatment for HCV or conditions due to the infection with HCV; and

   (b) in the event the item for which reimbursement claimed is such that it is not amenable to confirmation by the Treating Physician, require such additional evidence as the Administrator considers appropriate.

   (c)

9. For expenses which are covered by the Treasury Board of Canada Secretariat Travel Directive, the amounts stipulated in the Directive shall be the maximum amount reimbursed.

10. The Administrator shall pay a reasonable amount on account of fees to a Treating Physician for Forms completed on account of a claim for compensation. In assessing a reasonable amount for fees, the Administrator shall have regard to the BCMA position on reasonable fees as stipulated in the letter from the BCMA dated June 15, 2000, after indexing to present day dollars.

APPENDIX A9

COURT APPROVED PROTOCOL

CLAIMS OR LATE CLAIMS INVOLVING FAMILY MEMBERS AND/OR DEPENDANTS

REVISED ◆, 2017

This protocol sets out the documentation required and the processes for allocating payments for Claims or Late Claims under the applicable sections 5.01(2), 6.01 and 6.02 of the Transfused HCV Plan, sections 5.01(2), 5.01(4), 6.01 and 6.02 of the Hemophiliac HCV Plan, sections 5.01(2), 5.01(4)(Hemo), 6.01 and 6.02 of the HCV Late Claims Benefit Plan and applicable special distribution benefits pursuant to the 2016 Allocation Orders.

DOCUMENTATION FOR CLAIMS / LATE CLAIMS MADE BY FAMILY MEMBERS AND/OR DEPENDANTS

1. In addition to any other forms or documentation the Administrator may require, where a claim or Late Claim is made pursuant to section 5.01(2) or 6.01 of the Transfused HCV Plan, section 5.01(2), 5.01(4) or 6.01 of the Hemophiliac HCV Plan and section 5.01(2), 5.01(4)(Hemo) or 6.01 of the HCV Late Claims Benefit Plan, the Administrator shall obtain the following prior to allocating or paying the compensation provided for under the applicable section of the applicable Plan:

   (a) a declaration signed by each Family Member and/or each Dependant (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative):

      (i) providing the name, address and birth date of every living Family Member and/or Dependant who is:

         A. a Spouse, Child, Parent, Sibling, Grandparent or Grandchild of a deceased HCV Infected Person; and

         B. a former spouse of the deceased HCV Infected Person to whom the HCV Infected Person was providing support or was under a legal obligation to provide support on the date of the HCV Infected Person's death;

      (ii) stating that the declarant does not know of any such Family Member and/or Dependant other than those listed; and

      (iii) identifying each listed Family Member and/or Dependant who is a minor or a mentally incompetent adult, and providing a copy of any guardianship or committee order in respect of such person;

(b) where a Dependant is a minor or a mentally incompetent adult, a completed Loss of Income/Support or Loss of Services Claim Form; and

(c) any further information the Administrator may require pursuant to section 3.04(6) of the Hemophiliac HCV Plan, 3.05(6) of the Transfused HCV Plan or section 3.05(6) of the HCV Late Claims Benefit Plan, such as a family budget.

2. Where a Claim or Late Claim made for loss of support pursuant to section 6.01 of the applicable Plan includes a Dependant who is a Child under the age of 25, loss of support will be presumed to continue until his or her 25th birthday unless the Child provides evidence satisfactory to the Administrator that some other period of loss is appropriate.

DEATH PRIOR TO JANUARY 1, 1999 AND NO FIXED PAYMENT ELECTION

3. Unless the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependants (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased HCV Infected Person having claims under the applicable Plan agree to elect the fixed payment pursuant to section 5.01(2) of the applicable Plan, or section 5.01(4) of the Hemophiliac HCV Plan, or section 5.01(4)(Hemo) of the HCV Late Claims Benefit Plan, the Administrator shall allocate and pay compensation to each Approved Family Member in accordance with section 6.02 of the applicable Plan, subject to section 7.06 of the applicable Plan.

4. Unless the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependants (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased HCV Infected Person having claims under the applicable Plan agree to elect the fixed payment pursuant to section 5.01(2) of the applicable Plan, or section 5.01(4) of the Hemophiliac HCV Plan, or section 5.01(4)(Hemo) of the HCV Late Claims Benefit Plan, the Administrator shall:

(a) allocate loss of support claimed pursuant to section 6.01 of the applicable Plan as follows:

(i) one-third to common expenses and two-thirds to exclusive expenses;

(ii) an equal share of common expenses to each Approved Dependant or Approved Late Claim Dependant, examples of which are set out on a percentage basis in the following chart:

Allocation of Common Expenses as a Percentage of the Loss of Support				
adult / minor	0	1	2	3
0	0 0	33.33 0	16.66 0	11.11 0
1	0 33.33	16.66 16.66	11.11 11.11	8.33 8.33
2	0 16.66	11.11 11.11	8.33 8.33	6.66 6.66
3	0 11.11	8.33 8.33	6.66 6.66	5.55 5.55

(iii) a share of exclusive expenses to each Approved Dependant or Approved Late Claim Dependant calculated in accordance with the equations provided in subparagraph 3(a)(iv) below, with the result that exclusive expenses for an Approved Dependant or Approved Late Claim Dependant who is an adult shall be 1.5 times the exclusive expenses for an Approved Dependant or Appoved Late Claim Dependant who is a minor, examples of which are set out on a percentage basis in the following chart:

Allocation of Exclusive Expenses as a Percentage of the Loss of Support				
adult / minor	0	1	2	3
0	0 0	66.66 0	33.33 0	22.22 0
1	0 66.66	40 26.66	25 16.66	18.18 12.12
2	0 33.33	28.57 19.04	20 13.33	14.8 10
3	0 22.22	22.22 14.8	16.66 11.11	13.33 8.88

(iv) the following equations shall be used to calculate the allocation of exclusive expenses:

S = loss of support
A = the share of exclusive expenses for each adult who is an Approved Dependant or Approved Late Claim

Dependant

M = the share of exclusive expenses for each minor who is an Approved Dependant or Approved Late Claim Dependant

n_a = number of adults who are Approved Dependants or Approved Late Claim Dependants

n_m = number of minors who are Approved Dependants or Approved Late Claim Dependants

$M = \frac{4S}{3(3n_a + 2n_m)}$ $A = \frac{2S}{(3n_a + 2n_m)}$

(v) if an Approved Dependant or Approved Late Claim Dependant does not agree with the Administrator's allocation of the loss of support, he or she must file a Request for Review in accordance with the Protocol Rules for References and Arbitrations. Fund Counsel shall provide a copy of any Request for Review to the appropriate Public Guardian and Trustee and/or Children's Lawyer, if Applicable. Thereafter the Administrator shall allocate loss of support as directed by the Referee, Arbitrator or Court once the award, report or order is final;

(b) where no review of the allocation of loss of support is taken or following a review of the allocation of loss of support once the award, report or order concerning allocation of loss of support is final, the Administrator shall pay loss of support in accordance with the allocation as follows:

(i) for each Approved Dependant or Approved Late Claim Dependant who is a mentally incompetent adult, his or her share of the common expenses and the exclusive expenses to the Personal Representative legally appointed to manage his or her financial affairs, subject to subparagraph 3(b)(viii) below;

(ii) to each Approved Dependant or Approved Late Claim Dependant who is a mentally competent adult, his or her share of the exclusive expenses;

(iii) to each Approved Dependant or Approved Late Claim Dependant who is a mentally competent adult and who does not reside in the same household with Approved Dependants who are minors, his or her share of the common expenses;

(iv) subject to subparagraphs 3(b)(vi) and 3(b)(vii) below, for those Approved Dependants or Approved Late Claim Dependants who are mentally competent adults who reside in the same household as Approved Dependants or Approved Late Claim Dependants who are minors, the adult's share of the common expenses and the minor's share of the common expenses and the exclusive expenses, to the adult member of the household who provides an undertaking to the Administrator that:

A. the common expenses will be used for the benefit of all Approved Dependants or Approved Late Claim Dependants resident in the household;

B. the exclusive expenses for each Approved Dependant or Approved Late Claim Dependant who is a minor in the household will be used for his or her direct benefit; and

(v) the Administrator will be notified if there is a material change of circumstances in the household, such as the departure of an Approved Dependant or Approved Late Claim Dependant from the household;

(vi) subject to subparagraphs 3(b)(vi) and 3(b)(vii) below, for those Approved Dependants or Approved Late Claim Dependants who are minors who do not reside in the same household with an Approved Dependant or Approved Late Claim Dependants who is a mentally competent adult, each minor's share of the common expenses and the exclusive expenses to the person with care and control of the minor on that person's undertaking to the Administrator that:

A. the monies will be used for the benefit of the minor; and

B. the Administrator will be notified if there is a material change of circumstances in the household, such as the departure of the minor from the household;

(vii) if at any time the Administrator has a concern that the undertaking in subparagraph 3(b)(iv) or 3(b)(v) above is not being complied with or that the circumstances in the household have changed so that payment to the adult member of the household or the adult with care and control of the minor who provided the undertaking is no longer reasonable, the Administrator shall reassess and recalculate the allocation of compensation if necessary and/or adjust payment of the compensation for loss of support accordingly, and in so doing shall in its discretion, direct or redirect payments to any person, who in the Administrator's opinion is best qualified to administer the payment on behalf of an Approved Dependant or Approved Late Claim Dependant who is a minor including, if appropriate, the Public Guardian and Trustee or the Children's Lawyer; and

(viii) notwithstanding the provisions of subparagraph 3(b)(iv) or 3(b)(v) above, the Administrator retains the discretion to pay the common expenses and the exclusive expenses for an Approved Dependant or Approved Late Claim Dependant who is a minor to the person who in the Administrator's opinion is best qualified to administer the payment on behalf of the Approved Dependant or Approved Late Claim Dependant who is a minor

including, if appropriate, the Public Guardian and Trustee or the Children's Lawyer; and

(ix) if at any time the Administrator has a concern that the share of the common expenses and/or the exclusive expenses of the Approved Dependant or Approved Late Claim Dependant who is a mentally incompetent adult are not being used for his or her benefit, the Administrator shall withhold those payments and notify the appropriate Public Guardian and Trustee through Fund Counsel. The Administrator shall recommence making payments in the manner and at the time directed by the appropriate Public Guardian and Trustee or by order of the Court.

DEATH PRIOR TO JANUARY 1, 1999 AND ELECTION MADE PURSUANT TO SECTION 5.01(2) OF THE APPLICABLE PLAN

5. If the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependants (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased HCV-Infected Person having claims under the applicable Plan agree to elect the fixed payment pursuant to section 5.01(2) of the applicable Plan in full satisfaction of all their Claims or Late Claims (including all potential Claims or Late Claims pursuant to Article Six of the applicable Plan), the Administrator shall:

(a) accept an election pursuant to section 5.01(2) of the applicable Plan, provided that any Family Member who is a minor or a mentally incompetent adult is not also a Dependant and that the sum of all of the amounts which would have been payable had Claims been made pursuant to Section 6.02 of the Plan is less than 7/12ths of the applicable fixed payment amount, and allocate and pay the compensation, subject to section 7.06 of the applicable Plan, as follows:

(i) 5/12ths of the fixed payment to the Approved HCV Personal Representative on behalf of the estate of the HCV Infected Person who has died;

(ii) to each Family Member, the amount to which he or she would have been entitled pursuant to section 6.02 of the applicable Plan, and such payments shall be a first charge against 7/12ths of the fixed payment; and

(iii) where the Family Members who received amounts under subparagraph 4(a)(ii) above comprise the entire group of Family Members and Dependants, the remainder of 7/12ths of the fixed payment to each Family Member on a pro rata basis, calculated in accordance with the equation provided in subparagraph 4(a)(v) below; or

(iv) where there is one or more Dependant who would not have been entitled to a payment under Section 6.02 of the applicable Plan, the remainder of the 7/12ths of the fixed payment to each Dependant and/or Family Member as they shall all agree, provided that no Family Member who is a

minor or a mentally incompetent adult shall receive less than his or her pro rata share of the remainder of the 7/12ths of the fixed payment , calculated in accordance with the equation provided in subparagraph 4(a)(v) below; and

(v) the following equation shall be used to calculate the allocation of the remainder of the 7/12ths fixed payment to each Family Member where required by subparagraph 4(a)(iii) above or to each Family Member who is a minor or a mentally incompetent adult where required by subparagraph 4(a)(iv) above:

FMP_1, FMP_2, etc.	=	the amount an individual Family Member would have been entitled to if claiming the preset Family Member payment pursuant to section 6.02 of the applicable Plan
PRS_1, PRS_2, etc.	=	an individual Family Member's pro rata share of the remainder of the 7/12ths of the fixed payment
T	=	$FMP_1 + FMP_2$ + etc.
PRS_1	=	(FMP_1/T x 7/12ths of the fixed payment) – FMP_1
PRS_2, etc.	=	(FMP_2/T x 7/12ths of the fixed payment) – FMP_2

(b) if one or more of the Dependants is a minor and/or a mentally incompetent adult and the sum of all of the amounts which would have been payable had Claims or Late Claims been made pursuant to section 6.02 of the applicable Plan is less than 7/12ths of the fixed payment , apply to the Court for directions through Fund Counsel with notice to the Approved HCV Personal Representative, or Approved Late Claim HCV Personal Representative, Family Members and/or Dependants and the appropriate Public Guardian and Trustee and/or Children's Lawyer and thereafter allocate and pay the compensation as directed by the Court once its order is final; or

(c) reject the election pursuant to section 5.01(2) of the applicable Plan, if the sum of all of the amounts which would be payable pursuant to section 6.02 of that Plan is equal to or greater than 7/12ths of the fixed payment, and allocate and pay compensation pursuant to section 5.01(1), 6.01 and/or 6.02 of that Plan, as applicable in accordance with the provisions of this Protocol.

DEATH PRIOR TO JANUARY 1, 1999 AND ELECTION MADE UNDER SECTION 5.01(4) OF THE HEMOPHILIAC HCV PLAN OR SECTION 5.01(4)(HEMO) OF THE HCV LATE CLAIMS BENEFIT PLAN

6. If the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependants (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV having Claims or Late Claims under the applicable Plan agree to claim the fixed payment pursuant to section 5.01(4) of the Hemophiliac HCV Plan or section 5.01(4)(Hemo) of the HCV Late Claims Benefit Plan in full satisfaction of all their Claims or Late Claims (including all potential Claims or Late Claims pursuant to Article 6 of the applicable Plan), the Administrator shall:

   (a) provided that no Dependant is a minor and/or a mentally incompetent adult, allocate and pay the compensation, subject to section 7.06 of the applicable Plan, as follows:

      (i) to each Family Member (who may or may not also be an Dependant), his or her pro rata share calculated in accordance with the equation provided in subparagraph 5(a)(iv) below, using as his or her FMP for the calculation the amount he or she would have been paid if he or she had a claim pursuant to section 6.02 of the applicable Plan;

      (ii) to each Dependant who would not have been entitled to a payment under section 6.02, his or her pro rata share calculated in accordance with the equation provided in subparagraph 5(a)(iv) below, using as his or her FMP for the calculation a deemed amount equivalent to what an Family Member under the age of 21 would be paid pursuant to section 6.02 of that Plan; and

      (iii) to the Approved HCV Personal Representative or Approved Late Claim Personal Representative on behalf of the estate of the Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV who has died, a pro rata share calculated in accordance with the equation provided in subparagraph 5(a)(iv) below, using as its FMP for the calculation a deemed amount of $50,000;

      (iv) the following equation shall be used to calculate each pro rata share of the fixed payment compensation:

FMP_1, FMP_2, etc.	=	the amount directed in subparagraph 5(a)(i), (ii) or (iii) above to be used in the equation in respect of each Family Member, Dependant or the Approved HCV Personal Representative
T	=	$FMP_1 + FMP_2$ + etc.
PRS_1, PRS_2, etc.	=	the pro rata share of each Family Member, Dependant or the Approved HCV Personal Representative
PRS_1,	=	(FMP_1/T) x the fixed payment
PRS_2, etc.	=	(FMP_2/T) x the fixed payment

(b) if one or more of the Dependants is a minor and/or a mentally incompetent adult, apply to the Court for directions through Fund Counsel with notice to the Approved HCV Personal Representative, Approved Late Claim Personal Represenative, Family Members and/or Dependants and the appropriate Public Guardian and Trustee and/or Children's Lawyer and thereafter allocate and pay the compensation as directed by the Court once its order is final.

DEATH ON OR AFTER JANUARY 1, 1999 - SECTION 6.02 OF THE TRANSFUSED HCV PLAN, THE HEMOPHILIAC HCV PLAN AND THE HCV LATE CLAIMS BENEFIT PLAN

7. If no fixed payment has been or will be made under section 4.08(2) of the Hemophiliac HCV Plan or section 4.08(2)(Hemo) of the HCV Late Claims Benefit Plan, or where an election under the applicable section has been reversed by re-election[1] and the fixed payment has been accounted for against benefits payable to the Approved Primarily-Infected Hemophiliac who has since died the Administrator shall allocate and pay compensation to each Approved Family Member in accordance with section 6.02 of the applicable Plan, subject to section 7.06 of the applicable Plan.

DEATH ON OR AFTER JANUARY 1, 1999 - SECTION 6.01(1) OF THE TRANSFUSED HCV PLAN, THE HEMOPHILIAC HCV PLAN AND THE HCV LATE CLAIMS BENEFIT PLAN

8. If no fixed payment has been or will be made under section 4.08(2) of the Hemophiliac HCV Plan or section 4.08(2)(Hemo) of the HCV Late Claims Benefit Plan, or where an election under the applicable section has been reversed by re-election[2] and the fixed payment has been accounted for against benefits payable to the Approved Primarily-

[1] This proposed amendment corresponds with the Joint Committee's proposal to allow class members to reverse an election made pursuant to s.4.08 of the Hemophiliac HCV Plan or s.4.08(Hemo) of the HCV Late Claims Benefit Plan. If the courts do not make an order permitting such re-elections, than this proposed amendment is moot.

[2] This proposed amendment corresponds with the Joint Committee's proposal to allow class members to reverse an election made pursuant to s.4.08 of the Hemophiliac HCV Plan or s.4.08(Hemo) of the HCV Late Claims Benefit Plan. If the courts do not make an order permitting such re-elections, than this proposed amendment is moot.

Infected Hemophiliac who has since died, the Administrator shall allocate and pay loss of support to each Approved Dependant in accordance with section 6.01(1) of the applicable Plan in the same manner as provided in paragraph 3 above.

NOTES APPLICABLE TO SOME OF THE PROVISIONS OF THIS PROTOCOL

9. Compensation payments for loss of services in the home in accordance with section 6.01(2) of the applicable Plan shall be allocated and paid in the same manner as provided for loss of support under this protocol, subject to the provision in section 6.01(2) that such compensation shall only be allocated and paid to Approved Dependants or Approved Late Claim Dependants living with the HCV Infected Person at the time of the HCV Infected Person's death.

10. All compensation payable under sections 5.01(2), 6.01 and/or 6.02 of any Plan is subject to the restrictions in section 5.01(3), 5.02(2) or 6.02 of the applicable Plan where the deceased HCV Infected Person is also a HIV Secondarily-Infected Person.

11. The amounts referred to in this protocol are subject to the indexing provisions of section 7.02 of the applicable Plan and/or the 2016 Allocation Orders (the August 2016 judgments or orders of the Courts directing the establishment of a discrete Late Claims Benefit Plan and establishing the HCV Special Distribution Benefits).

12. An amount not to exceed $5,000 to reimburse uninsured funeral expenses may be payable to the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative on behalf of the estate of the HCV Infected Person who has died, pursuant to section 5.01(2) of the Transfused HCV Plan or the Hemophiliac HCV Plan. An amount not to exceed $6,728.67 to reimburse uninsured funeral expenses may be payable to the Approved Late Claim HCV Personal Representative on behalf of the estate of the HCV Infected Person who has died, pursuant to section 5.01(2) of the HCV Late Claims Benefit Plan.

APPENDIX A10

COURT APPROVED PROTOCOL

LOSS OF THE SERVICES IN THE HOME

This protocol applies to sections 4.03 and 6.01(2) of the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan and the loss of services special distribution benefits payments made pursuant to the 2016 Allocation Orders.

GENERAL ELIGIBILITY CRITERIA

1. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person at Disease Level 3 or higher who normally performed household duties in his or her home and who delivers proof satisfactory to the Administrator that his or her infection caused his or her inability to perform these household duties shall be eligible for compensation for loss of services in the home.

2. The Approved Dependants or Approved Late Claim Dependants of a deceased Approved HCV Infected Person or a deceased Approved Late Claim HCV Infected Person, who were ordinarily resident with him or her at the time of his or her death, shall be eligible for compensation for loss of the deceased's services in the home

3. The maximum number of hours per week that may be compensated for loss of services in the home is 22. The Transfused HCV Plan and the Hemophiliac HCV Plan provide for a maximum recovery of 20 hours per week of loss of services in the home and the special distribution benefits under the 2016 Allocation Orders provide for a maximum recovery of 2 additional hours. The HCV Late Claims Benefit Plan provides for a maximum recovery of 22 hours per week of loss of services in the home. .

4. Although the hourly rate payable in respect of loss of services in the home is expressed at $12 per hour (1999 dollars) under the Transfused HCV Plan and the Hemophiliac HCV Plan and as $16.15 per hour (2014 dollars) for the special distribution benefits under the 2016 Allocation Orders and the HCV Late Claims Benefit Plan, in all cases the hourly rate payable is indexed to the dollar value at the time the payment is actually made.

5. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person may not recover both loss of income and loss of services in the home compensation for the same period of time. Similarly, Approved Dependants or Approved Late Claim Dependants may not recover both loss of support and loss of services in the home for the same period of time.

6. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person may recover loss of services in the home while continuing to work or in lieu of loss of income if it is financially advantageous and he/she satisfies the other eligibility criteria.

7. A claim for loss of income will cease at the end of the calendar year that an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person reaches age 65. At that time he or she may commence receiving compensation for loss of services in the home, if he or she satisfies the other eligibility criteria. Similarly, a claim for loss of support will cease at the end of the calendar year that the deceased Approved HCV Infected Person or Approved Late Claim HCV Infected Person would have reached age 65. Approved Dependants or Approved Late Claim Dependants may commence receiving compensation for loss of services in the home subsequent to the end of the calendar year of death, if the other eligibility and entitlement criteria are satisfied.

8. Approved HCV Infected Persons and Approved Late Claim HCV Infected Persons aged 12 years and older may recover compensation for loss of services in the home if they satisfy the other eligibility criteria.

ENTITLEMENT OF LIVING APPROVED HCV INFECTED PERSONS OR APPROVED LATE CLAIM HCV INFECTED PERSONS

9. Compensation for past loss of services in the home is payable to an eligible living Approved HCV Infected Person or Approved Late Claim HCV Infected Person, back to the date of his or her HCV disability.

10. Compensation for loss of services in the home is payable to an eligible living Approved HCV Infected Person or Approved Late Claim HCV Infected Person until the date of his or her death (subject to any change as a result of a re-evaluation of the person's medical condition).

CALCULATION OF PAYMENT FOR LIVING APPROVED HCV INFECTED PERSONS OR APPROVED LATE CLAIM HCV INFECTED PERSONS

11. The Treating Physician Form and Loss of Services in the Home – Master Form will provide the Administrator with a percentage disability estimate by the physician together with the number of hours the eligible Approved HCV Infected Person or Approved Late Claim HCV Infected Person states he or she can no longer perform services in the home. Entitlement to loss of services, subject to the provisions of this paragraph and paragraphs 12, 13 and 14 below, will be calculated in accordance with the following:

    (a) if the physician indicates that the Approved HCV Infected Person or Approved Late Claim HCV Infected Person is 60% or more disabled, then the Approved HCV Infected Person or Approved Late Claim HCV Infected Person will be entitled to the number of hours of work in the home which he or she is no longer able to do up to a maximum of 22 hours per week multiplied by the applicable hourly rate indexed to the dollar value at the time the payment is made;

    (b) if the physician indicates that the Approved HCV Infected Person or Approved Late Claim HCV Infected Person is 30% or more disabled but less than 60% disabled, then the Approved HCV Infected Person or Approved Late Claim HCV Infected Person will be entitled to the number of hours of work in the home which he or she is no longer able to do up to a maximum of 11 hours per week

multiplied by the applicable hourly rate indexed to the dollar value at the time the payment is made;

(c) if the physician indicates that the Approved HCV Infected Person or an Approved Late Claim HCV Infected Person is less than 30% disabled, then the person will be entitled to the number of hours of work in the home which he or she is no longer able to do up to a maximum of 5.5 hours per week multiplied by the applicable hourly rate indexed to the dollar value at the time the payment is made.

12. An Approved HCV Infected Person or Approved Late Claim HCV Infected Person who qualifies at Disease Level 6 will be presumed to be entitled to the maximum weekly number of hours for loss of services in the home unless the information on Loss of Services in the Home – Master Form indicates less than 22 hours of services per week have been lost.

13. The payments set out in paragraph 11 are presumptive only. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person may provide information, satisfactory to the Administrator, that because of his or her personal circumstances he or she should be entitled to a payment greater than the payment calculated under paragraph 11, up to the maximum number of hours per week for loss of services in the home.

14. The Administrator may periodically reassess the entitlement of an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person to compensation for loss of services in the home and, in particular, may each year ask for an updated Loss of Services in the Home – Master Form and Treating Physician Form.

ENTITLEMENT OF DEPENDANTS AND LATE CLAIM DEPENDANTS OF DECEASED HCV INFECTED PERSONS

15. Where the eligible deceased HCV Infected Person died after January 1, 1999, past loss of services in the home will be payable back to the date of his or her HCV disability to the extent loss of services in the home or loss of income was not already paid to the Approved HCV Infected Person or Approved Late Claim HCV Infected Person for the same time period prior to his or her death. Any amount owing for loss of services in the home up to the date of death will be payable to the deceased's Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative. Any amount owing for loss of services in the home after the date of death will be payable to the Approved Dependants or Approved Late Claim Dependants.

16. Where the eligible deceased HCV Infected Person died before January 1, 1999, past loss of services in the home will be payable back to the date of death to the HCV Infected Person's Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative. Any amount owing for loss of services in the home incurred after the date of death will be payable to the Approved Dependants or Approved Late Claim Dependants

17. The Administrator will use the most current Canada Life Tables to calculate a notional life expectancy of the deceased HCV Infected Person without reduction for any pre-

existing ailment or illness (including HCV) to determine the maximum period loss of services in the home may be payable.

18. Loss of services in the home will be paid to Approved Dependants or Approved Late Claim Dependants for the calculated life expectancy of the deceased HCV Infected Person[1], so long as the Spouse who is an Approved Dependant or Approved Late Claim Dependant remains alive or there is a Child who is an Approved Dependant or Approved Late Claim Dependant who continues to qualify for payments. Loss of services in the home payments will cease upon the death of the Spouse who is an Approved Dependant or Approved Late Claim Dependant unless there is a Child who continues to qualify for payments as an Approved Dependant or an Approved Late Claim Dependant.

19. Where the Approved Dependant or Approved Late Claim Dependant claiming is a Child, the loss of services in the home will be presumed to continue until his or her 25th birthday unless the Child provides evidence satisfactory to the Administrator that some other period of loss is appropriate.

20. Approved Dependants or Approved Late Claim Dependants claiming loss of services in the home will be advised at the time of the processing of the claim the maximum period that loss of services in the home could be paid in the circumstances of their cases.

CALCULATION OF PAYMENT FOR APPROVED DEPENDANTS OR APPROVED LATE CLAIM DEPENDANTS

21. Approved Dependants or Approved Late Claim Dependants who qualify to receive loss of services will be presumed to be entitled collectively to receive the maximum number of hours per week for loss of services in the home unless the information on the most recent Loss of Services in the Home – Master Form and Treating Physician Form indicates less than 22 hours per week of the deceased's services in the home have been lost.

ALLOCATIONS AND PAYMENTS FOR APPROVED DEPENDANTS OR APPROVED LATE CLAIM DEPENDANTS

22. Where one or more Approved Dependant or Approved Late Claim Dependant is a Child who is still a minor or is a mentally incompetent adult, both the allocation of the loss of services payments and their payment is governed by the provisions of the Court Approved Protocol – Claims or Late Claims Involving Family Members and/or Dependants..

[1] Subject to the approval by the Courts, if forthcoming, of the Joint Committee's proposal that alive permanently disabled Approved Dependants of a deceased HCV Infected Person, who receive compensation for loss of services in the home, receive compensation for loss of services for their lifetime.

APPENDIX A12

COURT APPROVED PROTOCOL

PAYMENT TO APPROVED CLASS MEMBERS AND APPROVED LATE CLAIM CLASS MEMBERS

REVISED ◆, 2017

This protocol applies to payments to Approved Class Members and Approved Late Claim Class Members under the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plans (the "Plans").

REQUESTS FOR BANKING INFORMATION

1. In order to limit expense and expedite payments, all Approved Class Members and Approved Late Claim Class Members will be requested and encouraged to provide banking information to the Administrator to facilitate direct deposit of the payments.

DELIVERY OF PAYMENT(S)

2. Subject to paragraph 3 of this protocol, while the Administrator will communicate with whomever is specified by the Approved Class Member or Approved Late Claim Class Member, the Administrator will only deliver the payment(s) to the Approved Class Member or Approved Late Claim Class Member, either by way of direct deposit into the bank account of the Approved Class Member of Approved Late Claim Class Member where such banking information is provided, or to the attention of the Approved Class Member or Approved Late Claim Class Member at his or her home address.

PAYMENTS WHERE SECTION 7.06 OF THE APPLICABLE PLAN APPLIES

3. Where section 7.06 of the applicable Plan applies, the Administrator shall deliver the payment(s) to the Public Trustee or Public Curator or such other person as the law provides.

APPENDIX A11

COURT APPROVED PROTOCOL

DEFICIENT CLAIMS/LATE CLAIMS, CLAIMANTS THAT CANNOT BE LOCATED AND DUPLICATE CLAIMS / LATE CLAIMS

REVISED ◆ 2017

This protocol applies to Claims made under the Transfused HCV Plan, the Hemophiliac HCV Plan and Late Claims made under the HCV Late Claims Benefit Plan.

DEFICIENT CLAIMS/LATE CLAIMS

1. The Administrator shall make all reasonable efforts to assist claimants in resolving deficiencies.

2. In the circumstances where:

   (a) the Administrator concludes that it has taken all reasonable steps to assist the claimant in resolving deficiencies;

   (b) six months have passed since the last step was taken by the Administrator or the claimant without those deficiencies being cured;

   (c) the Administrator is not aware of further steps actively being pursued by the claimant which could reasonably cure the deficiencies; and

   (d) the Administrator has insufficient information or documentation to either approve or deny the Claim or Late Claim,

   the Administrator shall send the claimant a "Notice of Pending Deficiency Denial Letter" in substantially the form attached as Appendix "A".

3. The Notice of Pending Deficiency Denial Letter shall:

   (a) set out the deficiencies with the Claim or Late Claim;

   (b) provide the claimant a deadline of 90 days from the date of the Notice of Pending Deficiency Denial Letter to cure all of the deficiencies (the "Deficiency Deadline"), unless 90 days from the date of the Notice of Pending Deficiency Denial Letter falls on a date that is not a Business Day (as defined in the Settlement Agreement), in which case the Deficiency Deadline will be stipulated as the next succeeding Business Day;

   (c) inform the claimant of his or her ability to request an extension of the Deficiency Deadline; and

(d) inform the claimant that if the deficiencies are not cured or the claimant does not request an extension by the Deficiency Deadline, the Claim or Late Claim will be denied.

4. Where a claimant wishes to request an extension of the Deficiency Deadline, he or she will be required to submit to the Administrator a "Request Form – Deficiency Deadline Extension", attached as Appendix "B", which will require the claimant to set out:

(a) the steps already taken to cure the deficiencies;

(b) the reasons why the deficiency have not been cured to date; and

(c) the new steps the claimant proposes to take to cure the deficiencies and how long these steps will take.

5. The "Request Form – Deficiency Deadline Extension" will be provided by the Administrator to claimants upon request and will also be made available on the Administrator's website.

6. Upon receipt of a Request Form, the Administrator shall forthwith review it and determine if the Request Form sets out a plan that could reasonably cure the deficiencies. If so, the Administrator shall grant the extension, which shall not exceed 6 months from the date the Request Form is submitted. The Administrator shall communicate the length of the extension and the terms on which it is granted by sending the claimant a "Notice of Extension of Deficiency Deadline" substantially in the form attached as Appendix "C".

7. If, upon reviewing a Request Form, the Administrator determines that it does not set out a plan that could reasonably cure the deficiencies, the Administrator will deny the Claim or Late Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "D".

8. If the claimant has not cured all of the deficiencies or submitted a Request Form on or before the Deficiency Deadline, the Administrator shall deny the Claim or Late Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "E".

9. If a claimant has obtained an extension of the Deficiency Deadline but has failed to cure all of the deficiencies on or before the extended Deficiency Deadline, the Administrator shall deny the Claim or Late Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "F".

CLAIMANTS THAT CANNOT BE LOCATED

10. Where the Administrator is in receipt of a Claim or Late Claim, but mail sent to the said claimant has been returned as "undeliverable" and the claimant has not provided the Administrator with updated contact information, then the Administrator will:

(a) make reasonable efforts to locate the claimant through Internet searches or other available means, and

(b) where possible, contact the claimant's physician to locate the claimant.

11. Where the Administrator is unable to obtain updated contact information for the claimant after completing the steps in 10(a) and 10(b), the Administrator shall process the Claim or Late Claim as having been denied.

DUPLICATE CLAIMS/LATE CLAIMS

12. Where the Administrator is in receipt of a Claim or Late Claim that it has determined is a duplicate of a Claim or Late Claim that has already been finalized, the Administrator shall process the duplicate Claim or Late Claim as having been denied and communicate this to the claimant in a letter substantially in the form attached as Appendix "G".

APPENDIX A12

COURT APPROVED PROTOCOL

PAYMENT TO APPROVED CLASS MEMBERS AND APPROVED LATE CLAIM CLASS MEMBERS

REVISED ◆, 2017

This protocol applies to payments to Approved Class Members and Approved Late Claim Class Members under the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plans (the "Plans").

REQUESTS FOR BANKING INFORMATION

1. In order to limit expense and expedite payments, all Approved Class Members and Approved Late Claim Class Members will be requested and encouraged to provide banking information to the Administrator to facilitate direct deposit of the payments.

DELIVERY OF PAYMENT(S)

2. Subject to paragraph 3 of this protocol, while the Administrator will communicate with whomever is specified by the Approved Class Member or Approved Late Claim Class Member, the Administrator will only deliver the payment(s) to the Approved Class Member or Approved Late Claim Class Member, either by way of direct deposit into the bank account of the Approved Class Member of Approved Late Claim Class Member where such banking information is provided, or to the attention of the Approved Class Member or Approved Late Claim Class Member at his or her home address.

PAYMENTS WHERE SECTION 7.06 OF THE APPLICABLE PLAN APPLIES

3. Where section 7.06 of the applicable Plan applies, the Administrator shall deliver the payment(s) to the Public Trustee or Public Curator or such other person as the law provides.

APPENDIX A13

RULES FOR REFERENCES AND ARBITRATIONS

REVISED ◆, 2017

This protocol sets out the rules for references and arbitrations pursuant to Article 10 of the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan.

RULES TO THE CONTRARY

1. These rules are rules to the contrary and supersede the applicable rules of Reference or Arbitration in the province or territory where the Reference or Arbitration is being conducted.

REFEREE OR ARBITRATOR

2. A Reference or Arbitration will be heard by one Referee or Arbitrator appointed from the roster of Referees and Arbitrators, as established by the Court having jurisdiction in the Class Action in which the claimant is a Class Member.

NATURE OF REVIEW

3. A Reference or Arbitration shall be a review of the Administrator's decision utilizing the simplest, least expensive and most expeditious procedure for the Reference or Arbitration.

4. In meeting this objective, the Referee or Arbitrator may conduct the Reference or Arbitration in whatever manner he or she considers appropriate, provided that the parties are treated with equality and each party is given a fair opportunity to present his, her or its case.

REPRESENTATION

5. The claimant may act in person on a Reference or Arbitration or through a representative; in which case, the representative shall notify the Administrator and the Referee or Arbitrator in writing providing the written consent of the claimant.

COMMENCEMENT

6. In order to commence a Reference or Arbitration, the claimant shall file a Request for Review by an Arbitrator/Referee in the prescribed form.

7. The Administrator shall forward the claimant's file to the claimant, Fund Counsel and the Chair and/or Vice-Chair of the Roster of Arbitrators/Referees within ten (10) days of receipt of the Request for Review by an Arbitrator/Referee.

8. The claimant shall have fifteen (15) days upon receipt of the claimant's file to forward any supplementary submissions to the Chair and/or Vice-Chair of the Roster of Arbitrators/Referees and the Administrator.

9. The Fund Counsel shall have fifteen (15) days from the date of the Administrator's receipt of the claimant's submissions to forward any submissions in reply to the Chair and/or Vice-Chair of the Roster of Arbitrators/Referees and the Administrator.

10. The Chair and/or Vice-Chair of the Roster of Arbitrators/Referees shall appoint a Referee or Abitrator in the Province or Territory where the claimant resides or is deemed to reside to take carriage of the matter unless the claimant resides or is deemed to reside in the Province of Québec, in which case the Referee or Arbitrator shall be the Referee or Arbitrator appointed by the Québec Superior Court.

11. The Administrator shall forward to the Referee or Arbitrator, to the claimant and to the Fund Counsel the following:

    (a) a copy of the Claim and the Request for Review by an Arbitrator/Referee;

    (b) a copy of all the written submissions and material in support of the submissions and other evidence pertaining to the Claim in the possession of the Administrator;

    (c) a copy of the Administrator's decision; and

    (d) such other information or material as the Referee, Arbitrator or Fund Counsel may request.

MEDIATIONS

12. The Arbitrator has jurisdiction to request that the parties enter into mediation. The Referee has discretion to attempt to mediate the dispute at any time in the process.

MODE OF HEARING

13. Within five (5) days of the receipt of the Request for Review by an Arbitrator/Referee, any supplementary submissions by the Claimant and the Claimant's file from the Administrator or reply submissions from Fund Counsel, the Referee or Arbitrator shall verify with the parties if:

    (a) an oral hearing is necessary; or

    (b) further written submissions are necessary.

14. Notwithstanding the Referee or Arbitrator's discretion in paragraph 13, an oral hearing will be required where the claimant or Fund Counsel wishes to adduce oral evidence.

15. If no further written submissions are to be provided and no oral hearing is required, the Referee or Arbitrator shall notify the parties that he or she will proceed on the basis of the

Request for Review by an Arbitrator/Referee, the claimant's file, the claimant's supplementary submissions, if any, and any reply submissions.

16. Within thirty (30) days following notification by the parties that no further written submissions or oral hearings will be necessary, the Referee or Arbitrator shall release his or her Reasons for Decision.

17. If further written submissions are required, the Referee or Arbitrator shall notify the claimant and Fund Counsel of the issues to be addressed in the written submissions and the time limits for the receipt of such submissions, including any submissions in reply.

18. Within thirty (30) days following the receipt of the final submissions, the Referee or Arbitrator shall release his or her Reasons for Decision.

19. If an oral hearing is requested by one or more of the parties because the requesting party wishes to adduce oral evidence, the Referee or Arbitrator shall:

    (a) determine whether the hearing shall be an in-person hearing or conducted by telephone conference and the time, date and location of the hearing and give all parties fifteen (15) days prior written notice of such time, date and location;

    (b) give directions as to the issues to be addressed at the oral hearing;

    (c) if necessary, give directions as to the issues which require oral evidence; and

    (d) provide any other directions, as the Referee or Arbitrator deems appropriate.

20. If an oral hearing with evidence is requested by one or more of the parties because the requesting party wishes to lead oral evidence and the Referee or Arbitrator orders an oral hearing with evidence, the following rules will apply, unless the Referee or Arbitrator makes an order to the contrary:

    (a) any documentation, including medical records, medical reports and/or loss of income documentation, intended to be relied upon by the claimant shall be produced to the Administrator and the Referee or Arbitrator at least fifteen (15) days prior to the Reference or Arbitration;

    (b) the Referee or Arbitrator, upon his or her own Notice or upon written request by the Administrator, has the jurisdiction to order an independent medical examination of the claimant;

    (c) subject to issues of privilege, a Referee or Arbitrator may accept all oral or written evidence as the Referee or Arbitrator, in his or her discretion, considers proper, whether admissible in a court of law or not; and

    (d) if an oral hearing with evidence is required, the Referee or Arbitrator may require production of documents and examination for discovery, if necessary.

21. Within thirty (30) days following the completion of the oral hearing, the Referee or Arbitrator shall release his or her Reasons for Decision.

CONFIDENTIAL PROCESS

22. The Reference or Arbitration process is private and all information and evidence utilized in the Reference or Arbitration process is confidential.

REASONS FOR DECISION

23. Any Reasons for Decision by a Referee or Arbitrator shall state the facts and conclusions without identifying the claimant by name or location. A Referee or Arbitrator may rely upon earlier decisions of other Referees and Arbitrators to arrive at his or her Reasons for Decision. All decisions shall be posted on the website www.hepc8690.ca. The Referee or Arbitrator may extend the time for the release of the Reasons for Decision if he or she considers such an extension is justified.