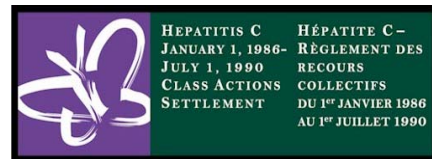


The 1986-1990 Hepatitis C Claims Centre
PO Box 2370, Station D
Ottawa (Ontario) K1P 5W5
Toll-Free: 1 866 640-9994
Fax: (613) 569-1763
www.hepc8690.ca



Dear Sir or Madam:

As you know, the 1986-1990 Hepatitis C Claims Centre receives and processes claims made by:

- a) persons infected with Hepatitis C due to blood transfusions received in Canada between January 1, 1986 and July 1, 1990;
- b) persons with hemophilia or thalassemia major infected with Hepatitis C who received or took blood in Canada between January 1, 1986 and July 1, 1990; and
- c) family members of HCV infected persons who are deceased.

You already are an established claimant with our Centre. However, you may know other persons infected with Hepatitis C who may have received blood or blood transfusions in Canada between January 1, 1986 and July 1, 1990.

If you know someone infected with Hepatitis C who may have had a blood transfusion or received or took blood in Canada between January 1, 1986 and July 1, 1990, it is very important for them to know that the deadline for submitting a first claim for compensation (\$) is, in most cases, the later of:

June 30, 2010	OR	within 3 years of first learning of the Hepatitis C infection
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If someone you know may have been transfused or received or taken blood but has never been tested for Hepatitis C, please encourage him or her to discuss it with their physician.

Do you know someone who may qualify for payments?

Interested persons should call us toll free at **1 866 640-9994**. We will answer questions / assist with the decision to make a claim or not. It's all confidential.

For information about qualification, payments, making a claim, go to www.hepc8690.ca or fill in and return the bottom portion to the 1986-1990 Hepatitis C Claims Centre (see address at the top).

**If the contents of this letter conflict with the 1986-1990 Hepatitis C Settlement Agreement, the terms of the 1986-1990 Hepatitis C Settlement Agreement govern.*

I wish to claim. Please contact me.

Your name: _____ (or other contact person): _____

Address / City: _____

Province/ Postal Code: _____ Telephone: (____) _____ - _____

E-mail: _____

Established Claims