

## Instructions for Completing GEN 10 RENEWAL FORM Loss of Income/Support

### The GEN 10 RENEWAL FORM is for completion by:

- a) A **living HCV Infected Person** whose infection with HCV has caused him or her to be **disabled** from working prior to attaining **age 65**; OR
- b) The Approved HCV **Personal Representative of a minor or a mentally incompetent adult** who is a living HCV Infected Person whose infection with HCV has caused him or her to be disabled from working prior to attaining age 65. Please note that income loss payments are not generally payable until an HCV Infected Person attains the age of 18, however, in some provinces, an 18 year old is a minor; AND/OR
- c) The **Dependant(s) of a deceased** HCV Infected Person who **died either before or after January 1, 1999** but before attaining age 65 who have a Claim for **loss of support** as a result of the death of the HCV Infected Person.

### Other forms to be completed

If you are a claimant described in (a) or (b) above you must also:

- have the Treating Physician complete the “Disability Section” of **TRAN 2/HEMO 2 Treating Physician Form**. The TRAN 2/HEMO 2 Form is not required for claimants described in (c) above.

### **SECTION A – PERSONAL INFORMATION**

#### Lines 1 - 2 - 3

- If you are a disabled HCV Infected Person described in (a) above, complete line 1 and go to Section B.
- If you are a claimant described in one of (b) or (c) above, complete line 1 about the HCV Infected Person and line 2 about yourself.
- If you are a claimant described in (c), complete line 3 about yourself.

### **SECTION B – CLAIM DESCRIPTION**

- Indicate what type of claimant you are and what type of Claim you are making.

### **SECTION C – DISABILITY BENEFITS**

#### Line 5

- **Insurance benefits and income replacement benefits** such as Canada Pension Plan benefits, Quebec Pension Plan benefits, Workers Compensation Plan benefits or private sickness, accident or disability insurance benefits are deductible from loss of income Claims. **Please fill out this section.**

### **SECTION D – LOSS OF INCOME/SUPPORT**

**Normal Employment** means employment for wages, salary and/or commissions, but does not include Related Employment or Self-Employment as defined below.

**Related Employment** means employment by a spouse, by a company owned by a spouse, or under any other circumstances where the HCV Infected Person is exempt from Employment Insurance Contributions but does not include Self-Employment income as defined below.

**Self-Employment** means operation of a business, professional practice or other venture in which the HCV Infected Person is a partner or the sole proprietor, including a business, professional practice or other venture which is operated through a limited company and in which the HCV Infected Person is effectively self-employed.

### **Post-Claim Income Renewal**

- If the disabled HCV Infected Person is living, “Post-Claim Income” means **income earned after the HCV Infected Person reached level 3 (if an election for loss of income was made) or level 4, 5 or 6 and experienced a loss (full or partial) of income due to infection with HCV.** For this Post-Claim year for which loss of income is claimed, fill out the Post-Claim Income Information section with all information pertaining to the income of the HCV Infected Person. In the box labeled “Other Compensation” record the total annual EAP, MPTAP or Nova Scotia Compensation Plan payments received by the HCV Infected Person. **Attach full Federal and Quebec, if resident in Quebec, Income Tax Returns and Notices of Assessment for the Post-Claim Income year.**
- If the HCV Infected Person is deceased and a Claim is being made for **loss of support**, “Post-Claim Income” means **certain payments payable to the Dependants following the death of the HCV Infected Person.** For the Post-Claim year for which loss of support is claimed, fill out the Post-Claim Income Information section as follows:
  - (i) In the box labeled “(Un) Employment Insurance: Ei/Ui or CPP/QPP Disability Benefits” record the total annual Canada Pension Plan and Quebec Pension Plan payments received by the Dependants of the deceased HCV Infected Person following the death of the HCV Infected Person.
  - (ii) In the box labeled “**Other Compensation**”, record the total annual EAP, MPTAP and/or Nova Scotia Compensation Plan payments received by the Dependants of the HCV Infected Person as a result of the death of the HCV Infected Person. **Attach T4A (P) and, if a resident of Quebec, RL-2 benefit statements for this Post-Claim Income year.**

**YOUR CLAIM WILL BE PROCESSED MOST QUICKLY IF YOU ATTACH A COMPLETE COPY OF THE REQUIRED FEDERAL AND QUEBEC, IF RESIDENT IN QUEBEC, INCOME TAX RETURN AND NOTICE OF ASSESSMENT.**

### **SECTION E – DECLARATION BY CERTAIN CLAIMANTS, IF APPLICABLE**

A disabled HCV Infected Person, the Approved HCV Personal Representative of a living disabled HCV Infected Person who is a minor or mentally incompetent adult and dependant, must complete Section E.

If the Claim is made by the Dependants of a deceased HCV Infected Person for loss of support only, go to Section F.

### **SECTION F – DEPENDANTS CHART – POST-DEATH LOSS OF SUPPORT ONLY**

The Dependant who has undertaken to submit the Claim must complete this chart. **Every Spouse, Child, Parent, Sibling, Grandchild, Grandparent and every former Spouse 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 must be listed on this Chart.** Each Dependant or the Personal Representative of each Dependant who is a minor or a mentally incompetent adult must sign the Dependants Chart. See the instructions for the GEN 10 RENEWAL FORM on signing counterparts of the Chart.