

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N :

DIANNA LOUISE PARSONS, MICHAEL HERBERT CRUICKSHANKS, DAVID TULL,
MARTIN HENRY GRIFFEN, ANNA KARDISH, ELSIE KOTYK, Executrix of the Estate of Harry
Kotyk, deceased and ELSIE KOTYK, personally

Plaintiffs

and

THE CANADIAN RED CROSS SOCIETY, HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
and
THE ATTORNEY GENERAL OF CANADA

Defendants

and

HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF ALBERTA
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF SASKATCHEWAN,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF MANITOBA,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NEW BRUNSWICK
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF PRINCE EDWARD
ISLAND,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NOVA SCOTIA
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NEWFOUNDLAND,
THE GOVERNMENT OF THE NORTHWEST TERRITORIES,
THE GOVERNMENT OF NUNAVUT and THE GOVERNMENT OF THE YUKON TERRITORY

Intervenors

Proceeding under the Class Proceedings Act, 1992

Court File No. 98-CV-146405

B E T W E E N:

JAMES KREPPNER, BARRY ISAAC, NORMAN LANDRY, as Executor of the Estate of the late
SERGE LANDRY, PETER FELSING, DONALD MILLIGAN, ALLAN GRUHLKE, JIM LOVE and
PAULINE FOURNIER as Executrix of the Estate of the late PIERRE FOURNIER

Plaintiffs

and

THE CANADIAN RED CROSS SOCIETY, THE ATTORNEY GENERAL OF CANADA and
HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO

Defendants

and

HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF ALBERTA,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF SASKATCHEWAN,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF MANITOBA,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NEW BRUNSWICK,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF PRINCE EDWARD
ISLAND
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NOVA SCOTIA
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NEWFOUNDLAND,
THE GOVERNMENT OF THE NORTHWEST TERRITORIES,
THE GOVERNMENT OF NUNAVUT AND THE GOVERNMENT OF THE YUKON TERRITORY

Intervenors

Proceeding under the Class Proceedings Act, 1992

This is the 13th Affidavit
of Heather Rumble Peterson in this case
and was made on 16/Oct/15

No. C965349
Vancouver Registry

In the Supreme Court of British Columbia

Between:

Anita Endean, as representative plaintiff

Plaintiff

and:

**The Canadian Red Cross Society
Her Majesty the Queen in Right of the Province of
British Columbia, and The Attorney General of Canada**

Defendants

and:

**Prince George Regional Hospital, Dr. William Galliford,
Dr. Robert Hart Dykes, Dr. Peter Houghton, Dr. John Doe,
Her Majesty the Queen in Right of Canada, and
Her Majesty the Queen in Right of the Province of British Columbia**

Third Parties

Proceeding under the *Class Proceedings Act*, R.S.B.C. 1996, C. 50

CANADA
PROVINCE OF QUÉBEC
DISTRICT OF MONTRÉAL

NO : 500-06-000016-960

SUPERIOR COURT
Class action

DOMINIQUE HONHON

Plaintiff

-vs-

THE ATTORNEY GENERAL OF CANADA
THE ATTORNEY GENERAL OF QUÉBEC
THE CANADIAN RED CROSS SOCIETY

Defendants

-and-

MICHEL SAVONITTO, in the capacity of the Joint
Committee member for the province of Québec

PETITIONER

-and-

FONDS D'AIDE AUX RECOURS COLLECTIFS

-and-

LE CURATEUR PUBLIC DU QUÉBEC

Mis-en-cause

CANADA
PROVINCE OF QUÉBEC
DISTRICT OF MONTRÉAL

NO : 500-06-000068-987

SUPERIOR COURT
Class action

DAVID PAGE

Plaintiff

-vs-

THE ATTORNEY GENERAL OF CANADA
THE ATTORNEY GENERAL OF QUÉBEC
THE CANADIAN RED CROSS SOCIETY

Defendants

-and-

FONDS D'AIDE AUX RECOURS COLLECTIFS

-and-

LE CURATEUR PUBLIC DU QUÉBEC

Mis-en-cause

AFFIDAVIT OF HEATHER RUMBLE PETERSON
(sworn October 16, 2015)

I, HEATHER RUMBLE PETERSON, of the Town of Harrow, in the County of Essex, lawyer, MAKE OATH AND SAY:

1. I am a partner at Sutts, Strosberg LLP. Harvey T. Strosberg, Q.C., is lead counsel in *Parsons et al. v. The Canadian Red Cross Society et al.* (the Ontario transfused class action). Mr. Strosberg is also an Ontario court-appointed member of the Joint Committee charged with oversight of the administration of the January 1, 1986 – July 1, 1990 Hepatitis C Settlement Agreement (the “Settlement Agreement”). I participated with Mr. Strosberg and other members of our counsel group in litigating the Ontario transfused action from the outset and have the day-to-day responsibility at my firm for assisting the Joint Committee to implement and supervise administration of the Settlement Agreement. As such, I have knowledge of the facts to which I depose in this affidavit. Where I make statements in this affidavit which are not within my personal knowledge, I have identified the source of that information. I do verily believe all of the facts and information to which I depose herein to be true.

Background

2. Between 1996 and 1998, class actions were commenced in each of British Columbia, Quebec and Ontario for transfused persons and persons with hemophilia who received blood or certain blood products in Canada between January 1, 1986 and July 1, 1990 and were infected with the Hepatitis C virus (“HCV”). The

Ontario actions included claims for persons wherever located who were not included in the British Columbia and Quebec actions and claims in respect of certain family members of infected persons.

3. The defendants in the various actions included the Canadian Red Cross Society and The Attorney General of Canada and, in their respective province, Her Majesty the Queen in Right of the Province of British Columbia, le Gouvernement du Quebec, or Her Majesty the Queen in Right of Ontario. The provinces and territories not originally named as defendants in the Ontario transfused action were given notice in September 1997 of an intended transfused action and they ultimately became intervenors in the Ontario actions, making the class actions, when viewed collectively, national in scope.

4. On March 27, 1998, the federal, provincial and territorial governments announced that they had "agreed to offer financial assistance" to Canadians infected with HCV through the Canadian blood system between January 1, 1986 and July 1, 1990.

5. Arms length negotiations between counsel in the various actions and representatives of the various governments ensued. On December 18, 1998, the parties reached an agreement in principle to settle the class actions which was followed by a formal agreement to settle the class actions nationally. The Settlement Agreement was signed by the parties as of June 15, 1999.

6. On application for approval of the Settlement Agreement in Ontario, Mr. Justice Winkler outlined in his reasons for decision three areas which required modification in order for the settlement to receive court approval. In British Columbia, Mr. Justice Smith concurred with Mr. Justice Winkler that these modifications were required.

7. These modifications were incorporated through consent orders entered in Ontario and British Columbia and through a modification to the Quebec judgment approving the Settlement Agreement (which preceded the reasons for decision of Winkler, J. requiring the modifications).

8. The modification of the Settlement Agreement agreed to by the defendants which is relevant to these motions is in respect to the provision at section 12.03(3) of the Settlement Agreement that mandated reversion of the surplus of the assets remaining in the trust to the governments following termination of the Settlement Agreement. Paragraph 9(b) of the Ontario settlement approval order states:

9. THIS COURT ORDERS AND ADJUDGES that the Agreement, annexed hereto as Schedule 1, and the Funding Agreement, annexed hereto as Schedule 2, both made as of June 15, 1999 are fair, reasonable, adequate, and in the best interests of the Ontario Class Members and the Ontario Family Class Members in the Ontario Class Actions and this good faith settlement of the Ontario Class Actions is hereby approved on the terms set out in the Agreement and the Funding Agreement, both of which form part of and are incorporated by reference into this judgment, subject to the following modifications, namely:

...

(b) in their unfettered discretion, the Courts may order, from time to time, at the request of any Party or the Joint Committee, that all or any portion of the money and other assets that are held by the Trustee pursuant to the Agreement and are actuarially unallocated be:

(i) allocated for the benefit of the Class Members and/or the Family Class Members in the Class Actions;

(ii) allocated in any manner that may reasonably be expected to benefit Class Members and/or the Family Class Members even though the allocation does not provide for monetary relief to individual Class Members and/or Family Class Members;

(iii) paid, in whole or in part, to the FPT Governments or some or one of them considering the source of the money and other assets which comprise the Trust Fund; and/or

(iv) retained, in whole or in part, within the Trust Fund;

in such manner as the Courts in their unfettered discretion determine is reasonable in all of the circumstances provided that in distribution there shall be no discrimination based upon where the Class Member received Blood or based upon where the Class Member resides;

...

Parallel provisions to this are found at paragraph 5 of the British Columbia settlement approval order and at paragraph 1 of the Quebec schedule.

9. After the most recent financial sufficiency review undertaken in accordance with section 10.01(1)(i) of the Settlement Agreement, the actuaries retained by the Joint Committee on behalf of the class members, Eckler Limited ("Eckler"), and the actuaries retained by the federal government, Morneau Shepell ("Morneau"), expressed the opinion that the trust fund is financially sufficient to meet the expected liabilities to class members and family class members as at December 31, 2013, and that, after taking into account sufficient monies to protect the class members from major adverse experience or catastrophe, there is excess capital in an amount between \$236,341,000 and \$256,594,000.

10. I am informed by Richard Border, an actuary with Eckler, that in his professional opinion, the excess capital that Eckler has calculated is actuarially

unallocated money and other assets held by the Trustee. For the balance of this affidavit, I will use the term "excess capital".

Restated Excess Capital

11. Since the completion of Eckler's 2013 Sufficiency Report, the Joint Committee in consultation with Eckler identified an additional liability that must be accounted for prior to calculating excess capital.
12. The Plans provide for class members who meet a protocol for HCV drug therapy to be reclassified as disease level 3. The medical model does not account for this progression in disease level.
13. The Joint Committee instructed Eckler to perform the additional calculations required to account for this liability. Eckler has advised that the increase to the sufficiency liability arising from this is \$29,421,000 and that an addition to required capital is not required in respect of this amount.
14. The amount of the restated excess capital as calculated by Eckler is therefore \$206,920,000 (\$236,341,000-\$29,421,000).

The Compensation Scheme Provided for by the Plans

15. The settlement amount and the tax free investment income generated thereon are used to pay scheduled benefits, in accordance with the Transfused HCV Plan and the Hemophiliac HCV Plan (the "Plans") which are incorporated into the Settlement Agreement, to class members over the course of their lifetimes depending on the

severity of their illness and what losses they suffer as a result of their infection with HCV and to their dependants and other family class members following a class member's death due to HCV.

16. While Class Counsel generally attempted to design compensation under the Plans to parallel the extent of the damages available under tort law, because the benefits under the Plans were designed to fit within a fixed pot of money and to benefit a group of people generally not individuals--it necessarily varies from the tort model as noted by the approval judges.

17. By design, the Plans depart from the common law requirement of a single, once and for all lump sum assessment and, instead, establish a system of periodic payments to class members and family class members depending on the evolving severity of their medical condition, their needs and other criteria. A class member is provided an opportunity to make subsequent claims if his or her condition deteriorates.

18. A fundamental tenet of the Settlement Agreement was that the benefits be distributed without discrimination as to where the class member received blood or resides.

19. The following general provisions are also important to an understanding of the Plans. All amounts payable under the Plans are inclusive of prejudgment interest and do not accrue interest, except as specifically provided in section 7.03(2). The amounts provided in the Plans are all expressed in 1999 dollars. However, most payments are indexed annually by the Canadian Pension Index as provided in section

7.02. An approximate conversion rate for 1999 dollars as rounded from the exact rate found in the Eckler Allocation Report is 1.35.

20. Annexed as **exhibit "A"** is an updated version of a chart I originally prepared at the time of the Settlement Agreement outlining the benefits available to class members under the Plans.

21. Persons who may qualify for compensation under the Plans are:

- (a) those who contracted HCV for the first time through a blood transfusion received in Canada and the period January 1, 1986 to July 1, 1990;
- (b) those with thalassemia major who contracted HCV and received blood transfusions in Canada in the period January 1, 1986 to July 1, 1990;
- (c) those with hemophilia and certain other inherited bleeding disorders who contracted HCV and received blood or certain blood products in Canada in the period January 1, 1986 to July 1, 1990;
- (d) those infected with HCV by a spouse, partner or parent infected with HCV who qualifies; and
- (e) dependants and certain family members of persons infected with HCV who qualify.

22. I am advised by Kevin O'Connell of Crawford Class Action Services, the court-appointed Administrator, that as of September 30, 2015, the claims of 5,318 infected class members have been approved (including 3,898 primarily infected transfused class members, 1,358 primarily infected hemophiliac class members, and 62 secondarily infected class members). Of the approved class members, 486 had died

before January 1, 1999, 1,160 have died since January 1, 1999 and 3,672 were alive in September, 2015. In all, 8,811 family class member claims have also been approved.

23. In addition to approved claims, Mr. O'Connell has advised me that there were 390 in progress claims as of September 30, 2015, comprised of 265 infected persons (including 207 primarily infected transfused persons, 29 primarily infected hemophiliac persons and 29 secondarily infected persons). Of the infected in progress claimants, 23 had died before January 1, 1999, 87 have died since January 1, 1999 and 155 were alive in September, 2015. The claims of 125 family class members are also in progress at this time.

THE JOINT COMMITTEE

24. In the paragraphs which follow, I refer to the activities and collective experience of Joint Committee members Harvey T. Strosberg, J.J. Camp, Michel Savonitto and Kathryn Podrebarac, and the other lawyers who work with them, Sharon Matthews, Martine Trudeau and I. I am informed of the various collective experiences by the Joint Committee members and the lawyers that work with them.

25. Each financial sufficiency assessment has happened on the motion of the Joint Committee. On each occasion, the Joint Committee has received the claims data from the Administrator, reviewed the data sets for accuracy, consistency and conformity to the Plans, resolved with the Administrator the inconsistencies and issues with the data it identified or that were identified by Eckler and/or Morneau, summed and reconciled the benefits paid under the various provisions of the Plans, and provided such assumptions as were required by its actuaries for their report. As such, the Joint

Committee is familiar with the claims data, the administrative procedures under the Plans and the assumptions which go into assessing financial sufficiency.

CLASS MEMBER AND FAMILY CLASS MEMBER COMMUNICATIONS, CONSULTATIONS AND SUBMISSIONS

26. As familiar as the Joint Committee is with the terms of the Plans and the various issues that have arisen from time to time concerning the benefits payable under the Plans or their administration, we very much wanted to hear directly from as many members of the class as possible to assist us in making allocation recommendations to the Courts. To this end a number of steps were taken.

27. Throughout the course of the administration, which is now in its sixteenth year, the Administrator has maintained a website www.hepc8690.ca to provide information, documentation and assistance to class members.

28. In the summer of 2015, the Joint Committee developed a posting for the website concerning financial sufficiency and the allocation hearings. We have updated the posting with additional information and documentation as it became available. We have communicated this fact to class members in a number of our communications with them. Annexed as **exhibit "B"** is a screenshot of the homepage in its current form.

29. The Joint Committee also prepared a notice which is annexed as **exhibit "C"** and arranged for the Administrator to distribute it by email and direct mail in August 2015 to approved class members, family class members, in progress claimants and late claimants.

30. The notice described the financial sufficiency review and advised of the allocation hearings. It also advised that up-to-date information and documentation to be filed with the Courts would be available on the Administrator's website www.hepc8690.ca. Finally, the notice advised class members of various ways to obtain information and provide their input to the Joint Committee: by attending an in person consultation session; by watching a live webcast consultation session over the internet; and/or by calling or writing a member of the Joint Committee.

31. While the Joint Committee members frequently receive telephone inquiries and other communications from class members, public consultation meetings with the class members have never been held. With the help of the Administrator and other interested groups, such as the Canadian Hemophilia Society and HepCBC, we identified locations near or where a number of class members were known to reside. In all, we held seven consultation sessions in August and September across the country: in Vancouver, Montreal, Toronto, Hamilton, Edmonton, Dartmouth and Saskatoon.

32. We prepared a powerpoint outline for use at these sessions to present background information on why the consultations were being held, to explain the benefits available and to pose questions to those attending for their input on how the benefits under the Plans were working from the perspective of class and family class members. Annexed as **exhibit "D"** is a copy of that powerpoint. The powerpoint is also posted on the Administrator's website. More specific information about these sessions is provided in the affidavits of Ms. Mogerman, Mr. Melamud and Mr. Sauvé-Deganaïs filed in support of these motions.

33. The consultation sessions held in Vancouver, Toronto and Montreal were also webcast live over the internet, thus providing the opportunity for persons across the country unable to attend in person to attend and to ask questions and make comments electronically while the sessions were taking place. This proved to be a successful way of obtaining feedback from class members and to more fully inform them about the Plans, their administration and the allocation hearings. Many email communications were received by the Joint Committee as a direct result of these webcasts.

34. Class members and family class members were also invited to provide written submissions to the Joint Committee. Many submissions were received by each office and circulated among ourselves. Some of these communications pertained to the class members' own claims and benefits but most told a bit of their story, explained how benefits did or did not address their needs and expressed their views on how additional monies should be allocated and/or paid. The submissions which address sufficiency and allocation are appended to the affidavits of Ms. Mogerman, Mr. Melamud, Mr. Sauvé-Deganaïs and Ms. Woodrich filed in support of these motions.

35. Class members and family class members were also invited to communicate with the Joint Committee by telephone if they wished to do so. We received many telephone calls, heard many life stories, answered many questions and encouraged callers to send written submissions.

36. The Joint Committee repeatedly advised class members and family class members that we wanted to hear from them as we considered what recommendations to

make to the Courts on allocation. But, we also cautioned them that we would not be able to recommend all of the suggestions that class members make. We have encouraged class members to make additional written submissions for the Courts if they do not agree with the Joint Committee recommendations and/or to request to appear at the allocation hearings. We will assist with the filing of the additional materials we receive.

OTHER CONSULTATIONS

37. The Administrator is the primary source for claims data and for the understanding of the claims administration process. As such, the Joint Committee has been in regular communication with the Administrator from the inception of the Plans and, more recently, throughout the process of our considering and understanding the impact of the various recommendations we might make to the Courts concerning the excess capital.

38. Ms. Matthews, Ms. Trudeau and I attended with Mr. O'Connell and Carol Miller, two of the Administrator's senior personnel, in Ottawa in May, 2015 and reviewed all benefits and problems that class members have expressed to them over the years. As a result of that meeting and throughout the several months of work that have gone into finalizing the recommendations the Joint Committee would make to the Courts, the Administrator has provided data sets specific to some of the various benefits provided under the Plans. Mr. O'Connell has also outlined and explained the various operating procedures relating to specific benefits, and costed the incremental and ongoing costs of administering the various recommendations the Joint Committee might make.

39. Similarly, Eckler has played a significant role in setting assumptions, analyzing the claims data, calculating the liabilities to class members and family class members under the Plans. Eckler's predecessor provided the actuarial evidence which was tendered to the Courts on the settlement approval and thereafter Eckler has assessed financial sufficiency right up to the present applications.

40. In July of 2015, Ms. Matthews and I met with Mr. Border, Wendy Harrison and Dong Chen at Eckler. We outlined the various recommendations the Joint Committee was considering making to the Courts and sought their assistance in costing these benefits. The Eckler Allocation Report is filed with the affidavit of Mr. Border in support of these motions. Eckler's costing of the various potential recommendations that the Joint Committee has considered has been critical to the Joint Committee's final recommendations.

VARIOUS RECOMMENDATIONS THE JOINT COMMITTEE CONSIDERED MAKING TO THE COURTS

41. In addition to the recent consultations with the class members and family class members, the Administrator and Eckler, the Joint Committee has from the outset of the administration tried to identify and catalogue areas of the Plans that we considered were compromised during the negotiations to create a schedule of benefits which fit within the settlement amount then available. The Joint Committee has also considered various suggestions made to us and/or to the Administrator from time to time by class members about shortfalls or inequities in the benefits available under the Plans.

42. Another important source of information for the Joint Committee was the appeals taken from the Administrator's decisions under the Plans which we have reviewed in preparation for the allocation hearings.

43. Given all of these sources, a list of possible recommendations emerged over time.

44. On four separate occasions beginning in March, 2015 the Joint Committee has met for day-long or multi-day meetings on these allocation issues. Some or all of us have held regular ongoing conference calls to reach a consensus and prepare the Joint Committee recommendation on allocation to the Courts.

45. Below is the comprehensive list of issues the Joint Committee have considered for possible recommendation to the Courts to benefit class members or family class members (this is a running list and does not assign a priority based on where an item falls on the list):

- (a) late claims;
- (b) fixed payments:
 - i. pain and suffering;
 - ii. loss of guidance, care and companionship;
- (c) loss of income/support and loss of services:
 - i. level 3 election/waiver;
 - ii. disability and disease level relative to loss of employment;
 - iii. choice between loss of income/support or loss of services at any one time;

- iv. exclusions from earned income;
 - v. loss of income/support reduced by collateral income;
 - vi. loss of income/support reduced by payroll deductions;
 - vii. deduction of income tax payable from loss of income/support;
 - viii. loss of pension and/or pension benefits;
 - ix. loss of employment benefits;
 - x. loss of income/support ends at age 65;
 - xi. loss of services end at notional life expectancy of deceased person;
- (d) reimbursement limits:
- i. loss of services limited at 20 hours per week and \$12 per hour (1999 dollars);
 - ii. care costs limited to level 6 and \$50,000/annum (1999 dollars);
 - iii. drug cost reimbursement limited to generally medically accepted treatment;
 - iv. out of pocket expenses limited to *Financial Administration Act* limits;
 - v. funeral expenses limited to \$5,000 (1999 dollars);
- (e) other compensation issues:
- i. loss of insurability;
 - ii. exhaustion of private extended health care and drug plans;
 - iii. costs of artificial insemination;
 - iv. compensable HCV drug maintenance therapy;
 - v. differing benefits for deaths before and after January 1, 1999;

- (f) proof and eligibility issues:
 - i. death due to HCV and disease level at death;
 - ii. death before January 1, 1999 rejections;
 - iii. the classes of persons who are eligible to be qualified as secondarily infected class members;
 - iv. Hemophiliac/Thalassemic standard of proof for other claimants;
 - v. expanded list of blood products.

As extensive as the list is, it is not necessarily exhaustive of things that might in the future be considered by the Joint Committee for recommendation to the Courts for the benefit of class members and family class members should there be excess capital identified in the future.

46. In the sections that follow in my affidavit, I outline the Joint Committee's recommendations to the Courts for allocation of the surplus. There are nine such recommendations in total. They include recommendations or items from subparagraphs 45(a), (b), (c) and (d) in the list above. The rationale for those choices is set out with the recommendations. The list of recommendations and their associated costs are summarized in the chart found on page 11 of the Eckler Allocation Report.

47. After consulting with the Administrator about the number of people the various items in paragraph 45 impacted, the number of inquiries and complaints they had in respect of these items and having regard to the limit on the funds available at this time and the competing interests of other benefits to be addressed, the Joint Committee has decided not to recommend the items in subparagraphs 45(d)iii, (e) and (f) in the above list at this time. Some of the concerns with these potential recommendations are

discussed in Appendix D to Eckler's allocation report and item 45(e)i is discussed below.

48. In mid-August 2015, the Canadian Hemophilia Society alerted the Joint Committee to the Hepatitis C Insurance Scheme established in Ireland to enable persons infected with hepatitis C and/or HIV through the administration of contaminated blood or blood products to take out three types of insurance coverage, life, mortgage, and travel insurance at a cost as if they were not infected. A number of class members spoke or wrote to the Joint Committee about their inability to obtain any insurance or affordable insurance by virtue of their infection with Hepatitis C. The Joint Committee agrees that this is a barrier to normal living and that such insurance would be a valuable benefit to class members.

49. The Joint Committee requested Eckler to investigate the feasibility of establishing a similar arrangement, having regard for the Canadian insurance market. Eckler informed the Joint Committee that three of the large insurers it approached indicated they had no interest in becoming involved in such an arrangement. Two other insurers, one large and one smaller, expressed limited interest and the need for substantially more information and analysis of this item at this time.

50. Given the limits on funds available at this time, the competing interest of other benefits to be addressed, and the large amount of capital that would be required to cover the risk for persons deemed uninsurable, the Joint Committee instructed Eckler not to proceed with further investigations and analysis at this time.

COSTS AND LOGISTICS OF IMPLEMENTING RECOMMENDATIONS

51. The costs and logistics of implementation of allocation benefits was an additional factor the Joint Committee considered in arriving at the recommendations it would make to the Court.

52. In early September 2015, the Joint Committee approached the Administrator with a list of the potential allocation recommendations under consideration asking for an estimate of the administration costs to implement, calculate and distribute the appropriate payment for each of these potential benefits to the appropriate class members, their estates or surviving family members on a retroactive and prospective basis. Annexed as **exhibit "E"** is a chart of the estimated costs created by Mr. Savonitto's office from information provided to the Joint Committee by the Administrator.

53. These administration costs estimated by the Administrator were provided to Eckler for inclusion in their allocation report.

54. The estimated costs for the implementation of the benefits under consideration assume that such benefits as were implemented would be processed using the actual CLASS database. They also include the necessary programming time for the design of additional coding in order to ensure the integrity of the database which will be a key component for future financial sufficiency review.

55. The Joint Committee recognized that, if accepted, its recommendations would result in retroactive payments being made not only to living class members and

family class members, but also to those who may have died in circumstances where their estates have been wound up, where the executor of the estate may be deceased or where they may have died intestate.

56. As a precaution, the Joint Committee sought the advice of O'Sullivan Estate Lawyers, a leading estates boutique firm in Toronto, who confirmed that the existing provisions of the Plans and the procedures being followed by the Administrator are sufficient to deal with any anticipated situation which may arise in Ontario in regards to a deceased class member's personal representative being deceased or unavailable or where a deceased class member's estate does not have an appointed personal representative. Similar inquiries are being conducted as it relates to the province of Quebec.

57. As the Plan's provisions and the Administrator's procedures have been successfully employed by the Administrator in respect of deceased class members and family class members across the country for the last 15 years, the Joint Committee believes they are adequate to address these various scenarios.

58. During the discussion Ms. Trudeau and I had with the Administrator concerning what was required for the estimate of the administration costs to be included for the implementation of the potential allocation recommendations, the Administrator reminded the Joint Committee that the CLASS database developed 15 years ago at the outset of the Settlement Agreement administration is running on an operating system which is no longer supported by Microsoft.

59. The Joint Committee instructed the Administrator to provide a preliminary cost estimate for the upgrading of the CLASS database or the migration of the data to a new database. The preliminary estimate of costs of approximately \$300,000 provided by the Administrator was similar for either scenario.

60. Having postponed this important expense for some time now, the Joint Committee believes that an upgrade of the database will need to be undertaken in the near future. The Joint Committee intends to further investigate this with a view to adding a recommendation in respect to this into its next budget application to the Courts.

61. The loss of income software is separate proprietary software created by PriceWaterhouseCooper. The costs of the programming required to deal with any recommendations approved for loss of income has not yet been determined as it is dependent on knowing the changes required. The Joint Committee will investigate these costs, as required.

THE RECOMMENDATIONS

62. The Joint Committee believes that in order to maintain the integrity of the fund for the best interests of the class members and family class members:

- (a) allocation of excess capital should be limited to the lower amount identified within the range (after restatement to account for progression to disease level 3 discussed in paragraphs 11 to 15 above); and
- (b) the funding that is required for such benefits as the Courts may order should be paid from excess capital only and not from the provincial and territorial notional fund;

and has limited its recommendations accordingly.

63. Once the Joint Committee received Eckler's input on pricing potential recommendations and it became apparent not all benefits could be accommodated, the following factors went into deciding which benefits to recommend:

- (a) that class member and family class member input was given serious consideration in determining the nature of the impact that could be accomplished;
- (b) that some compensation be obtained for as many class members and family class members as possible;
- (c) that issues be addressed where the data from the Administrator quantified a shortfall and identified that the benefit was not compensating the majority as intended;
- (d) principles of equity and fairness, for example the deduction of collateral income from recoverable loss and limits on funeral expenses;
- (e) the administrative burden that the benefit would impose on class members and family class members; and
- (f) the cost of administering the benefit.

64. While the excess capital is undoubtedly a large amount of money and the recommendations seek to allocate virtually all of it for the benefit of the class members and family class members, the Joint Committee does not believe that this fixes all of the problems under the Plans or even the ones that we have addressed in their entirety. Should there be excess capital in the future, further recommendations may be made in respect of items on this list as well as others.

RECOMMENDATION CONCERNING CURRENT RESTRICTION OF PAYMENTS IN THE PLANS

65. Under the terms of the Settlement Agreement and the associated Funding Agreement, the class members and family class members bear the risk that the fund will be insufficient to meet all the claims against it. There was no guarantee that the fund would be sufficient to meet all the claims.

66. To address the risk of insufficient funds, the Plans contained three restrictions on the amount of money that would be paid out to class members for certain claims until such time as the Courts found the fund sufficient to lift or vary the restrictions and make the incremental payments. The first restriction or holdback was \$5,000 of the \$20,000 payable at disease level 2. The second restriction was a \$75,000 limit on pre-claim gross income. The third restriction was the 70% restriction on loss of income/support payments.

67. Section 10.01(1)(i) of the Settlement Agreement which requires the assessment of the financial sufficiency of the trust fund to be undertaken at least every three years specifically requires the Courts to determine, among other things, whether certain restrictions on payments of amounts in full in the Plans should be varied or removed in whole or in part. Section 7.03 of the Plans provide additional directions for this periodic reassessment by the Courts and mandates the priority by which the Courts shall reassess the restrictions.

68. In or about July 2002, the Courts were asked to reassess the first restriction – the \$5,000 holdback in respect of the disease level 2 fixed payment. The Courts ordered that the restriction upon payment contained in section 4.01(1)(b) of the

Plans be deleted. The Courts also ordered that all postponed payments at disease level 2 be made to class members inclusive of interest, and that future claims at disease level 2 be paid the full \$20,000 benefit for that level.

69. In 2004, the Courts addressed the remaining two restrictions on loss of income. On that occasion the Courts ordered that: (a) the 70% restriction on the loss of income calculation at section 4.02(2) and the loss of support calculation at section 6.01(1) be deleted and that the incremental amount owed to class members affected by that restriction be paid out with interest; and (b) the \$75,000 cap on pre-claim gross income at section 4.02(2)(b)(i) of the Plans be deleted and replaced with a \$300,000 restriction on pre-claim gross income.

70. In 2008, the Courts again reassessed the loss of income restriction on pre-claim gross income found at section 4.02(2)(b)(i). The Courts amended that section of the Plans at that time. The effect of this amendment to the Plans was to raise the pre-claim gross income used in calculating a claimant's loss of income to \$2.3 million (1999 dollars) subject to approval by the Court with jurisdiction for claims where the pre-claim gross income exceeds \$300,000.

71. The Courts also ordered in 2008 and 2013 that the past and future loss of income claims of four claimants (one with annual pre-claim gross income of \$2.3 million in 1999 dollars) be approved. I am advised by Mr. O'Connell that, of the four claimants approved by the Courts for these claims: (a) one died in 2010 after reaching age 65; (b) one is now over 65 years old; (c) one whose entitlement runs until 2024 had

a net income loss in 2014 of \$1.5 million; and (d) one whose entitlement runs until 2034 had a net income loss in 2014 of \$340,000.

72. The Courts have not revisited the restriction on loss of income since 2008. In accordance with the amendment made at that time, the pre-claim gross income which may be considered in the income loss calculation is restricted to \$2.3 million of earned income (1999 dollars).

73. The Joint Committee has sought the advice of its actuaries on the effect of removing this restriction in its entirety. Eckler has advised that while it is statistically unlikely that another very large loss of income claim will be submitted, the impact of even one such claim is significant to the sufficiency analysis. On this basis, the Joint Committee has concluded that the prudent step to ensure the integrity of the fund would be to retain the restriction as it currently exists and, accordingly, recommends the status quo to the Courts.

RECOMMENDATION CONCERNING THE FIRST CLAIM DEADLINE IN THE PLANS

74. Section 3.08 of the Transfused HCV Plan and section 3.07 of the Hemophiliac HCV Plan provide a first claim deadline of June 30, 2010.

75. I am advised by Mr. O'Connell that, as at September 30, 2015, the Administrator has received 246 late claim requests after the June 30, 2010 first claim deadline from persons who do not meet the exceptions to the deadline listed in the Plans and the court approved protocols that are in place. Following an advertising campaign in the spring of 2010, the initial influx of late claim requests was higher, however over

the last 3 years late claim requests have averaged approximately 2 per month. The breakdown of these late claim requests by category is as follows:

Disease Level	Transfused	Hemophiliac	Total
Primarily infected class member	142	7	149
Estate	16	2	18
Family class member	75	3	78
Secondarily infected class member	1	0	1
Total	234	12	246

76. The proposed late claim protocol addresses the potential claims of these 246 people who have come forward subsequent to June 30, 2010 and others who we believe will come forward. The Joint Committee recommends that the Courts appoint a Referee to assess their individual circumstances, which include, in some cases, that they did not have notice of the Settlement Agreement and/or the first claim deadline. Responses to the survey of some of these potential claimants conducted earlier by the Administrator are contained in the motion materials filed with the Courts prior to the earlier motions on this issue. This issue is also addressed in some of the submissions filed in the affidavits of Ms. Mogerman, Mr. Malamud, Mr. Sauvé-Dagenais and Ms. Woodrich.

77. The Joint Committee recommends that the Courts approve a late claim protocol in the form annexed as **exhibit "F"**. The proposed protocol has been updated in two respects since it was last before the Courts.

78. First, based on further input that the Joint Committee received through the consultation sessions and in submissions from late claimants regarding the reasons for their delay, the Joint Committee determined that it was advisable to amend the draft

protocol to provide the referee discretion to determine whether a reasonable explanation for the delay had been provided by the claimant. This was thought to be preferable to attempting to create a comprehensive list of possible reasonable explanations for their delay without the benefit of having heard them. Second, it has been updated to provide for deficient claims in the same way as other protocols have been recently.

79. Assuming not all persons who make late claim requests would be permitted by the Referee to make a claim under the protocol and assuming the historical denial rate would apply to a determination of eligibility, the actuarial assessment of the costs of claims under the late claims protocol is \$32,450,000 including administrative expense.

RECOMMENDATION CONCERNING FIXED PAYMENTS

80. The maximum amount payable under the Plans to living class members or class members who died after January 1, 1999 for non-pecuniary general damages is a fixed payment of \$225,000 (1999 dollars) depending on the disease level of the infected person.

81. The following fixed payments (in 1999 dollars) are payable under section 4.01(1) of the Plans at the following disease levels:

- (a) disease level 1: \$10,000 where the Hepatitis C antibody is present in the blood;
- (b) disease level 2: \$20,000 where the Hepatitis C virus is present in the blood;

- (c) disease level 3: \$30,000 where there is non-bridging fibrosis of the liver due to HCV or where compensable HCV Drug Therapy is recommended or taken;
- (d) disease level 5: \$65,000 where cirrhosis, porphyria cutanea tarda, thrombocytopenia or glomerulonephritis develops due to HCV; or
- (e) disease level 6: \$100,000 where liver transplant, HCC, decompensation of the liver, B-cell lymphoma, cryoglobulinemia, glomerulonephritis requiring dialysis or renal failure develops due to HCV.

The amounts payable under section 4.01(1) are cumulative.

82. The Hemophiliac HCV Plan offers an additional fixed payment option in respect of living class members co-infected with HIV. Pursuant to section 4.08(2) of the Hemophiliac HCV Plan, a hemophiliac class member co-infected with HIV may elect to be paid a fixed payment of \$50,000 (1999 dollars).

83. For class members who died prior to January 1, 1999, the Plans provide that their death must have been caused by HCV for benefits to become payable to their estate, dependants and family members. The Plans provide two fixed payment options in these circumstances. The estate may claim an all inclusive fixed payment of \$50,000 (1999 dollars) or, alternatively, the estate, dependants and family class members may collectively elect to claim a fixed payment of \$120,000 (1999 dollars).

84. The Hemophiliac HCV Plan offers an additional fixed payment election in respect of deceased class members co-infected with HIV. Pursuant to section 5.01(4) of the Hemophiliac HCV Plan, the estate, dependents and other family members of a

hemophiliac class member co-infected with HIV who died prior to January 1, 1999 and whose death was caused by HCV may collectively claim \$72,000 (1999 dollars) in full satisfaction of all their claims.

85. The Joint Committee learned by way of the consultations and submissions of symptoms and effects of the HCV infection and/or compensable HCV drug therapy that either were not identified or the severity was not anticipated based on the state of the medical knowledge at the time the benefits under the Plans were designed. As such, the Joint Committee recommends an increase of 10% in respect of all fixed payments under the Plans at this time payable retroactively and prospectively.

86. The approximate cost of this allocation is \$51,392,000 including administrative expense.

87. I am advised by Mr. O'Connell that as of today there are approximately 5,320 class members who received fixed payments, including approximately 1,650 estates that may benefit from this allocation as well as other in progress and/or future claimants who may later qualify.

**RECOMMENDATION CONCERNING LOSS OF GUIDANCE, CARE AND
COMPANIONSHIP PAYMENTS**

88. Provided they do not choose one of the joint fixed payment options under the Plans, family class members of a class member whose death was caused by his or her infection by HCV are entitled to be paid loss of guidance, care and companionship in the following 1999 dollar amounts:

- (a) \$25,000 for the spouse;

- (b) \$15,000 for each child under the age of 21 years at the date of death of the HCV infected person;
- (c) \$5,000 for each child 21 years of age or older at the date of death of the HCV infected person;
- (d) \$5,000 for each parent;
- (e) \$5,000 for each sibling;
- (f) \$500 for each grandparent; and
- (g) \$500 for each grandchild.

89. Family class members do not receive loss of guidance, care and companionship benefits while the infected class member is alive.

90. At the time the Settlement Agreement was negotiated there was a great variation in legislation across the country and entitlement to and quantum of this type of award was unclear. Subsequently, legislation has been put in place in some provinces fixing a quantum for various family member awards, however, even the newer legislation is not uniform across the country.

91. Several family class members spoke about the quantum of these awards at the consultation session I attended in Toronto and via that webcast and many more wrote concerning them. The uniform view expressed, regardless of which family member amount was received, was that the awards were parsimonious at best. I am advised by Ms. Matthews, Ms. Podrebarac and Ms. Trudeau that this observation applies to the comments made at all the consultation sessions they attended.

92. While the Joint Committee considered recommending increases to each of these awards, because of the limits on the funds available at this time and the competing interest of other benefits to be addressed it is only recommending that the benefits for children 21 years or older and the benefits of parents be increased by \$5,000 (1999 dollars) retroactively and prospectively at this time.

93. The total cost of these allocations is approximately \$22,449,000 including administrative expense.

94. The Joint Committee believes that the benefits payable to children 21 years or older and to parents are significantly out of line with the award to spouses and to children under age 21 having regard to the fact that parent, child and spouse are all first degree of consanguinity/affinity family members and having regard to the common law and legislation pertaining to such compensation.

95. I am advised by Mr. O'Connell that as of today there are approximately 1,699 family members classified as children over age 21 and approximately 311 family members classified as parents that may benefit from this allocation as well as in progress and/or future claimants who may later qualify.

RECOMMENDATION CONCERNING LOSS OF INCOME/LOSS OF SUPPORT

96. Disease level 4 defined at section 4.01(2) of the Plans does not have a fixed payment attached. It entitles class members who are disabled from their

employment due to HCV to claim loss of income. It is reached upon the occurrence of bridging fibrosis in the liver.

97. The Plans also provide at section 4.01(3) an alternative election for class members at disease level 3 if they are at least 80% disabled from working at their employment. They may elect to claim loss of income at this earlier stage of the disease if they forego the \$30,000 lump sum payment available at this disease level.

98. The Plans as approved by the Courts in 1999 imposed restrictions on loss of income claims at section 4.02 as follows:

- (a) claims were not allowed in respect of pre-claim gross income in excess of \$75,000 (1999 dollars);
- (b) only 70% of the annual loss of net income calculated will be paid initially;
- (c) loss of income payable is calculated net of all income other than earned income and paid net of all collateral benefits received by class members and certain payroll deductions; and
- (d) loss of income ceases at age 65.

As already discussed, the pre-claim gross income restriction described in subparagraph (a) above is now \$2.3 million (1999 dollars) (subject to court approval for payment of any amount over \$300,000 in 1999 dollars) and the 70% restriction described in subparagraph (b) above is completely removed. While the loss of income claim ceases at age 65, the class member may then claim loss of services in the home.

99. Loss of support found at section 6.01(1) of the Plans is calculated in the same manner as loss of income less a 30% discount to offset that portion of income the wage earner would have expended on his/herself while alive. As with a loss of income claim, a loss of support claim ceases at age 65 or on what would have been the 65th birthday of a deceased class member, however the dependant may then claim loss of services in the home.

100. As indicated in paragraph 45 above and also in Eckler's Allocation Report at Appendix A and Appendix D, the Joint Committee has considered 10 or more issues around the loss of income/support benefits and instructed Eckler to cost many of them. While appreciating that loss of income/support benefits are critical to those who receive them, the Joint Committee also recognizes that not all of the loss of income/support issues that have been identified can be addressed at this time as the cost is too great and there are competing interests in terms of other benefits to be addressed.

101. Ultimately the Joint Committee focused on two of these issues. First, the provisions of sections 4.02(2) and 6.01(1) of the Plans which exclude collateral income from being included in pre-claim net income but require collateral benefits to be deducted as post-claim net income, significantly reducing the actual income loss recovered. The claims data demonstrates that class members have had significant amounts deducted in their income loss calculation for CPP/QPP disability, UEI/EI, sickness, accident or disability insurance, and EAP/MPTAP/Nova Scotia Compensation Plan in respect of HIV. Second, the fact that the Plans do not have any provision for pension loss suffered by class members as a result of their being disabled from working due to their infection with HCV.

102. The Joint Committee recommends at this time that the deduction of collateral benefits as post-claim net income be eliminated from the calculation of annual loss of net income and that 10% of gross loss of income (loss of income capped at \$200,000 prior to 2014 and indexed thereafter) be paid to provide some compensation in respect of lost pension benefits. Both of these payments are to be made retroactively and prospectively. The Joint Committee did not feel it was able to recommend 14% in respect of pension benefits because of the limits on the funds available at this time and the competing interests of other benefits to be addressed.

103. The total cost of these allocations is approximately \$47,469,000 including administrative expense.

104. I am advised by Mr. O'Connell that there are approximately 528 loss of income/support claimants that may benefit from this allocation as well as in progress and/or future claimants who may later qualify.

RECOMMENDATION CONCERNING LOSS OF SERVICES IN THE HOME

105. Class members at disease level 4 or higher are entitled to claim loss of services in the home under section 4.03(2) of the Plans, provided they are disabled from providing services in their homes due to HCV and provided that loss of income is not claimed for the same time period. If the class member is deceased and the death was caused by his or her infection with HCV, his or her dependants may make a claim for loss of services the deceased would have provided so long as loss of support is not claimed for the same period.

106. An alternative election at section 4.03(1) is also available for class members at disease level 3 if they are at least 80% disabled from providing services in their homes (or their dependants if the class member is deceased and the death was caused by the infection with HCV). Claimants may elect to claim loss of services at this earlier stage of the disease if they forego the \$30,000 lump sum payment available at this disease level.

107. Claims for loss of services in the home are limited to a maximum of 20 hours per week recoverable at a rate of \$12 per hour (1999 dollars).

108. A loss of services in the home claim is payable for the lifetime of the infected person and then until the earlier of the death of the dependant or the statistical lifetime of the deceased class member without regard to his or her HCV infection. Class members who chose loss of income/support may claim loss of services when the entitlement to loss of income/support terminates due to the class member reaching age 65 or on what would have been the 65th birthday of a deceased class member.

109. Many written and oral communications from class and family class members described loss of services payments as being vital to their survival.

110. I am advised by Mr. O'Connell that at the time a person applies for loss of services, they are asked how many hours they spent providing services in the home prior to disability due to HCV and how many they are able to provide after being disabled by HCV. They are compensated based on the difference up to 20 hours per

week in accordance with the governing court approved protocol. I am further advised by Mr. O'Connell that approximately 95% of such claimants, based on the data from the last three years, had a pre-disability level in excess of 20 hours per week and the average pre-disability level is about 47 hours per week.

111. Based on the data and the submissions from class members (especially at consultation sessions) that the current rate, \$16.50, and number of hours is insufficient to actually replace the work, the Joint Committee considered increases to both the number of hours reimbursed and the hourly rate of this compensation. It also considered three different scenarios for extending the duration of the payments and whether these benefits and loss of income/support should be mutually exclusive. Eckler was instructed to cost all of these options using various scenarios outlined in their report. In the end, because of the limits of the funds available and the competing interests of other benefits to be addressed, the Joint Committee recommends at this time an increase in the maximum number of hours compensated by 2 hours per week (for a total of 22 hours) payable retroactively and prospectively.

112. The approximate cost of this allocation is \$34,756,000 including administrative expense.

113. I am advised by Mr. O'Connell that there are approximately 1,462 loss of services claimants that may benefit from this allocation now or in the future as the disease progresses as well as in progress and/or future claimants who may later qualify.

RECOMMENDATION CONCERNING COSTS OF CARE

114. The benefit to reimburse costs of care is triggered by disease level. The Plans provide at section 4.04 for compensation of up to \$50,000 (1999 dollars) per year where a class member at disease level 6 incurs such costs.

115. In discussions with the Administrator, Mr. O'Connell estimated that the current maximum reimbursement for this benefit is inadequate to cover the costs incurred in 10% to 15% of these cases. We also heard from some class members and family class members that in some cases care is or was required at disease levels below level 6. The Joint Committee considered recommending that this benefit become available at a lower disease level and that the amount of this award be increased. Eckler was instructed to cost both.

116. However, because of the limits on the funds available and the competing interests of other benefits to be addressed, the Joint Committee recommends at this time that the maximum award for costs of care be increased by \$10,000 (in 1999 dollars for a total of \$60,000) payable retroactively and prospectively.

117. The approximate cost of this allocation is \$629,000 including administrative expense.

118. I am advised by Mr. O'Connell that there are approximately 9 cost of care claims in recent years which exceed the maximum permissible reimbursement and may benefit from this allocation as well as others in the future with ongoing costs of care claims and potential in progress and/or future claimants who may later qualify.

RECOMMENDATION CONCERNING OUT-OF-POCKET EXPENSES

119. Class members at any disease level may claim reimbursement for out-of-pocket expenses in accordance with the provisions of section 4.07 of the Plans.

120. The Joint Committee considered various submissions made by class members and family class members concerning ways in which reimbursement for out-of-pocket expenses was inadequate. One of the things we heard frequently was that time, vacation/sick days and/or wages were lost by family members when they accompanied class members to required medical appointments.

121. The Joint Committee recommends at this time that the benefits under the provision for out-of-pocket expenses include an amount of \$200 (2014 dollars) per visit payable prospectively in those circumstances where a family class member accompanies a class member to his or her medical appointment in respect of his or her HCV condition.

122. The approximate cost of this allocation is \$1,957,000. There is no increase to administration expense in respect to this item.

123. Based on the claims data, Eckler determined that there have been on average 1.8 medical visits per non-cured class member per year. I am advised by Mr. O'Connell that as of today there are approximately 3,022 class members who may have family class members that could benefit from this allocation as well as other in progress and/or future claimants who may later qualify.

RECOMMENDATION CONCERNING FUNERAL EXPENSES

124. The Plans provide at sections 5.01 and 5.02 for payment of an amount up to \$5,000 (1999 dollars) to reimburse uninsured funeral expenses incurred in respect of a deceased class member whose death was caused by his or her infection with HCV.

Section 8.03 of the Plans provides that this payment is subject to deduction of death benefits received.

125. I am advised by Dong Chen at Eckler that the claims data support the submissions made by claimants that the amount of \$5,000 is inadequate to reimburse the expenses incurred in the case of 395 of the 823 claimants who have claimed this benefit.

126. The Joint Committee considered recommending that the collateral death benefit reduction be removed and that the maximum reimbursement under this benefit be increased. However, because of the limits on the funds available and the competing interests of other benefits to be addressed and because the claims data shows that more claimants will benefit from an increase in the maximum amount payable (395 as compared to 337), it recommends at this time an increase of the maximum award for funeral expenses by \$5,000 (in 1999 dollars for a total of \$10,000) payable retroactively and prospectively.

127. The approximate cost of this allocation is \$2,093,000 including administrative expense.

128. As indicated above, there are approximately 395 estates which may benefit from this allocation now and others in the future following the deaths of current class members, as well as in progress and/or future claimants who later qualify.

REMAINING EXCESS CAPITAL

129. In addition to the administrative expenses included in the above recommendations, the Administrator has advised that there will be costs associated with making payments to estates which are not specific to any of the recommended allocations but will arise because some class members and family class members will have passed away since they were last paid compensation or other complications. These costs are estimated to be \$61,000.

130. The future costs of the proposed benefits also impact required capital. The total impact on required capital due to the recommended allocations is \$12,167,000.

131. The total allocation of benefits which is recommended by the Joint Committee, including the associated administration expense and increase in the required capital reserve, amounts to \$205,422,000. The deduction of this total cost from the restated excess capital available of \$206,920,000 results in remaining excess capital of \$1,498,000.

132. The Joint Committee is sensitive to the view expressed by many class members that the excess capital should be allocated and distributed to or for their benefit

in a timely fashion. However, at this time, as a result of the allocation work done and the submissions received the Joint Committee has identified additional items which need to be further investigated and which it may recommend for implementation in the next budget. Such recommendations will necessarily entail additional expenses not accounted for in the budget contained in the Eckler 2013 Sufficiency Report.

133. The Joint Committee therefore recommends that the balance of these monies currently identified as excess capital be retained in the fund and reserved to account for anticipated expenses.

134. For example, if these allocation recommendations are accepted, as previously discussed, costs will likely need to be incurred to upgrade the CLASS software or otherwise upgrade the database estimated on a preliminary basis at \$300,000. And, an amount will be needed to redevelop the proprietary loss of income software.

135. As well, several class members have expressed their difficulties with understanding and adequately satisfying administrative requirements inherent to the claims process. They suggested an independent counsel/ombudsman be appointed to help class members in satisfying these administrative requirements. The Joint Committee will consider ways to address this type of concern and others which may arise. Any such recommendations which do come forward would have costs associated with them that are not currently accounted for in the Eckler 2013 sufficiency report.

136. This affidavit is sworn in support of the Joint Committee's motion to have the access capital allocated for the benefit of the class members and family class members and not for any other or improper purpose.

SWORN BEFORE ME at the City of Windsor, in the County of Essex, this 16th day of October, 2015.



Commissioner for taking affidavits
1345617v11


HEATHER RUMBLE PETERSON

Shelley Lynn Woodrich, a Commissioner, etc.,
County of Essex for Suttis, Strosberg LLP,
Barristers and Solicitors.
Expires February 18, 2016.

*THE ATTACHED IS EXHIBIT "A" TO THE
AFFIDAVIT OF HEATHER RUMBLE PETERSON
SWORN BEFORE ME THIS 16TH DAY OF
OCTOBER, 2015*

A handwritten signature in cursive script, appearing to read 'Shelley', written over a horizontal line.

COMMISSIONER FOR TAKING AFFIDAVITS

Shelley Lynn Woodrich, a Commissioner, etc.,
County of Essex, for Sutts, Strosberg LLP,
Barristers and Solicitors.
Expires February 18, 2016.

DISEASE-BASED COMPENSATION SCHEDULE FOR HCV INFECTED PERSONS

DISEASE LEVEL	MEDICAL CONDITIONS CAUSED BY HCV	COMPENSATION					
		FIXED PAYMENTS AS COMPENSATION FOR PAIN AND SUFFERING*	LOSS OF INCOME OR COMPENSATION FOR LOSS OF HOME SERVICES (CLAIM ONE OR THE OTHER)	ADDITIONAL PAYMENT IF YOU TAKE COMPENSABLE HCV DRUG THERAPY	REIMBURSEMENT FOR UNINSURED TREATMENT AND MEDICATION COSTS	REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES	REIMBURSEMENT FOR CARE COSTS
6	You are considered a Level 6 claimant if: 1. you receive a liver transplant; or 2. you develop: a) decompensation of the liver; b) hepatocellular cancer; c) B-cell lymphoma; d) symptomatic mixed cryoglobulinemia; e) glomerulonephritis requiring dialysis; or f) renal failure.	You will receive \$100,000** at this level.	Yes	Yes, \$1,000 per month of completed therapy.	Yes	Yes	Yes, up to \$50,000** per year.
5	You are considered a Level 5 claimant if you develop: (a) cirrhosis (fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration); (b) unresponsive porphyria cutanea tarda which is causing significant disfigurement and disability; (c) unresponsive thrombocytopenia (low platelets) which is associated with purpura or other spontaneous bleeding, or which results in excessive bleeding following trauma or a platelet count below 30x10 ⁹ ; or (d) glomerulonephritis not requiring dialysis.	You will receive \$65,000** at this level.	Yes	Yes, \$1,000 per month of completed therapy.	Yes	Yes	Not applicable
4	You are a Level 4 claimant if: you develop bridging fibrosis (i.e. 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).	There is no fixed payment at this level.	Yes	Yes, \$1,000 per month of completed therapy	Yes	Yes	Not applicable
3	You are considered a Level 3 claimant if: 1. you develop non-bridging fibrosis (i.e. 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 central veins); or 2. you receive Compensable HCV Drug Therapy (i.e. interferon or ribavarin); or 3. you have met a protocol for Compensable HCV Drug Therapy even though you have not taken the therapy.	OPTION 2 If you waive the \$30,000** payment at this level, you may claim loss of income or compensation for loss of services in the home if HCV has caused you to be at least 80% disabled.	Yes	\$1,000 per month of completed therapy	Yes	Yes	Not applicable
		OPTION 1 You will receive \$30,000** at this level.	Not applicable				
2	You are considered a Level 2 claimant if: you test positive on a polymerase chain reaction (PCR) test demonstrating that HCV is present in your blood.	You will receive \$20,000** at this level.	Not applicable	Not applicable	Yes	Yes	Not applicable
1	You are considered a Level 1 claimant if: your blood test demonstrates that the HCV antibody is present in your blood.	You will receive \$10,000** at this level.	Not applicable	Not applicable	Yes	Yes	Not applicable

*Fixed payments are cumulative—for example, a Level 3 claimant choosing Option 1 will receive Level 1 - \$10,000** plus Level 2 - \$20,000** plus Level 3 - \$30,000**, for a total of \$60,000**.

**Amounts shown are in 1999 dollars and subject to annual CPI adjustment.

*THE ATTACHED IS EXHIBIT "B" TO THE
AFFIDAVIT OF HEATHER RUMBLE PETERSON
SWORN BEFORE ME THIS 16TH DAY OF
OCTOBER, 2015*

A handwritten signature in black ink, appearing to read 'Shelley', written over a horizontal line.

COMMISSIONER FOR TAKING AFFIDAVITS

Shelley Lynn Woodrich, a Commissioner, etc.,
County of Essex, for Sutts, Strosberg LLP,
Barristers and Solicitors.
Expires February 18, 2016.



HEPATITIS C
JANUARY 1, 1980-
JULY 1, 1990
CLASS ACTIONS
SETTLEMENT

    
Home Search Contact Us Français Privacy

**Frequently
Asked
Questions**

**Claimants:
Essential Information**

**Claimants:
Additional Information**

**Claimants:
Loss of Income / Loss
of Support / Loss of
Services**

**Periodic Re-Assessment
by the Courts**

Appeals

Documents

Forms

Contacts and Links

Annual Report

Administrator

 printer friendly page

IMPORTANT NOTICE

The Joint Committee and the federal government have filed materials with the Courts relating to financial sufficiency under the 1986-1990 Hepatitis C Settlement Agreement. The actuaries retained by the Joint Committee and the federal government have both expressed the opinion that the Trust Fund is financially sufficient as at December 31, 2013. The actuaries have also expressed the opinion that the assets exceed expected liabilities such that there is a surplus. The surplus is estimated to be between \$236 million and \$256 million as at December 31, 2013.

The Courts have established a schedule for the steps leading up to a joint hearing (the "**Joint Hearing**"), **which can be found here**. At the Joint Hearing, the Courts will hear submissions regarding whether the Courts should exercise their discretion to allocate all or a portion of that surplus in accordance with the orders they issued in 1999 approving this settlement and, if so, how it should be allocated.

The Joint Hearing has been scheduled to take place on June 20-22, 2016 in Toronto. There will also be a video link of the Joint Hearing to a court room in British Columbia where the public can attend. A similar broadcast will be available in the Montreal courthouse. The exact location of the court rooms will be posted when they are known.

Copies of the materials that have been filed with each of the Courts including the orders rendered can be reviewed by clicking on the links to the applicable province below. This website will be updated to include additional materials that are filed with the Courts as well as any Orders or directions issued in connection with the Joint Hearing.

British Columbia
Ontario
Quebec

NOTE: The JC is seeking input from Class Members and Family Class Members to assist it in making its allocation recommendations. They have written to Class Members and Family Class Members in this regard. Further information is contained in the Notice posted below.

What's New

**March 4, 2015 – Recent HCV
Diagnosis Exception to the June
30, 2010 First Claim Deadline**

The Court has amended a protocol with regards to issuing Initial Claim Packages to individuals who first learned of their infection with HCV within three (3) years prior to first having advised the Administrator of a potential claim. To view the Court Approved Protocol, [click here](#)

**March 4, 2015 - Issuance of
Initial Claims Packages after the
June 30, 2010 First Claim
Deadline**

The Court has amended a protocol with regards to issuing Initial Claim Packages to individuals upon request, provided that certain conditions are met. To view the Court Approved Protocol, [click here](#)

**May 1, 2014 – Request Form –
Deficiency Deadline Extension**

Should you wish to request and extension of your Deficiency Deadline, please submit a "Request Form – Deficiency Deadline Extension" setting out (a) the steps already taken to cure the deficiencies; (b) the reasons why the deficiencies have not been cured to date, and (c) the new steps you propose to take to cure the deficiencies and how long these steps will take. To view and print a "Request Form – Deficiency Deadline Extension", [click here](#).

Notice to Class Members.

Notice for Saskatoon meeting September 2, 2015

Saskatoon Consultation Session –September 2, 2015

Date:	September 2, 2015
Time:	7:00 p.m.
	Best Western Royal
Hotel	
	Sedona Room
	1715 Idylwyld Drive
North	
	Saskatoon,
Saskatchewan	

As part of the consultation process, the Joint Committee has developed background information for the class member consultations and a series of questions on which they are seeking input. They are contained in the power point presentation link below. The Joint Committee welcomes your input on these questions and any other matter you think is important. Information on contacting Joint Committee members is in the notice above and the power point presentation linked below.

Powerpoint Presentation for August 12, 2015 Webcast

We're here to help you

In this Web site, you will find important information on key aspects of the **Hepatitis C (HCV) January 1, 1986-July 1, 1990 Class Actions Settlement**. Please note that the settlement is for the benefit of two main groups:

- Persons who were infected with HCV for the first time through blood transfusions during the period of *January 1, 1986 to July 1, 1990*, and certain members of their families;
and
- Persons with certain congenital clotting deficiencies (hemophilia) or Thalassemia Major who contracted HCV and received Blood and blood products in Canada during the period of *January 1, 1986 to July 1, 1990*, and certain members of their families.

Please read the information on this Web site very carefully. This will help you to **determine whether you are eligible or not** for compensation as a member of one of the two groups identified above. Once you have read and reviewed the information contained in this Web site, you can **contact the Administrator** if you have any questions or comments.

To do so, you may send an email or call us toll-free, at 1-877-434-0944. Our business hours are 8:30 am to 4:30 pm, Eastern Time, Monday to Friday.

May 1, 2014 – Deficient Claims, Claimants that Cannot be Located and Duplicate Claims

The Court has approved a protocol with regards to Deficient Claims, Claimants that Cannot be Located and Duplicate Claims. To view the Court Approved Protocol, [click here](#).

Pre 1986 / Post 1990 Settlement

For further information on that settlement visit

www.pre86post90settlement.ca

Claims Statistics

[Payments to approved claimants](#)

[Approved and denied claims](#)

DID YOU KNOW?

- A key feature of the benefits under The 1986-1990 Hepatitis C Settlement Agreement is that Approved HCV Infected Class Members are able to return for additional compensation if their Disease progresses. For example, you may have been entitled to Level 2 compensation in the past, but if your Disease has already progressed or does progress in the future you may be approved at a higher disease level and awarded additional compensation. Please contact the Administrator for further information regarding this important feature of the Settlement Agreement.
- If you are an Approved Class Member you may be eligible for reimbursement for uninsured costs of HCV treatment and medications in addition to out-of-pocket expenses such as travel costs associated with seeking medical advice and treatment regarding your Hepatitis C.
- It is important to designate an Executor of your Estate in your Will for the continuation of your claim in the event that you may pass away. It is also important to inform your Executor to contact the Administrator regarding your claim under the 1986-1990 Hepatitis C Settlement Agreement as compensation may be available to your family members if Hepatitis C has materially contributed to your death. Please note that certain claim deadlines will apply to family member applications.
- You can add your email address to your file by emailing us at info@hepc8690.ca and we will update or add your email address to your file. Your email address will remain strictly confidential and will not be distributed.

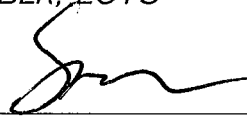
Important notice!

Any person who submits a statement of claim to the Administrator containing intentionally inaccurate and/or false information in order to obtain undue benefits under the Agreement is liable to criminal and/or civil action.

[Disclaimer](#)

Disclaimer

*THE ATTACHED IS EXHIBIT "C" TO THE
AFFIDAVIT OF HEATHER RUMBLE PETERSON
SWORN BEFORE ME THIS 16TH DAY OF
OCTOBER, 2015*



COMMISSIONER FOR TAKING AFFIDAVITS

Shelley Lynn Woodrich, a Commissioner, etc.,
County of Essex, for Sutts, Strosberg LLP,
Barristers and Solicitors.
Expires February 18, 2016.

THE JOINT COMMITTEE WANTS TO HEAR FROM YOU

The Joint Committee has a mandate to implement the 1986-1990 Hepatitis C Settlement Agreement and to supervise the ongoing administration of claims. Every three years, we also review the financial sufficiency of the Trust Fund to ensure that it is adequate to meet the expected needs of Class Members and Family Class Members.

WHY WE WANT TO HEAR FROM YOU

On the most recent financial sufficiency review, the actuaries retained by the Joint Committee and the federal government expressed the opinion that the Trust Fund is sufficient to meet the expected needs of Class Members and Family Class Members and there is a surplus. The surplus is estimated to be between \$236 million to \$256 million.

The orders approving the settlement allow the Joint Committee and the governments to apply to the Courts where there is a surplus. The Courts have discretion to decide what to do with the surplus. They can also decide that all or a portion of the surplus should be kept in the Trust Fund.

The Joint Committee will be making an application to the Courts to request that all or a portion of the surplus be allocated in favour of Class Members and Family Class Members. **The Joint Committee wants your input on the areas of the settlement that you feel fall short and how you think the surplus should be used.**

The Joint's Committee's application and any application made by the federal government regarding the surplus will be considered by the Courts at a Joint Hearing that will take place in Toronto, Ontario on **June 20-22, 2016**. There will be a video link of the hearing to a court room in British Columbia where the public can attend. **A schedule of the steps leading up to the Joint Hearing is attached.** For up-to-date information, to see the documents filed with the Courts, and for the location of the hearings go to www.hepc8690.ca.

HOW YOU CAN PROVIDE YOUR INPUT

Members of the Joint Committee will be holding consultation sessions in various cities in English and French, some of which will be webcast live on the internet. You may also make a written submission. You can provide your input in 3 ways:

- by attending a consultation session in person at the places and times listed below. Additional sessions may be announced, so visit www.hepc8690.ca for further updates. **If you plan to attend in person, please let us know in advance by calling 1.866.228.0073 or emailing hepc@strosbergco.com so that we know how many people to expect for planning purposes**
- by watching a webcast consultation session live on the internet, which will allow you to ask questions and make comments while the session is taking place. To participate in any of the webcast consultation sessions, please go to <http://www.postelvideo.com/webcast/single3/login.php>. On the day of the session, sign in with your name, email address and use the password **hepc**

- by calling or writing a member of the Joint Committee, whose contact information is listed below. Written submissions sent to a Joint Committee member will receive serious consideration and may be provided to the Courts for their consideration at the Joint Hearing

CONSULTATION SESSIONS

Date	Time	Language	Location	Live Webcast (yes/no)
August 12, 2015	7:00 pm	English	UBC Robson Square, 800 Robson St, Vancouver, BC HSBC Hall (Room C680)	Yes
August 20, 2015	7:00 pm	French	1000, De la Gauchetière West, 25th floor, Suite 2500 (McCarthy Tétrault), Montreal, QC	Yes
August 25, 2015	7:00 pm	English	The Advocates' Society 250 Yonge St., Suite 2700 Toronto, ON	Yes
August 26, 2015	7:00 pm	English	The Sheraton Hamilton Hotel Jackson Square, 116 King St W, Hamilton, ON Heritage Room (Concourse Level)	No

Additional sessions across the country may be announced. Visit www.hepc8690.ca for updates.

JOINT COMMITTEE MEMBERS

Written submissions can be sent to any one of the following members of the Joint Committee.

J. J. Camp Q. C.

Camp Fiorante Matthews Mogerman
400 - 856 Homer Street
Vancouver, British Columbia V6B 2W5
Telephone: 604-331-9520
Fax: 604-689-7554
E-mail: jjcamp@cfmlawyers.ca

Harvey Strosberg Q. C.

Sutts Strosberg LLP
600 - 251 Goyeau Street
Windsor, Ontario N9A 6V4
Telephone: 1-866-228-0073
E-mail: hepc@strosbergco.com

Michel Savonitto

SAVONITTO & ASS. INC.
468, rue St-Jean
Suite 400
Montréal, Québec H2Y 2S1
Telephone: 514-843-3125 ext 208
Fax: 514-843-8344
E-mail: info@savonitto.com

Kathryn Podrebarac

Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, Ontario M5S 1S4
Telephone: 416-348-7502
Fax: 416-348-7505
E-mail: kp@toughcounsel.com

For the most up-to-date information, go to www.hepc8690.ca.

1986-1990 Hepatitis C Settlement Agreement

Phase 2 Sufficiency Schedule

This schedule is premised on the understanding that the Provinces and Territories are parties with standing and that they will not make any applications but may respond to applications.

All materials filed/delivered pursuant to this schedule shall be simultaneously and electronically provided to the Administrator for posting on the 1986-1990 Hepatitis C Class Action website.

1. By June 30, 2015

The Joint Committee will advise class members that it is agreed that assets exceed liabilities by the amounts set out in the consent order and that one or more parties may be making applications described below and this schedule will be utilized for these applications.

2. October 16, 2015

The Joint Committee will deliver its Notice of Application and supporting materials on its application for the courts to exercise their discretion with regard to actuarially unallocated monies.

3. December 16, 2015

- (a) The Federal Government will:
 - (i) deliver its Notice of Application and supporting materials on any application it seeks to make; and
 - (ii) deliver an Application Response and any materials in response to the Joint Committee's application.
- (b) The Provincial and Territorial governments will file their Application Responses and materials in response to the Joint Committee's application.

4. March 3, 2016

Case Management Conference Call

5. April 1, 2016

- (a) The Joint Committee will:
 - (i) file an Application Response and supporting material to the Federal Government's application;

- (ii) file any reply materials to the Federal Government and /or Provincial and Territorial Governments' responses to the Joint Committee's application;

(b) The Provincial and Territorial Governments will:

- (i) file Application Responses and supporting material to the Federal Government's application;

6. April 15, 2016

The Federal Government will file any reply materials to the response materials of the Joint Committee and the Provincial and Territorial Governments.

7. May 15, 2016

All parties file submissions.

8. June 20 – 22, 2016

Hearing in Toronto.

*THE ATTACHED IS EXHIBIT "D" TO THE
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SWORN BEFORE ME THIS 16TH DAY OF
OCTOBER, 2015*



COMMISSIONER FOR TAKING AFFIDAVITS

*Shelley Lynn Woodrich, a Commissioner, etc.,
County of Essex, for Sutts, Strosberg LLP,
Barristers and Solicitors.
Expires February 18, 2016.*

1986-1990 Hepatitis C Settlement

**Joint Committee Class Member
Consultation Sessions**

August 2015

Consultations

Date	Time	Language	Location	Live Webcast (yes/no)
August 12, 2015	7:00 pm	English	Vancouver, BC	Yes
August 20, 2015	7:00 pm	French	Montréal, QC	Yes
August 25, 2015	7:00 pm	English	Toronto, Ontario	Yes
August 26, 2015	7:00 pm	English	The Sheraton Hamilton Hotel Jackson Square, 116 King St W, Hamilton, Ontario Heritage Room (Concourse Level)	No
August 26, 2015	7:00 pm	Bilingual	Hampton Inn & Suites 65 Cromarty Drive, Dartmouth, NS B3B0G2 (Shubenacadie & Topsail Room)	No
August 27, 2015	7:00 pm	English	Terwillegar Community Recreation Center (within the Subway Arena) 2051 Leger Road NW Edmonton, Alberta Multipurpose Room B (2nd Level) – Located between Rinks A & B	No

Background to Consultation Sessions

- In 1999, a settlement of the 1986-1990 Hepatitis C class action was approved by the Courts in Ontario, BC and Quebec
- The settlement provided for payments by the federal, provincial and territorial governments totaling but not exceeding \$1.18 billion
- This amount is to be used to pay scheduled benefits to class members over the course of their lifetimes and to their dependants after their death depending on the severity of their illness and what losses they suffer as a result of infection with HCV

Background to Consultation Sessions

- Every 3 years, financial sufficiency is assessed to answer this question: are the assets of the trust fund enough to pay all the anticipated payments to class members and administer the Plans?
- If the assets are more than enough, the courts have discretion to order the “surplus” be allocated for the benefit of class members; allocated in a way which benefits class members even if not paid to class members; pay the funds to the governments; or be retained within the Trust Fund

Background to Consultation Sessions

- \$236 million to \$256 million has been identified in the Trust as surplus funds
- It is up to the Courts to decide whether any amount of the surplus will be paid out at this time. If the Courts decide to pay the surplus out in full or part, they will also decide who to pay it to and how.
- There may be a competing application from the Federal government to have the funds returned to it, or from other interested groups to fund things like research, or health care, or other compensation programs.

Background to Consultation Sessions

- The outcome of these motions cannot be predicted. The Courts could decide that the surplus monies should not be paid out at this time or that they should not go to the class members.
- The Joint Committee is committed to using its best efforts to see that the monies will be used for the benefit of the class members. We want to hear from the class members as we decide how best to request that the surplus be paid out in full or part for the benefit of the class members.
- But to be perfectly frank, the Joint Committee won't be able to recommend all of the suggestions the class gives us.

Background to Consultation Sessions

- There are many competing issues the Joint Committee will need to consider:
 - enhanced benefits must be reasonable compared to the law on compensating people with serious illness
 - the administration costs and burden on class members to provide information to calculate precise benefit enhancements
 - the feasibility of locating and paying estates that have long been closed; income tax treatments; etc.
- The Joint Committee will make a recommendation that fits within what the law allows for personal injury recoveries and can be reasonably administered, considering what we hear from class members about how the compensation could be improved.

Please Also Consider

- Whether or not you agree with the Joint Committee's recommendation to the Courts, class members may make their own submissions in writing and/or by requesting to appear at the hearings
- Aside from enhancing benefits due to the surplus, the existing Plans allow you to claim more benefits if your condition changes, you undergo treatment, or the HCV infected person dies. Please call the Administrator to make sure your benefits have kept up with your condition or the health status of an HCV infected family member
- More info on how to do these things at the end of the presentation

Claims Summary as of January 2015

Approved Claims

Approved Primarily Infected Persons – alive	3,633
Approved Primarily Infected Persons – deceased before 1999	485
Approved Primarily Infected Persons – deceased after 1999	1,119
Total Approved Primarily Infected Persons	5,237
Approved Secondly Infected Persons – alive	53
Approved Secondly Infected Persons – deceased after 1999	9
Total Approved Secondly Infected Persons	62
Total Family Member Claims	8,665

Claims Summary as of January 2015

Additional Potential Claims

In progress claims of infected persons/estates that may or may not get approved	477
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In progress claims of family members that may or may not get approved	149
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Potential claims of infected persons/estates who missed the claims deadline and the Courts may permit to claim against the surplus	158
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Potential claims of family members who missed the claims deadline and the Courts may permit to claim against the surplus	76
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Initial and Ongoing Payments

Fixed Payments:

- **Disease Level 1** - \$13,457 (\$10,000 in 1999) – HCV antibody in blood
- **Disease Level 2** - \$26,915 (\$20,000 in 1999) – HCV present in blood
- **Disease Level 3** - \$40,373 (\$30,000 in 1999) – non-bridging fibrous or Compensable HCV Drug Therapy
- **Disease Level 5** - \$87,475 (\$65,000 in 1999) – cirrhosis or porphyria cutanea tarda or thrombocytopenia or glomerulonephritis
- **Disease Level 6** - \$132,577 (\$100,000 in 1999) – liver transplant or HCC or decomposition of liver or B-Cell lymphoma or cryoglobulinemia or glomerulonephritis requiring dialysis or renal failure

Class Member Specific Compensation:

- Loss of income; loss of services in the home; loss of support; out of pocket expenses; uninsured medical expenses; HCV drug therapy; cost of care; funeral expenses; family member payments

Amount paid in compensation to December 31, 2014

\$823.2 million

(including \$21.4 million to the HIV secondarily
infected persons - EAP2)

Loss of Income and Loss Support Payments – to compensate for earned income lost due to infection with HCV

- Has the income loss payment kept up with the going rate in the infected person's field or job?
- At what age do people working in the infected person's field and job generally retire?
- Did leaving the work force cause the infected person to lose a benefits package provided by the employer?

Loss of Income and Loss Support Payments – to compensate for earned income lost due to infection with HCV

- Did the infected person contribute to a Registered Retirement Savings Plan or have a pension plan while in the work force that has been impacted by leaving the work force?
- Were Employment Insurance, Disability Benefits, Canadian Pension Plan and/or MPTAP deducted from the infected person's income loss payment? Did that cause an unfair disadvantage?

Loss of Income and Loss Support Payments – to compensate for earned income lost due to infection with HCV

- While the infected person was still in the work force, did he/she also regularly do household services around the home?
- Once the infected person was not working outside the home, was he/she able to continue to do the things around the home he/she once did?
- Did the infected person give up doing things around the home so that he/she could continue in the work force longer?

Loss of Services in the Home – a payment of up to 20 hours/week to replace the services the infected person previously provided around the home

- How does the maximum of 20 hours/week compare to the time the infected person spent working around the home before HCV prevented it?
- Do you hire out the replacement services for work the infected person did around the home or are these tasks performed by another family member?
- How does the hourly rate you receive to replace work the infected person did around the home of approximately \$16.50/hr compare to the rates you are paying for replacement services?

Costs of Care – a payment of up to \$67,000 annually to pay the costs of care and assistance with daily living for the infected person at Disease Level 6

- Is the care being provided in your own home or at another facility?
- If provided at home, are these care services hired out or are they performed by a family member?
- Does the amount you receive cover the costs being incurred and hours being spent for care?

Costs of Care – a payment of up to \$67,000 annually to pay the costs of care and assistance with daily living for the infected person at Disease Level 6

- Did the infected person require significant care before he/she reached a Disease Level 6 medical condition?
- If significant care was required before Disease Level 6, how did the hours and costs compare to the care required at Disease Level 6?

Out-of-Pocket Expenses – to reimburse out-of-pocket expenses incurred due to infection with HCV

- Does the money reimbursed for out-of-pockets generally cover the full amount of the expenses you incur?
- If not, how/where does the reimbursement fall short?

Out-of-Pocket Expenses – to reimburse out-of-pocket expenses incurred due to infection with HCV

- Does someone usually accompany the infected person to medical appointments?
- Are the expenses of the accompanying person generally covered in full?
- How many medical appointments does the infected person have for HCV in a year when he/she is receiving HCV drug therapy versus a year when he/she is not receiving HCV drug therapy?

Uninsured Treatment and Medication – to reimburse uninsured expenses incurred for generally accepted medical treatment/medication due to HCV

- Are/were extended health care benefits provided through the infected person's employment?
- Have you had to purchase replacement extended health care benefits because the infected person isn't working or died?
- Is there an annual or lifetime limit on the extended health care benefits you can receive under your plan?
- Have you used up the annual/lifetime limit on extended health care benefits or are you concerned that you will likely do so?

Family Member Payments – a payment for the loss of guidance, care and companionship of the infected person, after his or her death

- **Spouse of infected person** – \$33,644 (\$25,000 in 1999 dollars)
- **Child of infected person under age 21** \$20,186 (\$15,000 in 1999 dollars)
- **Child of infected person age 21 or over** – \$6,728 (\$5,000 in 1999 dollars)
- **Parent of infected person** – \$6,728 (\$5,000 in 1999 dollars)
- Does the payment to any particular family member seem out of line? If so, how or why?
- Does the payment to any particular family member seem out of line with the payment to any other family member? If so, how or why?

Funeral Expenses – up to \$6700 to compensate for uninsured funeral expenses incurred

- If you received money to reimburse funeral expenses, did it cover all of the expenses you incurred?

General Questions

- Is there any kind of expense you've incurred or loss you've experienced due to HCV that you feel the Plans failed to cover or address?
- Does the payment under any particular payment category seem out of line with the loss or expense it is intended to compensate?
- If you could change one thing about the Plans or the payments you receive under them, what would you change?

General Questions

- If the Courts decide to enhance benefits to the class from the surplus, should it be a lump sum payment or an increase in the ongoing recurring payments you receive?
- If there is a lump sum, should the same amount be set for each infected class member or should disease level, loss of employment and/or other identified factors be considered in setting the amount?

General Questions

- Has the infected person been denied life insurance coverage due to HCV?
- Has the infected person obtained life insurance coverage at an increased cost due to HCV?

Contact Info

If you would like to contact the Joint Committee members to provide your views in writing:

J.J. Camp, Q.C.

Camp Fiorante Matthews Mogerman
400 – 856 Homer Street
Vancouver, BC V6B 2W5
Telephone: 604-331-9520
Fax: 604-689-7554
Email: jjcamp@cfmlawyers.ca

Michel Savonitto

Savonitto & Ass. Inc.
468, St-Jean Street
Suite 400
Montréal, QC H2Y 2S1
Telephone: 514-843-3125 ext. 208
Fax: 514-843-8344
Email: info@savonitto.com

Harvey Strosberg, Q.C.

Sutts Strosberg LLP
600 – 251 Goyeau Street
Windsor, ON N9A 6V4
Telephone: 1-866-228-0073
Email: hepc@strosbergco.com

Kathryn Podrebarac

Podrebarac Barristers Professional Corporation
Suite 701, 151 Bloor Street West
Toronto, ON M5S 1S4
Telephone: 416-348-7502
Fax: 416-348-7505
Email: kp@toughcounsel.com

Further Consultations

Further sessions are scheduled:

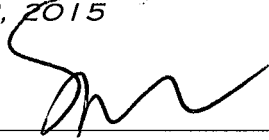
Date	Time	Language	Location	Live Webcast (yes/no)
August 26, 2015	7:00 pm	English	The Sheraton Hamilton Hotel Jackson Square, 116 King St W, Hamilton , Ontario Heritage Room (Concourse Level)	No
August 26, 2015	7:00 pm	Bilingual	Hampton Inn & Suites 65 Cromarty Drive, Dartmouth , NS B3B0G2 (Shubenacadie & Topsail Room)	No
August 27, 2015	7:00 pm	English	Terwillegar Community Recreation Center (within the Subway Arena) 2051 Leger Road NW Edmonton , Alberta Tournament Room B (Main Level)	No

Questions About Your Benefits and Compensation Eligibility

Please contact the Administrator:

- **by e-mail at info@hepc8690.ca**
- **by regular mail at :**
PO Box 2370
Station D
Ottawa, Ontario
K1P 5W5
- **by telephone:** toll-free number is 1 877 434-0944
8:30 am to 4:30 pm, Eastern Time, Monday to Friday.
- **by fax:** (613) 569-1763.

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Barristers and Solicitors.
Expires February 18, 2016.*

SUMMARY TABLE – ADMINISTRATION COST ESTIMATE TO ENHANCE BENEFITS TO CLASS MEMBERS

Proposed Enhancements	Number of Claims	Costs (High End; Low End; Option 1; Option 2; Option 3)	Comments
(4) Payments to estates	1,632	Option 1 (High End) : \$ 61,408.00 Option 2 (Low End) : \$ 27,136.00	High End assumes Crawford would have to manage the returned mail by searching 411 and/or contacting family members to obtain current mailing address because estates are closed.
(7) Late claims – CAP 3	241	\$ 50,610.00	Claims would be treated at the same cost level as POC's.
(9 A) Age at which LOI and LOS cease – age 65 – considering raising it to age 67	99	\$ 27,987.50	Claims would have to be reopened, claimants required to submit tax info for the year they were 66 and 67.
(9 B, C & D, Extra) Calculating in a more advantageous way "Three best years", deduction and income tax deduction	528	Option 1 : \$ 142,600.00 Option 2 : \$ 4,000.00 Option 3 : \$ 25,176.00	1 : reopening the claims, reviewing tax records, new calculations, etc. 2 : go-forward basis = no additional cost, except database development. 3 : compensate each claimant who received LOI/LOS on a pro-rata basis.
(9 G) Compensation for Level 3 waivers	94	\$ 6,948.00	Simply create and distribute payments to the 94 Class Members.

SUMMARY TABLE – ADMINISTRATION COST ESTIMATE TO ENHANCE BENEFITS TO CLASS MEMBERS

(9 H & Extra) Increasing LOI / SRV – \$12 per hour – 20 hours per week limit	1,462		<p>Option 1 : \$ 195,887.50</p> <p>Option 2 : \$ 4,000.00</p> <p>Option 3 : \$ 64,404.00</p>	<p>1 : reopening the claims, reviewing Gen 12 forms, new calculations, etc.</p> <p>2 : go-forward basis = no additional cost, except database development.</p> <p>3 : compensate each claimant who received SRV on a pro-rata basis.</p>
(10) DB9 estates	82		<p>Option 1 : \$ 18,220.00</p> <p>Option 2 : \$ 1,000.00</p>	<p>1 : reopening the claims, more estates documents required.</p> <p>2 : go-forward basis = no additional cost, except database development.</p>
(11) Secondarily Infected Persons (SIP)	27		<p>Option 1 : \$ 6,670.00</p> <p>Option 2 : \$ 1,000.00</p>	<p>1 : reopening the claims, more claims documents required.</p> <p>2 : go-forward basis = no additional cost, except database development.</p>
(12 A) Cost of Care (COC) – indexed amount	9		<p>Option 1 : \$ 1,945.00</p> <p>Option 2 : \$ 1,000.00</p>	<p>1 : reopening the claims, paying the amount held back.</p> <p>2 : go-forward basis = no additional cost, except database development.</p>
(12 B) Cost of Care (COC) – Level 5 Claimants	120		\$ 13,600.00	No additional cost, except simply more COC claims to manage on a go-forward basis.
(13) Out of Pocket Expenses	-		-	No additional cost on a go-forward basis, assuming not a retrospective benefit.

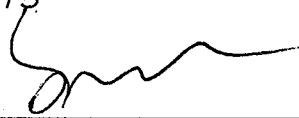
SUMMARY TABLE – ADMINISTRATION COST ESTIMATE TO ENHANCE BENEFITS TO CLASS MEMBERS

(14) Funeral Expenses	828		Option 1 : \$ 42,731.20 Option 2 : \$ 1,000.00	1 : reopening the claims, recalculating, paying, etc. 2 : go-forward basis = no additional cost, except database development.														
(15) Hemo 23 Election	59		\$ 14,390.00	Reviewing the claims, obtaining further medical info to confirm current disease levels.														
(16 A) Family Claims – increasing compensation	8,799		Option 1 (High End) : \$ 287,168.50 Option 2 (Low End) : \$ 102,389.50	High End assumes Crawford would have to manage the returned mail by searching 411 and/or contacting family members to obtain current mailing address.														
(16 B) Family Claims – paying while infected person is alive and has reached Level 3-4 (KO's email dated September 15)	<table><tr><td>DL 1</td><td>649</td></tr><tr><td>DL 2</td><td>1,097</td></tr><tr><td>DL 3</td><td>1,254</td></tr><tr><td>DL 4</td><td>254</td></tr><tr><td>DL 5</td><td>267</td></tr><tr><td>DL 6</td><td>154</td></tr><tr><td>TOTAL</td><td>3,675 alive PIPs or SIPs</td></tr></table>		DL 1	649	DL 2	1,097	DL 3	1,254	DL 4	254	DL 5	267	DL 6	154	TOTAL	3,675 alive PIPs or SIPs	Option A: =# of FM claims x 2,0h x 105\$ Option B: =# of FM claims x 0,4h x 105\$	(A) Keep the existing process for family members; i.e. registering each family member in the database, sending them each instructions & claim form, receiving the claim form back and proof of family relationship (i.e. Long Form Birth Certificates, Marriage Certificates), approving the claim, send them a release, accepting the signed release and making payment to each individual family member. (B) No claim forms, no supporting family relationship docs, no releases and the payment going directly to the PIP or SIP depending on how many family members they indicate they have.
DL 1	649																	
DL 2	1,097																	
DL 3	1,254																	
DL 4	254																	
DL 5	267																	
DL 6	154																	
TOTAL	3,675 alive PIPs or SIPs																	

SUMMARY TABLE – ADMINISTRATION COST ESTIMATE TO ENHANCE BENEFITS TO CLASS MEMBERS

TOTAL COST ESTIMATE with actual CLASS software	OPTION 1 PATH (HIGH) : \$ 1,192,845.70	OPTION 1 OR 3 PATH (MEDIUM-HIGH) : \$ 943,938.20	OPTION 2 PATH (LOW) : \$ 577,741.00
ADDITIONAL COST to upgrade CLASS or migrate to another software	1000 - 1500 hours of programming.	6 months implementation period.	\$ 300,000.00

*THE ATTACHED IS EXHIBIT "F" TO THE
AFFIDAVIT OF HEATHER RUMBLE PETERSON
SWORN BEFORE ME THIS 16TH DAY OF
OCTOBER, 2015*



COMMISSIONER FOR TAKING AFFIDAVITS

Shelley Lynn Woodrich, a Commissioner, etc.,
County of Essex, for Sutts, Strosberg LLP,
Barristers and Solicitors.
Expires February 18, 2016.

COURT APPROVED PROTOCOL
Late Claim Requests following the
June 30, 2010 First Claim Deadline

approved as of June 2016

1. 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.

Late Claim Request

2. In the circumstances where the Administrator receives a request for an Initial Claim Package after the June 30, 2010 first claim deadline from a person who is unable to qualify to receive an Initial Claim Package and have his or her Claim processed under any other Court Approved Protocol or existing order, the request shall be referred to as a “**Late Claim Request.**”
3. Where a Late Claim Request is sought to be made, the Administrator shall request a signed statement from the person making the Late Claim Request which:
 - (a) sets out why the person is seeking to make a claim after the first claim deadline; and
 - (b) recites the facts he or she is relying upon in seeking to be relieved from the deadline.
4. The Administrator shall advise the person making the Late Claim Request in writing that he or she has sixty (60) days to deliver the signed statement to the

Administrator for consideration by the Referee appointed by the Courts to consider Late Claim Requests on a summary basis and that, if he or she fails to do so, he/she will be required to seek an order from the Court having jurisdiction to determine if his or her Claim will be permitted to proceed.

5. If the person making the Late Claim Request fails to deliver the signed statement to the Administrator in sixty (60) days, the Administrator shall notify the person making the Late Claim Request in writing that he/she must seek an order from the Court having jurisdiction to determine if the Claim will be permitted to proceed.

Referral to Referee

6. The Administrator shall forthwith deliver each timely signed statement it receives to the Referee appointed by the Courts to consider Late Claim Requests together with the Administrator's information setting out the first contact with the person making the Late Claim Request and any other information it has relevant to the request.
7. The Referee appointed by the Courts to consider Late Claim Requests on a summary basis shall determine whether an Initial Claim Package shall issue based upon the following guidelines:
 - (a) Late Claim Requests by persons who did not receive timely notice of the deadline until after it had passed should be allowed if, in the opinion of the

Referee, the Late Claim Request was made within a reasonable time after notice was acquired;

- (b) Late Claims Requests by persons whose failure to meet the deadline was due to matters that, in the opinion of the Referee, should reasonably be considered to be beyond their control or is otherwise a reasonable explanation for their delay, should be allowed;
 - (c) Late Claim Requests made by persons who had notice of the deadline before it expired should be disallowed unless they meet the exception in paragraph 7(b) above or, in the opinion of the Referee, the timing of the receipt of such notice was inadequate for the purpose of making a Claim; and
 - (d) any other Late Claim Requests and those where the Referee is uncertain as to the appropriate application of the above guidelines should be referred by the Referee in writing to the appropriate Court to be dealt with summarily.
8. The Referee shall have the power to establish any procedures he or she considers necessary and proper to consider the Late Claim Request on a summary basis and shall have the power to require additional submissions from the person making the Late Claim Request and/or the Administrator either orally or in writing and whether admissible in a court of law or not, as he or she considers proper.

9. The Referee shall give a written decision within sixty (60) days of his/her receipt of the Late Claim Request which decision will be automatically confirmed and be final and binding unless the person making the Late Claim Request serves and files a notice of motion with the Court having jurisdiction opposing confirmation within thirty (30) days of the delivery of the Referee's decision.
10. The provisions of section 10.04 and Appendix C of the Plans shall have no application to the summary procedure established by this Court Approved Protocol.

Issuance of an Initial Claim Package

11. Where the Referee determines an Initial Claim Package shall issue to a person making a Late Claim Request, the Administrator shall forthwith provide the Initial Claim Package to the person making the Late Claim Request and advise the claimant in writing that:
 - (a) the deadline to deliver the completed Initial Claim Package to the Administrator is six (6) months from the date the Initial Claim Package is issued to the claimant ("**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 shall deny the claim.

Completed Package Delivery Deadline Extension Request

12. 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.
13. 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.
14. 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".

15. 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".
16. 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".
17. 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

18. The issuance of an Initial Claim Package pursuant to this Court Approved Protocol and the order of the Referee shall not be determinative of the eligibility of the person making the Late Claim Request to receive compensation.
19. Where the Administrator receives a completed Initial Claim Package in compliance with the provisions of this Protocol, it shall process the Initial Claim Package 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.

Denied Claims

20. Where the Administrator denies a Late Claim Request received 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 any other relevant Court Approved Protocol or Court Order which hereafter issues.

Appendix "A"

The 1986-1990 Hepatitis C Settlement

REQUEST FORM
COMPLETED PACKAGE DELIVERY DEADLINE EXTENSION

A Claimant may apply in writing to the Claims Administrator for an extension of the Completed Package Delivery deadline. The Claimant must set out the steps taken to complete the Initial Claim Package, the reason why the Initial Claim Package has not been completed to date and what new steps the Claimant proposes to take to complete the Initial Claim Package.

Section A – HCV INFECTED CLASS MEMBER or FAMILY MEMBER information

Last Name _____ First Name _____ Middle Initial _____
Home Address _____
City _____ Province/Territory _____ Postal Code _____
Country _____ Date of Birth (MM/DD/YYYY) _____
Home Phone _____ Work Phone _____
E-mail address _____

Section B – PERSONAL REPRESENTATIVE

Complete this Section about yourself if you are a Personal Representative submitting a claim on behalf of an HCV Infected Class Member or Family Member who is a minor, a mentally incompetent adult, or deceased.

Last Name _____ First Name _____ Middle Initial _____
Home Address _____
City _____ Province/Territory _____
Postal Code _____ Country _____
Home Phone _____ Work Phone _____
E-mail address _____

Section C – TYPE OF CLAIMANT

Check the appropriate box.

- ☐ HCV Infected Class Member
☐ Family Member

Section D – FILE NUMBER

Identify the file number this extension request pertains to.

File Number _____

Specify the steps already taken to complete the Initial Claim Package:

Specify the reason why the Initial Claim Package has not been completed to date:

Specify the steps the Claimant proposes to take to complete the Initial Claim Package and how long these new steps will take:

Date Signed (Month Day Year)

Signature of the Claimant or Personal Representative

Please return both pages of this form to the Administrator at the address or fax number below if you are requesting an extension.

Appendix "B"

The 1986-1990 Hepatitis C Settlement Administration

NOTICE OF EXTENSION OF COMPLETED PACKAGE DELIVERY DEADLINE

date

name

address

Dear Claimant:

Subject: Your file no.

After reviewing your request for an extension of the Completed Package Delivery Deadline, we have determined to grant you an extension to ***.

To complete the Initial Claim Package required for your claim, you must complete the following steps:

If you have not completed all of these steps by ***, the claim will be **denied**. **No further extensions will be granted.** A denial of a claim for failure to complete the Initial Claim Package is subject to appeal by referring the decision to a Referee or an Arbitrator.

If you have any questions, please do not hesitate to contact the Settlement Administrator at 1 877 434-0944 or by e-mail at info@hepc8690.ca, or visit our website at www.hepc8690.ca. All correspondence and documents must include your file number and should be mailed to the Administrator at the following address or faxed to 1 613 569-1763:

The 1986-1990 Hepatitis C Claims Centre
P.O. Box 2370, Station D
Ottawa, Ontario
K1P 5W5
Toll-free: 1 877 434-0944

Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Appendix "C"

The 1986-1990 Hepatitis C Settlement Administration

REJECTION LETTER

Completed Package Delivery Deadline – Extension Denied

date

name

address

Dear Claimant:

Subject: Your file no.

We are writing to advise you that your claim for compensation under The 1986-1990 Hepatitis C Settlement Administration has been denied. The reasons for denial are set out below.

Completed Package Delivery Deadline

On *[insert date]*, we sent you a letter providing you notice that you had until *** to complete the Initial Claims Package or to request an extension of the Completed Package Delivery Deadline. Your request for an extension of the Completed Package Delivery Deadline was denied, because ***. Because you did not set out a plan that could reasonably result in the completion of the Initial Claims Package, your request for an extension of time was denied and your claim has been denied.

Right of Appeal

Under Section 10.01 of Schedules A and B of the Settlement Agreement, you can refer the decision of the Administrator to a Referee or an Arbitrator within 30 days of receiving this letter. That section provides:

A person making a Claim may, within 30 days after he or she receives notice of the Administrator's decision respecting his or her Claim, refer that decision to, at his or her option, a Referee or an Arbitrator by filing with the Administrator a notice requiring a reference or arbitration and setting out the objection to its decision and the reasons in support of the objection. If no notice requiring a reference or arbitration is filed within the 30 day period, the Administrator's decision will be automatically confirmed and be final and binding.

To request a review you must complete and return to the Administrator the enclosed "Request for Review Form" within 30 days from the date that you receive this letter. You must state your objections and the reasons supporting your objections.

For more information about the review process, please review the section of our website, www.hepc8690.ca, called "Appeals".

If you do not mail or fax a completed "Request for Review Form", the Administrator's decision to deny your claim will become final 30 days after you receive this letter.

If you have any questions, please do not hesitate to contact the Settlement Administrator at 1 877 434-0944 or by e-mail at info@hepc8690.ca, or visit our website at www.hepc8690.ca. All correspondence and documents must include your file number and should be mailed to the Administrator at the following address or faxed to 1 613 569-1763:

The 1986-1990 Hepatitis C Claims Centre
P.O. Box 2370, Station D
Ottawa, Ontario
K1P 5W5
Toll-free: 1 877 434-0944

Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form

Appendix "D"

The 1986-1990 Hepatitis C Settlement Administration

REJECTION LETTER

Completed Package Delivery Deadline Not Met – Extension Not Requested

date

name

address

Dear Claimant:

Subject: Your file no.

We are writing to advise you that your claim for compensation under The 1986-1990 Hepatitis C Settlement Administration has been denied. The reasons for denial are set out below.

Completed Package Delivery Deadline

On *[insert date]*, we sent you a letter advising you that you had until *** to deliver the completed Initial Claim Package or to request an extension of time. Because you did not deliver the completed Initial Claim Package or request an extension of the deadline to deliver the completed Initial Claim Package, your claim has been denied.

Right of Appeal

Under Section 10.01 of both Schedules A and B of the Settlement Agreement, you can refer the decision of the Administrator to a Referee or an Arbitrator within 30 days of receiving this letter. That section provides:

A person making a Claim may, within 30 days after he or she receives notice of the Administrator's decision respecting his or her Claim, refer that decision to, at his or her option, a Referee or an Arbitrator by filing with the Administrator a notice requiring a reference or arbitration and setting out the objection to its decision and the reasons in support of the objection. If no notice requiring a reference or arbitration is filed within the 30 day period, the Administrator's decision will be automatically confirmed and be final and binding.

To request a review you must complete and return to the Administrator the enclosed "Request for Review Form" within 30 days from the date that you receive this letter. You must state your objections and the reasons supporting your objections.

For more information about the review process, please review the section of our website, www.hepc8690.ca, called "Appeals".

If you do not mail or fax a completed "Request for Review Form", the Administrator's decision to reject your claim will become final 30 days after you receive this letter.

If you have any questions, please do not hesitate to contact the Settlement Administrator at 1 877 434-0944 or by e-mail at info@hepc8690.ca, or visit our website at www.hepc8690.ca. All correspondence and documents must include your file number and should be mailed to the Administrator at the following address or faxed to 1 613 569-1763:

The 1986-1990 Hepatitis C Claims Centre
P.O. Box 2370, Station D
Ottawa, Ontario
K1P 5W5
Toll-free: 1 877 434-0944

Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form

Appendix "E"

The 1986-1990 Hepatitis C Settlement Administration

REJECTION LETTER

Extension Granted but Completed Package Not Delivered on Time

date

name

address

Dear Claimant:

Subject: Your file no.

We are writing to advise you that your claim for compensation under The 1986-1990 Hepatitis C Settlement Administration has been denied. The reasons for denial are set out below.

Completed Package Delivery Deadline

On *[insert date]*, we sent you a letter advising you that you had until *** to return your Initial Claim Package or to request an extension of that deadline. You requested an extension of this deadline, which was granted by the Administrator. The deadline to complete the Initial Claim Package was extended to ***. Because your Initial Claim Package was not returned by the extended deadline, your claim has been denied.

Right of Appeal

Under Section 10.01 of Schedules A and B of the Settlement Agreement, you can refer the decision of the Administrator to a Referee or an Arbitrator within 30 days of receiving this letter. That section provides:

A person making a Claim may, within 30 days after he or she receives notice of the Administrator's decision respecting his or her Claim, refer that decision to, at his or her option, a Referee or an Arbitrator by filing with the Administrator a notice requiring a reference or arbitration and setting out the objection to its decision and the reasons in support of the objection. If no notice requiring a reference or arbitration is filed within the 30 day period, the Administrator's decision will be automatically confirmed and be final and binding.

To request a review you must complete and return to the Administrator the enclosed "Request for Review Form" within 30 days from the date that you receive this letter. You must state your objections and the reasons supporting your objections.

For more information about the review process, please review the section of our website, www.hepc8690.ca, called "Appeals".

If you do not mail or fax a completed "Request for Review Form", the Administrator's decision to reject your claim will become final 30 days after you receive this letter.

If you have any questions, please do not hesitate to contact the Settlement Administrator at 1 877 434-0944 or by e-mail at info@hepc8690.ca, or visit our website at www.hepc8690.ca. All correspondence and documents must include your file number and should be mailed to the Administrator at the following address or faxed to 1 613 569-1763:

The 1986-1990 Hepatitis C Claims Centre
P.O. Box 2370, Station D
Ottawa, Ontario
K1P 5W5
Toll-free: 1 877 434-0944

Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form