

*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

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**NOTICE OF APPLICATION  
(Amendments To Court Approved Protocols)**

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**Name of Applicants:** Joint Committee

**TO:** The Attorney General of Canada

**AND TO:** Her Majesty the Queen in Right of the Province of British Columbia

**AND TO:** Fund Counsel

TAKE NOTICE that an application will be made by the British Columbia Joint Committee Member to the Honourable Chief Justice Hinkson on November 22 and 23, 2017 in Toronto, Ontario at a place and time be provided for the order(s) set out in Part 1 below.

## **PART 1: ORDERS SOUGHT**

1. An order approving amendments to court approved protocols of the 1986-1990 Hepatitis C Settlement Agreement and of the proposed HCV Late Claims Benefit Plan the in the forms set out in **Appendices A1 to A13**:

- A1 Recent HCV Diagnosis Exception to the June 30, 2010 First Claim Deadline
- A2 Issuance of Initial Claims Packages after the June 30, 2010 First Claim Deadline
- A3 Traceback Procedure Criteria
- A4 Eligibility and Traceback Requirements for Secondarily Infected Persons
- A5 Non-Prescription Intravenous Drug Use
- A6 Medical Evidence
- A7 Alternative to Biopsy Medical Evidence
- A8 Uninsured Medical Expenses and Treatment and Out-of-Pocket Expenses
- A9 Claims or Late Claims Involving Family Members and/or Dependants
- A10 Loss of Services in the Home
- A11 Deficient Claims/Late Claims, Claimants that Cannot be Located and Duplicate Claims/Late Claims
- A12 Payments to Approved Class Members and Approved Late Claim Class Members
- A13 Rules for References and Arbitrations

## **PART 2: FACTUAL BASIS**

2. The 1986-1990 Hepatitis C Settlement Agreement provides for the Courts to approve, rescind or amend protocols for the administration of the Settlement Agreement proposed by the Joint Committee.

Settlement Agreement, sections 9.02(b) and 10.01(1)(h).

3. Currently, there are 13 court approved protocols which provide direction to the Administrator on reviewing and assessing the claims brought pursuant to the Transfused HCV Plan and the Hemophiliac HCV Plan.

Heather Rumble Peterson #19 made October 13, 2017 ("Peterson #19) at para 3.

4. Concurrently with this application, the Joint Committee is applying for court approval of the HCV Late Claims Benefit Plan. Section 2.01(2) of the proposed plan provides for the Courts to enjoy the same powers in respect of implementing, administering, monitoring and supervising as provided in the Settlement Agreement. If approved, each court approved protocol must be updated to address whether it applies to the HCV Late Claims Benefit Plan and if so, to reference the sections of the HCV Late Claims Benefit Plan to which it applies and to address the way in which it applies. The majority of the amendments proposed to the protocols are for that purpose.

Peterson #19 at para 4.

5. Concurrently with this application, the Joint Committee is applying to have the courts approve as Compensable HCV Drug Therapy direct-acting antiviral agents ("DAA") approved by Health Canada in circumstances where the treating physician certifies that the HCV Infected Person suffered adverse side effects as a result of having undergone such treatment. If approved, certain amendments to the Medical Evidence Protocol are necessary and appropriate. Those amendments are addressed in detail in the material supporting the application pertaining to Compensable HCV Drug Therapy and DAA.

Peterson #19 at para 5.

6. Certain housekeeping amendments are also proposed to the protocols. The existing court approved protocols were drafted at different times and they do not all use a consistent style nor always make use of the definitions in the Settlement Agreement, the Transfused HCV Plan and the Hemophiliac HCV Plan. In some cases their titles are cumbersome or not appropriately descriptive. The Joint Committee has taken this opportunity to review them all and to propose amendments intended to utilize a consistent style; a clear statement at the beginning of each protocol as to which provisions of which Plans it applies (including the proposed HCV Late Claims Benefit Plan if approved); to use the defined terms in the Plans for consistency and clarity; and to remove provisions which are out of date or no longer applicable.

Peterson #19 at para 6.

7. Some of the more substantive housekeeping issues identified in this review which are addressed in the amendments proposed are:
  - (a) Recent Diagnosis Exception to June 30, 2010 First Claim Deadline and Issuance of Claim Forms After June 30, 2010 First Claim Deadline – these two protocols originally had transition provisions from a previous protocol that dealt with other deadlines in the Plans. The transition has taken place fully so those provisions no longer have any purpose. The Joint Committee proposes their deletion.
  - (b) Non-Prescription Intravenous Drug Use – the Joint Committee proposes adding language addressing the application of this protocol to persons with Thalassemia Major. When the Settlement Agreement was approved, the courts ordered that persons with Thalassemia Major would be subjected to the proof requirements and benefits under the Hemophiliac HCV Plan except section 4.01(5) of that Plan. At the time this protocol was first drafted, that was well understood and persons with Thalassemia Major were not expressly addressed. Given the passage of time, the Joint

Committee thought it appropriate to expressly address their status in this protocol.

- (c) Uninsured Treatment and Medical Expenses and Out-of-Pocket Expenses – the Administrator has recommended the deletion of the provision limiting the number of times per year a class member could claim these expenses to once per year, or more often if the total claimed exceeds \$250, since it is no longer necessary for the purposes of efficiency and volume control in administration.
- (d) Loss of Services In the Home - Concurrently with this application, the Joint Committee is applying for an order that alive permanently disabled dependants of an HCV Infected Person, who receive compensation for loss of services in the home, receive that compensation for loss of services for their lifetime rather than to the life expectancy of the HCV Infected Person, to be paid out of excess capital. This proposal is addressed in the Application pertaining to 2016 Allocation Order Implementation matters.
- (e) Claims or Late Claims Involving Family Members and/or Dependants:
  - (i) this protocol was previously titled "Claims Where One or More Family Member was a Minor or Mentally Incompetent" but it also applied to several types of claims involving family members and/or dependants who were neither under age nor mentally incompetent. The title and wording of the protocol has been cleaned up in this regard;
  - (ii) this protocol did not address the duration of loss of support payments to a child who was a dependant at the time of the deceased's death. It has been clarified to provide the same duration as provided for loss of services (in the Loss of Services in the Home protocol), namely that the child shall be presumed to be

a dependant until age 25 unless the child provides the Administrator with evidence that some other period of loss is appropriate;

- (iii) this protocol provides for review in the event the Courts amend or remove the \$75,000 and/or the 70% restrictions on the calculations of loss of income (which affect loss of support payments governed by the protocol). Those restrictions have been amended (and in the case of the 70% restriction, removed) over the years and the Joint Committee is of the view that this provision no longer services any purpose and may be removed at this time; and
  - (iv) concurrently with this application, the Joint Committee is applying to permit Approved HCV Infected Persons co-infected with HIV who made an election under section 4.08(2) of the Hemophiliac HCV Plan, to re-elect and receive all compensation and benefits to which they would be entitled under the Settlement Agreement as if that election had not been made, provided that the compensation they received prior to their re-election is indexed to the date of their re-election in accordance with section 7.02 and deducted from the compensation to which they are entitled as a result of their re-election. This proposal is addressed in the application pertaining to 2016 Allocation Order Implementation and provided for in the revised protocol.
- (f) Deficient Claims/Late Claims, Claimants that Cannot be Located and Duplicate Claims - this Protocol directs the Administrator to use reasonable efforts through the internet to locate claimants whose contact information is no longer valid. The words "or other available means" have been added to provide greater flexibility.

Peterson #19 at para 7.

8. The proposed amendments to the protocols are shown in the black-lined versions appended to this Notice of Application as **Appendices B1 to B13** as follows:

B1 Recent HCV Diagnosis Exception to the June 30, 2010 First Claim Deadline

B2 Issuance of Initial Claims Packages after the June 30, 2010 First Claim Deadline

B3 Traceback Procedure Criteria

B4 Eligibility and Traceback Requirements for Secondarily Infected Persons

B5 Non-Prescription Intravenous Drug Use

B6 Medical Evidence

B7 Alternative to Biopsy Medical Evidence

B8 Uninsured Medical Expenses and Treatment and Out-of-Pocket Expenses

B9 Claims or Late Claims Involving Family Members and/or Dependants

B10 Loss of Services in the Home

B11 Deficient Claims/Late Claims, Claimants that Cannot be Located and Duplicate Claims/Late Claims

B12 Payments to Approved Class Members and Approved Late Claim Class Members

B13 Rules for References and Arbitrations

Peterson #19 at para 9.

### **PART 3: LEGAL BASIS**

9. 1986-1990 Hepatitis C Settlement Agreement, sections 9.02(b) and 10.01(1)(h) and 2.01(2) of the proposed HCV Late Claims Benefit Plan.

### **PART 4: MATERIAL TO BE RELIED ON**

10. Affidavit of Heather Rumble Peterson #19 made 13/Oct/2017; and
11. such further and other evidence as counsel may advise and this Honourable Court may permit.

The applicant estimates that the application will take 15 minutes. .

- ☐ This matter is within the jurisdiction of a master.
- ☒ This matter is not within the jurisdiction of a master.

TO THE PERSONS RECEIVING THIS NOTICE OF APPLICATION: If you wish to respond to this notice of application, you must, within 5 business days after service of this notice of application or, if this application is brought under Rule 9-7, within 8 business days after service of this notice of application

- (a) file an application response in Form 33,
- (b) file the original of every affidavit, and of every other document, that
  - (i) you intend to refer to at the hearing of this application, and
  - (ii) has not already been filed in the proceeding, and
- (c) serve on the applicant 2 copies of the following, and on every other party of record one copy of the following:
  - (i) a copy of the filed application response;



- (ii) a copy of each of the filed affidavits and other documents that you intend to refer to at the hearing of this application and that has not already been served on that person;
- (iii) if this application is brought under Rule 9-7, any notice that you are required to give under Rule 9-7(9).

Date: October 13, 2017



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Signature of British Columbia  
Joint Committee Member

Sharon Matthews, Q.C.

*To be completed by the court only:*

Order made

- ☐ in the terms requested in paragraphs ..... of Part 1 of this notice of application
- ☐ with the following variations and additional terms:

.....  
.....  
.....

Date: .....

Signature of ☐ Judge ☐ Master

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## APPENDIX

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### THIS APPLICATION INVOLVES THE FOLLOWING:

*[The following information is provided for data collection purposes only and is of no legal effect.]*

- ☐ discovery: comply with demand for documents
- ☐ discovery: production of additional documents
- ☐ extend oral discovery
- ☐ other matter concerning oral discovery
- ☐ amend pleadings
- ☐ add/change parties
- ☐ summary judgment
- ☐ summary trial
- ☐ service
- ☐ mediation
- ☐ adjournments
- ☐ proceedings at trial
- ☐ case plan orders: amend
- ☐ case plan orders: other
- ☐ experts

**COURT APPROVED PROTOCOL**  
**RECENT HCV DIAGNOSIS EXCEPTION TO**  
**THE JUNE 30, 2010 FIRST CLAIM DEADLINE**

**REVISED ♦, 2017**

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

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

**ISSUANCE OF AN INITIAL CLAIM PACKAGE**

1. The Administrator shall issue an Initial Claim Package upon request, notwithstanding that the request is made after the June 30, 2010 first claim deadline contained in the Plans, in the circumstances where the HCV Infected Person first learned of his or her infection with HCV within the three (3) years prior to the date the claimant first advised the Administrator of a potential claim (such circumstances to be referred to as the “**Recent HCV Diagnosis**”), provided the claimant submits a signed statement to that effect and an HCV Antibody Test report dated within the said three (3) year timeframe.
2. When issuing the Initial Claim Package to a claimant the Administrator shall advise the claimant in writing that:
  - (a) the deadline to deliver the completed Initial Claim Package to the Administrator is the later of six (6) months from the date the Initial Claim Package is issued to the claimant or within three (3) years from the date the HCV Infected Person first learned of his or her infection with HCV (the “**Completed Package Delivery Deadline**”);
  - (b) if the claimant is unable to deliver the completed Initial Claim Package to the Administrator by the Completed Package Delivery Deadline, the claimant must

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

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

### **COMPLETED PACKAGE DELIVERY DEADLINE EXTENSION REQUEST**

- 3. A request to extend the Completed Package Delivery Deadline must be made before the Completed Package Delivery Deadline expires. The Request Form shall be provided by the Administrator to claimants upon request and shall also be made available on the Administrator’s website.
- 4. The claimant will be required to set out:
  - (a) the steps already taken to complete the Initial Claim Package;
  - (b) the reasons why the Initial Claim Package has not been completed to date; and
  - (c) the new steps the claimant proposes to take to complete the Initial Claim Package and how long these steps will take.
- 5. Upon receipt of a completed Request Form, the Administrator shall forthwith review it and determine if the Request Form sets out a plan that could reasonably result in the completion of the Initial Claim Package. If so, the Administrator shall grant the extension, which shall not exceed six (6) months from the date the Request Form is submitted. The Administrator shall communicate the length of the extension and the terms on which it is granted by sending the claimant a “Notice of Extension of Completed Package Delivery Deadline” substantially in the form attached as Appendix “B”.

6. If, upon reviewing a Request Form, the Administrator determines that it does not set out a plan that could reasonably result in the completion of the Initial Claim Package, the Administrator shall deny the Claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “C”.
7. If the claimant has not submitted a completed Initial Claim Package or a completed Request Form on or before the Completed Package Delivery Deadline, the Administrator shall deny the Claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “D”.
8. If a claimant has obtained an extension of the Completed Package Delivery Deadline but has failed to submit a completed Initial Claim Package on or before the extended Completed Package Delivery Deadline expires, the Administrator shall deny the Claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “E”.

#### **PROCESSING THE COMPLETED INITIAL CLAIM PACKAGE**

9. The issuance of an Initial Claim Package pursuant to this protocol shall not be determinative of the eligibility of the claimant to receive compensation. Where the Administrator receives a timely completed Initial Claim Package, it shall process the Claim and determine eligibility for compensation by applying the terms of the Settlement Agreement in light of the court approved protocols and standard operating procedures which are in place under the Plans at the time of processing.
10. If, during the processing of the Claim, the Administrator becomes aware of information which causes it to believe that the HCV Infected Person first learned of his or her infection with HCV more than three (3) years prior to the date that the claimant first advised the Administrator of a potential claim, the Administrator shall deny the Claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “F”.

## **DENIED CLAIMS**

11. Where the Administrator denies a Recent HCV Diagnosis Claim in accordance with the provisions of this protocol, the Administrator shall also notify the claimant in writing that:
  - (a) the appeal route at section 10.01 of the relevant Plan applies; and
  - (b) the claimant shall not be estopped from seeking to advance a Late Claim under the HCV Late Claims Benefit Plan or other relevant court approved protocol or court order.

## 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:

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

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

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\_\_\_\_\_  
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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 Agreement 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 the Transfused HCV Plan and the Hemophiliac HCV Plan 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](http://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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 Agreement 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 the Transfused HCV Plan and the Hemophiliac HCV Plan 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](http://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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 Agreement 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 the Transfused HCV Plan and the Hemophiliac HCV Plan 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](http://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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 “F”

### The 1986-1990 Hepatitis C Settlement Administration

#### REJECTION LETTER

#### Learned of Infection More Than Three (3) years Prior

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

We are writing to advise you that your claim for compensation under [*the Transfused HCV Plan* OR *the Hemophiliac HCV Plan*] of the 1986-1990 Hepatitis C Settlement Agreement has been denied. The reasons for denial are set out below.

#### **Your Discovery of Your Hepatitis C Infection**

[*Section 3.08 (b) of the Transfused HCV Plan*] OR [*Section 3.07(b) of the Hemophiliac HCV Plan*] that forms part of the Settlement Agreement provides that no person may make a Claim for the first time after June 30, 2010 unless the Claim is made within the three year period following the date upon which the person first learned of his or her infection with the Hepatitis C virus.

Your Claim has been denied because we believe that you first learned of your infection with the Hepatitis C virus more than three years prior to [*insert date*], which is the date you first advised us of a potential claim. We have made this determination based on the following information \*\*\*\*\*.

#### **Right of Appeal**

Under section 10.01 of both the Transfused HCV Plan and the Hemophiliac HCV Plan under 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](http://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.**



## **Late Claims Benefit Plan**

If you decide not to appeal this denial, or if you appeal and your appeal is not successful, you may make a Late Claim under the HCV Late Claims Benefits Plan which provides for a process for claiming benefits to Claimants who did not claim prior to the June 30, 2010 deadline in the Transfused HCV Plan and the Hemophiliac HCV Plan and do not meet one of the exceptions for making claims after that deadline. Please note that the ability to make a Late Claim is not determinative of eligibility for benefits. The Claimant must still complete a Late Claim package and the Administrator shall process the Late Claim and determine eligibility for compensation by applying the terms of the HCV Late Claims Benefit Plan in light of the Court Approved Protocols and Standard Operating Procedures which are in place under the Plans at the time of processing.

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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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

**COURT APPROVED PROTOCOL**

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

REVISED ♦ 2017

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

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

**ISSUANCE OF AN INITIAL CLAIM PACKAGE**

1. The Administrator shall issue an Initial Claim Package upon request, notwithstanding the request was made after the June 30, 2010 first claim deadline, provided that:
  - (a) the claim is sought to be made within one (1) year of the claimant reaching his/her age of majority;
  - (b) the Secondly Infected Person is seeking to claim within three (3) years from the date the Primarily Infected Person, Primarily Infected Hemophiliac or the HCV Personal Representative first made a Claim;
  - (c) the HCV Personal Representative of a deceased HCV Infected Person is seeking to claim within three (3) years of the HCV Infected Person's date of death;
  - (d) the Dependant or Family Member of a deceased HCV Infected Person is seeking to claim within three (3) years of the HCV Infected Person's date of death; or
  - (e) the claim was initially advanced under the Pre-1986/Post-1990 Hepatitis C Settlement prior to June 30, 2010.
2. When issuing the Initial Claim Package to a claimant the Administrator shall advise the claimant in writing that:
  - (a) the deadline to deliver the completed Initial Claim Package to the Administrator is the later of six (6) months from the date the Initial Claim Package is issued to the claimant or the time remaining under the applicable provision of paragraph 1 hereof, if any (the "Completed Package Delivery Deadline");
  - (b) if the claimant is unable to deliver the completed Initial Claim Package to the Administrator by the Completed Package Delivery Deadline, the claimant must submit a completed Request Form – Completed Package Delivery Deadline Extension attached as Appendix "A" (the "**Request Form**") to the Administrator

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

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

### **COMPLETED PACKAGE DELIVERY DEADLINE EXTENSION REQUEST**

- 3. A request to extend the Completed Package Delivery Deadline must be made before the Completed Package Delivery Deadline expires. The Request Form shall be provided by the Administrator to claimants upon request and shall also be made available on the Administrator's website.
- 4. The claimant will be required to set out:
  - (a) the steps already taken to complete the Initial Claim Package;
  - (b) the reasons why the Initial Claim Package has not been completed to date; and
  - (c) the new steps the claimant proposes to take to complete the Initial Claim Package and how long these steps will take.
- 5. Upon receipt of a completed Request Form, the Administrator shall forthwith review it and determine if the Request Form sets out a plan that could reasonably result in the completion of the Initial Claim Package. If so, the Administrator shall grant the extension, which shall not exceed six (6) months from the date the Request Form is submitted. The Administrator shall communicate the length of the extension and the terms on which it is granted by sending the claimant a "Notice of Extension of Completed Package Delivery Deadline" substantially in the form attached as Appendix "B".
- 6. If, upon reviewing a Request Form, the Administrator determines that it does not set out a plan that could reasonably result in the completion of the Initial Claim Package, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "C".
- 7. If the claimant has not submitted a completed Initial Claim Package or a completed Request Form on or before the Completed Package Delivery Deadline, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "D".
- 8. If a claimant obtains an extension of the Completed Package Delivery Deadline but fails to submit a completed Initial Claim Package to the Administrator on or before the extended Completed Package Delivery Deadline expires, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "E".

## **PROCESSING THE COMPLETED INITIAL CLAIM PACKAGE**

9. The issuance of an Initial Claim Package pursuant to this protocol shall not be determinative of the eligibility of the claimant to receive compensation. Where the Administrator receives a timely completed Initial Claim Package, it shall process the Claim and determine eligibility for compensation by applying the terms of the Settlement Agreement in light of the court approved protocols and standard operating procedures which are in place at the time of processing.
10. If, during the processing of the Claim, the Administrator becomes aware of information which causes it to believe that the applicable timeframe set out in paragraph 1 hereof has not been met, the Administrator shall deny the Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "F".

## **DENIED CLAIMS**

11. Where the Administrator denies a Claim in accordance with the provisions of this protocol, the Administrator shall also notify the claimant in writing that:
  - (a) the appeal route at section 10.01 of the relevant Plan applies; and
  - (b) the claimant shall not be estopped from seeking to advance a Late Claim under the Late Claims Benefit Plan or any other relevant court approved protocol or court order.

## Appendix "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:

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

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

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\_\_\_\_\_  
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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 Agreement 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 the Transfused HCV Plan and the Hemophiliac HCV Plan 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](http://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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 Agreement 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 the Transfused HCV Plan and the Hemophiliac HCV Plan 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](http://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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 Agreement 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 the Transfused HCV Plan and the Hemophiliac HCV Plan 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](http://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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 “F”

### The 1986-1990 Hepatitis C Settlement Administration

#### REJECTION LETTER Time Frame Not Met

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

We are writing to advise you that your Claim for compensation under [*the Transfused HCV Plan OR the Hemophiliac HCV Plan*] of the 1986-1990 Hepatitis C Settlement Agreement has been denied. The reasons for denial are set out below.

#### **Time Frame for Making Your Claim**

Under paragraph 2 [*insert applicable subparagraph reference*] of the Court Approved Protocol relating to the Issuance of Initial Claim Packages after the June 30, 2010 First Claim Deadline, the Claim that you seek to make was required to be made within [*insert applicable time frame*].

Your Claim has been denied because we believe that your Claim has not been made within that time frame. We have made this determination based on the following information \*\*\*\*.

#### **Right of Appeal**

Under section 10.01 of both the Transfused HCV Plan and the Hemophiliac Plan 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](http://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.**

## **Late Claims Benefit Plan**

If you decide not to appeal this denial, or if you appeal and your appeal is not successful, you may make a Late Claim under the HCV Late Claims Benefits Plan which provides for a process for claiming benefits to Claimants who did not claim prior to the June 30, 2010 deadline in the Transfused HCV Plan and the Hemophiliac HCV Plan and do not meet one of the exceptions for making claims after that deadline. Please note that the ability to make a Late Claim is not determinative of eligibility for benefits. The Claimant must still complete a Late Claim package and the Administrator shall process the Late Claim and determine eligibility for compensation by applying the terms of the HCV Late Claims Benefit Plan in light of the Court Approved Protocols and Standard Operating Procedures which are in place under the Plans at the time of processing.

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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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:

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Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form

**COURT APPROVED PROTOCOL**  
**TRACEBACK PROCEDURE CRITERIA**

**REVISED ♦, 2017**

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

**DEFINED TERMS AND PROVISIONS APPLICABLE TO THIS PROTOCOL**

1. In addition to the defined terms contained in the Transfused HCV Plan and the HCV Late Claims Benefit Plan (which appear herein as capitalized words), the following defined terms are used in this protocol:
  - (a) **“Traceback Procedure”** means a targeted search for and investigation of the donor and/or the units received by a claimant in Canada and, for the purpose of this protocol, includes any one or more of the following stages of search: a Records Search, a Class Period Search and/or a Pre-Class Period Search;
  - (b) **“Records Search”** means that stage of Traceback Procedure where a search is conducted to match the units received by a claimant at any time against the records of Canadian Blood Services (“CBS”) and Hema-Quebec to determine if the HCV antibody status of the donor of some or all of the units received is known;
  - (c) **“Class Period Search”** means that stage of Traceback Procedure where attempts are made to locate the donors of the units received by a claimant during the Class Period and, where necessary, to have the donor tested to determine his or her HCV antibody status;
  - (d) **“Pre-Class Period Search”** means that stage of Traceback Procedure where attempts are made to locate the donors of the units received by a claimant before the Class Period and, where necessary, to have the donor tested to determine his or her HCV antibody status;
  - (e) **“Lookback notification”** means notification that the claimant received units from a donor who, on subsequent donation or testing, is confirmed to be HCV antibody positive.
2. For the purposes of this protocol, where the words transfusion, donor and/or unit are used in reference to a Claim they refer to the claimant’s receipt of Blood as defined under the Transfused HCV Plan and where they are used in reference to a Late Claim they refer to



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

### **COMPLETION AND/OR DISCONTINUANCE OF THE TRACEBACK PROCEDURE**

3. For the purposes of this protocol:

- (a) a Traceback Procedure shall be deemed complete and all further Traceback Procedure efforts under this protocol relating to a Claim or Late Claim discontinued where:
  - (i) the claimant received units only during the Class Period or only during and after the Class Period and:
    - A. one of the donors or units he or she received during the Class Period is determined to be HCV antibody positive; or
    - B. all of the donors or units he or she received during the Class Period are determined not to be HCV antibody positive; or
  - (ii) the claimant received units before and during the Class Period or before, during and after the Class Period and:
    - A. one of the donors or units he or she received before the Class Period is determined to be HCV antibody positive;
    - B. all of the donors or units he or she received during the Class Period are determined not to be HCV antibody positive; or
    - C. all of the donors or units he or she received before the Class Period are determined not to be HCV antibody positive and one of the donors or units he or she received during the Class Period is determined to be HCV antibody positive;
- (b) all further Class Period Search and/or Pre-Class Period Search efforts under this protocol relating to a Claim or a Late Claim shall be discontinued once the Administrator has made its decision to accept or reject that Claim or Late Claim. Subsequent periodic Record Search updates may be required in respect of some Claims or Late Claims as provided in paragraph 13 of this protocol.

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

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

- (a) obtain and assess the results of the stage or stages of Traceback Procedure required by such of paragraphs 6 to 11 of this protocol as are applicable to the Claim or Late Claim in question;
  - (b) carry out additional investigation where one or more of the type of indicia enumerated at paragraph 11 of this protocol are present; and
  - (c) where required by the provisions of paragraphs 10(e), 10(f)(ii) or 11(d)(iv) of this protocol and/or where the Administrator undertook additional investigation as required by paragraph 4(b) of this protocol, consider whether all of the information available to the Administrator when weighed together establishes to the satisfaction of the Administrator on the balance of probabilities, that the claimant was infected with HCV for the first time prior to the Class Period (the “Balance of Probabilities Analysis”).
5. Subject to the other requirements in paragraph 4 of this protocol, the Administrator shall make its decision to accept or reject the Claim or Late Claim, notwithstanding that a Class Period Search and/or a Pre-Class Period Search may not have been completed:
- (a) when the Administrator is of the view that in all of the circumstances a Class Period Search and/or a Pre-Class Period Search is unlikely to yield any further information that will assist in assessing the Claim or Late Claim; and
  - (b) notwithstanding subparagraph (a) above, no later than 6 months after the date on which the claimant has met the requirements of sections 3.01(1)(a) and (b) of the Transfused HCV Plan or sections 3.01Tran(1)(a) and (b) of the HCV Late Claims Benefits Plan and provided the Authorization to Initiate Traceback Procedure and/or to Release Information Form and the Transfusion History Form, whichever is later, unless:
    - (i) the transfusion information concerning the claimant provided on or with the Transfusion History Form was incomplete or inaccurate, in which case the 6 months will begin to run from the time the Administrator determines the transfusion information is complete; or
    - (ii) the time is extended with the consent of the claimant or by a Court on a teleconference motion made by Fund Counsel on notice to the claimant.;

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

## **OBTAIN AND ASSESS AVAILABLE TRACEBACK PROCEDURE INFORMATION**

6. The Administrator shall obtain and assess the results of any Traceback Procedure in respect of a person claimant initiated without the involvement of the Administrator. If the Traceback Procedure is complete or can be deemed complete as provided in paragraph 3 herein, the Administrator shall accept or reject the Claim or Late Claim:
  - (a) where transfusions were received only during the Class Period or only during and after the Class Period, by applying the appropriate subparagraph of paragraph 8 below; or
  - (b) where transfusions were received before and during the Class Period or before, during and after the Class Period, by applying the appropriate subparagraph in paragraphs 9 to 11 below.

## **INITIATE A RECORDS SEARCH**

7. In each case where there is no conclusive Lookback notification or the available Traceback Procedure information, if any, is insufficient to allow the Administrator to make its decision to accept or reject a Claim, the Administrator shall initiate a Records Search of those units received by the claimant in respect of which the HCV antibody status is unknown and:
  - (a) where transfusions were received only during the Class Period or only during and after the Class Period, proceed as directed in paragraph 8 below; or
  - (b) where Blood transfusions were received before and during the Class Period or before, during and after the Class Period, proceed as directed in paragraphs 9 to 11 below.

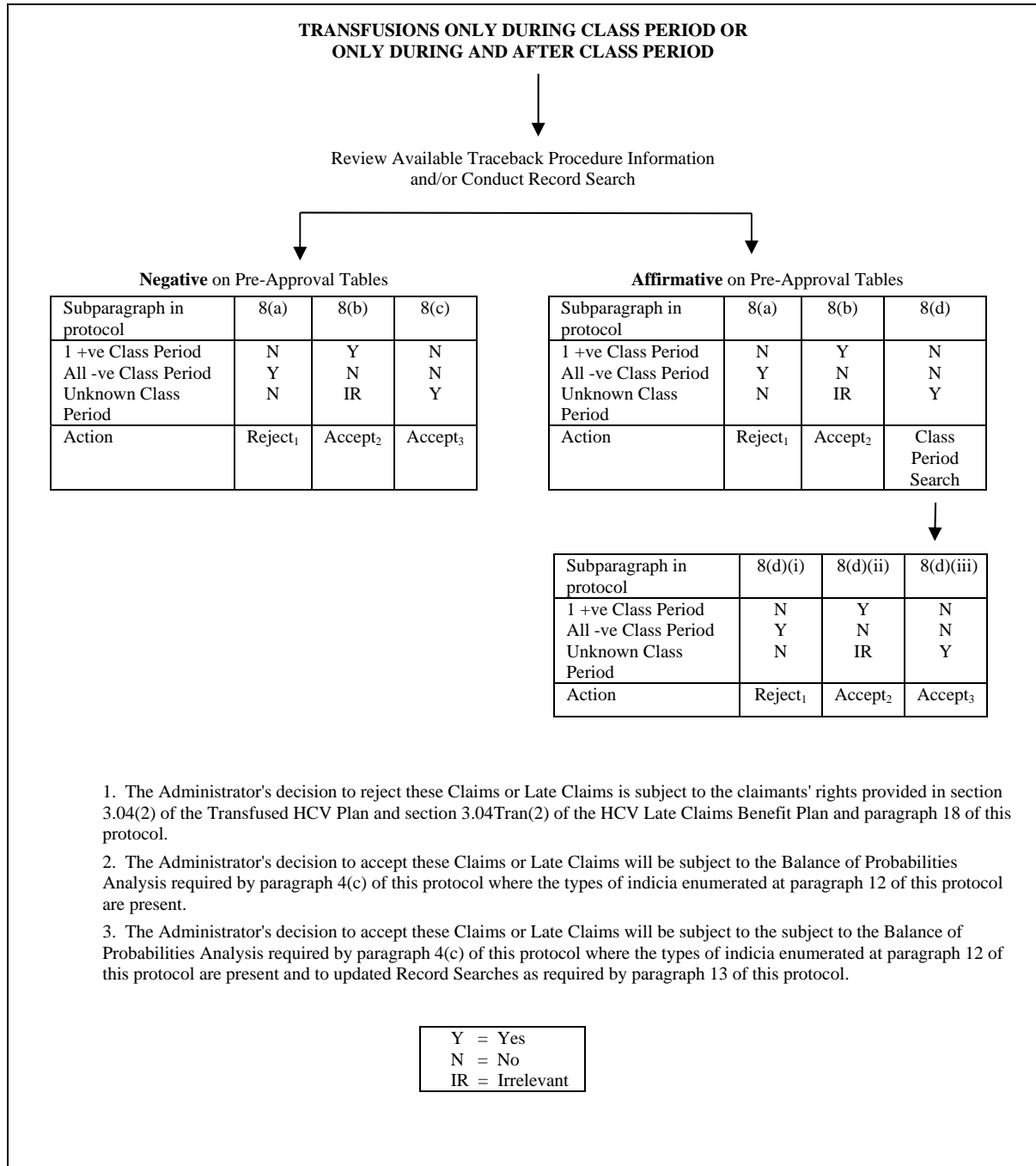
## **WHERE TRANSFUSIONS WERE RECEIVED IN CANADA ONLY DURING THE CLASS PERIOD OR ONLY DURING AND AFTER THE CLASS PERIOD**

8. After reviewing the available Traceback Procedure information, if any, and the results of the Records Search, if such was required, the Administrator shall:
  - (a) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;
  - (b) where one or more of the donors or units received by the claimant during the Class Period is determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the

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

- (c) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown and a negative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 3(c) of this protocol; or
- (d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown and an affirmative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, initiate a Class Period Search and after reviewing the results proceed as follows:
  - (i) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable and paragraph 18 of this protocol;
  - (ii) where one or more of the donors or units received by the person claimed to be a Primarily-Infected Person during the Class Period is determined to be HCV antibody positive by the Class Period Search, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or
  - (iii) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (d)(i) or (d)(ii) of this paragraph and the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown following the Class Period Search, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the results of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol.

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



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

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

- (a) where one or more of the donors or units received by the claimant before the Class Period is determined to be HCV antibody positive, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;
  - (b) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;
  - (c) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive and one or more of the donors or units he or she received during the Class Period is determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;
  - (d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (c) of this paragraph, all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive, the HCV antibody status of some of the donors or units he or she received during the Class Period remains unknown and a negative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or
  - (e) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (d) of this paragraph and the HCV antibody status of one or more of the donors or units received by the claimant before or during the Class Period remains unknown, after considering how to most expeditiously investigate the transfusions, initiate a Class Period Search and/or a Pre-Class Period Search on the remaining units he or she received.
10. Where a Pre-Class Period Search was initiated pursuant to subparagraph 9(e) above, the Administrator shall:

- (a) where one or more of the donors or units received by the claimant before the Class Period is determined to be HCV antibody positive by the Pre-Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;
- (b) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive by the Pre-Class Period Search and one or more of the donors or units received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;
- (c) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive by the Pre-Class Period Search and the HCV antibody status of some or all of the donors or units he or she received during the Class Period remains unknown and a negative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her transfusion history, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;
- (d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (c) of this paragraph, all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive by the Pre-Class Period Search,

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

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

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

- (ii) where one or more of the donors or units received by the claimant during the Class Period is determined to be HCV antibody positive by the Class Period Search, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;
- (iii) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (d)(i) or (d)(ii) of this paragraph and the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown following the Class Period Search, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;
- (e) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (d) of this paragraph, the HCV antibody status of some or all of the donors or units received by the claimant before the Class Period remains unknown following the Pre-Class Period Search and one or more of the donors or units he or she received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or
- (f) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) to (d) of this paragraph, the HCV antibody status of some of the donors or units received by the claimant before the Class Period remains unknown following the Pre-Class Period Search and the HCV antibody status of some or all of the donors or units he or she received during the Class Period remains unknown, initiate a Class Period Search of the remaining units received by the claimant during the Class Period and after reviewing the results proceed as follows:
  - (i) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the



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

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

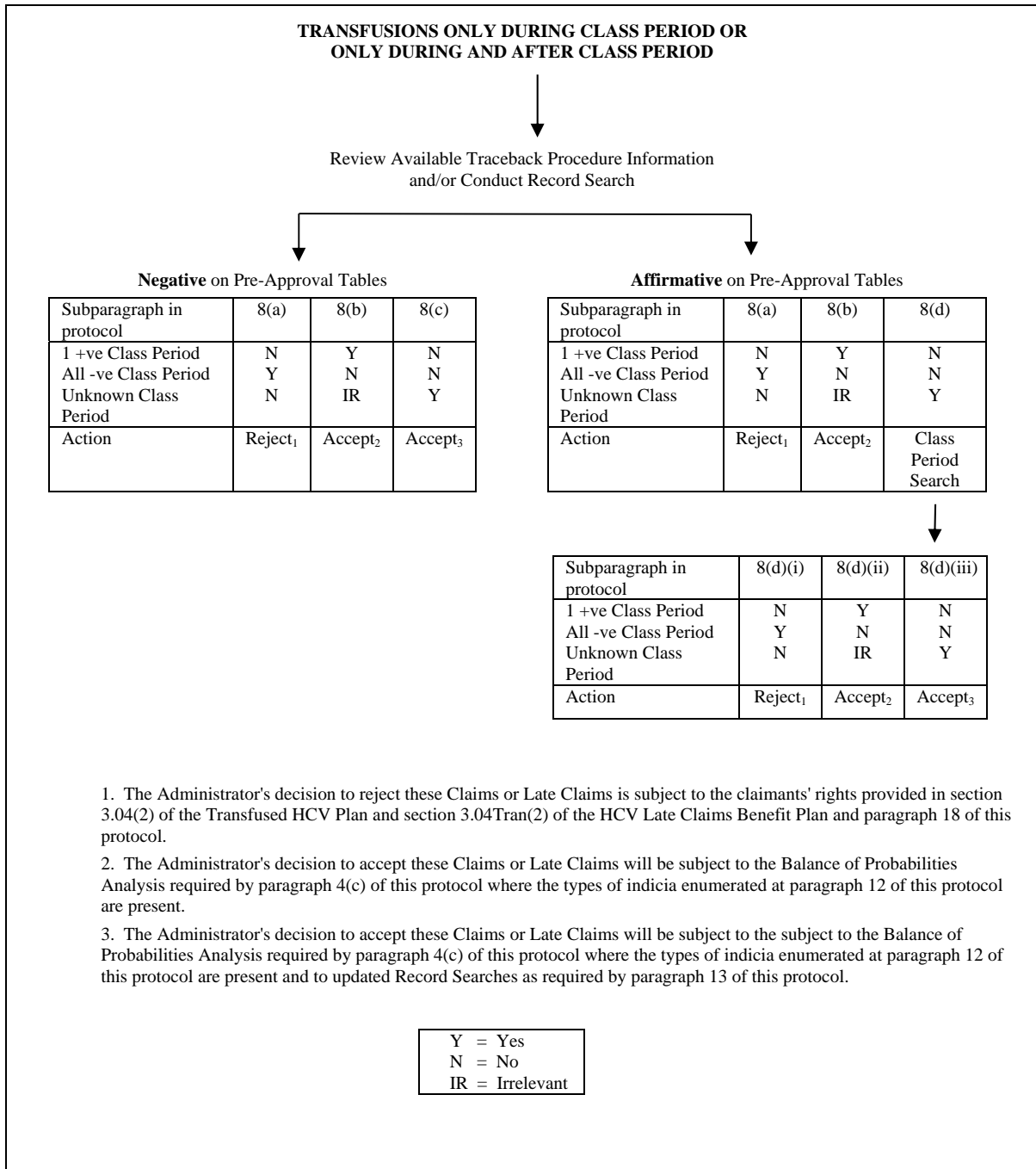
11. Where a Class Period Search was initiated pursuant to subparagraph 9(e) above, the Administrator shall:

- (a) where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;
- (b) where one or more of the donors or units received by the claimant during the Class Period is determined to be HCV antibody positive by the Class Period Search and all of the donors or units he or she received before the Class Period have already been determined not to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;
- (c) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, the HCV antibody status of one or more of the donors or units received by the claimant during the Class Period remains unknown following the Class Period Search and all of the donors or units he or she received before the Class Period have already been determined not to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or
- (d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (c) of this paragraph, none of the donors or units received by the claimant before the Class Period have been determined to be HCV antibody positive and the HCV antibody status of some of the donors or units he or she received before the Class Period remains unknown, initiate a Pre-Class Period

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

- (i) where one or more of the donors or units received by the claimant before the Class Period is determined to be HCV antibody positive following the Pre-Class Period Search, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable and paragraph 18 of this protocol;
- (ii) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive following the Pre-Class Period Search and one or more of the donors or units he or she received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol;
- (iii) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive following the Pre-Class Period Search, the HCV antibody status of one or more of the donors or units he or she received during the Class Period remains unknown and none of the donors or units received during the Class Period have been determined to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol; or
- (iv) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (d)(i) to (d)(iii) of this paragraph and the HCV antibody status of some or all of the units received by the person claimant before the Class Period remains unknown following the Pre-Class Period Search regardless of whether or not one or more of the donors or units he or she received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 4(c) of this protocol.

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



## INDICATIONS FOR ADDITIONAL INVESTIGATION

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

- (a) any indication of non-prescription intravenous drug use by the claimant, notwithstanding that the claimant provided the required declaration;
- (b) a failure to provide a declaration of knowledge, information and belief that the claimant was not infected with Hepatitis Non-A Non-B or the Hepatitis C virus prior to January 1, 1986;
- (c) a prior application to another government HCV compensation program and/or a declaration of knowledge, information or belief that the claimant was infected with HCV by blood received before January 1, 1986;
- (d) any indication of transfusion information that conflicts with the information provided on the Forms submitted;
- (e) a relationship with the Treating Physician which appears to be of a transitory nature;
- (f) any indication of the existence of Hepatitis B, a previous unspecified Hepatitis or liver irregularity by the person claimed to be a Primarily-Infected Person prior to his or her first transfusion during the Class Period;
- (g) any indication of the existence of a major surgical procedure, disease, treatment or trauma that was likely to have required a transfusion but which was not detailed in the answers provided in the Forms submitted to the Administrator;
- (h) any indication of one or more of the risk factor(s) outlined in the Treating Physician Form either from the Treating Physician or in the other documentation received;
- (i) receipt of any transfusions outside Canada at any time prior to his or her diagnosis with HCV; and/or
- (j) an inconclusive Traceback Procedure result;

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

#### **PERIODIC UPDATE OF THE RECORDS SEARCH IN SOME CASES**

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

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

## **REPORTING**

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

## **CONFIDENTIALITY**

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

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

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

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

19. A Section 3.04/3.04Tran Letter shall advise the claimant that he or she may elect to provide Further Evidence of First Infection by returning the election form provided to the Administrator within thirty days from the date of receipt of the Section 3.04/3.04Tran Letter, failing which his or her Claim or Late Claim shall be rejected.
20. If the claimant elects to provide Further Evidence of First Infection and returns the prescribed election form in the prescribed time, he or she must provide, within the following six months, his or her Further Evidence of First Infection, unless that time is extended with the consent of the Administrator or by the Court on a teleconference motion arranged at the request of the claimant.
21. The Administrator shall, following receipt and consideration of the Further Evidence of First Infection received from a claimant, accept or reject his or her Claim or Late Claim based upon all of the information available to the Administrator and section 3.04 of the Transfused HCV Plan or section 3.04Tran of the HCV Late Claims Benefit Plan, as applicable.
22. If the claimant who elected to provide Further Evidence of First Infection does not provide the Further Evidence of First Infection within the six months following his or her election, or such further time as has been agreed or ordered, his or her Claim or Late Claim shall be rejected.

#### **APPEAL RIGHTS**

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

#### **RESULTS OF CERTAIN FROZEN SAMPLES**

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

PRE-APPROVAL TABLE 1 For use with male transfusion recipient							
Year of Birth							
		# of units transfused	1970+	1960-69	1945-59	1935-44	<1935
Year of Transfusion	1986	1-4	Y <sub>1</sub>	Y	Y	Y	N
		5-9	Y <sub>1</sub>	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	Y	Y	N	N
	1987	1-4	Y <sub>1</sub>	Y	Y	Y	N
		5-9	Y <sub>1</sub>	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-29	N	Y	Y	N	N
		60+	N	Y <sub>3</sub>	Y	N	N
	1988	1-4	Y <sub>1</sub>	Y	Y	Y	N
		5-9	Y <sub>1</sub>	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	Y	Y	N	N
	1989	1-4	Y <sub>1</sub>	Y	Y	Y	N
		5-9	Y <sub>1</sub>	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-59	N	Y	Y	N	N
		60+	N	Y <sub>2</sub>	Y <sub>3</sub>	N	N
	January – March 1990	1-4	Y <sub>1</sub>	Y	Y	Y	N
		5-9	Y <sub>1</sub>	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-59	N	Y	Y	N	N
	April – June 1990	60+	N	Y <sub>2</sub>	Y <sub>3</sub>	N	N
		1-4	Y <sub>1</sub>	Y	Y	Y	N
		5-9	Y <sub>1</sub>	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-59	N	Y	Y	Y	N
		60+	N	Y	Y	Y <sub>2</sub>	N

Y – (affirmative) means a Class Period Search is required

N – (negative) means a Class Period Search is not required

1 – Except for those less than 20 years of age at time of HCV diagnosis

2 – Pre-approval for this age group for 100+ units only

3 – Pre-approval for this age group for 200+ units only

PRE-APPROVAL TABLE 2 For use with female transfusion recipient							
Year of Birth							
		# of units transfused	1970+	1960-69	1945-59	1935-44	<1935
Year of Transfusion	1986	1-4	Y <sub>1</sub>	Y	Y	N	N
		5-9	Y <sub>1</sub>	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N
		25-59	N	N	Y	N	N
		60+	N	N	N	N	N
	1987	1-4	Y <sub>1</sub>	Y	Y	N	N
		5-9	Y <sub>1</sub>	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N

		15-24	N	Y	Y	N	N
		25-29	N	Y	Y	N	N
		60+	N	N	N	N	N
	1988	1-4	Y <sub>1</sub>	Y	Y	N	N
		5-9	Y <sub>1</sub>	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	N	N	N	N
	1989	1-4	Y <sub>1</sub>	Y	Y	Y	N
		5-9	Y <sub>1</sub>	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	N	N	N	N
	January – March 1990	1-4	Y <sub>1</sub>	Y	Y	Y	N
		5-9	Y <sub>1</sub>	Y	Y	N	N
		10-14	N	Y	Y	N	N
		15-24	N	Y	Y	N	N
		25-59	N	Y	Y	N	N
		60+	N	N	N	N	N
	April – June 1990	1-4	Y <sub>1</sub>	Y	Y	Y	N
		5-9	Y <sub>1</sub>	Y	Y	Y	N
		10-14	N	Y	Y	Y	N
		15-24	N	Y	Y	Y	N
		25-59	N	Y	Y	Y	N
		60+	N	Y <sub>3</sub>	Y <sub>4</sub>	N	N



**COURT APPROVED PROTOCOL**  
**ELIGIBILITY AND TRACEBACK REQUIREMENTS FOR**  
**SECONDARILY-INFECTED PERSONS**

**REVISED ♦, 2017**

This protocol applies to sections 3.02 and section 3.05 (insofar as it applies to a Secondly-Infected Person) of the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan.

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

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

**THE CLAIM FOR A CHILD AS A SECONDARILY-INFECTED PERSON**

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

**ELIGIBILITY CRITERIA**

3. The Administrator must be satisfied on the balance of probabilities that the Secondly-Infected Person was infected with HCV for the first time by a Spouse who is a Primarily-Infected Person, or a Primarily-Infected Hemophiliac or by a Parent who is an HCV Infected Person, as the case may be.
4. In order to assess the Claim or Late Claim of a Secondly-Infected Person under section 3.02 of the applicable Plan, the Spouse who is the Primarily-Infected Person or Primarily-Infected Hemophiliac or the Parent who is the HCV Infected Person must first be determined to meet the eligibility requirements under the appropriate Plan. If the Spouse who is the Primarily-Infected Person or Primarily-Infected Hemophiliac or the Parent who is the HCV Infected Person has not applied, then the Secondly-Infected Person must provide the Administrator with the information required in order to determine whether the Spouse or Parent, as the case may be, would qualify as an Approved HCV Infected Person or Approved Late Claim HCV Infected Person if he/she did apply.

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

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

- (a) General Claimant Information Form;
- (b) Treating Physician Form;
- (c) Declaration by HCV Infected Person, HCV Personal Representative or Other Knowledgeable Person,

the Administrator shall:

- (d) obtain all relevant medical, hospital and clinical records which are in existence up to the date of application pertaining to the Secondly-Infected Person and review them to determine if the Secondly-Infected Person has any risk factors for infection with HCV other than through their Spouse or Parent, as the case may be, including any indications for additional investigation as provided in paragraph 6 below; and
- (e) request a traceback of any units of blood received by the Secondly-Infected Person to determine whether any donors of the blood received by the Secondly-Infected Person tests positive for the antibody to HCV.

6. Indications for additional investigation include:

- (a) any evidence of non-prescription intravenous drug use by the Secondly-Infected Person, irrespective of whether the claimant provided the required declaration;
- (b) a failure to provide a declaration of knowledge, information and belief that the Secondly-Infected Person was not infected with Hepatitis Non-A Non-B or the Hepatitis C virus prior to January 1, 1986;
- (c) a prior application to another government HCV compensation program and/or a declaration of knowledge, information and belief that the Secondly-Infected Person was infected with blood received before January 1, 1986;
- (d) any indication of the existence of Hepatitis B, a previous unspecified Hepatitis or a liver irregularity for the Secondly-Infected Person;
- (e) any indication of the existence of a major surgical procedure, disease, treatment or trauma that was likely to have required a blood transfusion at any time prior to the earlier of July 1, 1990 or the date of the Secondly-Infected Person's diagnosis with HCV;

- (f) any indication of one or more of the risk factor(s) outlined in the Treating Physician Form or in the other documentation received; and
  - (g) receipt of any blood transfusions or blood in or outside Canada at any time prior to the Secondarily-Infected Person's diagnosis with HCV.
- 7. Where there is one or more indication for additional investigation, the Administrator shall require such additional information and records pursuant to section 3.03 of the applicable Plan as, in its complete discretion, it considers necessary to inform its decision.
- 8. The Administrator shall weigh the totality of the evidence obtained including the evidence obtained from the investigations required by the provisions of this protocol and determine whether, on a balance of probabilities, the Secondarily-Infected Person meets the eligibility criteria.
- 9. In weighing the evidence in accordance with the provisions of this protocol, the Administrator must be satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision. If the Administrator is not satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision, the Administrator shall reject the Claim or Late Claim.
- 10. Reference to a Primarily-Infected Person, Primarily-Infected Hemophiliac or HCV Infected Person throughout this protocol also includes an Opted-Out Primarily-Infected Person, Opted-Out Primarily-Infected Hemophiliac or Opted-Out HCV Infected Person.

**COURT APPROVED PROTOCOL**  
**NON-PRESCRIPTION INTRAVENOUS DRUG USE**

**REVISED ♦ 2017**

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

1. This protocol applies where:
  - (a) there is an admission that the HCV Infected Person used non-prescription intravenous drugs;
  - (b) there is no declaration that the HCV Infected Person has never used non-prescription intravenous drugs pursuant to section 3.01(1)(c), 3.02(1)(c), or 3.05(5) of the Transfused HCV Plan, section 3.01(1)(c), 3.02(1)(c), or 3.04(5) of the Hemophiliac HCV Plan or section 3.01Tran(1)(c), 3.01Hemo(1)(c), 3.02(1)(c), 3.05(5)(Tran) or 3.05(5)(Hemo) of the HCV Late Claims Benefit Plan; or
  - (c) despite receipt of a declaration that the HCV Infected Person has never used non-prescription intravenous drugs, there is other evidence that the HCV Infected Person has used non-prescription intravenous drugs.

**ELIGIBILITY CRITERIA WHERE THIS PROTOCOL APPLIES**

2. The Administrator must be satisfied on the balance of probabilities that:
  - (a) the Primarily-Infected Hemophiliac (or person with Thalassemia Major) was infected with HCV for the first time by Blood or Blood (Hemophiliac) (under the applicable Plan) received in Canada; or
  - (b) the Primarily-Infected Person or Secondarily-Infected Person was infected with HCV for the first time:
    - (i) by a Blood transfusion or Blood (Transfused) transfusion (under the applicable Plan) received in Canada in the Class Period;
    - (ii) by a Spouse who is a Primarily-Infected Person/Primarily-Infected Hemophiliac/Opted-Out Primarily-Infected Person/Opted-Out Primarily Infected Hemophiliac; or

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

as the case may be.

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

## **TRACEBACK**

- 4. The Administrator shall conduct a Traceback under the Traceback Procedure Criteria Protocol or the Eligibility and Traceback Requirements for Secondarily-Infected Persons Protocol unless:
  - (a) in the case of a Primarily-Infected Hemophiliac (or person with Thalassemia Major), the HCV Infected Person was a regular recipient of Blood or Blood (Hemophiliac) (under the applicable Plan) prior to his or her attaining the age of 18; or
  - (b) in the case of a person claimed to be a Secondarily-Infected Person, the person has no history of blood transfusion.
- 5. If neither the Traceback Procedure Criteria Protocol nor the Eligibility and Traceback Requirements for Secondarily-Infected Persons Protocol applies, the Administrator shall perform the additional investigations required by paragraph 8 below.
- 6. If the result of a traceback investigation is such that the applicable Traceback protocol requires the Administrator to reject the Claim or Late Claim of the HCV Infected Person, the Administrator shall reject the Claim or Late Claim.
- 7. The Administrator may not accept a Claim or Late Claim where this protocol applies based on the results of a traceback investigation without performing the additional investigations required by the provisions of paragraph 8 below.

## **ADDITIONAL INVESTIGATIONS**

- 8. If the Claim or Late Claim is not rejected under the applicable Traceback protocol, the Administrator shall perform the following additional investigations:
  - (a) obtain such additional information and records pursuant to section 3.03 of the applicable Plan as the Administrator in its complete discretion considers necessary to inform its decision; and
  - (b) obtain the opinion of a medical specialist experienced in treating and diagnosing HCV as to whether the HCV infection and the disease history of the HCV Infected Person is more consistent with infection at the time of the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan), the Class Period

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

9. The Administrator shall weigh the totality of evidence obtained including the evidence obtained from the additional investigations required by the provisions of this protocol and determine whether, on a balance of probabilities, the HCV Infected Person meets the eligibility criteria.
10. In weighing the evidence in accordance with the provisions of this protocol, the Administrator must be satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision. If the Administrator is not satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision, the Administrator shall reject the Claim or Late Claim.

#### **EXAMPLES OF ADDITIONAL INVESTIGATIONS**

11. Examples of the evidence the Administrator may require to inform its decision include the following:
  - (a) an independent medical examination with a physician of the Administrator's choice, to obtain opinion evidence on any medical issues which the Administrator believes will assist in making its decision;
  - (b) the medical and clinical records from any or all hospitalizations and treating physicians for the HCV Infected Person for such time frame as the Administrator considers relevant;
  - (c) the donation history, transmissible disease information, deferral codes or the results of any lookbacks pertaining to blood donated by the HCV Infected Person available from Canadian Blood Services and/or Hema-Quebec;
  - (d) an affidavit from the HCV Infected Person and a person who knew the HCV Infected Person at the time he/she used non-prescription intravenous drugs describing:
    - (i) whether the drug paraphernalia used was sterile;
    - (ii) whether the HCV Infected Person shared needles; and
    - (iii) the best estimate of the number of occasions and time period during which the HCV Infected Person used non-prescription intravenous drugs;
  - (e) a consent to conduct a criminal records search of HCV Infected Person; and

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

## RESULTS OF THE INVESTIGATIONS

12. Although none of these factors may prove conclusive in any individual case because the Administrator must consider the totality of the evidence, the following factors are examples of evidence that would be supportive of a finding that the person claimed to be an HCV Infected Person is eligible:
  - (a) identification of a Class Period Blood transfusion or Blood (Transfused) transfusion (under the applicable Plan) from an HCV antibody positive donor;
  - (b) the HCV Infected Person was under the age of 18 at the time of the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) or the Class Period Blood transfusions or Blood (Transfused) transfusions (under the applicable Plan);
  - (c) reliable evidence establishes that the non-prescription intravenous drug use took place after July 1, 1990;
  - (d) an HCV disease history which is more consistent with the timing of:
    - (i) the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major);
    - (ii) the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for which an HCV antibody positive donor has been located or for which the status of the donor remains unknown; or
    - (iii) the alleged secondary infection;than with the time of non-prescription intravenous drug use;
  - (e) reasonably reliable evidence that the non-prescription intravenous drug use history is subsequent to the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), or the date of Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily Infected Person, or the date of alleged secondary infection for the Secondarily-Infected Person;
  - (f) reasonably reliable evidence that the non-prescription intravenous drug use was limited to a single occasion and was done with sterile equipment which was not shared; and

- (g) no medical history of unspecified Hepatitis, Hepatitis B or Non-A, Non-B Hepatitis prior to the date of the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily-Infected Person or the date of alleged secondary infection for the Secondarily-Infected Person.
13. Although none of these factors may prove conclusive in any individual case because the Administrator must consider the totality of the evidence, the following are examples of evidence that would not be supportive of a finding that the person claimed to be an HCV Infected Person is eligible:
- (a) failure to identify a Class Period Blood transfusion or Blood (Transfused) transfusion (under the applicable Plan) for the Primarily-Infected Person from an HCV antibody positive donor;
  - (b) an HCV disease history which is more consistent with infection at the time of non-prescription intravenous drug use than with the timing of:
    - (i) the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major);
    - (ii) the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily-Infected Person for which an HCV antibody positive donor has been located or for which the status of the donor remains unknown; or
    - (iii) the alleged secondary infection;
  - (c) reasonably reliable evidence that the non-prescription intravenous drug use took place on more than one occasion or was done with non-sterile or shared equipment;
  - (d) a medical history of unspecified Hepatitis, Hepatitis B or Non-A Non-B Hepatitis prior to the date of the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), or the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily-Infected Person or the date of alleged secondary infection for the Secondarily-Infected Person;
  - (e) a refusal to permit the Administrator to interview any person the Administrator believes may have knowledge about the non-prescription intravenous drug use or disease history of the HCV Infected Person;
  - (f) a CBS or Hema-Quebec donor file which indicates that the HCV Infected Person:



- (i) tested positive for the antibodies to Hepatitis B; or
  - (ii) had donated blood prior to the Class Period and the pre-Class Period blood donations or recipients of the pre-Class Period blood donations have subsequently tested positive for HCV antibodies; and
- (g) the file is in any other way consistent with infection with HCV by non-prescription intravenous drug use prior to the receipt of Blood or Blood (Hemophiliac) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), or the Class Period Blood transfusion(s) or Blood (Transfused) transfusions for the Primarily-Infected Person, or the date of alleged secondary infection for the Secondarily-Infected Person.

**COURT APPROVED PROTOCOL**

**MEDICAL EVIDENCE**

**REVISED ♦, 2017**

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

**DISEASE LEVEL 1**

1. To be entitled to the fixed payment provided for at section 4.01(1)(a) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person will have delivered to the Administrator the following:
  - (a) a satisfactorily completed Treating Physician Form for the applicable Plan; and
  - (b) a positive HCV Antibody Test in compliance with the SOP - Criteria for Acceptable HCV Antibody Test and PCR Test.

**DISEASE LEVEL 2**

2. To satisfy the medical evidence requirement at section 4.01(1)(b) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator the following:
  - (a) a satisfactorily completed Treating Physician Form for the applicable Plan; and
  - (b) a positive PCR Test in compliance with the SOP - Criteria for Acceptable HCV Antibody Test and PCR Test.

**DISEASE LEVEL 3**

3. To satisfy the medical evidence requirement at section 4.01(1)(c) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator a satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has either:
  - (a) developed fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal areas but without any bridging to other portal tracts or to central veins ("non-bridging fibrosis") as confirmed by a copy of a pathology report of a liver biopsy or by a positive result on Fibroscan (Elastography);
  - (b) undergone one of the following types of Compensable HCV Drug Therapy:

- (i) interferon therapy;
  - (ii) combination interferon and ribavirin therapy;
  - (iii) treatment with interferon combined with a drug other than ribavirin;
  - (iv) treatment with ribavirin combined with a drug other than interferon;
  - (v) treatment with at least one direct-acting antiviral agent (DAA) approved by Health Canada in circumstances where the Treating Physician certifies that the HCV Infected Person suffered adverse side effects as a result of taking the DAA treatment; or
- (c) met or meets the following protocol for Compensable HCV Drug Therapy:
- (i) the HCV Infected Person is HCV RNA positive as confirmed by a copy of a PCR Test in compliance with the SOP-Criteria for Acceptance of HCV Antibody Test and PCR Test;
  - (ii) the HCV Infected person has medically demonstrated evidence of fibrotic changes to the liver as confirmed by a copy of a pathology report of a liver biopsy or by a positive result on Fibroscan (Elastography); or
  - (iii) the HCV Infected Person's ALTs were elevated 1.5 x normal for 3 months or more as confirmed by liver function test reports provided; and
  - (iv) the infection with HCV materially contributed to the elevated ALTs as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

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

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

#### **DISEASE LEVEL 5**

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

- (a) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person:
  - (i) has developed fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration ("cirrhosis") as confirmed by:
    - A. a pathology report of a liver biopsy;
    - B. a Fibroscan report (Elastography);
    - C. an Ultrasound report;
    - D. an MRI report;
    - E. a CT Scan report; or
  - (ii) in the absence of a liver biopsy, has been diagnosed with cirrhosis based on:
    - A. three or more months with:
      - (1) an increase in all gamma globulins with decreased albumin on serum electrophoresis as reported on a serum electrophoresis test provided;
      - (2) a significantly decreased platelet count as reported on laboratory reports provided; and
      - (3) an increased INR or prothrombin time as reported on laboratory reports provided;
      - (4) none of which are attributable to any cause other than cirrhosis; and
    - B. a finding of hepato-splenomegaly, supported by a copy of an ultrasound report, an MRI report or a CT scan report of an enlarged liver and spleen, and one or more of the following peripheral manifestations of liver disease, none of which are attributable to any cause other than cirrhosis:
      - (1) gynecomastia;
      - (2) testicular atrophy;
      - (3) spider angiomas;
      - (4) protein malnutrition;
      - (5) palm or nail changes characteristic of liver disease; or

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

(1) portal hypertension evidenced by:

- a. an enlarged spleen which is inconsistent with portal vein thrombosis as confirmed by a copy of an ultrasound report; or
- b. abnormal abdominal and chest wall veins as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;

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

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

OR

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

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

- A. phlebotomy;
- B. drug therapy - specifying the therapy;
- C. Compensable HCV Drug Therapy; and

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

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

OR

- (c) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has thrombocytopenia unresponsive to therapy based on one or more of the following:
  - (i) a platelet count below  $100 \times 10^9$  with:
    - A. purpura or other spontaneous bleeding; or
    - B. excessive bleeding following trauma;as confirmed by a copy of a laboratory report and a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting either finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;
  - (ii) a platelet count below  $30 \times 10^9$ , as reported on a laboratory report provided.

OR

- (d) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with glomerulonephritis not requiring dialysis which is consistent with infection with HCV and copies of the following:
  - (i) a pathology report of a kidney biopsy which reports a finding of glomerulonephritis; and
  - (ii) a consultation or other report of a nephrologist confirming that the HCV Infected Person has glomerulonephritis not requiring dialysis which is consistent with infection with HCV unless the Treating Physician is a nephrologist.

## **DISEASE LEVEL 6**

- 6. To satisfy the medical evidence requirement at section 4.01(1)(e) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator either:
  - (a) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has had a liver transplant together as confirmed by a copy of an operative report of the transplant.

OR

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

- (i) hepatic encephalopathy as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;
- (ii) bleeding esophageal varices as confirmed by a copy of an endoscopic report;
- (iii) ascites as confirmed by a copy of an ultrasound report, MRI report or CT Scan;
- (iv) subacute bacterial peritonitis as confirmed by a copy of a laboratory report showing a neutrophil count of greater than  $150 \times 10^9$  per ml in the ascitic fluid and/or positive ascitic culture;
- (v) protein malnutrition as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;
- (vi) another condition a description of which is provided as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

OR

- (c) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with hepatocellular cancer based on one or more of the following:
  - (i) a pathology report of a liver biopsy which reports hepatocellular cancer;
  - (ii) an alpha feto protein blood test report and a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;
  - (iii) a report of a CT scan or MRI scan of the liver confirming hepatocellular cancer.

OR

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

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

OR

- (e) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with symptomatic mixed cryoglobulinemia and copies of:
  - (i) the results of a blood test demonstrating elevated cryoglobulins; and
  - (ii) a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

OR

- (f) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with glomerulonephritis requiring dialysis which is consistent with infection with HCV and copies of the following:
  - (i) a pathology report of a kidney biopsy which reports a finding of glomerulonephritis; and
  - (ii) a consultation or other report of a nephrologist confirming that the HCV Infected Person has glomerulonephritis requiring dialysis which is consistent with infection with HCV unless the Treating Physician is a nephrologist.

OR

- (g) A satisfactorily completed Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with renal failure and copies of:
  - (i) laboratory reports of serum creatinine and serum urea supporting the diagnosis; and
  - (ii) a consultation or other report of a nephrologist supporting the diagnosis unless the Treating Physician is a nephrologist.



**Notes:**

**DISEASE LEVEL 3**

<sup>1</sup>**Note:** The Administrator shall:

- (a) accept the pathology report or Fibroscan report as evidence of non-bridging (or more severe) fibrosis if the pathology report or Fibroscan report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) non-bridging fibrosis;
- (b) accept the pathology report or Fibroscan Report as evidence of non-bridging (or more severe) fibrosis although the pathology report or Fibroscan report is not reported in such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist, or internist; or
- (c) seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.

**DISEASE LEVEL 4**

<sup>2</sup>**Note:** The Administrator shall:

- (a) accept the pathology report as evidence of bridging (or more severe) fibrosis if the pathology report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) bridging fibrosis;
- (b) accept the pathology report as evidence of bridging fibrosis although the pathology report is not reported in such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist or internist; or
- (c) seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.

**DISEASE LEVEL 5**

<sup>3</sup>**Note:** The Administrator shall:

- (a) accept the pathology report, Fibroscan report, CT Scan report, Ultrasound report or MRI report as evidence of cirrhosis if the applicable report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) cirrhosis;
- (b) accept the pathology report, Fibroscan report, CT Scan report, Ultrasound or MRI report as evidence of cirrhosis although the pathology report is not reported in

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

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

#### **DISEASE LEVEL 6**

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

**COURT APPROVED PROTOCOL  
ALTERNATIVE TO BIOPSY MEDICAL EVIDENCE**

**REVISED: ♦, 2017**

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

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

1. Section 4.01(5) of the Hemophiliac HCV Plan and section 4.01(5)(Hemo) of the HCV Late Claims Benefit Plan permits Primarily-Infected Hemophiliacs who are Approved HCV Infected Persons or Approved Late Claim HCV Infected Persons to establish:
  - (a) Disease Level 3 – Section 4.01 (1)(c)(i);
  - (b) Disease Level 4 – Section 4.01(2);
  - (c) Disease Level 5 – Section 4.01(1)(d)(i) or 4.01(1)(d)(v); and,
  - (d) Disease Level 6 – Section 4.01(1)(e)(ii) or 4.01(i)(e)(v);without the necessity of a biopsy.
2. Paragraphs 3 and 4 of this protocol shall only be available to Primarily-Infected Hemophiliacs who are Approved HCV Infected Persons and Primarily-Infected Hemophiliacs who are Approved Late Claim HCV Infected Persons where the Treating Physician certifies to the Administrator:
  - (a) that he or she is unable to assign the disease level he or she considers most appropriate for his or her patient due to the absence of a biopsy and the unavailability or inapplicability of the non-biopsy diagnostic methods set out the Medical Evidence Court Approved Protocol; and
  - (b) that his or her patient does not have any of the other medical conditions applicable at the disease level for which qualification is sought.
3. To utilize this protocol in respect of the following disease levels of the Hemophiliac HCV Plan or the HCV Late Claims Benefit Plan, the Primarily-Infected Hemophiliac who is an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person must deliver the following for consideration by the Administrator:
  - (a) **FOR DISEASE LEVEL 3 - SECTION 4.01(1)(c)(i) OF THE APPLICABLE PLAN**

- (i) a satisfactorily completed Treating Physician Form; and,
  - (ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal area but without any bridging to other portal tracts or to central veins (i.e., non-bridging fibrous);
- (b) FOR DISEASE LEVEL 4 – SECTION 4.01(2) OF THE APPLICABLE PLAN
  - (i) a satisfactorily completed Treating Physician Form; and,
  - (ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration (i.e., bridging fibrous);
- (c) FOR DISEASE LEVEL 5 – SECTION 4.01(1)(d)(i) OF THE APPLICABLE PLAN
  - (i) a satisfactorily completed Treating Physician Form; and,
  - (ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration (i.e. cirrhosis);
- (d) FOR DISEASE LEVEL5 - SECTION 4.01(1)(d)(v) OF THE APPLICABLE PLAN
  - (i) a satisfactorily completed Treating Physician Form; and,
  - (ii) in the absence of a kidney biopsy, the opinion of a gastroenterologist, hepatologist, internist, infectious disease specialist, nephrologist or hemophiliac treating physician based on non-invasive testing and

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

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

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

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

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

- 4. The Administrator may, if the Administrator deems it appropriate, obtain further medical opinions or require an independent medical examination in respect of the disease level of the Primarily-Infected Hemophiliac who is an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person seeking to qualify under this protocol.
- 5. This protocol will be periodically reviewed to determine if there is any change to the medical evidence which is generally accepted by the medical profession and amendments may be sought in the future in order that it keep pace with evolving medical science.

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

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

- (a) Disease Level 3 – Section 4.01 (1)(c)(i);
  - (b) Disease Level 4 – Section 4.01(2);
  - (c) Disease Level 5 – Section 4.01(1)(d)(i) or 4.01(1)(d)(v); and,
  - (d) Disease Level 6 – Section 4.01(1)(e)(ii) or 4.01(i)(e)(v);
- by medical evidence that is generally accepted by the medical community and approved by the Courts.
7. Paragraphs 11 and 12 of this protocol shall only be available to Approved HCV Infected Persons and Approved HCV Late Claim HCV Infected Persons who have:
- (a) provided evidence satisfactory to the Administrator that a biopsy is contraindicated in the circumstances of the medical condition of that Approved HCV Infected Person or Approved Late Claim HCV Infected Person; and
  - (b) provided evidence satisfactory to the Administrator that the non-biopsy diagnostic methods set out in the Medical Evidence Court Approved Protocol are not available or not applicable in the circumstances of the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person.
8. Satisfactory evidence may include the opinion of a qualified gastroenterologist, hepatologist, infectious disease specialist or internist, that a biopsy is contraindicated in the circumstances of the medical condition of such Approved HCV Infected Person or Approved Late Claim HCV Infected Person and stating reasons why the non-biopsy diagnostic methods set out in the Medical Evidence Court Approved Protocol are not available or not applicable in the circumstances of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person.
9. The Administrator may, if the Administrator deems it appropriate, obtain further medical opinions or require an independent medical examination as to whether a liver biopsy is contraindicated in respect of the medical condition of an Approved HCV Infected Person or Approved Late Claim HCV Infected Person.
10. Further, this protocol shall only be available to an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person where the treating physician certifies to the Administrator:
- (a) that he or she is unable to assign the disease level he or she considers most appropriate for his or her patient due to the absence of a biopsy; and
  - (b) that his or her patient not have any of the other medical conditions applicable at the disease level for which qualification is sought.
11. To utilize this protocol in respect of the following disease levels of the Transfused HCV Plan and the HCV Late Claims Benefit Plan, the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person must deliver the following for the consideration by the Administrator:

- (a) FOR DISEASE LEVEL 3 - SECTION 4.01(1)(c)(i) OF THE APPLICABLE PLAN
  - (i) a satisfactorily completed Treating Physician Form; and,
  - (ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, or internist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal area but without any bridging to other portal tracts or to central veins (i.e., non- bridging fibrous);
- (b) FOR DISEASE LEVEL 4 – SECTION 4.01(2) OF THE APPLICABLE PLAN
  - (i) a satisfactorily completed Treating Physician Form; and,
  - (ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist or internist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration (i.e., bridging fibrous);
- (c) FOR DISEASE LEVEL 5 – SECTION 4.01(1)(d)(i) OF THE APPLICABLE PLAN
  - (i) a satisfactorily completed Treating Physician Form; and,
  - (ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist or internist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration (i.e. cirrhosis);
- (d) FOR DISEASE LEVEL 5 - SECTION 4.01(1)(d)(v) OF THE APPLICABLE PLAN
  - (i) a satisfactorily completed Treating Physician Form; and,

- (ii) in the absence of a kidney biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or nephrologist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has developed glomerulonephritis not requiring dialysis which is consistent with infection with HCV;
- (e) FOR DISEASE LEVEL 6 - SECTION 4.01(1)(e)(ii) OF THE APPLICABLE PLAN
  - (i) a satisfactorily completed Treating Physician Form; and,
  - (ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist or internist based on non-invasive testing and diagnosis, complete details of which are provided that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he/she has developed hepatocellular cancer;
- (f) FOR DISEASE LEVEL 6 - SECTION 4.01(1)(e)(v) OF THE APPLICABLE PLAN
  - (i) a satisfactorily completed Treating Physician Form; and,
  - (ii) in the absence of a kidney biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist, or nephrologist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has developed glomerulonephritis requiring dialysis which is consistent with infection with HCV.
- 12. The Administrator may, if the Administrator deems it appropriate, obtain further medical opinions or require an independent medical examination in respect of the disease level of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person seeking to qualify under this protocol.
- 13. This protocol will be periodically reviewed to determine if there is any change to the medical evidence which is generally accepted by the medical profession and amendments may be sought in the future in order that it keep pace with evolving medical science.



**COURT APPROVED PROTOCOL**

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

**REVISED ♦, 2017**

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

**GENERAL PROVISIONS**

1. For the purpose of this protocol, Treating Physician means a medical doctor who is or was treating the Approved HCV Infected Person or Approved Late Claim HCV Infected Person in respect of his/her HCV infection or conditions due to his/her infection with HCV.
2. The restriction on processing claims for out-of-pocket expenses and uninsured treatment and medical expenses to circumstances where the claim totaled \$250 or more or once per year contained in the previous version of this protocol is removed.

**TREATMENT AND MEDICAL EXPENSES**

3. In consultation with a physician(s) in one or more of the medical specialties listed on the Treating Physician Form("HCV Medical Specialist") the Administrator shall compile a list of medications and treatments which are recommended or prescribed for treatment of HCV and for conditions due to the infection with HCV which are generally accepted by the medical community (the "HCV Medication List"). This list shall be periodically updated at the Administrator's discretion.
4. The Administrator may accept a completed Compensation for Uninsured Treatment/Medication and Out-of-Pocket Expenses Form accompanied by receipts as proof of medical expenses incurred for any of the items on the HCV Medication List, except where:
  - (a) the total claimed for medical expenses on any one application exceeds \$500 (excluding the costs of Compensable HCV Drug Therapy);
  - (b) the level of medical expenses claimed is inconsistent with the overall application or disease level (eg: a person who is at Level 1 and has a negative PCR test claiming for significant medical expenses) of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person ; or

- (c) for any other reason, the Administrator requires the confirmation of the Treating Physician that the treatments or medications were prescribed or recommended as treatment or medication for the HCV infection or conditions due to the infection with HCV.
- 5. Where one of the exceptions described above applies, or where there are items for which a claim is made but no receipts are available, the Administrator shall require the Approved HCV Infected Person or Approved Late Claim HCV Infected Person to supply a form completed by a Treating Physician confirming that he or she prescribed or recommended the claimed items as treatment or medication for the Approved HCV Infected Person or Approved Late Claim HCV Infected Person for his or her HCV infection or conditions due to the infection with HCV.
- 6. Where reimbursement is claimed for items which are not on the HCV Medication List, the Administrator shall require the Approved HCV Infected Person or Approved Late Claim HCV Infected Person to supply a form completed by the Treating Physician confirming that he or she prescribed or recommended the treatment or medications for treatment of the Approved HCV Infected Person's or Approved Late Claim HCV Infected Person's HCV infection or conditions due to the infection with HCV. If the Treating Physician is an HCV Medical Specialist, the Treating Physician must confirm that the treatments or medications prescribed or recommended are generally accepted by the medical community for the treatment of HCV or conditions due to the infection with HCV. If the Treating Physician is not an HCV Medical Specialist, the Administrator shall consult an HCV Medical Specialist to determine whether the items are generally accepted by the medical community for the treatment of HCV or conditions due to the infection with HCV.

## **OUT-OF-POCKET EXPENSES**

- 7. The Administrator may accept a completed Compensation for Uninsured Treatment/Medication and Out-of-Pocket Expenses Form accompanied by receipts (for those items which should be the subject of a receipt) as proof of out-of-pocket expenses due to HCV infection or conditions due to the infection with HCV, except where:
  - (a) the total claimed for out-of-pocket expenses on any one application exceeds \$500;
  - (b) the level of expenses claimed is inconsistent with the overall application or disease level (eg: a person who lives in a major centre claiming travel costs to doctors' appointments or a person who is at Level 1 and has a negative PCR test claiming for frequent appointments with doctors) of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person; or
  - (c) for any other reason, the Administrator requires confirmation of the Treating Physician the expenses were incurred due to the HCV infection or conditions due to the infection with HCV.

8. Where one of the exceptions described above applies or where there are items claimed for which the claimant does not have receipts but should have a receipt, the Administrator shall:
  - (a) require the Approved HCV Infected Person or Approved Late Claim HCV Infected Person to supply a form completed by the Treating Physician confirming that the Approved HCV Infected Person or Approved Late Claim HCV Infected Person had to incur the expense in order to seek medical advice or treatment for HCV or conditions due to the infection with HCV; and
  - (b) in the event the item for which reimbursement claimed is such that it is not amenable to confirmation by the Treating Physician, require such additional evidence as the Administrator considers appropriate.
  - (c)
9. For expenses which are covered by the Treasury Board of Canada Secretariat Travel Directive, the amounts stipulated in the Directive shall be the maximum amount reimbursed.
10. The Administrator shall pay a reasonable amount on account of fees to a Treating Physician for Forms completed on account of a claim for compensation. In assessing a reasonable amount for fees, the Administrator shall have regard to the BCMA position on reasonable fees as stipulated in the letter from the BCMA dated June 15, 2000, after indexing to present day dollars.

**COURT APPROVED PROTOCOL**

**CLAIMS OR LATE CLAIMS INVOLVING FAMILY MEMBERS AND/OR  
DEPENDANTS**

**REVISED ♦, 2017**

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

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

1. In addition to any other forms or documentation the Administrator may require, where a claim or Late Claim is made pursuant to section 5.01(2) or 6.01 of the Transfused HCV Plan, section 5.01(2), 5.01(4) or 6.01 of the Hemophilic HCV Plan and section 5.01(2), 5.01(4)(Hemo) or 6.01 of the HCV Late Claims Benefit Plan, the Administrator shall obtain the following prior to allocating or paying the compensation provided for under the applicable section of the applicable Plan:
  - (a) a declaration signed by each Family Member and/or each Dependant (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative):
    - (i) providing the name, address and birth date of every living Family Member and/or Dependant who is:
      - A. a Spouse, Child, Parent, Sibling, Grandparent or Grandchild of a deceased HCV Infected Person; and
      - B. a former spouse of the deceased HCV Infected Person to whom the HCV Infected Person was providing support or was under a legal obligation to provide support on the date of the HCV Infected Person's death;
    - (ii) stating that the declarant does not know of any such Family Member and/or Dependant other than those listed; and
    - (iii) identifying each listed Family Member and/or Dependant who is a minor or a mentally incompetent adult, and providing a copy of any guardianship or committee order in respect of such person;

- (b) where a Dependant is a minor or a mentally incompetent adult, a completed Loss of Income/Support or Loss of Services Claim Form; and
  - (c) any further information the Administrator may require pursuant to section 3.04(6) of the Hemophiliac HCV Plan, 3.05(6) of the Transfused HCV Plan or section 3.05(6) of the HCV Late Claims Benefit Plan, such as a family budget.
2. Where a Claim or Late Claim made for loss of support pursuant to section 6.01 of the applicable Plan includes a Dependant who is a Child under the age of 25, loss of support will be presumed to continue until his or her 25<sup>th</sup> birthday unless the Child provides evidence satisfactory to the Administrator that some other period of loss is appropriate.

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

3. Unless the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependents (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased HCV Infected Person having claims under the applicable Plan agree to elect the fixed payment pursuant to section 5.01(2) of the applicable Plan, or section 5.01(4) of the Hemophiliac HCV Plan, or section 5.01(4)(Hemo) of the HCV Late Claims Benefit Plan, the Administrator shall allocate and pay compensation to each Approved Family Member in accordance with section 6.02 of the applicable Plan, subject to section 7.06 of the applicable Plan.
4. Unless the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependents (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased HCV Infected Person having claims under the applicable Plan agree to elect the fixed payment pursuant to section 5.01(2) of the applicable Plan, or section 5.01(4) of the Hemophiliac HCV Plan, or section 5.01(4)(Hemo) of the HCV Late Claims Benefit Plan, the Administrator shall:
- (a) allocate loss of support claimed pursuant to section 6.01 of the applicable Plan as follows:
    - (i) one-third to common expenses and two-thirds to exclusive expenses;
    - (ii) an equal share of common expenses to each Approved Dependant or Approved Late Claim Dependant, examples of which are set out on a percentage basis in the following chart:

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

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

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

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

S = loss of support

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

Dependant

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

$n_a$  = number of adults who are Approved Dependents or Approved Late Claim Dependents

$n_m$  = number of minors who are Approved Dependents or Approved Late Claim Dependents

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

- (v) if an Approved Dependant or Approved Late Claim Dependant does not agree with the Administrator's allocation of the loss of support, he or she must file a Request for Review in accordance with the Protocol Rules for References and Arbitrations. Fund Counsel shall provide a copy of any Request for Review to the appropriate Public Guardian and Trustee and/or Children's Lawyer, if Applicable. Thereafter the Administrator shall allocate loss of support as directed by the Referee, Arbitrator or Court once the award, report or order is final;
- (b) where no review of the allocation of loss of support is taken or following a review of the allocation of loss of support once the award, report or order concerning allocation of loss of support is final, the Administrator shall pay loss of support in accordance with the allocation as follows:
  - (i) for each Approved Dependant or Approved Late Claim Dependant who is a mentally incompetent adult, his or her share of the common expenses and the exclusive expenses to the Personal Representative legally appointed to manage his or her financial affairs, subject to subparagraph 3(b)(viii) below;
  - (ii) to each Approved Dependant or Approved Late Claim Dependant who is a mentally competent adult, his or her share of the exclusive expenses;
  - (iii) to each Approved Dependant or Approved Late Claim Dependant who is a mentally competent adult and who does not reside in the same household with Approved Dependents who are minors, his or her share of the common expenses;
  - (iv) subject to subparagraphs 3(b)(vi) and 3(b)(vii) below, for those Approved Dependents or Approved Late Claim Dependents who are mentally competent adults who reside in the same household as Approved Dependents or Approved Late Claim Dependents who are minors, the adult's share of the common expenses and the minor's share of the common expenses and the exclusive expenses, to the adult member of the household who provides an undertaking to the Administrator that:

- A. the common expenses will be used for the benefit of all Approved Dependants or Approved Late Claim Dependants resident in the household;
  - B. the exclusive expenses for each Approved Dependant or Approved Late Claim Dependant who is a minor in the household will be used for his or her direct benefit; and
- (v) the Administrator will be notified if there is a material change of circumstances in the household, such as the departure of an Approved Dependant or Approved Late Claim Dependant from the household;
- (vi) subject to subparagraphs 3(b)(vi) and 3(b)(vii) below, for those Approved Dependants or Approved Late Claim Dependants who are minors who do not reside in the same household with an Approved Dependant or Approved Late Claim Dependants who is a mentally competent adult, each minor's share of the common expenses and the exclusive expenses to the person with care and control of the minor on that person's undertaking to the Administrator that:
  - A. the monies will be used for the benefit of the minor; and
  - B. the Administrator will be notified if there is a material change of circumstances in the household, such as the departure of the minor from the household;
- (vii) if at any time the Administrator has a concern that the undertaking in subparagraph 3(b)(iv) or 3(b)(v) above is not being complied with or that the circumstances in the household have changed so that payment to the adult member of the household or the adult with care and control of the minor who provided the undertaking is no longer reasonable, the Administrator shall reassess and recalculate the allocation of compensation if necessary and/or adjust payment of the compensation for loss of support accordingly, and in so doing shall in its discretion, direct or redirect payments to any person, who in the Administrator's opinion is best qualified to administer the payment on behalf of an Approved Dependant or Approved Late Claim Dependant who is a minor including, if appropriate, the Public Guardian and Trustee or the Children's Lawyer; and
- (viii) notwithstanding the provisions of subparagraph 3(b)(iv) or 3(b)(v) above, the Administrator retains the discretion to pay the common expenses and the exclusive expenses for an Approved Dependant or Approved Late Claim Dependant who is a minor to the person who in the Administrator's opinion is best qualified to administer the payment on behalf of the Approved Dependant or Approved Late Claim Dependant who is a minor



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

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

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

- 5. If the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependants (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased HCV-Infected Person having claims under the applicable Plan agree to elect the fixed payment pursuant to section 5.01(2) of the applicable Plan in full satisfaction of all their Claims or Late Claims (including all potential Claims or Late Claims pursuant to Article Six of the applicable Plan), the Administrator shall:
  - (a) accept an election pursuant to section 5.01(2) of the applicable Plan, provided that any Family Member who is a minor or a mentally incompetent adult is not also a Dependant and that the sum of all of the amounts which would have been payable had Claims been made pursuant to Section 6.02 of the Plan is less than 7/12ths of the applicable fixed payment amount, and allocate and pay the compensation, subject to section 7.06 of the applicable Plan, as follows:
    - (i) 5/12ths of the fixed payment to the Approved HCV Personal Representative on behalf of the estate of the HCV Infected Person who has died;
    - (ii) to each Family Member, the amount to which he or she would have been entitled pursuant to section 6.02 of the applicable Plan, and such payments shall be a first charge against 7/12ths of the fixed payment; and
    - (iii) where the Family Members who received amounts under subparagraph 4(a)(ii) above comprise the entire group of Family Members and Dependants, the remainder of 7/12ths of the fixed payment to each Family Member on a pro rata basis, calculated in accordance with the equation provided in subparagraph 4(a)(v) below; or
    - (iv) where there is one or more Dependant who would not have been entitled to a payment under Section 6.02 of the applicable Plan, the remainder of the 7/12ths of the fixed payment to each Dependant and/or Family Member as they shall all agree, provided that no Family Member who is a

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

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

FMP <sub>1</sub> ,	= the amount an individual Family Member
FMP <sub>2</sub> , etc.	would have been entitled to if claiming the
	preset Family Member payment pursuant to
	section 6.02 of the applicable Plan
PRS <sub>1</sub> ,	= an individual Family Member's pro rata share
PRS <sub>2</sub> , etc.	of the remainder of the 7/12ths of the fixed
	payment
T	= FMP <sub>1</sub> + FMP <sub>2</sub> + etc.
PRS <sub>1</sub>	= (FMP <sub>1</sub> /T x 7/12ths of the fixed payment) –
	FMP <sub>1</sub>
PRS <sub>2</sub> , etc.	= (FMP <sub>2</sub> /T x 7/12ths of the fixed payment) –
	FMP <sub>2</sub>

- (b) if one or more of the Dependents is a minor and/or a mentally incompetent adult and the sum of all of the amounts which would have been payable had Claims or Late Claims been made pursuant to section 6.02 of the applicable Plan is less than 7/12ths of the fixed payment , apply to the Court for directions through Fund Counsel with notice to the Approved HCV Personal Representative, or Approved Late Claim HCV Personal Representative, Family Members and/or Dependents and the appropriate Public Guardian and Trustee and/or Children's Lawyer and thereafter allocate and pay the compensation as directed by the Court once its order is final; or
- (c) reject the election pursuant to section 5.01(2) of the applicable Plan, if the sum of all of the amounts which would be payable pursuant to section 6.02 of that Plan is equal to or greater than 7/12ths of the fixed payment, and allocate and pay compensation pursuant to section 5.01(1), 6.01 and/or 6.02 of that Plan, as applicable in accordance with the provisions of this Protocol.

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

6. If the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependants (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV having Claims or Late Claims under the applicable Plan agree to claim the fixed payment pursuant to section 5.01(4) of the Hemophiliac HCV Plan or section 5.01(4)(Hemo) of the HCV Late Claims Benefit Plan in full satisfaction of all their Claims or Late Claims (including all potential Claims or Late Claims pursuant to Article 6 of the applicable Plan), the Administrator shall:
  - (a) provided that no Dependant is a minor and/or a mentally incompetent adult, allocate and pay the compensation, subject to section 7.06 of the applicable Plan, as follows:
    - (i) to each Family Member (who may or may not also be an Dependant), his or her pro rata share calculated in accordance with the equation provided in subparagraph 5(a)(iv) below, using as his or her FMP for the calculation the amount he or she would have been paid if he or she had a claim pursuant to section 6.02 of the applicable Plan;
    - (ii) to each Dependant who would not have been entitled to a payment under section 6.02, his or her pro rata share calculated in accordance with the equation provided in subparagraph 5(a)(iv) below, using as his or her FMP for the calculation a deemed amount equivalent to what an Family Member under the age of 21 would be paid pursuant to section 6.02 of that Plan; and
    - (iii) to the Approved HCV Personal Representative or Approved Late Claim Personal Representative on behalf of the estate of the Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV who has died, a pro rata share calculated in accordance with the equation provided in subparagraph 5(a)(iv) below, using as its FMP for the calculation a deemed amount of \$50,000;
    - (iv) the following equation shall be used to calculate each pro rata share of the fixed payment compensation:

FMP<sub>1</sub>, = the amount directed in subparagraph 5(a)(i),  
FMP<sub>2</sub>, etc. (ii) or (iii) above to be used in the equation in  
respect of each Family Member, Dependant or  
the Approved HCV Personal Representative  
T = FMP<sub>1</sub> + FMP<sub>2</sub> + etc.  
PRS<sub>1</sub>, = the pro rata share of each Family Member,  
PRS<sub>2</sub>, etc. Dependant or the Approved HCV Personal  
Representative  
PRS<sub>1</sub>, = (FMP<sub>1</sub>/T) x the fixed payment  
PRS<sub>2</sub>, etc. = (FMP<sub>2</sub>/T) x the fixed payment

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

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

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

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

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

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

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

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

#### **NOTES APPLICABLE TO SOME OF THE PROVISIONS OF THIS PROTOCOL**

9. Compensation payments for loss of services in the home in accordance with section 6.01(2) of the applicable Plan shall be allocated and paid in the same manner as provided for loss of support under this protocol, subject to the provision in section 6.01(2) that such compensation shall only be allocated and paid to Approved Dependents or Approved Late Claim Dependents living with the HCV Infected Person at the time of the HCV Infected Person's death.
10. All compensation payable under sections 5.01(2), 6.01 and/or 6.02 of any Plan is subject to the restrictions in section 5.01(3), 5.02(2) or 6.02 of the applicable Plan where the deceased HCV Infected Person is also a HIV Secondly-Infected Person.
11. The amounts referred to in this protocol are subject to the indexing provisions of section 7.02 of the applicable Plan and/or the 2016 Allocation Orders (the August 2016 judgments or orders of the Courts directing the establishment of a discrete Late Claims Benefit Plan and establishing the HCV Special Distribution Benefits).
12. An amount not to exceed \$5,000 to reimburse uninsured funeral expenses may be payable to the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative on behalf of the estate of the HCV Infected Person who has died, pursuant to section 5.01(2) of the Transfused HCV Plan or the Hemophiliac HCV Plan. An amount not to exceed \$6,728.67 to reimburse uninsured funeral expenses may be payable to the Approved Late Claim HCV Personal Representative on behalf of the estate of the HCV Infected Person who has died, pursuant to section 5.01(2) of the HCV Late Claims Benefit Plan.

**COURT APPROVED PROTOCOL**  
**LOSS OF THE SERVICES IN THE HOME**

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

**GENERAL ELIGIBILITY CRITERIA**

1. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person at Disease Level 3 or higher who normally performed household duties in his or her home and who delivers proof satisfactory to the Administrator that his or her infection caused his or her inability to perform these household duties shall be eligible for compensation for loss of services in the home.
2. The Approved Dependants or Approved Late Claim Dependants of a deceased Approved HCV Infected Person or a deceased Approved Late Claim HCV Infected Person, who were ordinarily resident with him or her at the time of his or her death, shall be eligible for compensation for loss of the deceased's services in the home
3. The maximum number of hours per week that may be compensated for loss of services in the home is 22. The Transfused HCV Plan and the Hemophiliac HCV Plan provide for a maximum recovery of 20 hours per week of loss of services in the home and the special distribution benefits under the 2016 Allocation Orders provide for a maximum recovery of 2 additional hours. The HCV Late Claims Benefit Plan provides for a maximum recovery of 22 hours per week of loss of services in the home. .
4. Although the hourly rate payable in respect of loss of services in the home is expressed at \$12 per hour (1999 dollars) under the Transfused HCV Plan and the Hemophiliac HCV Plan and as \$16.15 per hour (2014 dollars) for the special distribution benefits under the 2016 Allocation Orders and the HCV Late Claims Benefit Plan, in all cases the hourly rate payable is indexed to the dollar value at the time the payment is actually made.
5. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person may not recover both loss of income and loss of services in the home compensation for the same period of time. Similarly, Approved Dependants or Approved Late Claim Dependants may not recover both loss of support and loss of services in the home for the same period of time.
6. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person may recover loss of services in the home while continuing to work or in lieu of loss of income if it is financially advantageous and he/she satisfies the other eligibility criteria.

7. A claim for loss of income will cease at the end of the calendar year that an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person reaches age 65. At that time he or she may commence receiving compensation for loss of services in the home, if he or she satisfies the other eligibility criteria. Similarly, a claim for loss of support will cease at the end of the calendar year that the deceased Approved HCV Infected Person or Approved Late Claim HCV Infected Person would have reached age 65. Approved Dependants or Approved Late Claim Dependants may commence receiving compensation for loss of services in the home subsequent to the end of the calendar year of death, if the other eligibility and entitlement criteria are satisfied.
8. Approved HCV Infected Persons and Approved Late Claim HCV Infected Persons aged 12 years and older may recover compensation for loss of services in the home if they satisfy the other eligibility criteria.

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

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

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

11. The Treating Physician Form and Loss of Services in the Home – Master Form will provide the Administrator with a percentage disability estimate by the physician together with the number of hours the eligible Approved HCV Infected Person or Approved Late Claim HCV Infected Person states he or she can no longer perform services in the home. Entitlement to loss of services, subject to the provisions of this paragraph and paragraphs 12, 13 and 14 below, will be calculated in accordance with the following:
  - (a) if the physician indicates that the Approved HCV Infected Person or Approved Late Claim HCV Infected Person is 60% or more disabled, then the Approved HCV Infected Person or Approved Late Claim HCV Infected Person will be entitled to the number of hours of work in the home which he or she is no longer able to do up to a maximum of 22 hours per week multiplied by the applicable hourly rate indexed to the dollar value at the time the payment is made;
  - (b) if the physician indicates that the Approved HCV Infected Person or Approved Late Claim HCV Infected Person is 30% or more disabled but less than 60% disabled, then the Approved HCV Infected Person or Approved Late Claim HCV Infected Person will be entitled to the number of hours of work in the home which he or she is no longer able to do up to a maximum of 11 hours per week

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

- (c) if the physician indicates that the Approved HCV Infected Person or an Approved Late Claim HCV Infected Person is less than 30% disabled, then the person will be entitled to the number of hours of work in the home which he or she is no longer able to do up to a maximum of 5.5 hours per week multiplied by the applicable hourly rate indexed to the dollar value at the time the payment is made.
- 12. An Approved HCV Infected Person or Approved Late Claim HCV Infected Person who qualifies at Disease Level 6 will be presumed to be entitled to the maximum weekly number of hours for loss of services in the home unless the information on Loss of Services in the Home – Master Form indicates less than 22 hours of services per week have been lost.
- 13. The payments set out in paragraph 11 are presumptive only. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person may provide information, satisfactory to the Administrator, that because of his or her personal circumstances he or she should be entitled to a payment greater than the payment calculated under paragraph 11, up to the maximum number of hours per week for loss of services in the home.
- 14. The Administrator may periodically reassess the entitlement of an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person to compensation for loss of services in the home and, in particular, may each year ask for an updated Loss of Services in the Home – Master Form and Treating Physician Form.

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

- 15. Where the eligible deceased HCV Infected Person died after January 1, 1999, past loss of services in the home will be payable back to the date of his or her HCV disability to the extent loss of services in the home or loss of income was not already paid to the Approved HCV Infected Person or Approved Late Claim HCV Infected Person for the same time period prior to his or her death. Any amount owing for loss of services in the home up to the date of death will be payable to the deceased's Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative. Any amount owing for loss of services in the home after the date of death will be payable to the Approved Dependants or Approved Late Claim Dependants.
- 16. Where the eligible deceased HCV Infected Person died before January 1, 1999, past loss of services in the home will be payable back to the date of death to the HCV Infected Person's Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative. Any amount owing for loss of services in the home incurred after the date of death will be payable to the Approved Dependants or Approved Late Claim Dependants
- 17. The Administrator will use the most current Canada Life Tables to calculate a notional life expectancy of the deceased HCV Infected Person without reduction for any pre-



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

18. Loss of services in the home will be paid to Approved Dependants or Approved Late Claim Dependants for the calculated life expectancy of the deceased HCV Infected Person<sup>1</sup>, so long as the Spouse who is an Approved Dependant or Approved Late Claim Dependant remains alive or there is a Child who is an Approved Dependant or Approved Late Claim Dependant who continues to qualify for payments. Loss of services in the home payments will cease upon the death of the Spouse who is an Approved Dependant or Approved Late Claim Dependant unless there is a Child who continues to qualify for payments as an Approved Dependant or an Approved Late Claim Dependant.
19. Where the Approved Dependant or Approved Late Claim Dependant claiming is a Child, the loss of services in the home will be presumed to continue until his or her 25th birthday unless the Child provides evidence satisfactory to the Administrator that some other period of loss is appropriate.
20. Approved Dependants or Approved Late Claim Dependants claiming loss of services in the home will be advised at the time of the processing of the claim the maximum period that loss of services in the home could be paid in the circumstances of their cases.

#### **CALCULATION OF PAYMENT FOR APPROVED DEPENDANTS OR APPROVED LATE CLAIM DEPENDANTS**

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

#### **ALLOCATIONS AND PAYMENTS FOR APPROVED DEPENDANTS OR APPROVED LATE CLAIM DEPENDANTS**

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

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

**COURT APPROVED PROTOCOL**

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

**REVISED ♦ 2017**

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

**DEFICIENT CLAIMS/LATE CLAIMS**

1. The Administrator shall make all reasonable efforts to assist claimants in resolving deficiencies.
2. In the circumstances where:
  - (a) the Administrator concludes that it has taken all reasonable steps to assist the claimant in resolving deficiencies;
  - (b) six months have passed since the last step was taken by the Administrator or the claimant without those deficiencies being cured;
  - (c) the Administrator is not aware of further steps actively being pursued by the claimant which could reasonably cure the deficiencies; and
  - (d) the Administrator has insufficient information or documentation to either approve or deny the Claim or Late Claim,the Administrator shall send the claimant a “Notice of Pending Deficiency Denial Letter” in substantially the form attached as Appendix “A”.
3. The Notice of Pending Deficiency Denial Letter shall:
  - (a) set out the deficiencies with the Claim or Late Claim;
  - (b) provide the claimant a deadline of 90 days from the date of the Notice of Pending Deficiency Denial Letter to cure all of the deficiencies (the “Deficiency Deadline”), unless 90 days from the date of the Notice of Pending Deficiency Denial Letter falls on a date that is not a Business Day (as defined in the Settlement Agreement), in which case the Deficiency Deadline will be stipulated as the next succeeding Business Day;
  - (c) inform the claimant of his or her ability to request an extension of the Deficiency Deadline; and

- (d) inform the claimant that if the deficiencies are not cured or the claimant does not request an extension by the Deficiency Deadline, the Claim or Late Claim will be denied.
- 4. Where a claimant wishes to request an extension of the Deficiency Deadline, he or she will be required to submit to the Administrator a “Request Form – Deficiency Deadline Extension”, attached as Appendix “B”, which will require the claimant to set out:
  - (a) the steps already taken to cure the deficiencies;
  - (b) the reasons why the deficiency have not been cured to date; and
  - (c) the new steps the claimant proposes to take to cure the deficiencies and how long these steps will take.
- 5. The “Request Form – Deficiency Deadline Extension” will be provided by the Administrator to claimants upon request and will also be made available on the Administrator’s website.
- 6. Upon receipt of a Request Form, the Administrator shall forthwith review it and determine if the Request Form sets out a plan that could reasonably cure the deficiencies. If so, the Administrator shall grant the extension, which shall not exceed 6 months from the date the Request Form is submitted. The Administrator shall communicate the length of the extension and the terms on which it is granted by sending the claimant a “Notice of Extension of Deficiency Deadline” substantially in the form attached as Appendix “C”.
- 7. If, upon reviewing a Request Form, the Administrator determines that it does not set out a plan that could reasonably cure the deficiencies, the Administrator will deny the Claim or Late Claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “D”.
- 8. If the claimant has not cured all of the deficiencies or submitted a Request Form on or before the Deficiency Deadline, the Administrator shall deny the Claim or Late Claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “E”.
- 9. If a claimant has obtained an extension of the Deficiency Deadline but has failed to cure all of the deficiencies on or before the extended Deficiency Deadline, the Administrator shall deny the Claim or Late Claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “F”.

#### **CLAIMANTS THAT CANNOT BE LOCATED**

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

- (a) make reasonable efforts to locate the claimant through Internet searches or other available means, and
  - (b) where possible, contact the claimant's physician to locate the claimant.
- 11. Where the Administrator is unable to obtain updated contact information for the claimant after completing the steps in 10(a) and 10(b), the Administrator shall process the Claim or Late Claim as having been denied.

#### **DUPLICATE CLAIMS/LATE CLAIMS**

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

## Appendix “A”

### The 1986-1990 Hepatitis C Settlement Administration

#### NOTICE OF PENDING DEFICIENCY DENIAL LETTER 90 DAY DEADLINE

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

After reviewing your file, we have insufficient information or documentation to approve your [*Claim*] OR [*Late Claim*].

Your claim has the following deficiencies:

\*\*\*

The Courts have set a 90 day deadline for curing deficiencies in [*Claims or Late Claims*] made under the applicable Plan. **Accordingly, the above deficiencies must be cured by no later than \*\*\* failing which your [*Claim or Late Claim*] will be denied, unless you have requested an extension of the deficiency deadline.** A denial of a [*Claim or Late Claim*] for failure to cure deficiencies is subject to appeal by referring the decision to a Referee or an Arbitrator.

Extensions of the deadline for curing deficiencies may be granted at the discretion of the Administrator for a period not exceeding 6 months. If you wish to request an extension of the deficiency deadline, you must complete a “Request Form – Deficiency Deadline Extension” setting out the steps taken to cure deficiencies, the reason why the deficiencies have not been cured and the steps you propose to take to cure the deficiencies. The “**Request Form – Deficiency Deadline Extension**” are available on our website at [www.hepc8690.ca](http://www.hepc8690.ca) or can be obtained by contacting us at 1-877-434-0944. **A request for an extension of your deadline must be submitted by no later than \*\*\*.**

If you have not cured all of the deficiencies or submitted a “**Request Form – Deficiency Deadline Extension**” by \*\*\*, your [*Claim or Late Claim*] will be denied.

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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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  
{20014-001/00601274.1}

## Appendix "B"

### The 1986-1990 Hepatitis C Settlement

#### REQUEST FORM DEFICIENCY DEADLINE EXTENSION

A Claimant may apply in writing to the Claims Administrator for an extension of the 90 day deadline to cure the deficiencies. The Claimants must set out the steps taken to cure the deficiencies, the reason why the deficiencies have not been cured and what new steps the Claimant proposes to take to cure the deficiencies.

#### 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 or Late 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:

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Specify the reason why the deficiencies have not been cured to date:

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Specify the steps the Claimant proposes to take to cure the deficiencies and how long these new steps will take:

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\_\_\_\_\_  
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 “C”

### The 1986-1990 Hepatitis C Settlement Administration

#### NOTICE OF EXTENSION OF DEFICIENCY DEADLINE

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

After reviewing your request for an extension of the Deficiency Deadline, we have determined to grant you an extension to \*\*\*.

To cure the outstanding deficiencies with your [*Claim or Late Claim*], you must complete the following steps:

\*\*\*

If you have not cured all the deficiencies by \*\*\*, the [*Claim or Late Claim*] will be **denied**. **No further extensions will be granted**. A denial of a [*Claim or Late Claim*] for failure to cure deficiencies 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 “D”

### The 1986-1990 Hepatitis C Settlement Administration

#### REJECTION LETTER Deficiency Deadline – Extension Denied

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

We are writing to advise you that your [*Claim or Late Claim*] for compensation under [*the Transfused HCV Plan OR Hemophiliac HCV Plan OR HCV Late Claims Benefit Plan*] has been denied. The reasons for denial are set out below.

#### **Deficiency Deadline**

On [*insert date*], we sent you a letter providing you notice that you had until \*\*\* to cure all of the deficiencies in your [*Claim or Late Claim*] or to request a deficiency deadline extension. Your request for a deficiency deadline extension was denied, because \*\*\*. Because those deficiencies were not cured and your request for an extension was denied, your [*Claim or Late Claim*] has been denied.

#### **Right of Appeal**

Under section 10.01 of the Transfused HCV Plan, the Hemophiliac HCV Plan or the HCV Late Claims Benefit Plan, you can refer the decision of the Administrator to a Referee or an Arbitrator within 30 days of receiving this letter.

Section 10.01 of the Transfused HCV Plan and the Hemophiliac HCV Plan 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.*

Section 10.01 of the HCV Late Claims Benefit Plan provides:

*A person who was determined to be eligible to make a Late Claim in accordance with the provisions of this Late Claims Benefit Plan and who thereafter made a Late 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](http://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 or Late 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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

#### Deficiency Deadline Not Met – Extension Not Requested

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

We are writing to advise you that your [*Claim or Late Claim*] for compensation under [*the Transfused HCV Plan OR the Hemophiliac HCV Plan OR the HCV Late Claims Benefit Plan*] has been denied. The reasons for denial are set out below.

#### **Deficiency Deadline**

On [*insert date*], we sent you a letter providing you notice that you had until \*\*\* to cure all of the deficiencies in your [*Claim or Late Claim*] or request a deficiency deadline extension. Because those deficiencies were not cured and no deficiency deadline extension was requested, your [*Claim or Late Claim*] has been denied.

#### **Right of Appeal**

Under section 10.01 of the Transfused HCV Plan, the Hemophiliac HCV Plan or the HCV Late Claims Benefit Plan, you can refer the decision of the Administrator to a Referee or an Arbitrator within 30 days of receiving this letter.

Section 10.01 of the Transfused HCV Plan and the Hemophiliac HCV Plan provide:

*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.*

Section 10.01 of the HCV Late Claims Benefit Plan provides:

*A person who was determined to be eligible to make a Late Claim in accordance with the provisions of this Late Claims Benefit Plan and who thereafter made a Late 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](http://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 or Late 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 “F”

### The 1986-1990 Hepatitis C Settlement Administration

#### REJECTION LETTER Deficiency Deadline – Extended but Not Cured

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

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

#### **Deficiency Deadline**

On [*insert date*], we sent you a letter providing you notice that you had until \*\*\* to cure all of the deficiencies in your [*Claim or Late Claim*] or to request a deficiency deadline extension. You requested a deficiency deadline extension and this was granted by the Administrator. This extended the deficiency deadline to cure all deficiencies to \*\*\*. Because those deficiencies were not cured by the extended deficiency deadline your [*Claim or Late Claim*] has been denied.

#### **Right of Appeal**

Under section 10.01 of the Transfused HCV Plan, the Hemophiliac HCV Plan or the HCV Late Claims Benefit Plan, you can refer the decision of the Administrator to a Referee or an Arbitrator within 30 days of receiving this letter.

Section 10.01 of the Transfused HCV Plan and the Hemophiliac HCV Plan 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.*

Section 10.01 of the HCV Late Claims Benefit Plan provides:

*A person who was determined to be eligible to make a Late Claim in accordance with the provisions of this Late Claims Benefit Plan and who thereafter made a Late 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](http://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 or Late 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 “G”

### The 1986-1990 Hepatitis C Settlement Administration

#### REJECTION LETTER

#### Duplicate Claim

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

We are writing to advise you that your [*Claim or Late Claim*] for compensation under [the Transfused HCV Plan OR the Hemophiliac HCV Plan OR the HCV Late Claims Benefit Plan] has been denied. The reasons for denial are set out below.

#### **Duplicate Claim**

We had determined that your [*Claim or Late Claim*] is a duplicate of the [*Claim or Late Claim*] bearing file no. \*\*\*. Because the original [*Claim or Late Claim*] was assessed and finalized in accordance with the Settlement Agreement, we have denied this [*Claim or Late Claim*] as a duplicate.

#### **Right of Appeal**

Under section 10.01 of the Transfused HCV Plan, the Hemophiliac HCV Plan or the HCV Late Claims Benefit Plan, you can refer the decision of the Administrator to a Referee or an Arbitrator within 30 days of receiving this letter.

Section 10.01 of the Transfused HCV Plan and the Hemophiliac HCV Plan 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.*

Section 10.01 of the HCV Late Claims Benefit Plan provides:

*A person who was determined to be eligible to make a Late Claim in accordance with the provisions of this Late Claims Benefit Plan and who thereafter made a Late 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.

{20014-001/00601381.2}

For more information about the review process, please review the section of our website, [www.hepc8690.ca](http://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 or Late 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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



**COURT APPROVED PROTOCOL**

**PAYMENT TO APPROVED CLASS MEMBERS AND APPROVED LATE CLAIM CLASS MEMBERS**

**REVISED ♦, 2017**

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

**REQUESTS FOR BANKING INFORMATION**

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

**DELIVERY OF PAYMENT(S)**

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

**PAYMENTS WHERE SECTION 7.06 OF THE APPLICABLE PLAN APPLIES**

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

## **RULES FOR REFERENCES AND ARBITRATIONS**

**REVISED ♦, 2017**

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

### **RULES TO THE CONTRARY**

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

### **REFEREE OR ARBITRATOR**

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

### **NATURE OF REVIEW**

3. A Reference or Arbitration shall be a review of the Administrator's decision utilizing the simplest, least expensive and most expeditious procedure for the Reference or Arbitration.
4. In meeting this objective, the Referee or Arbitrator may conduct the Reference or Arbitration in whatever manner he or she considers appropriate, provided that the parties are treated with equality and each party is given a fair opportunity to present his, her or its case.

### **REPRESENTATION**

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

### **COMMENCEMENT**

6. In order to commence a Reference or Arbitration, the claimant shall file a Request for Review by an Arbitrator/Referee in the prescribed form.
7. The Administrator shall forward the claimant's file to the claimant, Fund Counsel and the Chair and/or Vice-Chair of the Roster of Arbitrators/Referees within ten (10) days of receipt of the Request for Review by an Arbitrator/Referee.

8. The claimant shall have fifteen (15) days upon receipt of the claimant's file to forward any supplementary submissions to the Chair and/or Vice-Chair of the Roster of Arbitrators/Referees and the Administrator.
9. The Fund Counsel shall have fifteen (15) days from the date of the Administrator's receipt of the claimant's submissions to forward any submissions in reply to the Chair and/or Vice-Chair of the Roster of Arbitrators/Referees and the Administrator.
10. The Chair and/or Vice-Chair of the Roster of Arbitrators/Referees shall appoint a Referee or Arbitrator in the Province or Territory where the claimant resides or is deemed to reside to take carriage of the matter unless the claimant resides or is deemed to reside in the Province of Québec, in which case the Referee or Arbitrator shall be the Referee or Arbitrator appointed by the Québec Superior Court.
11. The Administrator shall forward to the Referee or Arbitrator, to the claimant and to the Fund Counsel the following:
  - (a) a copy of the Claim and the Request for Review by an Arbitrator/Referee;
  - (b) a copy of all the written submissions and material in support of the submissions and other evidence pertaining to the Claim in the possession of the Administrator;
  - (c) a copy of the Administrator's decision; and
  - (d) such other information or material as the Referee, Arbitrator or Fund Counsel may request.

## **MEDIATIONS**

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

## **MODE OF HEARING**

13. Within five (5) days of the receipt of the Request for Review by an Arbitrator/Referee, any supplementary submissions by the Claimant and the Claimant's file from the Administrator or reply submissions from Fund Counsel, the Referee or Arbitrator shall verify with the parties if:
  - (a) an oral hearing is necessary; or
  - (b) further written submissions are necessary.
14. Notwithstanding the Referee or Arbitrator's discretion in paragraph 13, an oral hearing will be required where the claimant or Fund Counsel wishes to adduce oral evidence.
15. If no further written submissions are to be provided and no oral hearing is required, the Referee or Arbitrator shall notify the parties that he or she will proceed on the basis of the

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

16. Within thirty (30) days following notification by the parties that no further written submissions or oral hearings will be necessary, the Referee or Arbitrator shall release his or her Reasons for Decision.
17. If further written submissions are required, the Referee or Arbitrator shall notify the claimant and Fund Counsel of the issues to be addressed in the written submissions and the time limits for the receipt of such submissions, including any submissions in reply.
18. Within thirty (30) days following the receipt of the final submissions, the Referee or Arbitrator shall release his or her Reasons for Decision.
19. If an oral hearing is requested by one or more of the parties because the requesting party wishes to adduce oral evidence, the Referee or Arbitrator shall:
  - (a) determine whether the hearing shall be an in-person hearing or conducted by telephone conference and the time, date and location of the hearing and give all parties fifteen (15) days prior written notice of such time, date and location;
  - (b) give directions as to the issues to be addressed at the oral hearing;
  - (c) if necessary, give directions as to the issues which require oral evidence; and
  - (d) provide any other directions, as the Referee or Arbitrator deems appropriate.
20. If an oral hearing with evidence is requested by one or more of the parties because the requesting party wishes to lead oral evidence and the Referee or Arbitrator orders an oral hearing with evidence, the following rules will apply, unless the Referee or Arbitrator makes an order to the contrary:
  - (a) any documentation, including medical records, medical reports and/or loss of income documentation, intended to be relied upon by the claimant shall be produced to the Administrator and the Referee or Arbitrator at least fifteen (15) days prior to the Reference or Arbitration;
  - (b) the Referee or Arbitrator, upon his or her own Notice or upon written request by the Administrator, has the jurisdiction to order an independent medical examination of the claimant;
  - (c) subject to issues of privilege, a Referee or Arbitrator may accept all oral or written evidence as the Referee or Arbitrator, in his or her discretion, considers proper, whether admissible in a court of law or not; and
  - (d) if an oral hearing with evidence is required, the Referee or Arbitrator may require production of documents and examination for discovery, if necessary.

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

### **CONFIDENTIAL PROCESS**

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

### **REASONS FOR DECISION**

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

~~AMENDED~~ COURT APPROVED PROTOCOL

~~Recent~~  
~~RECENT~~ HCV ~~Diagnosis Exception to~~  
~~the June~~ DIAGNOSIS EXCEPTION TO  
THE JUNE 30, 2010 First Claim Deadline  
(FIRST CLAIM DEADLINE)

REVISED ♦, 2017

This protocol applies to section 3.08(b) of the Transfused HCV Plan and section 3.07(b) of the Hemophiliac HCV Plan, ~~collectively referred to as~~ (the “Plans”) ~~(the “Amended Protocol”)~~. For greater certainty, this protocol does not apply to the HCV Late Claims Benefit Plan.

~~October 2014~~

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

Issuance of an Initial Claim Package

ISSUANCE OF AN INITIAL CLAIM PACKAGE

1. The Administrator shall issue an Initial Claim Package upon request, notwithstanding that the request is made after the June 30, 2010 first claim deadline contained in the Plans, in the circumstances where the HCV Infected Person first learned of his ~~or~~ her infection with HCV within the three (3) years prior to the date the claimant first advised the Administrator of a potential claim (such circumstances to be referred to as the “**Recent HCV Diagnosis**”), provided the claimant submits a signed statement to that effect and an HCV Antibody Test report dated within the said three (3) year timeframe.
2. When issuing the Initial Claim Package to a claimant the Administrator shall advise the claimant in writing that:
  - (a) the deadline to deliver the completed Initial Claim Package to the Administrator is the later of six (6) months from the date the Initial Claim Package is issued to the

claimant or within three (3) years from the date the HCV Infected Person first learned of his~~/~~ or her infection with HCV (the “**Completed Package Delivery Deadline**”);

- (b) if the claimant is unable to deliver the completed Initial Claim Package to the Administrator by the Completed Package Delivery Deadline, the claimant must submit a “Request Form – Completed Package Delivery Deadline Extension” attached as Appendix “A” (the “**Request Form**”) to the Administrator before the Completed Package Delivery Deadline expires if the claimant wishes to maintain the right to submit a ~~e~~claimClaim; and
- (c) if the Administrator does not receive the completed Initial Claim Package or the completed Request Form by the Completed Package Delivery Deadline, the Administrator will deny the ~~e~~claimClaim.

#### **Completed Package Delivery Deadline Extension Request**

#### **COMPLETED PACKAGE DELIVERY DEADLINE EXTENSION REQUEST**

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

4. The claimant will be required to set out:

- (a) the steps already taken to complete the Initial Claim Package;
- (b) the reasons why the Initial Claim Package has not been completed to date; and
- (c) the new steps the claimant proposes to take to complete the Initial Claim Package and how long these steps will take.

5. Upon receipt of a completed Request Form, the Administrator shall forthwith review it and determine if the Request Form sets out a plan that could reasonably result in the

completion of the Initial Claim Package. If so, the Administrator shall grant the extension, which shall not exceed six (6) months from the date the Request Form is submitted. The Administrator shall communicate the length of the extension and the terms on which it is granted by sending the claimant a “Notice of Extension of Completed Package Delivery Deadline” substantially in the form attached as Appendix “B”.

6. If, upon reviewing a Request Form, the Administrator determines that it does not set out a plan that could reasonably result in the completion of the Initial Claim Package, the Administrator shall deny the ~~claim~~Claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “C”.
7. If the claimant has not submitted a completed Initial Claim Package or a completed Request Form on or before the Completed Package Delivery Deadline, the Administrator shall deny the ~~claim~~Claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “D”.
8. If a claimant has obtained an extension of the Completed Package Delivery Deadline but has failed to submit a completed Initial Claim Package on or before the extended Completed Package Delivery Deadline expires, the Administrator shall deny the ~~claim~~Claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “E”.

#### **Transition Provision**

~~At the time this Amended Protocol comes into force, the Administrator shall provide a copy of this Amended Protocol and a Request Form to each claimant who failed to deliver the completed Initial Claim Package within the time provided in the original Court Approved Protocol unless the claimant advised the Administrator that blood was not received in the Class Period or that the claimant does not wish to advance a claim. The Administrator shall also advise the claimant in writing that the Courts have approved the Amended Protocol, which replaces the original Court Approved Protocol;~~



- ~~(d) — under this transition provision, the Completed Package Delivery Deadline for delivery of the completed Initial Claim Package to the Administrator is within three (3) years from the date the HCV Infected Person first learned of his/her infection with HCV;~~
- ~~(e) — if the Completed Package Delivery Deadline has passed, the claimant must submit the enclosed Request Form to the Administrator within sixty (60) days from the date the Request Form is issued to the claimant if the claimant wishes to maintain the right to submit a claim;~~
- ~~(f) — if the completed Request Form is received by the Administrator within sixty (60) days of the date the Request Form was issued to the claimant, the Administrator shall process the Request Form in accordance with the provisions of paragraphs 6 to 9 hereof; and~~
- ~~(g) — if the completed Request Form is not received by the Administrator within sixty (60) days of the date the Request Form was issued to the claimant, the Administrator shall deny the claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “F”.~~

### Processing the Completed Initial Claim Package

### PROCESSING THE COMPLETED INITIAL CLAIM PACKAGE

9. The issuance of an Initial Claim Package pursuant to this ~~Amended Protocol~~protocol shall not be determinative of the eligibility of the claimant to receive compensation. Where the Administrator receives a timely completed Initial Claim Package, it shall process the ~~claim~~Claim and determine eligibility for compensation by applying the terms of the Settlement Agreement in light of the ~~Court Approved Protocols and Standard Operating Procedures~~court approved protocols and standard operating procedures which are in place under the Plans at the time of processing.
10. If, during the processing of the ~~claim~~Claim, the Administrator becomes aware of information which causes it to believe that the HCV Infected Person first learned of his/

or her infection with HCV more than three (3) years prior to the date that the claimant first advised the Administrator of a potential claim, the Administrator shall deny the ~~claim~~Claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “~~GF~~”.

### Denied Claims

### DENIED CLAIMS

11. Where the Administrator denies a Recent HCV Diagnosis ~~claim~~Claim in accordance with the provisions of this ~~Amended Protocol~~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~~Late Claim under ~~any the HCV Late Claims Benefit Plan or~~ other relevant ~~Court Approved Protocol or Court Order which hereafter issues~~court approved protocol or court order.

~~1171410~~

## 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 [eClaim](#), you must complete the following steps:

\*\*\*

If you have not completed all of these steps by \*\*\*, the [eClaim](#) will be **denied**. **No further extensions will be granted.** A denial of a [eClaim](#) 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 ~~e~~Claim for compensation under ~~the~~ 1986-1990 Hepatitis C Settlement ~~Agreement~~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 ~~e~~Claim has been denied.

#### **Right of Appeal**

Under ~~S~~section 10.01 of ~~Schedules A and B the Transfused HCV Plan and the Hemophiliac HCV Plan~~ 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](http://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 ~~e~~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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 [eClaim](#) for compensation under ~~the~~ 1986-1990 Hepatitis C Settlement ~~Agreement~~~~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 ~~eclaim~~ [Claim](#) has been denied.

#### **Right of Appeal**

Under ~~S~~section 10.01 of both ~~Schedules A and B~~ [the Transfused HCV Plan and the Hemophiliac HCV Plan](#) 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](http://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 [eClaim](#) 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 eClaim for compensation under ~~the~~ 1986-1990 Hepatitis C Settlement ~~Agreement~~~~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 eClaim has been denied.

#### **Right of Appeal**

Under ~~S~~section 10.01 of ~~Schedules A and B~~ the Transfused HCV Plan and the Hemophiliac HCV Plan 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](http://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 eClaim 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 “F”**

**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 the Courts had approved an amended protocol and ~~[that the deadline for you to deliver a completed Initial Claim Package or to request an extension of time by completing the Request form we also enclosed with that letter was \*\*\*\*\*]~~ **OR** ~~[we provided you a Request Form to permit you to request an extension of time to complete the Initial Claim Package by returning the completed Request Form within 60 days].~~ Because you did not deliver ~~[a completed Initial Claim Package or request an extension by that deadline]~~ **OR** ~~[a completed Request Form within the time provided],~~ 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.hepe8690.ca](http://www.hepe8690.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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 “~~GF~~”

### The 1986-1990 Hepatitis C Settlement Administration

#### REJECTION LETTER

#### Learned of Infection More Than Three (3) years Prior

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

We are writing to advise you that your claim for compensation under [the Transfused HCV Plan OR the Hemophiliac HCV Plan] of ~~the~~ the 1986-1990 Hepatitis C Settlement Agreement~~Administration~~ has been denied. The reasons for denial are set out below.

#### **Your Discovery of Your Hepatitis C Infection**

*[Section 3.08 (b) of the Transfused HCV Plan] OR [Section 3.07(b) of the Hemophiliac HCV Plan]* that forms part of the Settlement Agreement provides that no person may make a Claim for the first time after June 30, 2010 unless the Claim is made within the three year period following the date upon which the person first learned of his or her infection with the Hepatitis C virus.

Your ~~e~~Claim has been denied because we believe that you first learned of your infection with the Hepatitis C virus more than three years prior to *[insert date]*, which is the date you first advised us of a potential claim. We have made this determination based on the following information \*\*\*\*.

#### **Right of Appeal**

Under ~~S~~section 10.01 of both the Transfused HCV Plan and the Hemophiliac HCV Plan Schedules A and B ~~of under~~ 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](http://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 ~~e~~Claim will become final 30 days after you receive this letter.**

## Late Claims Benefits Plan

If you decide not to appeal this denial, or if you appeal and your appeal is not successful, you may make a Late Claim under the HCV Late Claims Benefits Plan which provides for a process for claiming benefits to Claimants who did not claim prior to the June 30, 2010 deadline in the Transfused HCV Plan and the Hemophiliac HCV Plan and do not meet one of the exceptions for making claims after that deadline. Please note that the ability to make a Late Claim is not determinative of eligibility for benefits. The Claimant must still complete a Late Claim package and the Administrator shall process the Late Claim and determine eligibility for compensation by applying the terms of the HCV Late Claims Benefit Plan in light of the Court Approved Protocols and Standard Operating Procedures which are in place under the Plans at the time of processing.

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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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

~~1249183v2~~

~~AMENDED~~ COURT APPROVED PROTOCOL  
~~Issuance of Initial Claim Packages~~  
~~after the June~~  
ISSUANCE OF INITIAL CLAIM PACKAGES  
AFTER THE JUNE 30, 2010 First Claim DeadlineFIRST CLAIM DEADLINE  
(the “Amended Protocol”)

~~October 2014~~

REVISED ♦ 2017

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

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

Issuance of an Initial Claim Package

ISSUANCE OF AN INITIAL CLAIM PACKAGE

~~2.1.~~ The Administrator shall issue an Initial Claim Package upon request, notwithstanding the request was made after the June 30, 2010 first claim deadline, provided that:

- (a) the claim is sought to be made within one (1) year of the claimant reaching his/her age of majority;
- (b) the Secondly Infected Person is seeking to claim within three (3) years from the date the Primarily Infected Person, Primarily Infected Hemophiliac or the HCV Personal Representative first made a Claim;
- (c) the HCV Personal Representative of a deceased HCV Infected Person is seeking to claim within three (3) years of the HCV Infected Person’s date of death;
- (d) the Dependant or Family Member of a deceased HCV Infected Person is seeking to claim within three (3) years of the HCV Infected Person’s date of death; or
- (e) the claim was initially advanced under the Pre-1986/Post-1990 Hepatitis C Settlement prior to June 30, 2010.

~~3.2.~~ When issuing the Initial Claim Package to a claimant the Administrator shall advise the claimant in writing that:

- (a) the deadline to deliver the completed Initial Claim Package to the Administrator is the later of six (6) months from the date the Initial Claim Package is issued to the



claimant or the time remaining under the applicable provision of paragraph 21 hereof, if any (the “Completed Package Delivery Deadline”);

- (b) if the claimant is unable to deliver the completed Initial Claim Package to the Administrator by the Completed Package Delivery Deadline, the claimant must submit a completed Request Form – Completed Package Delivery Deadline Extension attached as Appendix “A” (the “**Request Form**”) to the Administrator before the Completed Package Delivery Deadline expires if the claimant wishes to maintain the right to submit a claimClaim; and
- (c) if the Administrator does not receive the completed Initial Claim Package or the completed Request Form by the Completed Package Delivery Deadline, the Administrator will deny the claimClaim.

### Completed Package Delivery Deadline Extension Request

### COMPLETED PACKAGE DELIVERY DEADLINE EXTENSION REQUEST

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

5.4. The claimant will be required to set out:

- (a) the steps already taken to complete the Initial Claim Package;
- (b) the reasons why the Initial Claim Package has not been completed to date; and
- (c) the new steps the claimant proposes to take to complete the Initial Claim Package and how long these steps will take.

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

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

8.7. If the claimant has not submitted a completed Initial Claim Package or a completed Request Form on or before the Completed Package Delivery Deadline, the Administrator

shall deny the ~~claim~~Claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “D”.

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

### **Transition Provision**

~~10. At the time this Amended Protocol comes into force, the Administrator shall provide a copy of this Amended Protocol and a “Request Form — Completed Package Delivery Deadline Extension” to each claimant who failed to deliver the completed Initial Claim Package within the time provided in the original Court Approved Protocol unless the claimant advised the Administrator that blood was not received in the Class Period or that the claimant does not wish to advance a claim. The Administrator shall also advise the claimant in writing that:~~

- ~~(a) the Courts have approved the Amended Protocol, which replaces the original Court Approved Protocol;~~
- ~~(b) under this transition provision, the Completed Package Delivery Deadline for the claimant delivery of the completed Initial Claim Package to the Administrator is the time remaining to make a claim under the applicable provision of paragraph 2 hereof, if any;~~
- ~~(c) if the Completed Package Delivery Deadline has passed, the claimant must submit the enclosed Request Form to the Administrator within sixty (60) days from the date the Request Form is issued to the claimant if the claimant wishes to maintain the right to submit a claim;~~
- ~~(d) if the completed Request Form is received by the Administrator within sixty (60) days of the date the Request Form was issued to the claimant, the Administrator shall process the Request Form in accordance with the provisions of paragraphs 6 to 9 hereof; and~~
- ~~(e) if the completed Request Form is not received by the Administrator within sixty (60) days of the date the Request Form was issued to the claimant, the Administrator shall deny the claim and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “F”.~~

### **Processing the Completed Initial Claim Package**

### **PROCESSING THE COMPLETED INITIAL CLAIM PACKAGE**

- ~~11.9.~~ The issuance of an Initial Claim Package pursuant to this ~~Amended Protocol~~protocol shall not be determinative of the eligibility of the claimant to receive compensation.

Where the Administrator receives a timely completed Initial Claim Package, it shall process the ~~claim~~Claim and determine eligibility for compensation by applying the terms of the Settlement Agreement in light of the ~~Court Approved Protocols and Standard Operating Procedures~~court approved protocols and standard operating procedures which are in place at the time of processing.

~~12.~~10. If, during the processing of the ~~claim~~Claim, the Administrator becomes aware of information which causes it to believe that the applicable timeframe set out in paragraph ~~21~~ hereof has not been met, the Administrator shall deny the ~~claim~~Claim and shall send the claimant a "Rejection Letter" substantially in the form attached as Appendix "~~GF~~".

### ~~Denied Claims~~

### DENIED CLAIMS

~~13.~~11. Where the Administrator denies a ~~claim~~Claim in accordance with the provisions of this ~~Amended Protocol~~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~~Late Claim under the Late Claims Benefit Plan or any other relevant ~~Court Approved Protocol or Court Order which hereafter issues~~court approved protocol or court order.

~~1171472~~

## 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 [eClaim](#) 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

{20014-001/00601253.1}

**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 [eClaim](#), you must complete the following steps:

\*\*\*

If you have not completed all of these steps by \*\*\*, the [eClaim](#) will be **denied**. **No further extensions will be granted.** A denial of a [eClaim](#) 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 [eClaim](#) for compensation under The 1986-1990 Hepatitis C Settlement ~~Agreement~~[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 [eClaim](#) has been denied.

#### **Right of Appeal**

Under [Section 10.01 of Schedules A and B – the Transfused HCV Plan and the Hemophiliac HCV Plan](#) 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](http://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 [eClaim](#) 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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:

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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 [eClaim](#) for compensation under ~~the~~ 1986-1990 Hepatitis C Settlement ~~Agreement~~~~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 [eClaim](#) has been denied.

#### **Right of Appeal**

Under ~~S~~section 10.01 of both ~~Schedules A and B~~ [the Transfused HCV Plan and the Hemophiliac HCV Plan](#) 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](http://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 [eClaim](#) 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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:

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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~~ the 1986-1990 Hepatitis C Settlement ~~Agreement~~~~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 ~~e~~Claim has been denied.

#### **Right of Appeal**

Under ~~S~~section 10.01 of ~~Schedules A and B~~ the Transfused HCV Plan and the Hemophiliac HCV Plan 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](http://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 ~~e~~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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 “F”**

**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 the Courts had approved an amended protocol and ~~[that the deadline for you to deliver a completed Initial Claim Package or to request an extension of time by completing the Request form we also enclosed with that letter was \*\*\*\*\*]~~ **OR** ~~[we provided you a Request Form to permit you to request an extension of time to complete the Initial Claim Package by returning the completed Request Form within 60 days].~~ Because you did not deliver ~~[a completed Initial Claim Package or request an extension by that deadline]~~ **OR** ~~[a completed Request Form within the time provided],~~ 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.hepe8690.ca](http://www.hepe8690.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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 “GF”

### The 1986-1990 Hepatitis C Settlement Administration

#### REJECTION LETTER

#### Time Frame Not Met

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

We are writing to advise you that your eClaim for compensation under [\[the Transfused HCV Plan OR the Hemophiliac HCV Plan\]](#) of ~~t~~The 1986-1990 Hepatitis C Settlement ~~Agreement~~Administration has been denied. The reasons for denial are set out below.

#### **Time Frame for Making Your Claim**

Under paragraph 2 *[insert applicable subparagraph reference]* of the Court Approved Protocol relating to the Issuance of Initial Claim Packages after the June 30, 2010 First Claim Deadline, the eClaim that you seek to make was required to be made within *[insert applicable time frame]*.

Your eClaim has been denied because we believe that your eClaim has not been made within that time frame. We have made this determination based on the following information \*\*\*\*.

#### **Right of Appeal**

Under ~~S~~section 10.01 of both ~~Schedules A and B~~the [Transfused HCV Plan and the Hemophiliac Plan](#) 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](http://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 eClaim will become final 30 days after you receive this letter.**

## **Late Claims Benefits Plan**

If you decide not to appeal this denial, or if you appeal and your appeal is not successful, you may make a Late Claim under the HCV Late Claims Benefits Plan which provides for a process for claiming benefits to Claimants who did not claim prior to the June 30, 2010 deadline in the Transfused HCV Plan and the Hemophiliac HCV Plan and do not meet one of the exceptions for making claims after that deadline. Please note that the ability to make a Late Claim is not determinative of eligibility for benefits. The Claimant must still complete a Late Claim package and the Administrator shall process the Late Claim and determine eligibility for compensation by applying the terms of the HCV Late Claims Benefit Plan in light of the Court Approved Protocols and Standard Operating Procedures which are in place under the Plans at the time of processing.

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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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



COURT APPROVED PROTOCOL

~~AMENDED CRITERIA FOR TRACEBACK PROCEDURE FOR PERSONS CLAIMED  
TO BE PRIMARILY-INFECTED PERSONS—CRITERIA~~

~~TRANSFUSED HCV PLAN~~

~~REVISED ♦, 2017~~

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

DEFINED TERMS AND PROVISIONS APPLICABLE TO THIS PROTOCOL

1. In addition to the defined terms contained in the Transfused HCV Plan (~~“and the HCV Late Claims Benefit Plan”~~) (which appear herein as capitalized words), the following defined terms are used in this ~~Protocol~~protocol:
  - (a) **“Traceback Procedure”** means a targeted search for and investigation of the donor and/or the units ~~of Blood~~ received by ~~an HCV-Infected Person~~a claimant in Canada and, for the purpose of this ~~Protocol~~protocol, includes any one or more of the following stages of search: a Records Search, a Class Period Search and/or a Pre-Class Period Search;
  - (b) **“Records Search”** means that stage of Traceback Procedure where a search is conducted to match the units ~~of Blood~~ received by ~~an HCV-Infected Person~~a claimant at any time against the records of Canadian Blood Services (“CBS”) and Hema-Quebec to determine if the HCV antibody status of the donor of some or all of the units received is known;
  - (c) **“Class Period Search”** means that stage of Traceback Procedure where attempts are made to locate the donors of the units ~~of Blood~~ received by ~~an HCV-Infected Person~~a claimant during the Class Period and, where necessary, to have the donor tested to determine his or her HCV antibody status;
  - (d) **“Pre-Class Period Search”** means that stage of Traceback Procedure where attempts are made to locate the donors of the units ~~of Blood~~ received by ~~an HCV-Infected Person~~a claimant before the Class Period and, where necessary, to have the donor tested to determine his or her HCV antibody status;
  - (e) **“Lookback notification”** means notification that the ~~person-claimed-to-be-a Primarily-Infected Person~~claimant received Blood units from a donor who, on subsequent donation or testing, is confirmed to be HCV antibody positive.

~~2. For the purposes of this Protocol:~~

2. For the purposes of this protocol, where the words transfusion, donor and/or unit are used in reference to a Claim they refer to the claimant's receipt of Blood as defined under the Transfused HCV Plan and where they are used in reference to a Late Claim they refer to the claimant's receipt of Blood (Transfused) as defined under the HCV Late Claims Benefit Plan and claimant refers to a person claimed to be a Primarily-Infected Person.

### COMPLETION AND/OR DISCONTINUANCE OF THE TRACEBACK PROCEDURE

3. For the purposes of this protocol:

- (a) a Traceback Procedure shall be deemed complete and all further Traceback Procedure efforts under this ~~Protocol~~protocol relating to a Claim or Late Claim discontinued where:
  - (i) the ~~person claimed to be a Primarily-Infected Person~~claimant received ~~Blood~~units only during the Class Period or only during and after the Class Period and:
    - A. one of the donors or units ~~of the Blood~~ he or she received during the Class Period is determined to be HCV antibody positive; or
    - B. all of the donors or units ~~of the Blood~~ he or she received during the Class Period are determined not to be HCV antibody positive; or
  - (ii) the ~~person claimed to be a Primarily-Infected Person~~claimant received ~~Blood~~units before and during the Class Period or before, during and after the Class Period and:
    - A. one of the donors or units ~~of the Blood~~ he or she received before the Class Period is determined to be HCV antibody positive;
    - B. all of the donors or units ~~of the Blood~~ he or she received during the Class Period are determined not to be HCV antibody positive; or
    - C. all of the donors or units ~~of the Blood~~ he or she received before the Class Period are determined not to be HCV antibody positive and one of the donors or units ~~of the Blood~~ he or she received during the Class Period is determined to be HCV antibody positive;
- (b) all further Class Period Search and/or Pre-Class Period Search efforts under this ~~Protocol~~protocol relating to a Claim or a Late Claim shall be discontinued once the Administrator has made its decision to accept or reject that Claim: or Late Claim. Subsequent periodic Record Search updates may be required in respect of some Claims or Late Claims as provided in paragraph ~~42~~13 of this ~~Protocol~~protocol.

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

3.4. In making its decision whether the Claim or Late Claim in respect of a ~~person-claimed-to-be-a-Primarily-Infected-Person-should-be-approved~~ claimant, the Administrator shall:

- (a) obtain and assess the results of the stage or stages of Traceback Procedure required by such of paragraphs 56 to ~~4011~~ of this ~~Protocol~~ protocol as are applicable to the ~~claim~~ Claim or Late Claim in question;
- (b) carry out additional investigation where one or more of the type of indicia enumerated at paragraph 11 of this ~~Protocol~~ protocol are present; and
- (c) where required by the provisions of paragraphs 910(e), 910(f)(ii) or ~~4011~~(d)(iv) of this ~~Protocol~~ protocol and/or where the Administrator undertook additional investigation as required by paragraph 34(b) of this ~~Protocol~~ protocol, consider whether all of the information available to the Administrator when weighed together establishes to the satisfaction of the Administrator on the balance of probabilities, that the ~~person-claimed-to-be-the-Primarily-Infected-Person~~ claimant was infected with HCV for the first time prior to the Class Period (the "Balance of Probabilities Analysis").

4.5. Subject to the other requirements in paragraph 34 of this ~~Protocol~~ protocol, the Administrator shall make its decision to accept or reject the Claim or Late Claim, notwithstanding that a Class Period Search and/or a Pre-Class Period Search may not have been completed:

- (a) when the Administrator is of the view that in all of the circumstances a Class Period Search and/or a Pre-Class Period Search is unlikely to yield any further information that will assist in assessing the Claim or Late Claim; and
- (b) notwithstanding subparagraph (a) above, no later than ~~the later of February 18, 2001 or~~ 6 months after the date on which the claimant has met the requirements of ~~Sections~~ sections 3.01(1)(a) and (b) of the Transfused HCV Plan or sections 3.01Tran(1)(a) and (b) of the HCV Late Claims Benefits Plan and provided the Authorization to Initiate Traceback Procedure and/or to Release Information Form TRAN4 and the Transfusion History Form-TRAN5, whichever is later, unless:
  - (i) the ~~Blood~~ transfusion information concerning the ~~person-claimed-to-be-a-Primarily-Infected-Person~~ claimant provided on or with the Transfusion History Form-TRAN5 was incomplete or inaccurate, in which case the 6 months will begin to run from the time the Administrator determines the ~~Blood~~ transfusion information is complete; or
  - (ii) the time is extended with the consent of the claimant or by a Court on a teleconference motion made by Fund Counsel on notice to the claimant.;

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

#### **OBTAIN AND ASSESS AVAILABLE TRACEBACK PROCEDURE INFORMATION**

~~5.6.~~ The Administrator shall obtain and assess the results of any Traceback Procedure in respect of a person ~~claimed-to-be-a Primarily Infected Person~~claimant initiated without the involvement of the Administrator. If the Traceback Procedure is complete or can be deemed complete as provided in paragraph ~~23~~ herein, the Administrator shall accept or reject the Claim or Late Claim:

- (a) where ~~Blood~~ transfusions were received only during the Class Period or only during and after the Class Period, by applying the appropriate subparagraph of paragraph ~~78~~ below; or
- (b) where ~~Blood~~ transfusions were received before and during the Class Period or before, during and after the Class Period, by applying the appropriate subparagraph in paragraphs ~~89~~ to ~~1011~~ below.

#### **INITIATE A RECORDS SEARCH**

~~6.7.~~ In each case where there is no conclusive Lookback notification or the available Traceback Procedure information, if any, is insufficient to allow the Administrator to make its decision to accept or reject a Claim, the Administrator shall initiate a Records Search of those units ~~of Blood~~ received by the ~~person-claimed-to-be-a Primarily Infected Person~~claimant in respect of which the HCV antibody status is unknown and:

- (a) where ~~Blood~~ transfusions were received only during the Class Period or only during and after the Class Period, proceed as directed in paragraph ~~78~~ below; or
- (b) where Blood transfusions were received before and during the Class Period or before, during and after the Class Period, proceed as directed in paragraphs ~~89~~ to ~~1011~~ below.

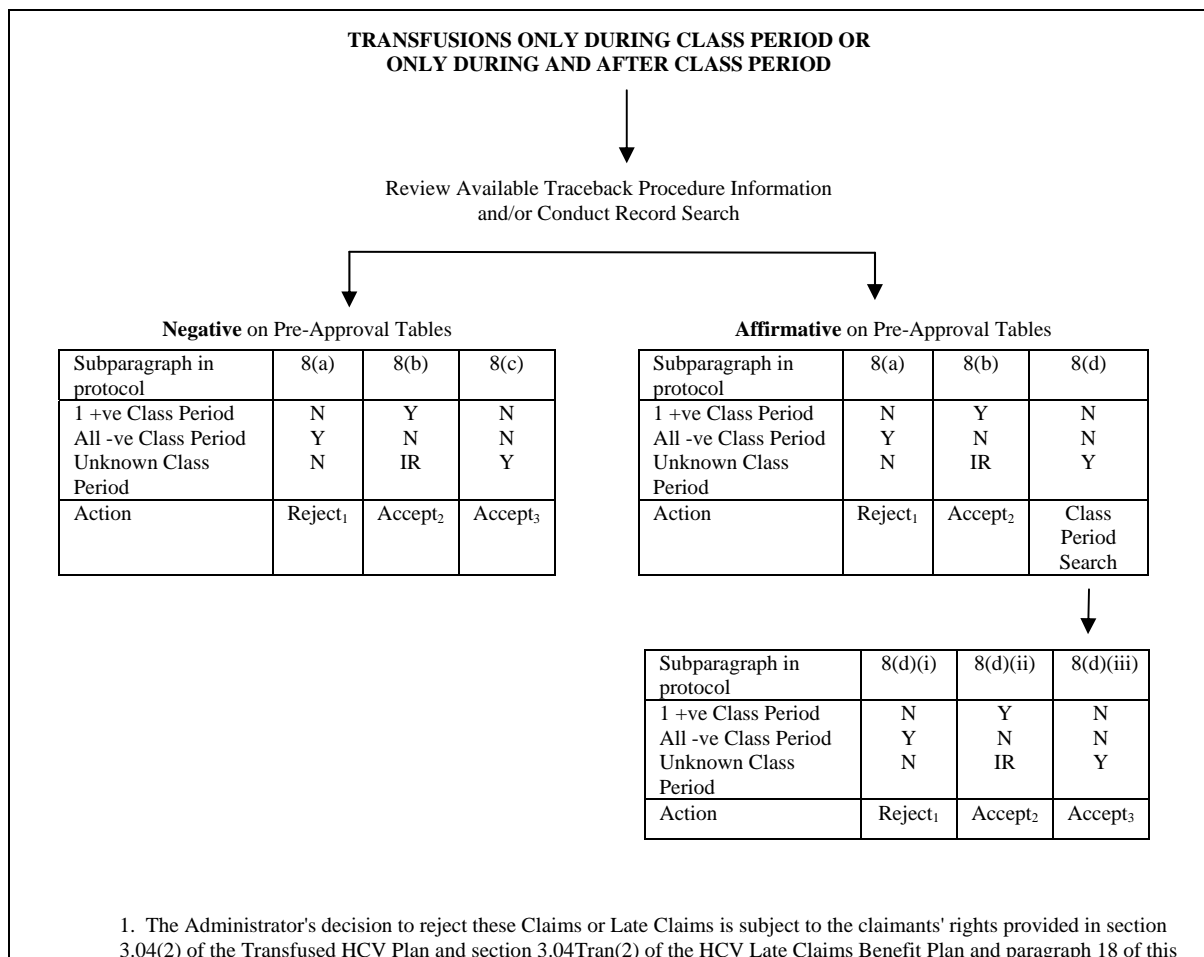
#### **WHERE ~~BLOOD~~ TRANSFUSIONS WERE RECEIVED IN CANADA ONLY DURING THE CLASS PERIOD OR ONLY DURING AND AFTER THE CLASS PERIOD**

~~7.8.~~ After reviewing the available Traceback Procedure information, if any, and the results of the Records Search, if such was required, the Administrator shall:

- (a) where all of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~ claimant during the Class Period are determined not to be HCV antibody positive, reject the Claim or Late Claim as provided in ~~Section~~section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in ~~Section~~section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph ~~47~~18 of this ~~Protocol~~protocol;
- (b) where one or more of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~ claimant during the Class Period is determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph ~~34~~(c) of this ~~Protocol~~protocol;
- (c) -where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, the HCV antibody status of one or more of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~ claimant during the Class Period remains unknown and a negative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her ~~Blood~~-transfusion\_ history, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 3(c) of this ~~Protocol~~protocol; or
- (d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, the HCV antibody status of one or more of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~ claimant during the Class Period remains unknown and an affirmative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her ~~Blood~~-transfusion\_ history, initiate a Class Period Search and after reviewing the results proceed as follows:
  - (i) where all of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~ claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim as provided in ~~Section~~section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in ~~Section~~section 3.04(2) of the Plan-Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable and paragraph ~~47~~18 of this ~~Protocol~~protocol;

- (ii) where one or more of the donors or units ~~of the Blood~~ received by the person claimed to be a Primarily-Infected Person during the Class Period is determined to be HCV antibody positive by the Class Period Search, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 34(c) of this ~~Protocol~~protocol; or
- (iii) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (d)(i) or (d)(ii) of this paragraph and the HCV antibody status of one or more of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant during the Class Period remains unknown following the Class Period Search, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the results of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 34(c) of this ~~Protocol~~protocol.

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



protocol.

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

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

Y = Yes
N = No
IR = Irrelevant

## **WHERE ~~BLOOD~~ TRANSFUSIONS WERE RECEIVED IN CANADA BEFORE AND DURING THE CLASS PERIOD OR BEFORE, DURING AND AFTER THE CLASS PERIOD**

~~8.9.~~ After reviewing the available Traceback Procedure information, if any, and the results of the Records Search, if such was required, the Administrator shall:

- ~~(a)~~ — where one or more of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily Infected Person~~ claimant before the Class Period is determined to be HCV antibody positive, reject the Claim ~~or Late Claim~~ as provided in ~~Section~~section 3.04(1) of the Transfused HCV Plan, ~~subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in Section or section 3.04(204Tran(1) of the HCV Late Claims Benefit Plan and paragraph 17 of this Protocol;~~
- ~~(b)(a)~~ where all of the donors or units of the Blood received by the person claimed to be a ~~Primarily Infected Person~~ during the Class Period are determined not to be HCV antibody positive, reject the Claim as provided in Section 3.04(1) of the Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in ~~Section~~section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 1718 of this Protocol; protocol;
- ~~(b)~~ where all of the donors or units of the Blood received by the person claimed to be a ~~Primarily Infected Person~~ where all of the donors or units received by the claimant during the Class Period are determined not to be HCV antibody positive, reject the Claim or Late Claim as provided in section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph 18 of this protocol;



- (c) where all of the donors or units received by the claimant before the Class Period are determined not to be HCV antibody positive and one or more of the donors or units ~~of the Blood~~ he or she received during the Class Period is determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 34(c) of this ~~Protocol~~protocol;
- (d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (c) of this paragraph, all of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant before the Class Period are determined not to be HCV antibody positive, the HCV antibody status of some of the donors or units ~~of the Blood~~ he or she received during the Class Period remains unknown and a negative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her ~~Blood~~ transfusion history, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 34(c) of this ~~Protocol~~protocol; or
- (e) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (d) of this paragraph and the HCV antibody status of one or more of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant before or during the Class Period remains unknown, after considering how to most expeditiously investigate the ~~Blood~~ transfusions, initiate a Class Period Search and/or a Pre-Class Period Search on the remaining units ~~of Blood~~ he or she received.

9.10. Where a Pre-Class Period Search was initiated pursuant to subparagraph 89(e) above, the Administrator shall:

- (a) where one or more of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant before the Class Period is determined to be HCV antibody positive by the Pre-Class Period Search, reject the Claim or Late Claim as provided in ~~Section~~section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in ~~Section~~section 3.04(2) of the PlanTransfused HCV Plan or section 3.04(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph ~~4718~~ of this ~~Protocol~~protocol;
- (b) where all of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant before the Class Period are determined not to be HCV antibody positive by the Pre-Class Period Search and one or more of the donors or units ~~of the Blood~~ received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator



may be required to perform as provided in paragraph 34(c) of this ~~Protocol~~protocol;

- (c) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, all of the donors or units ~~of the Blood~~ received by the ~~person-claimed-to-be-a Primarily-Infected Person~~claimant before the Class Period are determined not to be HCV antibody positive by the Pre-Class Period Search and the HCV antibody status of some or all of the donors or units ~~of the Blood~~ he or she received during the Class Period remains unknown and a negative is indicated on the applicable Pre-Approval Tables annexed hereto when applied to his or her ~~Blood~~transfusion history, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 34(c) of this ~~Protocol~~protocol;
- (d) where the ~~claim~~Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (c) of this paragraph, all of the donors or units ~~of the Blood~~ received by the ~~person-claimed-to-be-a Primarily-Infected Person~~claimant before the Class Period are determined not to be HCV antibody positive by the Pre-Class Period Search,

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

- (i) where all of the donors or units ~~of the Blood~~ received by the ~~person-claimed-to-be-a Primarily-Infected Person~~claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim or Late Claim as provided in ~~Section~~section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in ~~Section~~section 3.04(2) of the ~~Plan~~Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph ~~17~~18 of this ~~Protocol~~protocol;
- (ii) where one or more of the donors or units ~~of the Blood~~ received by the ~~person-claimed-to-be-a Primarily-Infected Person~~claimant during the Class Period is determined to be HCV antibody positive by the Class Period Search, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 34(c) of this ~~Protocol~~protocol;

- (iii) where the ~~claim~~Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (d)(i) or (d)(ii) of this paragraph and the HCV antibody status of one or more of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant during the Class Period remains unknown following the Class Period Search, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph ~~34~~(c) of this ~~Protocol~~protocol;
- (e) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (d) of this paragraph, the HCV antibody status of some or all of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant before the Class Period remains unknown following the Pre-Class Period Search and one or more of the donors or units ~~of the Blood~~ he or she received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph ~~34~~(c) of this ~~Protocol~~protocol; or
- (f) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) to (d) of this paragraph, the HCV antibody status of some of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant before the Class Period remains unknown following the Pre-Class Period Search and the HCV antibody status of some or all of the donors or units ~~of the Blood~~ he or she received during the Class Period remains unknown, initiate a Class Period Search of the remaining units ~~of Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant during the Class Period and after reviewing the results proceed as follows:
  - (i) where all of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim or Late Claim as provided in ~~Section~~section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in ~~Section~~section 3.04(2) of the ~~Plan~~Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable and ~~paragraphs 17~~paragraph 18 of this ~~Protocol~~protocol; or
  - (ii) where the Claim or Late Claim cannot be rejected as provided in subparagraph (f)(i) of this paragraph following the Class Period Search, accept the Claim or Late Claim in reliance on the presumption provided

for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 34(c) of this ~~Protocol~~protocol.

~~10.11.~~ Where a Class Period Search was initiated pursuant to subparagraph 89(e) above, the Administrator shall:

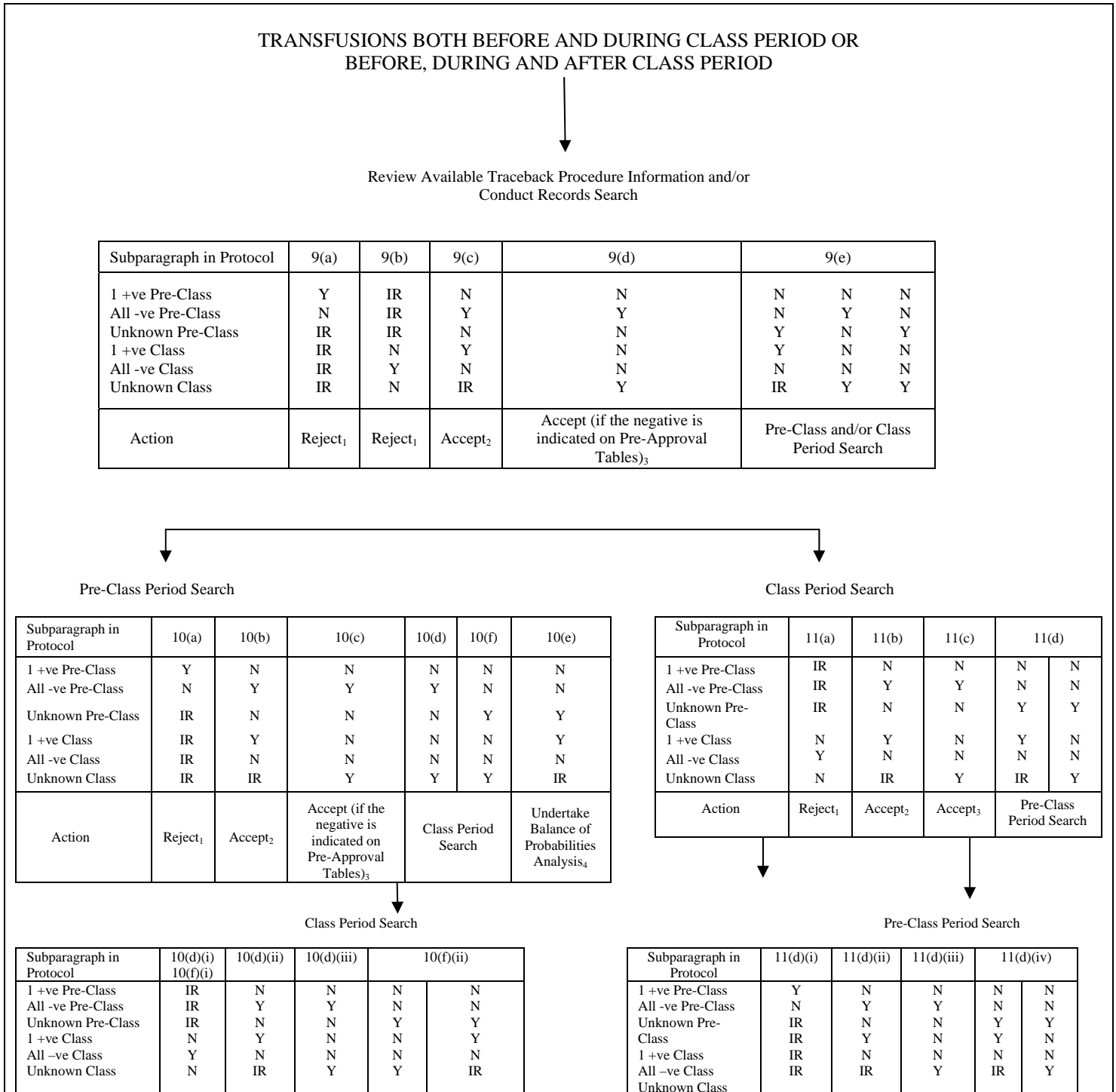
- (a) where all of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant during the Class Period are determined not to be HCV antibody positive by the Class Period Search, reject the Claim or Late Claim as provided in ~~Section~~section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in ~~Section~~section 3.04(2) of the ~~Plan~~Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, and paragraph ~~17~~18 of this ~~Protocol~~protocol;
- (b) where one or more of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant during the Class Period is determined to be HCV antibody positive by the Class Period Search and all of the donors or units ~~of the Blood~~ he or she received before the Class Period have already been determined not to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 34(c) of this ~~Protocol~~protocol;
- (c) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraph (a) or (b) of this paragraph, the HCV antibody status of one or more of the donors or units ~~of the Blood he or she~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant during the Class Period remains unknown following the Class Period Search and all of the donors or units ~~of the Blood~~ he or she received before the Class Period have already been determined not to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 34(c) of this ~~Protocol~~protocol; or
- (d) where the Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (a) to (c) of this paragraph, none of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant before the Class Period have been determined to be HCV antibody positive and the HCV antibody status of some of the donors or units ~~of the Blood~~ he or she received before the Class Period remains unknown, initiate a Pre-Class Period Search on the remaining units ~~of Blood~~ received by the ~~person claimed to be a~~

~~Primarily-Infected Person~~claimant before the Class Period and after reviewing the results proceed as follows:

- (i) where one or more of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant before the Class Period is determined to be HCV antibody positive following the Pre-Class Period Search, reject the Claim or Late Claim as provided in ~~Section~~section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, subject to the claimant's right to provide evidence to refute the Traceback Procedure result as provided in ~~Section~~section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable and paragraph ~~17~~18 of this ~~Protocol~~protocol;
- (ii) where all of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant before the Class Period are determined not to be HCV antibody positive following the Pre-Class Period Search and one or more of the donors or units ~~of the Blood~~ he or she received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph ~~34~~34(c) of this ~~Protocol~~protocol;
- (iii) where all of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant before the Class Period are determined not to be HCV antibody positive following the Pre-Class Period Search, the HCV antibody status of one or more of the donors or units ~~of the Blood~~ he or she received during the Class Period remains unknown and none of the donors or units ~~of the Blood~~ received during the Class Period have been determined to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph ~~34~~34(c) of this ~~Protocol~~protocol; or
- (iv) where the ~~claim~~Claim or Late Claim can neither be accepted nor rejected as provided in subparagraphs (d)(i) to (d)(iii) of this paragraph and the HCV antibody status of some or all of the units ~~of the Blood~~ received by the person ~~claimed to be a Primarily-Infected Person~~claimant before the Class Period remains unknown following the Pre-Class Period Search regardless of whether or not one or more of the donors or units ~~of the Blood~~ he or she received during the Class Period has already been determined to be HCV antibody positive, accept the Claim or Late Claim in reliance on the presumption provided for in the definition of Primarily-Infected Person in the applicable Plan, subject to the effect, if any, of the

Balance of Probabilities Analysis the Administrator may be required to perform as provided in paragraph 34(c) of this ~~Protocol~~ protocol.

The directions contained in paragraphs 8, 9, 10 and 1011 are also depicted in the following flowchart:



Action	Reject <sub>1</sub>	Accept <sub>2</sub>	Accept <sub>3</sub>	Undertake Balance of Probabilities Analysis <sub>4</sub>		Action	Reject <sub>1</sub>	Accept <sub>2</sub>	Accept <sub>3</sub>	Undertake Balance of Probabilities Analysis <sub>4</sub>
<p>1. The Administrator's decision to reject these Claims or Late Claims is subject to the claimants' rights provided in section 3.04(2) of the Transfused HCV Plan, section 3.04Tran(2) of the HCV Late Claims Benefit Plan and paragraph 18 of this Protocol.</p> <p>2. The Administrator's decision to accept these Claims or Late Claims will be subject to the Balance of Probabilities Analysis required by paragraph 4(c) of this Protocol where the types of indicia enumerated at paragraph 12 of this Protocol are present.</p> <p>3. The Administrator's decision to accept these Claims or Late Claims will be subject to the subject to the Balance of Probabilities Analysis required by paragraph 4(c) of this Protocol where the types of indicia enumerated at paragraph 12 of this Protocol are present and to updated Record Searches as required by paragraph 13 of this Protocol.</p> <p>4. The Administrator's decision to accept these Claims or Late Claims will be subject to the Balance of Probabilities Analysis required by paragraph 4 (c) of this Protocol and to updated Record Searches as required by paragraph 13 of this Protocol.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"><p>Y = Yes N = No IR = Irrelevant</p></div>										

## INDICATIONS FOR ADDITIONAL INVESTIGATION

~~11.~~12. The Administrator shall review such records, Forms, documentation and/or information it receives pertaining to the person claimed to be a Primarily-Infected Person to determine if there is any indication for additional investigation, including:

- (a) any indication of non-prescription intravenous drug use by the ~~person claimed to be a Primarily-Infected Person~~claimant, notwithstanding that the claimant provided the required declaration;
- (b) a failure to provide a declaration of knowledge, information and belief that the ~~person claimed to be a Primarily-Infected Person~~claimant was not infected with Hepatitis Non-A Non-B or the Hepatitis C virus prior to January 1, 1986;
- (c) a prior application to another government HCV compensation program and/or a declaration of knowledge, information or belief that the ~~person claimed to be a Primarily-Infected Person~~claimant was infected with HCV by blood received before January 1, 1986;
- (d) any indication of ~~Blood~~ transfusion information that conflicts with the information provided on the Forms submitted;
- (e) a relationship with the Treating Physician which appears to be of a transitory nature;

- (f) any indication of the existence of Hepatitis B, a previous unspecified Hepatitis or liver irregularity by the person claimed to be a Primarily-Infected Person prior to his or her first ~~Blood~~ transfusion during the Class Period;
- (g) any indication of the existence of a major surgical procedure, disease, treatment or trauma that was likely to have required a ~~Blood~~ transfusion but which was not detailed in the answers provided in the Forms submitted to the Administrator;
- (h) any indication of one or more of the risk factor(s) outlined ~~at Section F of~~ the ~~Form TRAN2~~ Treating Physician Form either from the Treating Physician or in the other documentation received;
- (i) receipt of any ~~Blood~~ transfusions outside Canada at any time prior to his or her diagnosis with HCV; and/or
- (j) an inconclusive Traceback Procedure result;

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

#### PERIODIC UPDATE OF THE RECORDS SEARCH IN SOME CASES

- ~~12.~~13. The Administrator shall, after having made its decision to accept or reject a Claim or Late Claim as provided in subparagraph ~~78~~(c), ~~78~~(d)(iii), ~~89~~(d), ~~9(e)~~, ~~9(d)(iii)~~, ~~9(e)~~, ~~9(f)(ii)~~, 10(c), 10(d)(iii), ~~10(e)~~, ~~10(f)(ii)~~, 11(c), 11(d)(iii) or ~~1011~~(d)(iv), periodically update the Records Search of the relevant units ~~of Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant for which the HCV antibody status remains unknown to determine if there is any additional information with which to re-assess its decision in respect of the Claim ~~or Late Claim~~.
- ~~13.~~14. Where a Claim or Late Claim is accepted, it may later be rejected if information concerning the HCV antibody status of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant or other means of infection becomes known which would have resulted in rejection of the Claim or Late Claim had that information been considered at the time the Administrator's decision was taken. The claimant shall thereafter become disentitled to future payments under the applicable Plan. Absent fraud on the part of the claimant, the claimant shall not be obligated to repay any monies received under the applicable Plan prior to becoming disentitled under the applicable Plan.
- ~~14.~~15. Where a Claim or Late Claim is rejected, it may later be accepted if information concerning the HCV antibody status of the donors or units ~~of the Blood~~ received by the ~~person claimed to be a Primarily-Infected Person~~claimant becomes known which would have resulted in acceptance of the Claim or Late Claim had the information been considered at the time the original decision was taken. The claimant shall become entitled to the relevant payments under the applicable Plan.



## REPORTING

~~15.~~16. The Administrator shall, where it has received sufficient Traceback Procedure information from CBS or Hema-Quebec to make its decision to accept or reject a Claim or Late Claim, request CBS or Hema-Quebec to provide a report of available Traceback Procedure information to the claimant.

## CONFIDENTIALITY

~~16.~~17. The Administrator shall not use or disclose the information obtained pursuant to the Traceback Procedure other than for the purpose of performing its obligation pursuant to Ontario and British Columbia judgments dated October 22, 1999 ~~and~~, the Quebec judgment dated November 19, 1999, the orders of the Courts approving the HCV Late Claims Benefit Plan and any other relevant court orders and for no other improper purpose. Any person to whom the Administrator discloses the information obtained pursuant to the Traceback Procedure in performing its obligations pursuant to the fulfilment of the said judgments and orders shall not use the Traceback Procedure information for any purpose other than the fulfilment of the said judgments and orders.

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

~~17.~~18. The Administrator shall, after determining in accordance with the provisions of ~~Section~~section 3.04(1) of the Transfused HCV Plan or section 3.04Tran(1) of the HCV Late Claims Benefit Plan, as applicable, and subparagraph ~~78(a), 78(d)(i), (8)(a), 8(b), 9(a), 9(b), 10(a), 10(d)(i), 910(f)(i), 1011(a) or 1011(d)(i)~~ above that a Claim or Late Claim must be rejected based upon the Traceback Procedure result, advise the claimant that, unless the claimant provides further evidence of first infection (“Further Evidence of First Infection”) which establishes to the satisfaction of the Administrator that the person claimed to be the Primarily-Infected Person was infected for the first time with HCV by a Blood-transfusion received in Canada during the Class Period notwithstanding the Traceback Procedure result in accordance with ~~Section~~section 3.04(2) of the Transfused HCV Plan or section 3.04Tran(2) of the HCV Late Claims Benefit Plan, as applicable, his or her claim shall be rejected (a “Section 3.04/3.04Tran Letter”).

~~18.~~19. A Section 3.04/3.04Tran Letter shall advise the claimant that he or she may elect to provide Further Evidence of First Infection by returning the election form provided to the Administrator within thirty days from the date of receipt of the Section 3.04/3.04Tran Letter, failing which his or her ~~claim~~Claim or Late Claim shall be rejected.

~~19.~~20. If the claimant elects to provide Further Evidence of First Infection and returns the prescribed election form in the prescribed time, he or she must provide, within the following six months, his or her Further Evidence of First Infection, unless that time is extended with the consent of the Administrator or by the Court on a teleconference motion arranged at the request of the claimant.

~~20.~~21. The Administrator shall, following receipt and consideration of the Further Evidence of First Infection received from a claimant, accept or reject his or her Claim or Late Claim based upon all of the information available to the Administrator and ~~Section~~section 3.04



of the Transfused HCV Plan or section 3.04Tran of the HCV Late Claims Benefit Plan, as applicable.

~~21.~~22. If the claimant who elected to provide Further Evidence of First Infection does not provide the Further Evidence of First Infection within the six months following his or her election, or such further time as has been agreed or ordered, his or her Claim or Late Claim shall be rejected.

#### **APPEAL RIGHTS**

~~22.~~23. Where the Administrator rejects a Claim or Late Claim, it shall advise the claimant of his or her appeal rights ~~in relation thereto~~under the applicable Plan.

#### **RESULTS OF CERTAIN FROZEN SAMPLES**

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

<b>PRE-APPROVAL TABLE 1</b> <b>For use with male transfusion recipient</b>							
<b>Year of Birth</b>							
<u>Year of Transfusion</u>		<u># of units transfused</u>	<u>1970+</u>	<u>1960-69</u>	<u>1945-59</u>	<u>1935-44</u>	<u>&lt;1935</u>
	<u>1986</u>	<u>1-4</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>5-9</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>10-14</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>15-24</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>25-59</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>60+</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
	<u>1987</u>	<u>1-4</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>5-9</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>10-14</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>15-24</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>25-29</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>60+</u>	<u>N</u>	<u>Y<sub>3</sub></u>	<u>Y</u>	<u>N</u>	<u>N</u>
	<u>1988</u>	<u>1-4</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>5-9</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>10-14</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>15-24</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>25-59</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>60+</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
	<u>1989</u>	<u>1-4</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>5-9</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>10-14</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>15-24</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>25-59</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>60+</u>	<u>N</u>	<u>Y<sub>2</sub></u>	<u>Y<sub>3</sub></u>	<u>N</u>	<u>N</u>
	<u>January – March 1990</u>	<u>1-4</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>5-9</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>10-14</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>15-24</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>25-59</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>60+</u>	<u>N</u>	<u>Y<sub>2</sub></u>	<u>Y<sub>3</sub></u>	<u>N</u>	<u>N</u>
	<u>April – June 1990</u>	<u>1-4</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>5-9</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>10-14</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>15-24</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>25-59</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>60+</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y<sub>2</sub></u>	<u>N</u>

Y – (affirmative) means a Class Period Search is required

N – (negative) means a Class Period Search is not required

1 – Except for those less than 20 years of age at time of HCV diagnosis

2 – Pre-approval for this age group for 100+ units only

3 – Pre-approval for this age group for 200+ units only

<b>PRE-APPROVAL TABLE 2</b> <b>For use with female transfusion recipient</b>							
<b>Year of Birth</b>							
<u>Year of Transfusion</u>		<u># of units transfused</u>	<u>1970+</u>	<u>1960-69</u>	<u>1945-59</u>	<u>1935-44</u>	<u>&lt;1935</u>
	<u>1986</u>	<u>1-4</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>5-9</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>10-14</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>15-24</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>25-59</u>	<u>N</u>	<u>N</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>60+</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>

	<u>1987</u>	<u>1-4</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>5-9</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>10-14</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>15-24</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>25-29</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
	<u>1988</u>	<u>60+</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>
		<u>1-4</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>5-9</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>10-14</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>15-24</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
	<u>1989</u>	<u>25-59</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>60+</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>
	<u>1990</u>	<u>1-4</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>5-9</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>10-14</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
	<u>January – March 1990</u>	<u>15-24</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>25-59</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
		<u>60+</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>
	<u>April – June 1990</u>	<u>1-4</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>5-9</u>	<u>Y<sub>1</sub></u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>10-14</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>15-24</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>25-59</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>
		<u>60+</u>	<u>N</u>	<u>Y<sub>3</sub></u>	<u>Y<sub>4</sub></u>	<u>N</u>	<u>N</u>

Y – (affirmative) means a Class Period Search is required

N – (negative) means a Class Period Search is not required

1 – Except for those less than 20 years of age at time of HCV diagnosis

2 – Pre-approval for this age group for 100+ units only

3 – Pre-approval for this age group for 200+ units only

4 – Pre-approval for this age group for 500+ units only

<b>PRE-APPROVAL TABLE 3</b>													
<b>For use with persons transfused in multiple years</b>													
<b>Month of Transfusion</b>													
<b>Year of Transfusion</b>		<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
	<u>1986</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>
	<u>1987</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>
	<u>1988</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>	<u>32</u>	<u>33</u>	<u>34</u>	<u>35</u>	<u>36</u>
	<u>1989</u>	<u>37</u>	<u>38</u>	<u>39</u>	<u>40</u>	<u>41</u>	<u>42</u>	<u>43</u>	<u>44</u>	<u>45</u>	<u>46</u>	<u>47</u>	<u>48</u>
<u>1990</u>	<u>49</u>	<u>50</u>	<u>51</u>	<u>52</u>	<u>53</u>	<u>54</u>							

To access a person claimed to be a Primarily-Infected Person transfused in more than one year during the Class period:

1. locate the number assigned in the above table for the date by month and year of each transfusion (d);
2. determine the number of units for each transfusion (u);
3. use that information in the following formula: weighted average = (d1xu1)+(d2xu2)+(d3xu3)+etc./u1+u2+u3+etc.)
4. locate the weighted average on the table above to determine the appropriate year to use on either Table 1 (male) or Table 2 (female); and
5. locate the total number of units transfused (the denominator in the above formula) in the appropriate year on Table 1 (male) or Table 2 (female).

23.

COURT APPROVED PROTOCOL

~~Section 3.02 of the Transfused and Hemophiliac HCV Plans~~

ELIGIBILITY AND TRACEBACK REQUIREMENTS FOR  
SECONDARILY-INFECTED PERSONS

~~Table of Contents~~

~~• The Claim for a Spouse as~~  
~~REVISED ♦, 2017~~

~~This protocol applies to sections 3.02 and section 3.05 (insofar as it applies to a~~  
~~Secondarily-Infected Person~~

~~• The Claim for a Child as a Secondarily-Infected Person~~

~~• Eligibility Criteria Where This CAP Applies~~

~~• Assessing) of the Claim of Transfused HCV Plan, the Secondarily-Infected~~  
~~Person Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan.~~

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

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

THE CLAIM FOR A CHILD AS A SECONDARILY-INFECTED PERSON

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

ELIGIBILITY CRITERIA ~~WHERE THIS CAP APPLIES~~

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

#### ~~ASSESSING THE CLAIM OF THE SECONDARILY-INFECTED PERSON~~

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

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

5. ~~On receipt of an application~~a Claim or Late Claim for a Secondly-Infected Person (~~Tran 1, Tran 2 and Tran 3 Forms or Hemo 1, Hemo 2 and Hemo 3 Forms~~),including the following forms under the applicable Plan:

(a) General Claimant Information Form;

(b) Treating Physician Form;

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

- ~~5.~~ the Administrator shall:

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

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

6. Indications for additional investigation include:

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

- (b) a failure to provide a declaration of knowledge, information and belief that the Secondly-Infected Person was not infected with Hepatitis Non-A Non-B or the Hepatitis C virus prior to January 1, 1986;
  - (c) a prior application to another government HCV compensation program and/or a declaration of knowledge, information and belief that the Secondly-Infected Person was infected with blood received before January 1, 1986;
  - (d) any indication of the existence of Hepatitis B, a previous unspecified Hepatitis or a liver irregularity for the Secondly-Infected Person;
  - (e) any indication of the existence of a major surgical procedure, disease, treatment or trauma that was likely to have required a blood transfusion at any time prior to the earlier of July 1, 1990 or the date of the Secondly-Infected Person's diagnosis with HCV;
  - (f) any indication of one or more of the risk factor(s) outlined ~~at Section F of in~~ the ~~Tran2/Hemo2~~ Treating Physician Form or in the other documentation received; and
  - (g) receipt of any blood transfusions or blood in or outside Canada at any time prior to the Secondly-Infected Person's diagnosis with HCV.
7. Where there is one or more indication for additional investigation, the Administrator shall require such additional information and records pursuant to ~~s:section~~ 3.03 of the ~~Plans~~applicable Plan as, in its complete discretion, it considers necessary to inform its decision.
8. The Administrator shall weigh the totality of the evidence obtained including the evidence obtained from the investigations required by the provisions of this ~~CAP~~protocol and determine whether, on a balance of probabilities, the Secondly-Infected Person meets the eligibility criteria.
9. In weighing the evidence in accordance with the provisions of this ~~CAP~~protocol, the Administrator must be satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision. If the Administrator is not satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision, the Administrator shall reject the ~~claim~~Claim or Late Claim.
10. Reference to a Primarily-Infected Person, Primarily-Infected Hemophiliac or HCV Infected Person throughout this ~~CAP~~protocol also includes an Opted-Out Primarily-Infected Person, Opted-Out Primarily-Infected Hemophiliac or Opted-Out HCV Infected Person.

~~Court Approved Protocol~~

~~CAP—COURT APPROVED PROTOCOL~~

NON-PRESCRIPTION INTRAVENOUS DRUG USE

~~(Sections~~ **REVISED ♦ 2017**

This protocol applies to sections 3.01(1)(c) and (3), 3.02(1)(a) and (c) and (2) or 3.05(5) of the Transfused HCV Plan ~~and~~

~~Sections, sections 3.01(1)(c) and (3), 3.02(1)(a) and (c) and (2) or 3.04(5) of the Hemophiliac HCV Plans)~~

Applicability Plan and sections 3.01 Tran(1)(c) and (3), 3.01 Hemo(1)(c) and (3), 3.02(1)(a) and (c) and 2, 3.05(5)(Tran) and 3.05(5)(Hemo) of CAP the HCV Late Claims Benefit Plan.

1. This ~~CAP~~ protocol applies where:

- (a) there is an admission that the HCV Infected Person used non-prescription intravenous drugs;
- ~~(b) — there is no s.3.01(1)(c), 3.02(1)(c), 3.04(5) or 3.05(5) declaration that the HCV Infected Person has never used non-prescription intravenous drugs; or~~
- ~~(b) — despite receipt of a s. pursuant to section 3.01(1)(c), 3.02(1)(c), or 3.05(5) of the Transfused HCV Plan, section 3.01(1)(c) or, 3.02(1)(c), or 3.04(5) of the Hemophiliac HCV Plan or section 3.04(5) of the HCV Late Claims Benefit Plan; or~~
- (c) despite receipt of a declaration that the HCV Infected Person has never used non-prescription intravenous drugs, there is other evidence that the HCV Infected Person has used non-prescription intravenous drugs.

~~Eligibility Criteria Where This CAP Applies~~

**ELIGIBILITY CRITERIA WHERE THIS PROTOCOL APPLIES**

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

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

- (b) the ~~HCV-Primarily-Infected Person or Secondarily-~~Infected Person was infected with HCV for the first time:
- (i) by a Blood transfusion or Blood (Transfused) transfusion (under the applicable Plan) received in Canada in the Class Period;
  - (ii) by a Spouse who is a Primarily-Infected Person/Primarily-Infected Hemophiliac/Opted-Out Primarily-Infected Person/Opted-Out Primarily Infected Hemophiliac; or
  - (iii) by a Parent who is an HCV Infected Person/Opted-Out HCV Infected Person;
- as the case may be.

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

#### TRACEBACK

4. The Administrator shall conduct a Traceback under the Traceback CAP,Procedure Criteria Protocol or the Eligibility and Traceback Requirements for Secondarily-Infected Persons Protocol unless:
- (a) in the case of a Primarily-Infected Hemophiliac (or person with Thalassemia Major), the HCV Infected Person was a regular recipient of Blood or Blood (Hemophiliac) (under the applicable Plan) prior to his/ or her attaining the age of 18; or
  - (b) in the case of a person claimed to be a Secondarily-Infected Person, the person has no history of blood transfusion.
5. ~~If the Traceback CAP does not apply~~If neither the Traceback Procedure Criteria Protocol nor the Eligibility and Traceback Requirements for Secondarily-Infected Persons Protocol applies, the Administrator shall perform the additional investigations required by paragraph 8 below.
6. If the result of a traceback investigation is such that the applicable Traceback CAPprotocol requires the Administrator to reject the ~~claim~~Claim or Late Claim of the HCV Infected Person, the Administrator shall reject the ~~claim~~Claim or Late Claim.
7. The Administrator may not accept a ~~claim~~Claim or Late Claim where this protocol applies based on the results of a traceback investigation without performing the additional investigations required by the provisions of paragraph 8 below.



### ~~Additional Investigations~~

### ADDITIONAL INVESTIGATIONS

8. If the ~~claim~~Claim or Late Claim is not rejected under the applicable Traceback ~~CAP~~protocol, the Administrator shall perform the following additional investigations:
  - (a) obtain such additional information and records pursuant to ~~s-~~section 3.03 of the applicable Plan as the Administrator in its complete discretion considers necessary to inform its decision; and
  - (b) obtain the opinion of a medical specialist experienced in treating and diagnosing HCV as to whether the HCV infection and the disease history of the HCV Infected Person is more consistent with infection at the time of the receipt of Blood, or Blood (Hemophiliac) (under the applicable Plan), the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) or the secondary infection or more consistent with infection at the time of the non-prescription intravenous drug use as indicated by the totality of the medical evidence.
9. The Administrator shall weigh the totality of evidence obtained including the evidence obtained from the additional investigations required by the provisions of this ~~CAP~~protocol and determine whether, on a balance of probabilities, the HCV Infected Person meets the eligibility criteria.
10. In weighing the evidence in accordance with the provisions of this ~~CAP~~protocol, the Administrator must be satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision. If the Administrator is not satisfied that the body of evidence is sufficiently complete in all of the circumstances of the particular case to permit it to make a decision, the Administrator shall reject the ~~claim~~Claim or Late Claim.

### Examples of Additional Investigations

### EXAMPLES OF ADDITIONAL INVESTIGATIONS

11. Examples of the evidence the Administrator may require to inform its decision include the following:
  - (a) an independent medical examination with a physician of the Administrator's choice, to obtain opinion evidence on any medical issues which the Administrator believes will assist in making its decision;
  - (b) the medical and clinical records from any or all hospitalizations and treating physicians for the HCV Infected Person for such time frame as the Administrator considers relevant;

- (c) the donation history, transmissible disease information, deferral codes or the results of any lookbacks pertaining to blood donated by the HCV Infected Person available from Canadian Blood Services and/or Hema-Quebec;
- (d) an affidavit from the HCV Infected Person and a person who knew the HCV Infected Person at the time he/she used non-prescription intravenous drugs describing:
  - (i) whether the drug paraphernalia used was sterile;
  - (ii) whether the HCV Infected Person shared needles; and
  - (iii) the best estimate of the number of occasions and time period during which the HCV Infected Person used non-prescription intravenous drugs;
- (e) a consent to conduct a criminal records search of HCV Infected Person; and
- (f) an affidavit or interview of any person the Administrator believes may have knowledge about the non-prescription intravenous drug use or disease history of the HCV Infected Person.

#### **Results of the Investigations**

#### **RESULTS OF THE INVESTIGATIONS**

12. Although none of these factors may prove conclusive in any individual case because the Administrator must consider the totality of the evidence, the following factors are examples of evidence that would be supportive of a finding that the person claimed to be an HCV Infected Person is eligible:
- (a) identification of a Class Period Blood transfusion or Blood (Transfused) transfusion (under the applicable Plan) from an HCV antibody positive donor;
  - (b) the HCV Infected Person was under the age of 18 at the time of the receipt of Blood ~~for the~~ or Blood (Hemophiliac-) (under the applicable Plan) or the Class Period Blood transfusions; or Blood (Transfused) transfusions (under the applicable Plan);
  - (c) reliable evidence establishes that the non-prescription intravenous drug use took place after July 1, 1990;
  - (d) an HCV disease history which is more consistent with the timing of:
    - (i) the receipt of Blood ~~for the~~ or Blood (Hemophiliac-) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major);

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

(iii) the alleged secondary infection;

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

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

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

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

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

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

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

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

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

- (iii) the alleged secondary infection;
- (c) reasonably reliable evidence that the non-prescription intravenous drug use took place on more than one occasion or was done with non-sterile or shared equipment;
- (d) a medical history of unspecified Hepatitis, Hepatitis B or Non-A Non-B Hepatitis prior to the date of the receipt of Blood ~~for the or~~ Blood (Hemophiliac, (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), or the Class Period Blood transfusion(s) or Blood (Transfused) transfusions (under the applicable Plan) for the Primarily-Infected Person or the date of alleged secondary infection for the Secondarily-Infected Person;
- (e) a refusal to permit the Administrator to interview any person the Administrator believes may have knowledge about the non-prescription intravenous drug use or disease history of the HCV Infected Person;
- (f) a CBS or Hema-Quebec donor file which indicates that the HCV Infected Person:
  - (i) tested positive for the antibodies to Hepatitis B; or;
  - (ii) had donated blood prior to the Class Period and the pre-Class Period blood donations or recipients of the pre-Class Period blood donations have subsequently tested positive for HCV antibodies; and
- (g) the file is in any other way consistent with infection with HCV by non-prescription intravenous drug use prior to the receipt of Blood ~~for the or~~ Blood (Hemophiliac, or the) (under the applicable Plan) for the Primarily-Infected Hemophiliac (or person with Thalassemia Major), or the Class Period Blood transfusion(s), or the) or Blood (Transfused) transfusions for the Primarily-Infected Person, or the date of alleged secondary infection for the Secondarily-Infected Person.

**REVISION: OCTOBER 2010**

**~~REVISED COURT APPROVED PROTOCOL FOR~~**  
**~~MEDICAL EVIDENCE FOR SECTION 4.01(1) AND 4.01(2) OF ARTICLE 4 OF THE~~**  
**~~TRANSFUSED HCV PLAN AND THE HEMOPHILIAC HCV PLAN~~**

**REVISED ♦, 2017**

This ~~Protocol~~ protocol sets out the acceptable medical evidence for ~~Section~~sections 4.01(1), 4.01(2), 4.01(5), 4.02(1)(b)(i) and 4.01(2)03(1)(b)(i) of Article 4 of the ~~applicable Transfused HCV Plan~~, section 4.01(1), 4.01(2), 4.02(1)(b)(i) and 4.03(1)(b)(i) of Article 4 of the, the Hemophiliac HCV Plan and sections 4.01(1), 4.01(2), 4.01(6)(Hemo) 4.02(1)(b)(i) and 4.03(1)(b)(i) of Article 4 of the HCV Late Claims Benefit Plan.

**DISEASE LEVEL 1**

1. To be entitled to the fixed payment provided for at ~~Section~~section 4.01(1)(a) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person will have delivered to the Administrator the following:
  - (a) a satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan; and
  - (b) a positive HCV Antibody Test in compliance with the SOP - Criteria for Acceptable HCV Antibody Test and PCR Test.

**DISEASE LEVEL 2**

2. To satisfy the medical evidence requirement at ~~Section~~section 4.01(1)(b) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator the following:
  - (a) a satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan; and
  - (b) a positive PCR Test in compliance with the SOP - Criteria for Acceptable HCV Antibody Test and PCR Test.

**DISEASE LEVEL 3**

3. To satisfy the medical evidence requirement at ~~Section~~section 4.01(1)(c) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator a satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has either:

- (a) developed fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal areas but without any bridging to other portal tracts or to central veins ("non-bridging fibrosis") as confirmed by a copy of a pathology report of a liver biopsy or by a positive result on Fibroscan (Elastography);
- (b) undergone one of the following types of Compensable HCV Drug Therapy:-
  - (i) interferon therapy;
  - (ii) combination interferon and ribavirin therapy;
  - (iii) treatment with interferon combined with a drug other than ribavirin;-
  - (iv) treatment with ribavirin combined with a drug other than interferon; ~~or~~
  - (v) treatment with at least one direct-acting antiviral agent (DAA) approved by Health Canada in circumstances where the Treating Physician certifies that the HCV Infected Person suffered adverse side effects as a result of taking the DAA treatment; or
- (c) met or meets the following protocol for Compensable HCV Drug Therapy:
  - (i) the HCV Infected Person is HCV RNA positive as confirmed by a copy of a PCR Test in compliance with the SOP-Criteria for Acceptance of HCV Antibody Test and PCR Test;
  - (ii) the HCV Infected person has medically demonstrated evidence of fibrotic changes to the liver as confirmed by a copy of a pathology report of a liver biopsy or by a positive result on Fibroscan (Elastography); or
  - (iii) the HCV Infected Person's ALTs were elevated 1.5 x normal for 3 months or more as confirmed by liver function test reports provided; and
  - (iv) the infection with HCV materially contributed to the elevated ALTs as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.
- ~~(d) — in circumstances where the above protocol is not met:~~
  - ~~(i) — certification by a gastroenterologist, hepatologist, infectious disease specialist or internist that:~~
    - ~~A. — the Approved HCV Infected Person has met or meets a protocol for Compensable HCV Drug Therapy consistent with the treatment decision factors set out in the most recent CASL Consensus Guidelines for the Management of Hepatitis C, including some HCV disease indicator(s) in addition to a positive PCR test;~~

~~B. and which the certifying physician asserts is within generally accepted medical standards for recommending treatment.~~

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

4. To satisfy the medical evidence requirement at ~~Section~~sections 4.01(2), 4.02(1)(b)(i) or 4.03(1)(b)(i) of the applicable Plan, the Approved HCV Infected Person or Approved Late Claim HCV Infected Person must deliver to the Administrator a satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has developed fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration ("bridging fibrosis") as confirmed by a copy of a pathology report of a liver biopsy.-

#### **DISEASE LEVEL 5**

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

- (a) A satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person:

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

- A. a pathology report of a liver biopsy;
- B. a Fibroscan report (Elastography);
- C. an Ultrasound report;
- D. an MRI report;
- E. a CT Scan report; or

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

- ~~(i)~~A. three or more months with:

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

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

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

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

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

~~A.~~(1) gynecomastia;

~~B.~~(2) testicular atrophy;

~~C.~~(3) spider angiomata;

~~D.~~(4) protein malnutrition;

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

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

~~A.~~(1) portal hypertension evidenced by:

~~(1)~~a. an enlarged spleen which is inconsistent with portal vein thrombosis as confirmed by a copy of an ultrasound report; or

~~(2)~~b. abnormal abdominal and chest wall veins as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;

~~B.~~(2) esophageal varices as reported on an endoscopic report provided; -

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

OR

~~(e)~~(b) A satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the Applicable Plan which indicates that the HCV Infected Person has been diagnosed with porphyria cutanea tarda:



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

- A. -phlebotomy;
- B. drug therapy - specifying the therapy;-
- C. Compensable HCV Drug Therapy; and

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

(ii)

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

OR

~~(d)~~(c) A satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has thrombocytopenia unresponsive to therapy based on one or more of the following:

(i) a platelet count below  $100 \times 10^9$  with:

- A. -purpura or other spontaneous bleeding; or
- B. excessive bleeding following trauma;

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

(ii) a platelet count below  $30 \times 10^9$ , as reported on a laboratory report provided.-

OR

~~(e)~~(d) A satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with glomerulonephritis not requiring dialysis which is consistent with infection with HCV and copies of the following:

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

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

## DISEASE LEVEL 6

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

- (a) A satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has had a liver transplant together as confirmed by a copy of an operative report of the transplant.

OR

- (b) A satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has decompensation of the liver based on a finding of one or more of the following:
  - (i) hepatic encephalopathy as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;
  - (ii) bleeding esophageal varices as confirmed by a copy of an endoscopic report;
  - (iii) ascites as confirmed by a copy of an ultrasound report, MRI report or CT Scan;
  - (iv) subacute bacterial peritonitis as confirmed by a copy of a laboratory report showing a neutrophil count of greater than  $150 \times 10^9$  per ml in the ascitic fluid and/or positive ascitic culture;
  - (v) protein malnutrition as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;
  - (vi) another condition a description of which is provided as confirmed by a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

OR

- (c) A satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with hepatocellular cancer based on one or more of the following:
- (i) a pathology report of a liver biopsy which reports hepatocellular cancer;
  - (ii) an alpha feto protein blood test report and a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist; -
  - (iii) a report of a CT scan or MRI scan of the liver confirming hepatocellular cancer.

OR

- (d) A satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with B-Cell lymphoma as confirmed by a copy of a consultation or other report of an oncologist or hematologist supporting the finding unless the Treating Physician is an oncologist or hematologist.

OR

- (e) A satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with symptomatic mixed cryoglobulinemia and copies of:
- (i) the results of a blood test demonstrating elevated cryoglobulins; and -
  - (ii) a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.

OR

- (f) A satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with glomerulonephritis requiring dialysis which is consistent with infection with HCV and copies of the following:
- (i) a pathology report of a kidney biopsy which reports a finding of glomerulonephritis; and

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

OR

- (g) A satisfactorily completed ~~TRAN2/HEMO2~~-Treating Physician Form for the applicable Plan which indicates that the HCV Infected Person has been diagnosed with renal failure and copies of:-
  - (i) laboratory reports of serum creatinine and serum urea supporting the diagnosis; and
  - (ii) a consultation or other report of a nephrologist supporting the diagnosis unless the Treating Physician is a nephrologist.

**Notes:**

**DISEASE LEVEL 3**

<sup>1</sup>**Note:** The Administrator shall:

- (a) accept the pathology report or Fibroscan report as evidence of non-bridging (or more severe) fibrosis if the pathology report or Fibroscan report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) non-bridging fibrosis;
- (b) accept the pathology report or Fibroscan Report as evidence of non-bridging (or more severe) fibrosis although the pathology report or Fibroscan report is not reported in such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist, or internist; or
- (c) seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.

**DISEASE LEVEL 4**

<sup>2</sup>**Note:** The Administrator shall:

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

- (b) accept the pathology report as evidence of bridging fibrosis although the pathology report is not reported in such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist or internist; or
- (c) seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.

#### **DISEASE LEVEL 5**

<sup>3</sup>**Note:** The Administrator shall:

- (a) accept the pathology report, Fibroscan report, CT Scan report, Ultrasound report or MRI report as evidence of cirrhosis if the applicable report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) cirrhosis;
- (b) accept the pathology report, Fibroscan report, CT Scan report, Ultrasound or MRI report as evidence of cirrhosis although the pathology report is not reported in such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist or internist; or
- (c) seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.

#### **DISEASE LEVEL 6**

<sup>4</sup>**Note:** In the event that the Treating Physician specifies another condition at ~~2fb~~(vi), the Administrator shall seek the advice of a gastroenterologist, hepatologist, infectious disease specialist or internist as to whether the diagnosis of decompensation of the liver would be generally accepted by the medical community in those circumstances.

**REVISION: OCTOBER 2010**

**REVISED COURT APPROVED PROTOCOL FOR  
ALTERNATIVE TO BIOPSY MEDICAL EVIDENCE FOR SECTION 4.01(1) AND**

**REVISED: ♦, 2017**

This protocol sets out the alternative medical evidence approved by the Courts under section 4.01(5) of the Transfused HCV Plan, section 4.01(2) OF ARTICLE 4 OF 5 of the Hemophiliac HCV Plan and sections 4.01(5)(Tran) and 4.01(5)(Hemo) of the HCV Late Claims Benefit Plan.

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

1. This Protocol sets out the acceptable medical evidence for Section 4.01(1) and 4.01(25) of Article 4 the Hemophiliac HCV Plan and section 4.01(5)(Hemo) of the HCV Late Claims Benefit Plan permits Primarily-Infected Hemophiliacs who are Approved HCV Infected Persons or Approved Late Claim HCV Infected Persons to establish:

- (a) Disease Level 3 – Section 4.01 (1)(c)(i);
- (b) Disease Level 4 – Section 4.01(2);
- (c) Disease Level 5 – Section 4.01(1)(d)(i) or 4.01(1)(d)(v); and,
- (d) Disease Level 6 – Section 4.01(1)(e)(ii) or 4.01(i)(e)(v);  
without the necessity of a biopsy.

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

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

that his or her patient does not have any of the other medical conditions applicable Plan.

**DISEASE LEVEL 1**

- (b) To be entitled to the fixed payment provided at the disease level for at Section 4.01(1)(a) of the applicable Plan, the which qualification is sought.

~~1.3.~~ To utilize this protocol in respect of the following disease levels of the Hemophiliac HCV Plan or the HCV Late Claims Benefit Plan, the Primarily-Infected Hemophiliac who is an Approved HCV Infected Person will have delivered to or an Approved Late Claim HCV Infected Person must deliver the following for consideration by the Administrator the following:

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

~~(a) a satisfactorily completed TRAN2/HEMO2 Treating Physician Form; and~~

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

## **DISEASE LEVEL 2**

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

~~(a)(i) a satisfactorily completed TRAN2/HEMO2 Treating Physician Form; and~~

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

## **DISEASE LEVEL 3**

~~3. To satisfy the medical evidence requirement at Section 4.01(1)(c) of the applicable Plan, the Approved HCV Infected Person must deliver to the Administrator a satisfactorily completed TRAN2/HEMO2 Treating Physician Form which indicates that the HCV Infected Person has either:~~

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

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

~~(i) interferon therapy;~~

~~(ii) combination interferon and ribavirin therapy;~~

- ~~(iii) — interferon combined with a drug other than ribavirin;~~
- ~~(iv) — ribavirin combined with a drug other than interferon; or~~
- ~~(c) — met or meets the following protocol for Compensable HCV Drug Therapy:~~
  - ~~(i) — the HCV Infected Person is HCV RNA positive as confirmed by a copy of a PCR Test in compliance with the SOP Criteria for Acceptance of HCV Antibody Test and PCR Test;~~
- (b) — the HCV Infected person has medically demonstrated evidence of fibrotic changes to the liver as confirmed by a copy of a pathology reportFOR DISEASE LEVEL 4 – SECTION 4.01(2) OF THE APPLICABLE PLAN
  - (i) — a satisfactorily completed Treating Physician Form; and,
  - ~~(ii) — in the absence of a liver biopsy or by a positive result on Fibroscan (Elastography); or~~
  - ~~(iii) — the HCV Infected Person's ALTs were elevated 1.5 x normal for 3 months or more as confirmed by liver function test reports provided; and~~
  - ~~(iv) — the infection with HCV materially contributed to the elevated ALTs as confirmed by a copy of a consultation or other report, the opinion of a gastroenterologist, hepatologist, infectious disease specialist or internist unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist.~~
- ~~(d) — in circumstances where the above protocol is, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not met:~~
  - ~~(i) — certification by a gastroenterologist, hepatologist, infectious disease specialist or internist that:
    - ~~A. — the Approved HCV Infected Person has met or meets a protocol for Compensable HCV Drug Therapy consistent with the treatment decision factors set out in the most recent CASL Consensus Guidelines for the Management of Hepatitis C, including some HCV disease indicator(s) in addition to a positive PCR test;~~
    - ~~B. — and which the certifying physician asserts is within generally accepted medical standards for recommending treatment.~~~~



#### **DISEASE LEVEL 4**

- ~~4.(ii)~~ ~~To satisfy the medical evidence requirement at Section 4.01(2) of the applicable Plan, the Approved HCV Infected Person must deliver to the Administrator a satisfactorily completed TRAN2/HEMO2 Treating Physician Form which indicates~~demonstrate ~~that the HCV Infected Person~~he or she ~~has developed fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration ("bridging fibrosis") as confirmed by a copy of a pathology report of a liver biopsy.(i.e., bridging fibrous);~~

#### **FOR DISEASE LEVEL 5**

- ~~5.(c)~~ ~~To satisfy the medical evidence requirement at Section – SECTION 4.01(1)(d) of the applicable Plan, the Approved HCV Infected Person must deliver to the Administrator either:~~(i) OF THE APPLICABLE PLAN

- (i) Aa satisfactorily completed ~~TRAN2/HEMO2~~ Treating Physician Form; and,

- ~~(a)~~ ~~in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist, internist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which indicates~~are provided, that the HCV Infected Person:

- ~~(i)(ii)~~ if the Primarily-Infected Hemophiliac were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration ("i.e. cirrhosis") as confirmed by:

A. a pathology report of a liver biopsy;

B. a Fibroscan report (Elastography);

C. an Ultrasound report;

D. an MRI report;

E. a CT Scan report; or

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

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

~~(b) in the absence of a liverkidney biopsy, has been diagnosed with cirrhosis based on:~~

~~(i) three or more months with:~~

~~A. an increase in all gamma globulins with decreased albumin on serum electrophoresis as reported on a serum electrophoresis test provided;~~

~~B. a significantly decreased platelet count as reported on laboratory reports provided; and~~

~~C. an increased INR or prothrombin time as reported on laboratory reports provided;~~

~~none of which are attributable to any cause other than cirrhosis; and~~

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

~~A. gynecomastia;~~

~~B. testicular atrophy;~~

~~C. spider angiomas;~~

~~D. protein malnutrition;~~

~~E. palm or nail changes characteristic of liver disease; or~~

~~(iii) one or more of the following, none of which are attributable to any cause other than cirrhosis:~~

~~A. portal hypertension evidenced by:~~

~~(1) an enlarged spleen which is inconsistent with portal vein thrombosis as confirmed by a copy of an ultrasound report;  
or~~

~~(ii) abnormal abdominal and chest wall veins as confirmed by a copy of a consultation or other report/opinion of a gastroenterologist, hepatologist, internist, infectious disease specialist or internist supporting, nephrologist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has developed~~

glomerulonephritis not requiring dialysis which is consistent with infection with HCV;

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

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

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

B. esophageal varices as reported on an endoscopic report provided;

C. ascites as reported on an ultrasound report, an MRI report or a CT Scan report.

OR

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

(e) a satisfactorily completed TRAN2/HEMO2—Treating Physician Form—which indicates that the HCV-Infected Person has been diagnosed with porphyria cutanea tarda;

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

A. phlebotomy;

B. drug therapy specifying the therapy;

C.(i) Compensable HCV Drug Therapy; and,

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

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

~~OR~~

~~(d) A satisfactorily completed TRAN2/HEMO2 Treating Physician Form which indicates that the HCV Infected Person has thrombocytopenia unresponsive to therapy based on one or more of the following:~~

~~(i) a platelet count below  $100 \times 10^9$  with:~~

~~A. purpura or other spontaneous bleeding; or~~

~~B. excessive bleeding following trauma;~~

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

~~(ii) a platelet count below  $30 \times 10^9$ , as reported on a laboratory report provided.~~

~~OR~~

~~(e)(ii) A satisfactorily completed TRAN2/HEMO2 Treating Physician Form which indicates that the HCV Infected Person has been diagnosed with, nephrologist or hemophiliac treating physician based on non-invasive testing and diagnosis, complete details of which are provided, that if the Primarily-Infected Hemophiliac were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has developed glomerulonephritis not requiring dialysis which is consistent with infection with HCV and copies of the following:~~

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

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

#### **DISEASE LEVEL 6**

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

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

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

6. Section 4.01(4)(e5) of the applicable Transfused HCV Plan, the permits an Approved HCV Infected Person must deliver to the Administrator either; and sections 4.01(5)(Tran) and 4.01(6)(Hemo) of the HCV Late Claims Benefits Plan permits Approved Late Claim HCV Infected Persons to establish:

- (a) A satisfactorily completed TRAN2/HEMO2 Treating Physician Form which indicates Disease Level 3 – Section 4.01 (1)(c)(i);
- (b) Disease Level 4 – Section 4.01(2);
- (c) Disease Level 5 – Section 4.01(1)(d)(i) or 4.01(1)(d)(v); and,
- (d) Disease Level 6 – Section 4.01(1)(e)(ii) or 4.01(i)(e)(v);

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

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

- (a) provided evidence satisfactory to the Administrator that a liver transplant together as confirmed by a copy of an operative report biopsy is contraindicated in the circumstances of the transplant.

OR

- (a) A satisfactorily completed TRAN2/HEMO2 Treating Physician Form which indicates medical condition of that Approved HCV Infected Person or Approved Late Claim HCV Infected Person; and

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

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

~~one~~Approved HCV Infected Person or ~~more of the following:~~Approved Late Claim HCV Infected Person.

9. ~~hepatic encephalopathy as confirmed by a copy of a consultation or other report~~The Administrator may, if the Administrator deems it appropriate, obtain further medical opinions or require an independent medical examination as to whether a liver biopsy is contraindicated in respect of the medical condition of an Approved HCV Infected Person or Approved Late Claim HCV Infected Person.
10. Further, this protocol shall only be available to an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person where the treating physician certifies to the Administrator:
  - (a) that he or she is unable to assign the disease level he or she considers most appropriate for his or her patient due to the absence of a biopsy; and
  - (b) that his or her patient not have any of the other medical conditions applicable at the disease level for which qualification is sought.
11. To utilize this protocol in respect of the following disease levels of the Transfused HCV Plan and the HCV Late Claims Benefit Plan, the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person must deliver the following for the consideration by the Administrator:
  - (a) FOR DISEASE LEVEL 3 - SECTION 4.01(1)(c)(i) OF THE APPLICABLE PLAN
    - (i) a satisfactorily completed Treating Physician Form; and,
    - (ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist ~~or internist supporting the finding unless the Treating Physician is,~~ or internist based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or the Approved Late Claim HCV Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal area but without any bridging to other portal tracts or to central veins (i.e., non- bridging fibrous);
  - (b) FOR DISEASE LEVEL 4 – SECTION 4.01(2) OF THE APPLICABLE PLAN
    - (i) a satisfactorily completed Treating Physician Form; and,
    - ~~(i)~~(ii) in the absence of a liver biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist or internist; ~~based on non-invasive testing and diagnosis, complete details of which are provided, that if the Approved HCV Infected Person or Approved Late Claim HCV~~

Infected Person were to undergo a liver biopsy, such biopsy would more likely than not demonstrate that he or she has developed fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration (i.e., bridging fibrous);

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

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

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

(c) protein malnutrition as confirmed by a copy of a consultation or other report FOR DISEASE LEVEL 5 – SECTION 4.01(1)(d)(i) OF THE APPLICABLE PLAN

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

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

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

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

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

(e) another condition a description of which is provided as confirmed by a copy of a consultation or other report FOR DISEASE LEVEL 6 - SECTION 4.01(1)(e)(ii) OF THE APPLICABLE PLAN

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

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

- (i) a satisfactorily completed Treating Physician Form; and,
- ~~(vi) in the absence of a kidney biopsy, the opinion of a gastroenterologist, hepatologist, infectious disease specialist or, internist;~~

~~OR~~

- ~~(e) A satisfactorily completed TRAN2/HEMO2 Treating Physician Form, or nephrologist based on non-invasive testing and diagnosis, complete details of which indicates are provided, that if the Approved HCV Infected Person has been diagnosed with hepatocellular cancer based on one or more of the following:~~

- ~~(i) a pathology report of a liver biopsy which reports hepatocellular cancer;~~
- ~~(ii) an alpha feto protein blood test report and a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist or internist supporting the finding unless the Treating Physician is a gastroenterologist, hepatologist, infectious disease specialist or internist;~~
- ~~(iii) a report of a CT scan or MRI scan of the liver confirming hepatocellular cancer.~~

~~OR~~

- ~~(d) A satisfactorily completed TRAN2/HEMO2 Treating Physician Form which indicates that the Approved Late Claim HCV Infected Person were to undergo a kidney biopsy, such biopsy would more likely than not demonstrate that he or she has been diagnosed with B Cell lymphoma as confirmed by a copy of a consultation or other report of an oncologist or hematologist supporting the finding unless the Treating Physician is an oncologist or hematologist.~~

~~OR~~



~~(e) — satisfactorily completed TRAN2/HEMO2 Treating Physician Form which indicates that the HCV Infected Person has been diagnosed with symptomatic mixed cryoglobulinemia and copies of:~~

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

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

**OR**

~~(f) — A satisfactorily completed TRAN2/HEMO2 Treating Physician Form which indicates that the HCV Infected Person has been diagnosed with glomerulonephritis requiring dialysis which is consistent with infection with HCV and copies of the following:~~

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

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

**OR**

~~(g) — A satisfactorily completed TRAN2/HEMO2 Treating Physician Form which indicates that the HCV Infected Person has been diagnosed with renal failure and copies of:~~

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

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

**Notes:**

**DISEASE LEVEL 3**

**1Note:** The Administrator shall:

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

- ~~(b) — accept the pathology report or Fibroscan Report as evidence of non bridging (or more severe) fibrosis although the pathology report or Fibroscan report is not reported in such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist, or internist; or~~
- ~~(c) — seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.~~

#### **DISEASE LEVEL 4**

~~2~~Note: The Administrator shall:

- ~~(d) — accept the pathology report as evidence of bridging (or more severe) fibrosis if the pathology report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) bridging fibrosis;~~
- ~~(e) — accept the pathology report as evidence of bridging fibrosis although the pathology report is not reported in such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist or internist; or~~

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

- ~~(f) — This protocol will be periodically reviewed to determine if there is any change to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.~~

#### **DISEASE LEVEL 5**

~~3~~Note: The Administrator shall:

- ~~(a) — accept the pathology report, Fibroscan report, CT Scan report, Ultrasound report or MRI report as medical evidence of cirrhosis if the applicable report is reported in terms which on their face are consistent with or exceed (in terms of severity of fibrosis) cirrhosis;~~
- ~~(b) — accept the pathology report, Fibroscan report, CT Scan report, Ultrasound or MRI report as evidence of cirrhosis although the pathology report is not reported in such terms, if the Treating Physician is a pathologist, gastroenterologist, hepatologist, infectious disease specialist or internist; or~~
- ~~(c) — seek the assistance of a pathologist to interpret the pathology report. If necessary, the advising pathologist will request the pathology slides to make the determination.~~

## **DISEASE LEVEL 6**

13. ~~4Note: In the event that the Treating Physician specifies another condition at 2f), the Administrator shall seek the advice of a gastroenterologist, hepatologist, infectious disease specialist or internist as to whether the diagnosis of decompensation of the liver would be~~ is generally accepted by the medical community in those circumstances. profession and amendments may be sought in the future in order that it keep pace with evolving medical science.

COURT APPROVED PROTOCOL

~~CAP~~—UNINSURED TREATMENT AND MEDICAL EXPENSES AND OUT-OF-POCKET EXPENSES

~~(Sections~~ **REVISED ♦, 2017**

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

GENERAL PROVISIONS

1. For the purpose of this ~~CAP~~protocol, Treating Physician means a medical doctor who is or was treating the Approved HCV Infected Person or Approved Late Claim HCV Infected Person in respect of his/her HCV infection or conditions due to his/her infection with HCV.
- ~~2. The Administrator shall process a claim for restriction on processing claims for out-of-pocket expenses and uninsured treatment and medical expenses or a claim for out-of-pocket expenses either:~~
  - ~~(a) one time per Claimant per calendar year if to circumstances where the total amount claimed does not exceed claim totaled \$250; or more or~~
  - ~~(b) 2. at any time once per year contained in the total amount claimed exceeds \$250 previous version of this protocol is removed.~~

TREATMENT AND MEDICAL EXPENSES

3. In consultation with a physician(s) in one or more of the medical specialties listed on ~~Tran-2/Hemo-2~~ the Treating Physician Form—"HCV Medical Specialist") the Administrator shall compile a list of medications and treatments which are recommended or prescribed for treatment of HCV and for conditions due to the infection with HCV which are generally accepted by the medical community (the "HCV Medication List"). This list shall be periodically updated at the Administrator's discretion.
4. The Administrator may accept a completed ~~Gen-3~~ Compensation for Uninsured Treatment/Medication and Out-of-Pocket Expenses Form accompanied by receipts as proof of medical expenses incurred for any of the items on the HCV Medication List, except where:
  - (a) the total claimed for medical expenses on any one application exceeds \$500 (excluding the costs of Compensable HCV Drug Therapy);

- (b) the level of medical expenses claimed is inconsistent with the ~~HCV-Infected Person's~~ overall application or disease level (eg: a person who is at Level 1 and has a negative PCR test claiming for significant medical expenses); of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person ;  
or
  - (c) for any other reason, the Administrator requires the confirmation of the Treating Physician that the treatments or medications were prescribed or recommended as treatment or medication for the HCV infection or conditions due to the infection with HCV.
5. Where one of the exceptions described above applies, or where there are items for which a claim is made but no receipts are available, the Administrator shall require the ~~Claimant~~ Approved HCV Infected Person or Approved Late Claim HCV Infected Person to supply a form completed by a Treating Physician confirming that he ~~/or~~ she prescribed or recommended the claimed items as treatment or medication for the Approved HCV Infected Person or Approved Late Claim HCV Infected Person for his ~~/or~~ her HCV infection or conditions due to the infection with HCV.
6. Where reimbursement is claimed for items which are not on the HCV Medication List, the Administrator shall require the ~~Claimant~~ Approved HCV Infected Person or Approved Late Claim HCV Infected Person to supply a form completed by the ~~HCV-Infected Person's~~ Treating Physician confirming that he ~~/or~~ she prescribed or recommended the treatment or medications for treatment ~~'s~~ HCV of the Approved HCV Infected Person's or Approved Late Claim HCV Infected Person's HCV infection or conditions due to the infection with HCV. If the Treating Physician is an HCV Medical Specialist, the Treating Physician must confirm that the treatments or medications prescribed or recommended are generally accepted by the medical community for the treatment of HCV or conditions due to the infection with HCV. If the Treating Physician is not an HCV Medical Specialist, the Administrator shall consult an HCV Medical Specialist to determine whether the items are generally accepted by the medical community for the treatment of HCV or conditions due to the infection with HCV.

## OUT-OF-POCKET EXPENSES

7. The Administrator may accept a completed ~~Gen-3~~ Compensation for Uninsured Treatment/Medication and Out-of-Pocket Expenses Form accompanied by receipts (for those items which should be the subject of a receipt) as proof of out-of-pocket expenses due to HCV infection or conditions due to the infection with HCV, except where:
- (a) the total claimed for out-of-pocket expenses on any one application exceeds \$500;
  - (b) the level of expenses claimed is inconsistent with the ~~HCV-Infected Person's~~ overall application or disease level (eg: a person who lives in a major centre claiming travel costs to ~~doctors~~ doctors' appointments or a person who is at Level 1 and has a negative PCR test claiming for frequent appointments with doctors);

or) of the Approved HCV Infected Person or Approved Late Claim HCV Infected Person; or

- (c) for any other reason, the Administrator requires confirmation of the Treating Physician the expenses were incurred due to the HCV infection or conditions due to the infection with HCV.
8. Where one of the exceptions described above applies or where there are items claimed for which the ~~Claimant~~claimant does not have receipts but should have a receipt, the Administrator shall:
- (a) require the ~~Claimant~~Approved HCV Infected Person or Approved Late Claim HCV Infected Person to supply a form completed by the Treating Physician confirming that the Approved HCV Infected Person or Approved Late Claim HCV Infected Person had to incur the expense in order to seek medical advice or treatment for HCV or conditions due to the infection with HCV; and
  - (b) in the event the item for which reimbursement claimed is such that it is not amenable to confirmation by the Treating Physician, require such additional evidence as the Administrator considers appropriate; ~~and.~~
  - (c) ~~if necessary, consult an HCV Medical Specialist (if the Treating Physician is not an HCV Medical Specialist) to advise whether the treatment or medication to which the expenses relate are generally accepted by the medical community for the treatment of HCV or conditions due to the infection with HCV.~~
9. For expenses which are covered by the Treasury Board of Canada Secretariat Travel Directive, the amounts stipulated in the Directive shall be the maximum amount reimbursed.
10. The Administrator shall pay a reasonable amount on account of fees to a Treating Physician for Forms completed on account of a claim for compensation. In assessing a reasonable amount for fees, the Administrator shall have regard to the BCMA position on reasonable fees as stipulated in the letter from the BCMA dated June 15, 2000, after indexing to present day dollars.

## APPENDIX B9

### ~~Court Approved Protocol~~

### ~~Claims Where One or More Family Member and/or Dependant Is a Minor or a Mentally Incompetent Adult~~

### ~~DOCUMENTATION REQUIRED~~

### ~~Documentation~~COURT APPROVED PROTOCOL

### CLAIMS OR LATE CLAIMS INVOLVING FAMILY MEMBERS AND/OR DEPENDANTS

REVISED ♦, 2017

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

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

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

- (a) a declaration signed by each Family Member and/or each Dependant (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative):
  - (i) providing the name, address and birth date of every living Family Member and/or Dependant who is:
    - A. a Spouse, Child, Parent, Sibling, Grandparent or Grandchild of a deceased HCV Infected Person; and

- B. a former spouse of the deceased HCV Infected Person to whom the HCV Infected Person was providing support or was under a legal obligation to provide support on the date of the HCV Infected Person's death;
- (ii) stating that the declarant does not know of any such Family Member and/or Dependant other than those listed; and
- (iii) identifying each listed Family Member and/or Dependant who is a minor or a mentally incompetent adult, and providing a copy of any guardianship or committee order in respect of such person;
- (b) where a Dependant is a minor or a mentally incompetent adult, a completed Loss of Income/Support or Loss of Services Claim Form; and
- (c) any further information the Administrator may require pursuant to ~~Section~~section 3.04(6) ~~or of the Hemophiliac HCV Plan,~~ 3.05(6) of the ~~applicable~~Transfused HCV Plan or section 3.05(6) of the HCV Late Claims Benefit Plan, such as a family budget.

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

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

~~Compensation under Section 6.02 of the Transfused HCV Plan or the Hemophiliac HCV Plan (HCV Infected Person died prior to January 1, 1999)~~

~~2.3.~~ Unless the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependents (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased HCV-Infected Person having claims under the applicable Plan agree to elect the ~~\$120,000~~ fixed payment pursuant to ~~Section~~section 5.01(2) of ~~either the applicable Plan, or the \$72,000 fixed payment pursuant to Section~~section 5.01(4) of the Hemophiliac HCV Plan, or section 5.01(4)(Hemo) of the HCV Late Claims Benefit Plan, the Administrator shall allocate and pay compensation to each Approved Family Member in accordance with ~~Section~~section 6.02 of the applicable Plan, subject to section 7.06 of the Procedure Payments to Minors and/or Mentally Incompetents applicable Plan.

~~Compensation under Section 6.01(1) of the Transfused HCV Plan or the Hemophiliac HCV Plan (HCV Infected Person died prior to January 1, 1999)~~



3.4. Unless the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependants (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased HCV-Infected Person having claims under the applicable Plan agree to elect the ~~\$120,000~~ fixed payment pursuant to ~~Section~~section 5.01(2) of ~~either the applicable Plan, or the \$72,000 fixed payment pursuant to Section~~section 5.01(4) of the Hemophiliac HCV Plan, or section 5.01(4)(Hemo) of the HCV Late Claims Benefit Plan, the Administrator shall:

- (a) allocate loss of support claimed pursuant to section 6.01 of the applicable Plan as follows:
- (i) one-third to common expenses and two-thirds to exclusive expenses;
- (ii) an equal share of common expenses to each Approved Dependant or Approved Late Claim Dependant, examples of which are set out on a percentage basis in the following chart:

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

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

Allocation of Exclusive Expenses as a Percentage of the Loss of Support				
adult \ minor	0	1	2	3
0	0	66.66	33.33	22.22
1	66.66	40	25	18.18
2	33.33	28.57	20	14.8
3	22.22	22.22	16.66	13.33

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

S = loss of support

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

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

$n_a$  = number of adults who are Approved Dependents or Approved Late Claim Dependents

$n_m$  = number of minors who are Approved Dependents or Approved Late Claim Dependents

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

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

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

- (i) for each Approved Dependant or Approved Late Claim Dependant who is a mentally incompetent adult, his or her share of the common expenses and the exclusive expenses to the Personal Representative legally appointed to manage his or her financial affairs, subject to ~~subsections~~subparagraph 3(b)(viii) below;
- (ii) to each Approved Dependant or Approved Late Claim Dependant who is a mentally competent adult, his or her share of the exclusive expenses;
- (iii) to each Approved Dependant or Approved Late Claim Dependant who is a mentally competent adult and who does not reside in the same household with Approved Dependents who are minors, his or her share of the common expenses;
- (iv) subject to subparagraphs 3(b)(vi) and 3(b)(vii) below, for those Approved Dependents or Approved Late Claim Dependents who are mentally competent adults who reside in the same household as Approved Dependents or Approved Late Claim Dependents who are minors, the adult's share of the common expenses and the minor's share of the common expenses and the exclusive expenses, to the adult member of the household who provides an undertaking to the Administrator that:
  - A. the common expenses will be used for the benefit of all Approved Dependents or Approved Late Claim Dependents resident in the household;
  - B. the exclusive expenses for each Approved Dependant or Approved Late Claim Dependant who is a minor in the household will be used for his or her direct benefit; and
- (v) the Administrator will be notified if there is a material change of circumstances in the household, such as the departure of an Approved Dependant or Approved Late Claim Dependant from the household;
- (vi) subject to subparagraphs 3(b)(vi) and 3(b)(vii) below, for those Approved Dependents or Approved Late Claim Dependents who are minors who do not reside in the same household with an Approved Dependant or Approved Late Claim Dependents who is a mentally competent adult, each minor's share of the common expenses and the exclusive expenses to the person with care and control of the minor on that person's undertaking to the Administrator that:
  - A. the monies will be used for the benefit of the minor; and
  - B. the Administrator will be notified if there is a material change of circumstances in the household, such as the departure of the minor from the household;

- (vii) if at any time the Administrator has a concern that the undertaking in subparagraph 3(b)(iv) or 3(b)(v) above is not being complied with or that the circumstances in the household have changed so that payment to the adult member of the household or the adult with care and control of the minor who provided the undertaking is no longer reasonable, the Administrator shall reassess and recalculate the allocation of compensation if necessary and/or adjust payment of the compensation for loss of support accordingly, and in so doing shall in its discretion, direct or redirect payments to any person, who in the Administrator's opinion is best qualified to administer the payment on behalf of an Approved Dependant or Approved Late Claim Dependant who is a minor including, if appropriate, the Public Guardian and Trustee or the Children's Lawyer; and
- (viii) notwithstanding the provisions of subparagraph 3(b)(iv) or 3(b)(v) above, the Administrator retains the discretion to pay the common expenses and the exclusive expenses for an Approved Dependant or Approved Late Claim Dependant who is a minor to the person who in the Administrator's opinion is best qualified to administer the payment on behalf of the Approved Dependant or Approved Late Claim Dependant who is a minor including, if appropriate, the Public Guardian and Trustee or the Children's Lawyer; and
- (ix) if at any time the Administrator has a concern that the share of the common expenses and/or the exclusive expenses of the Approved Dependant or Approved Late Claim Dependant who is a mentally incompetent adult are not being used for his or her benefit, the Administrator shall withhold those payments and notify the appropriate Public Guardian and Trustee through Fund Counsel. The Administrator shall recommence making payments in the manner and at the time directed by the appropriate Public Guardian and Trustee or by order of the Court.

**Compensation under Section 5.01(2) (HCV-Infected Person died prior to January 1, 1999)**

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

4.5. If the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependents (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased HCV-Infected Person having claims under the applicable Plan agree to elect the ~~\$120,000~~ fixed payment pursuant to ~~Section~~ section 5.01(2) of the applicable Plan in full satisfaction of all their Claims or Late Claims (including all potential Claims or Late Claims pursuant to Article Six of the applicable Plan), the Administrator shall:

- (a) accept an election pursuant to ~~Section~~ section 5.01(2) of the applicable Plan, provided that any ~~Approved~~ Family Member who is a minor or a mentally

incompetent adult is not also a Dependant and that the sum of all of the amounts which would have been payable had ~~claims~~Claims been made pursuant to Section 6.02 of the Plan is less than ~~\$70,000~~7/12ths of the applicable fixed payment amount, and allocate and pay the compensation, subject to ~~the Procedure-Payments to Minors and/or Mental Incompetents~~section 7.06 of the applicable Plan, as follows:

- (i) ~~\$50,000~~5/12ths of the fixed payment to the Approved HCV Personal Representative on behalf of the estate of the HCV Infected Person who has died;
- (ii) to each ~~Approved~~ Family Member, the amount to which he or she would have been entitled pursuant to ~~Section~~section 6.02 of the applicable Plan, and such payments shall be a first charge against 7/12ths of the \$70,000fixed payment; and
- (iii) where the ~~Approved~~-Family Members who received amounts under subparagraph 4(a)(ii) above comprise the entire group of ~~Approved~~ Family Members and ~~Approved~~-Dependants, the remainder of 7/12ths of the \$70,000fixed payment to each ~~Approved~~ Family Member on a pro rata basis, calculated in accordance with the equation provided in subparagraph 4(a)(v) below; or
- (iv) where there is one or more ~~Approved~~-Dependant who would not have been entitled to a payment under Section 6.02 of the applicable Plan, the remainder of the ~~\$70,000~~7/12ths of the fixed payment to each ~~Approved~~ Dependant and/or ~~Approved~~-Family Member as they shall all agree, provided that no ~~Approved~~ Family Member who is a minor or a mentally incompetent adult shall receive less than his or her pro rata share of the remainder of the ~~\$70,000~~7/12ths of the fixed payment, calculated in accordance with the equation provided in subparagraph 4(a)(v) below; and
- (v) the following equation shall be used to calculate the allocation of the remainder of the ~~\$70,000~~7/12ths fixed payment to each ~~Approved~~-Family Member where required by subparagraph 4(a)(iii) above or to each ~~Approved~~ Family Member who is a minor or a mentally incompetent adult where required by subparagraph 4(a)(iv) above:

FMP<sub>1</sub>, = the amount an individual ~~Approved~~ Family  
FMP<sub>2</sub>, etc. Member would have been entitled to if  
claiming the preset Family Member payment  
pursuant to ~~Section~~section 6.02 of the  
applicable Plan  
PRS<sub>1</sub>, = an individual ~~Approved~~ Family Member's pro  
PRS<sub>2</sub>, etc. rata share of the remainder of the  
\$70,000/12ths of the fixed payment  
T = FMP<sub>1</sub> + FMP<sub>2</sub> + etc.  
PRS<sub>1</sub> = (FMP<sub>1</sub>/T x 70,000/12ths of the fixed  
payment) – FMP<sub>1</sub>  
PRS<sub>2</sub>, etc. = (FMP<sub>2</sub>/T x 70,000/12ths of the fixed  
payment) – FMP<sub>2</sub>

- (b) if one or more of the ~~Approved~~ Dependents is a minor and/or a mentally incompetent adult and the sum of all of the amounts which would have been payable had ~~claims~~Claims or Late Claims been made pursuant to ~~Section~~section 6.02 of the applicable Plan is less than \$70,000/12ths of the fixed payment, apply to the Court for directions through Fund Counsel with notice to the ~~Approved~~ HCV Personal Representative, or ~~Approved~~ Late Claim HCV Personal Representative, Family Members and/or ~~Approved~~ Dependents and the appropriate Public Guardian and Trustee and/or Children's Lawyer and thereafter allocate and pay the compensation as directed by the Court once its order is final; or
- (c) reject the election pursuant to ~~Section~~section 5.01(2) of the applicable Plan, if the sum of all of the amounts which would be payable pursuant to ~~Section~~section 6.02 of that Plan is equal to or greater than \$70,000/12ths of the fixed payment, and allocate and pay compensation pursuant to ~~Section~~section 5.01(1), 6.01 and/or 6.02 of that Plan, as applicable in accordance with the provisions of this ~~protocol~~Protocol.

**Compensation under Section 5.01(4) of the Hemophiliac HCV Plan [Primarily-Infected Hemophiliac (or person with Thalassemia Major) died prior to January 1, 1999]**

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

~~5.6.~~ If the ~~Approved~~ HCV Personal Representative or Approved Late Claim HCV Personal Representative and all of the Family Members and/or Dependents (or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative) of the deceased Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV having ~~claims~~Claims or Late Claims under the ~~Hemophiliac HCV~~applicable Plan agree to claim the ~~\$72,000~~-fixed payment pursuant to ~~Section~~section

5.01(4) of ~~that~~the Hemophiliac HCV Plan or section 5.01(4)(Hemo) of the HCV Late Claims Benefit Plan in full satisfaction of all their Claims or Late Claims (including all potential Claims or Late Claims pursuant to Article 6 of the applicable Plan), the Administrator shall:

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

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

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

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

(iv) the following equation shall be used to calculate each pro rata share of the ~~\$72,000~~fixed payment compensation:

FMP<sub>1</sub>, = the amount directed in subparagraph 5(a)(i),  
FMP<sub>2</sub>, etc. (ii) or (iii) above to be used in the equation in  
respect of each ~~Approved~~ Family Member,  
~~Approved~~ Dependant or the Approved HCV  
Personal Representative

T = FMP<sub>1</sub> + FMP<sub>2</sub> + etc.  
PRS<sub>1</sub>, = the pro rata share of each ~~Approved~~ Family  
PRS<sub>2</sub>, etc. Member, ~~Approved~~ Dependant or the  
Approved HCV Personal Representative

PRS<sub>1</sub>, = (FMP<sub>1</sub>/T) x ~~72,000~~the fixed payment  
PRS<sub>2</sub>, etc. = (FMP<sub>2</sub>/T) x ~~72,000~~the fixed payment



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

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

**Compensation under Section 6.02 of the Transfused HCV Plan or the Hemophiliac HCV Plan (HCV Infected Person died on or after January 1, 1999)**

**Unless a \$50,000**

- ~~6.7.~~ If no fixed payment has been or will be made under ~~Section~~section 4.08(2) of the Hemophiliac HCV Plan, or section 4.08(2)(Hemo) of the HCV Late Claims Benefit Plan, or where an election under the applicable section has been reversed by re-election<sup>1</sup> and the fixed payment has been accounted for against benefits payable to the Approved Primarily-Infected Hemophiliac who has since died the Administrator shall allocate and pay compensation to each Approved Family Member in accordance with ~~Section~~section 6.02 of the applicable Plan, subject to section 7.06 of the ~~Procedure Payments to Minors and/or Mental Incompetents~~applicable Plan.

**Compensation under Section 6.01(1) of the Transfused HCV Plan or the Hemophiliac PLAN, THE HEMOPHILIAC HCV Plan (PLAN AND THE HCV Infected Person died on or after January 1, 1999) LATE CLAIMS BENEFIT PLAN**

- ~~7.8.~~ Unless a \$50,000If no fixed payment has been or will be made under ~~Section~~section 4.08(2) of the Hemophiliac HCV Plan or section 4.08(2)(Hemo) of the HCV Late Claims Benefit Plan, or where an election under the applicable section has been reversed by re-election<sup>2</sup> and the fixed payment has been accounted for against benefits payable to the Approved Primarily-Infected Hemophiliac who has since died, the Administrator shall allocate and pay loss of support to each Approved Dependant in accordance with ~~Section~~section 6.01(1) of the applicable Plan in the same manner as provided in paragraph 3 above.

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

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



## NOTES APPLICABLE TO SOME OF THE PROVISIONS OF THIS PROTOCOL

- ~~8. If the Courts, in accordance with Section 7.03 of the Plans, amend or remove in whole or in part the \$75,000 and/or the 70% restrictions in the calculation of loss of income, the portion of this protocol relating to compensation payments for loss of support under Section 6.01(1) of either Plan shall be reviewed by the Joint Committee in consultation with the Fund Counsel, the Public Guardians and Trustees and the Children's Lawyers and the Joint Committee shall, if necessary, request the Courts to consider any required changes to this protocol.~~
9. Compensation payments for loss of services in the home in accordance with ~~Section~~section 6.01(2) of the applicable Plan shall be allocated and paid in the same manner as provided for loss of support under this protocol, subject to the provision in ~~Section~~section 6.01(2) that such compensation shall only be allocated and paid to Approved Dependants or Approved Late Claim Dependants living with the HCV Infected Person at the time of the HCV Infected Person's death.
10. All compensation payable under ~~Sections~~sections 5.01(2), 6.01 and/or 6.02 of ~~either any~~ Plan is subject to the restrictions in ~~Section~~section 5.01(3), 5.02(2) or 6.02 of the applicable Plan where the deceased HCV Infected Person is also a HIV Secondarily-Infected Person.
11. The amounts referred to in this protocol are subject to the indexing provisions of ~~Section 7.02 of the applicable Plan~~section 7.02 of the applicable Plan and/or the 2016 Allocation Orders (the August 2016 judgments or orders of the Courts directing the establishment of a discrete Late Claims Benefit Plan and establishing the HCV Special Distribution Benefits).
12. An amount not to exceed \$5,000 to reimburse uninsured funeral expenses may be payable to the Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative on behalf of the estate of the HCV Infected Person who has died, pursuant to ~~Section 5.01(2) of the applicable Plan~~section 5.01(2) of the Transfused HCV Plan or the Hemophiliac HCV Plan. An amount not to exceed \$6,728.67 to reimburse uninsured funeral expenses may be payable to the Approved Late Claim HCV Personal Representative on behalf of the estate of the HCV Infected Person who has died, pursuant to section 5.01(2) of the HCV Late Claims Benefit Plan.

## COURT APPROVED PROTOCOL

**~~CAP~~—LOSS OF THE SERVICES ~~OF THE HCV INFECTED PERSON~~ IN THE HOME****~~(Sections~~**

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

**GENERAL ELIGIBILITY CRITERIA**

1. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person at Disease Level 3 or higher who normally performed household duties in his~~/~~ or her home and who delivers proof satisfactory to the Administrator that his~~/~~ or her infection caused his~~/~~ or her inability to perform these household duties shall be eligible for compensation for loss of services in the home.
2. The Approved Dependants or Approved Late Claim Dependants of ~~an eligible deceased~~ Approved HCV Infected Person ~~who has died~~ or a deceased Approved Late Claim HCV Infected Person, who were ordinarily resident with him~~/~~ or her at the time of his~~/~~ or her death, shall be eligible for compensation for loss of the deceased's services in the home.
3. The maximum payable number of hours per week that may be compensated for loss of services in the home under either is 22. The Transfused HCV Plan is \$240 per week calculated as and the Hemophiliac HCV Plan provide for a maximum recovery of 20 hours of lost service per week of loss of services in the home and the special distribution benefits under the 2016 Allocation Orders provide for a maximum recovery of 2 additional hours. The HCV Late Claims Benefit Plan provides for a maximum recovery of 22 hours per week of loss of services in the home.
- 3.4. Although the hourly rate payable in respect of loss of services in the home is expressed at \$12 per hour (indexed from 1999 dollars) under the Transfused HCV Plan and the Hemophiliac HCV Plan and as \$16.15 per hour (2014 dollars) for the special distribution benefits under the 2016 Allocation Orders and the HCV Late Claims Benefit Plan, in all cases the hourly rate payable is indexed to the dollar value at the time the payment is actually made.
- 4.5. An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person may not recover both loss of income and loss of services in the home compensation for the same period of time. Similarly, Approved Dependants or Approved Late Claim Dependants may not recover both loss of support and loss of services in the home for the same period of time.

- 5.6. ~~An~~An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person may recover loss of services in the home while continuing to work or in lieu of loss of income if it is financially advantageous and he/she satisfies the other eligibility criteria.
- 6.7. A claim for loss of income will cease at the end of the calendar year that ~~the~~an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person reaches age 65. At that time he/or she may commence receiving compensation for loss of services in the home, if he/or she satisfies the other eligibility criteria. Similarly, a claim for loss of support will cease at the end of the calendar year that the deceased Approved HCV Infected Person or Approved Late Claim HCV Infected Person would have reached age 65. Approved Dependants or Approved Late Claim Dependants may commence receiving compensation for loss of services in the home subsequent to the end of the calendar year of death, if the other eligibility and entitlement criteria are satisfied.
- 7.8. Approved HCV Infected Persons and Approved Late Claim HCV Infected Persons aged 12 years and older may recover compensation for loss of services in the home if they satisfy the other eligibility criteria.

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

- 8.9. ~~Past~~Compensation for past loss of services ~~will be paid~~in the home is payable to an eligible living Approved HCV Infected Person or Approved Late Claim HCV Infected Person, back to the date of his/or her HCV disability.
- 9.10. ~~Loss~~Compensation for loss of services in the home is payable to an eligible living Approved HCV Infected Person or Approved Late Claim HCV Infected Person until the date of his or her death (subject to any change as a result of a re-evaluation of the person's medical condition) ~~will be payable to an eligible living HCV Infected Person until the date of his/her death.~~

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

- 10.11. ~~The Tran 2/Hemo 2 and Gen 12 Forms~~The Treating Physician Form and Loss of Services in the Home – Master Form will provide the Administrator with a percentage disability estimate by the physician together with the number of hours the eligible Approved HCV Infected Person or Approved Late Claim HCV Infected Person states he/or she can no longer perform services in the home. Entitlement to loss of services, subject to the provisions of this paragraph and paragraphs 11, 12 and 13 and 14 below, will be calculated in accordance with the following:
- (a) if the physician indicates that the ~~person~~Approved HCV Infected Person or Approved Late Claim HCV Infected Person is 60% or more disabled, then the ~~person~~Approved HCV Infected Person or Approved Late Claim HCV Infected Person will be entitled to the number of hours of work in the home which ~~they are~~he or she is no longer able to do up to a maximum of 22 hours per week

multiplied by ~~\$12 per hour or \$240 per week, whichever is less;~~ the applicable hourly rate indexed to the dollar value at the time the payment is made;

- (b) if the physician indicates that the ~~person~~ Approved HCV Infected Person or Approved Late Claim HCV Infected Person is 30% or more disabled but less than 60% disabled, then the ~~person~~ Approved HCV Infected Person or Approved Late Claim HCV Infected Person will be entitled to the number of hours of work in the home which ~~they are~~ he or she is no longer able to do up to a maximum of 11 hours per week multiplied by ~~\$12 per hour or \$120 per week, whichever is less;~~ or the applicable hourly rate indexed to the dollar value at the time the payment is made;
- (c) if the physician indicates that the ~~person~~ Approved HCV Infected Person or an Approved Late Claim HCV Infected Person is less than 30% disabled, then the person will be entitled to the number of hours of work in the home which ~~they are~~ he or she is no longer able to do up to a maximum of 5.5 hours per week multiplied by ~~\$12 per hour or \$60 per week, whichever is less;~~ the applicable hourly rate indexed to the dollar value at the time the payment is made.

~~11.12.~~ A person ~~An Approved HCV Infected Person or Approved Late Claim HCV Infected Person~~ who qualifies at ~~level~~ Disease Level 6 will be presumed to be entitled to the maximum weekly number of ~~\$240 per week in hours for~~ loss of services in the home unless the information on ~~Gen-12~~ Loss of Services in the Home – Master Form indicates less than 2022 hours of services per week have been lost.

~~12.13.~~ The payments set out in paragraph ~~4011~~ are presumptive only. ~~A claimant~~ An Approved HCV Infected Person or an Approved Late Claim HCV Infected Person may provide information, satisfactory to the Administrator, that because of his/ or her personal circumstances he/ or she should be entitled to a payment greater than the payment calculated under paragraph ~~4011~~, up to ~~at the~~ maximum number of ~~\$240~~ hours per week: for loss of services in the home.

~~13.14.~~ The Administrator ~~reserves the right to~~ may periodically reassess the entitlement of ~~claimants~~ an Approved HCV Infected Person or an Approved Late Claim HCV Infected Person to compensation for loss of services in the home and, in particular, may each year ask for an updated ~~Gen-12~~ Loss of Services in the Home – Master Form and ~~Tran 2/Hemo-2~~ Treating Physician Form.

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

~~14.15.~~ Where the eligible deceased HCV Infected Person died after January 1, 1999, past loss of services in the home will be ~~paid~~ payable back to the date of his/ or her HCV disability to the extent loss of services in the home or loss of income was not already paid to the Approved HCV Infected Person or Approved Late Claim HCV Infected Person for the same time period prior to his/ or her death. Any amount owing for loss of services in the home up to the date of death will be payable to the ~~Estate-deceased's~~ Approved HCV

Personal Representative or Approved Late Claim HCV Personal Representative. Any amount owing for loss of services in the home after the date of death will be payable to the ~~Dependant(s)~~Approved Dependants or Approved Late Claim Dependants.

~~15.16.~~ Where the eligible deceased HCV Infected Person died before January 1, 1999, past loss of services in the home will be ~~paid~~payable back to the date of death.~~The monies to the HCV Infected Person's Approved HCV Personal Representative or Approved Late Claim HCV Personal Representative. Any amount~~ owing for loss ~~for of~~ services in the home incurred after the date of death will be payable to the ~~Dependant(s)~~Approved Dependants or Approved Late Claim Dependants

~~16.17.~~ The Administrator will use the most current Canada Life Tables to calculate a notional life expectancy of the deceased HCV Infected Person without reduction for any pre-existing ailment or illness (including HCV) to determine the maximum period loss of services in the home may be payable.

~~17.18.~~ Loss of services in the home will be paid to Approved Dependants or Approved Late Claim Dependants for the calculated life expectancy of the deceased HCV Infected Person<sup>1</sup>, so long as the Spouse who is ~~aan~~an Approved Dependant or Approved Late Claim Dependant remains alive or there is a Child who is ~~aan~~an Approved Dependant or Approved Late Claim Dependant who continues to qualify for payments. Loss of services in the home payments will cease upon the death of the Spouse who is ~~aan~~an Approved Dependant or Approved Late Claim Dependant unless there is a Child who continues to qualify for payments as ~~aan~~an Approved Dependant or an Approved Late Claim Dependant.

~~18.19.~~ Where the Approved Dependant or Approved Late Claim Dependant claiming is a Child, the loss of services in the home will be presumed to continue until his~~/~~ or her 25th birthday unless the Child provides evidence satisfactory to the Administrator that some other period of loss is appropriate.

~~19.20.~~ ~~The Dependant(s)~~Approved Dependants or Approved Late Claim Dependants claiming loss of services in the home will be advised at the time of the processing of the claim the maximum period that loss of services in the home could be paid in the circumstances of their cases.

#### **CALCULATION OF PAYMENT FOR ~~APPROVED~~ DEPENDANTS ~~OF DECEASED~~ HCV INFECTED PERSONS ~~OR~~ APPROVED LATE CLAIM DEPENDANTS**

~~20.21.~~ ~~Those~~Approved Dependants or Approved Late Claim Dependants who qualify to receive loss of services will be presumed to be entitled collectively to receive the maximum \$240-number of hours per week for loss of services in the home unless the information on the ~~Gen-42~~most recent Loss of Services in the Home – Master Form and

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

Treating Physician Form indicates less than ~~20 hours of services of the deceased HCV Infected Person~~ 22 hours per week of the deceased's services in the home have been lost.

**ALLOCATIONS AND PAYMENTS FOR APPROVED DEPENDANTS OF DECEASED HCV-INFECTED PERSONS OR APPROVED LATE CLAIM DEPENDANTS**

~~21.~~ 22. Where one or more Approved Dependant(s) or Approved Late Claim Dependant is a Child who is still a minor or is a mentally incompetent adult, both the allocation of the loss of services payments and their payment is governed by the provisions of the Court Approved Protocol — Claims ~~Where One or More~~ Late Claims Involving Family MemberMembers and/or ~~Dependant Is a Minor or a Mentally Incompetent Adult.~~ Dependants..

~~Schedule "A"~~  
**COURT APPROVED PROTOCOL**  
**Deficient**

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

**REVISED ♦ 2017**

This protocol applies to Claims, ~~Claimants that Cannot be Located~~ made under the Transfused  
HCV Plan, the Hemophiliac HCV Plan and ~~Duplicate~~Late Claims

~~December 2012~~

~~A. — Deficient made under the HCV Late Claims Benefit Plan.~~

**DEFICIENT CLAIMS/LATE CLAIMS**

1. The Administrator shall make all reasonable efforts to assist claimants in resolving deficiencies.
2. In the circumstances where:
  - (a) the Administrator concludes that it has taken all reasonable steps to assist the claimant in resolving deficiencies;
  - (b) six months have passed since the last step was taken by the Administrator or the claimant without those deficiencies being cured;
  - (c) ~~(the Administrator is not aware of further steps actively being pursued by the claimant which could reasonably cure the deficiencies; and~~
  - (d) the Administrator has insufficient information or documentation to either approve or deny the ~~claim~~Claim or Late Claim,

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

**3. The Notice of Pending Deficiency Denial Letter shall:**

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

- (c) inform the claimant of his or her ability to request an extension of the Deficiency Deadline; and
- (d) inform the claimant that if the deficiencies are not cured or the claimant does not request an extension by the Deficiency Deadline, the ~~claim~~Claim or Late Claim will be denied.

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

- (a) the steps already taken to cure the deficiencies;
- (b) the reasons why the deficiency have not been cured to date; and
- (c) the new steps the claimant proposes to take to cure the deficiencies and how long these steps will take.

4.5. The “Request Form – Deficiency Deadline Extension” will be provided by the Administrator to claimants upon request and will also be made available on the Administrator’s website.

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

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

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

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



**~~B. Claimants that Cannot be Located~~**

**CLAIMANTS THAT CANNOT BE LOCATED**

~~9.~~10. Where the Administrator is in receipt of a ~~claim~~Claim or Late Claim, but mail sent to the said claimant has been returned as “undeliverable” and the claimant has not provided the Administrator with updated contact information, then the Administrator will:

- (a) make reasonable efforts to locate the claimant through Internet searches or other available means, and
- (b) where possible, contact the claimant’s physician to locate the claimant.

~~10.~~11. Where the Administrator is unable to obtain updated contact information for the claimant after completing the steps in 810(a) and 810(b), the Administrator shall process the ~~claim~~Claim or Late Claim as having been denied.

**~~C. Duplicate Claims~~**

**DUPLICATE CLAIMS/LATE CLAIMS**

~~11.~~12. Where the Administrator is in receipt of a ~~claim~~Claim or Late Claim that it has determined is a duplicate of a ~~claim~~Claim or Late Claim that has already been finalized, the Administrator shall process the ~~claim~~duplicate Claim or Late Claim as having been denied and communicate this to the claimant in a letter substantially in the form attached as Appendix “G”.

## Appendix “A”

### The 1986-1990 Hepatitis C Settlement Administration

#### NOTICE OF PENDING DEFICIENCY DENIAL LETTER 90 DAY DEADLINE

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

After reviewing your file, we have insufficient information or documentation to approve your [\[eClaim\]](#) **OR** [\[Late Claim\]](#).

Your claim has the following deficiencies:

\*\*\*

The Courts have set a 90 day deadline for curing deficiencies in [\[eClaims or Late Claims\]](#) made under the [applicable Planis settlement](#). **Accordingly, the above deficiencies must be cured by no later than \*\*\* failing which your [eClaim or Late Claim] will be denied, unless you have requested an extension of the deficiency deadline.** A denial of a [\[eClaim or Late Claim\]](#) for failure to cure deficiencies is subject to appeal by referring the decision to a Referee or an Arbitrator.

Extensions of the deadline for curing deficiencies may be granted at the discretion of the Administrator for a period not exceeding 6 months. If you wish to request an extension of the deficiency deadline, you must complete a “Request Form – Deficiency Deadline Extension” setting out the steps taken to cure deficiencies, the reason why the deficiencies have not been cured and the steps you propose to take to cure the deficiencies. The **“Request Form – Deficiency Deadline Extension”** are available on our website at [www.hepc8690.ca](http://www.hepc8690.ca) or can be obtained by contacting us at 1-877-434-0944. **A request for an extension of your deadline must be submitted by no later than \*\*\*.**

If you have not cured all of the deficiencies or submitted a **“Request Form – Deficiency Deadline Extension”** by \*\*\*, your [\[eClaim or Late Claim\]](#) will be denied.

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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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  
{20014-001/00601274.1}

## Appendix "B"

### The 1986-1990 Hepatitis C Settlement

#### REQUEST FORM DEFICIENCY DEADLINE EXTENSION

A Claimant may apply in writing to the Claims Administrator for an extension of the 90 day deadline to cure the deficiencies. The Claimants must set out the steps taken to cure the deficiencies, the reason why the deficiencies have not been cured and what new steps the Claimant proposes to take to cure the deficiencies.

#### 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 [\[eClaim or Late Claim\]](#) 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:

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Specify the reason why the deficiencies have not been cured to date:

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Specify the steps the Claimant proposes to take to cure the deficiencies and how long these new steps will take:

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\_\_\_\_\_  
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 “C”

### The 1986-1990 Hepatitis C Settlement Administration

#### NOTICE OF EXTENSION OF DEFICIENCY DEADLINE

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

After reviewing your request for an extension of the Deficiency Deadline, we have determined to grant you an extension to \*\*\*.

To cure the outstanding deficiencies with your [\[eClaim or Late Claim\]](#), you must complete the following steps:

\*\*\*

If you have not cured all the deficiencies by \*\*\*, the [\[eClaim or Late Claim\]](#) will be **denied**. **No further extensions will be granted**. A denial of a [\[eClaim or Late Claim\]](#) for failure to cure deficiencies 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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 "D"

### The 1986-1990 Hepatitis C Settlement Administration

#### REJECTION LETTER Deficiency Deadline – Extension Denied

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

We are writing to advise you that your [eClaim or Late Claim] for compensation under ~~The [the Transfused HCV Plan OR Hemophiliac HCV Plan OR HCV Late Claims Benefit Plan]~~ 1986-1990 Hepatitis C Settlement Administration has been denied. The reasons for denial are set out below.

#### **Deficiency Deadline**

On *[insert date]*, we sent you a letter providing you notice that you had until \*\*\* to cure all of the deficiencies in your [eClaim or Late Claim] or to request a deficiency deadline extension. Your request for a deficiency deadline extension was denied, because \*\*\*. Because those deficiencies were not cured and your request for an extension was denied, your [eClaim or Late Claim] has been denied.

#### **Right of Appeal**

Under ~~S~~sections 10.01 of the Transfused HCV Plan, the Hemophiliac HCV Plan or and the HCV Late Claims Benefit Plan ~~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.

Section 10.01 of the Transfused HCV Plan and the Hemophiliac HCV Plan ~~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.*

Section 10.01 of the HCV Late Claims Benefit Plan ~~Transfused HCV Plan and the Hemophiliac HCV Plan~~ provides:

*A person who was determined to be eligible to make a Late Claim in accordance with the provisions of this Late Claims Benefit Plan and who thereafter made a Late 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](http://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 [eClaim or Late 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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

#### Deficiency Deadline Not Met – Extension Not Requested

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

We are writing to advise you that your [eClaim or Late Claim] for compensation under [the Transfused HCV Plan OR the Hemophiliac HCV Plan OR the HCV Late Claims Benefit Plan] ~~The 1986-1990 Hepatitis C Settlement Administration~~ has been denied. The reasons for denial are set out below.

#### **Deficiency Deadline**

On [insert date], we sent you a letter providing you notice that you had until \*\*\* to cure all of the deficiencies in your [eClaim or Late Claim] or request a deficiency deadline extension. Because those deficiencies were not cured and no deficiency deadline extension was requested, your [eClaim or Late Claim] has been denied.

#### **Right of Appeal**

Under ~~s~~Sections 10.01 of the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan 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 10.01 of the Transfused HCV Plan and the Hemophiliac HCV Plan provide:

*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.*

Section 10.01 of the HCV Late Claims Benefit Plan-Transfused HCV Plan and the Hemophiliac HCV Plan provides:

*A person who was determined to be eligible to make a Late Claim in accordance with the provisions of this Late Claims Benefit Plan and who thereafter made a Late 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](http://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 [eClaim or Late 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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:

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Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form

## Appendix “F”

### The 1986-1990 Hepatitis C Settlement Administration

#### REJECTION LETTER Deficiency Deadline – Extended but Not Cured

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

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

#### **Deficiency Deadline**

On *[insert date]*, we sent you a letter providing you notice that you had until \*\*\* to cure all of the deficiencies in your [eClaim or Late Claim] or to request a deficiency deadline extension. You requested a deficiency deadline extension and this was granted by the Administrator. This extended the deficiency deadline to cure all deficiencies to \*\*\*. Because those deficiencies were not cured by the extended deficiency deadline your [eClaim or Late Claim] has been denied.

#### **Right of Appeal**

Under ~~S~~sections 10.01 of the Transfused HCV Plan, the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan-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.

Section 10.01 of the Transfused HCV Plan and the Hemophiliac HCV Plan provides~~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.*

Section 10.01 of the HCV Late Claims Benefit Plan provides:

*A person who was determined to be eligible to make a Late Claim in accordance with the provisions of this Late Claims Benefit Plan and who thereafter made a Late 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](http://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 [eClaim or Late 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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:

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Ottawa, Ontario  
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Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form

## Appendix "G"

### The 1986-1990 Hepatitis C Settlement Administration

#### REJECTION LETTER Duplicate Claim

*date*

*name*

*address*

Dear Claimant:

*Subject: Your file no.*

We are writing to advise you that your [eClaim or Late Claim] for compensation under [the Transfused HCV Plan OR the Hemophiliac HCV Plan OR the HCV Late Claims Benefit Plan]~~The 1986-1990 Hepatitis C Settlement Administration~~ has been denied. The reasons for denial are set out below.

#### **Duplicate Claim**

We had determined that your [eClaim or Late Claim] is a duplicate of the [eClaim or Late Claim] bearing file no. \*\*\*. Because the original [eClaim or Late Claim] was assessed and finalized in accordance with the Settlement Agreement, we have denied this [eClaim or Late Claim] as a duplicate.

#### **Right of Appeal**

Under ~~s~~Sections 10.01 of the Transfused HCV Plan, -the Hemophiliac HCV Plan and the HCV Late Claims Benefit Plan-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.

Section 10.01 of the Transfused HCV Plan and the Hemophiliac HCV Plan provides~~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.*

Section 10.01 of the HCV Late Claims Benefit Plan provides:

*A person who was determined to be eligible to make a Late Claim in accordance with the provisions of this Late Claims Benefit Plan and who thereafter made a Late 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](http://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 [eClaim or Late 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](mailto:info@hepc8690.ca), or visit our website at [www.hepc8690.ca](http://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:

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K1P 5W5  
Toll-free: 1 877 434-0944

Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form

**COURT APPROVED PROTOCOL**

**DIRECTIONS TO PAY PROTOCOL**

**PAYMENT TO APPROVED CLASS MEMBERS AND APPROVED LATE CLAIM CLASS MEMBERS**

**REVISED ♦, 2017**

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

**REQUESTS FOR BANKING INFORMATION**

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

**DELIVERY OF PAYMENT(S)**

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

**PAYMENTS WHERE SECTION 7.06 ~~of the Transfused HCV Plan or~~ OF THE APPLICABLE PLAN APPLIES**

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

**RULES FOR ~~ARBITRATION / REFERENCE~~ REFERENCES AND ARBITRATIONS**

**REVISED ♦, 2017**

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

**RULES TO THE CONTRARY**

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

**REFEREE OR ARBITRATOR ~~REFEREE~~**

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

**NATURE OF REVIEW**

3. ~~A~~ A Reference or Arbitration shall be a review of the Administrator's decision utilizing the simplest, least expensive and most expeditious procedure for the Reference or Arbitration ~~or Reference~~.
4. In meeting this objective, the Referee or Arbitrator ~~Referee~~ may conduct the Reference or Arbitration ~~or Reference~~ in whatever manner he or she considers appropriate, provided that the parties are treated with equality and each party is given a fair opportunity to present his, her or its case.

**REPRESENTATION**

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

**COMMENCEMENT**

6. In order to commence ~~an a Reference or Arbitration~~ or Reference, the ~~Claimant~~ claimant shall file a Request for Review by an Arbitrator/Referee in the prescribed form.
- ~~7. —~~ The Administrator shall forward ~~to a Referee or Arbitrator, as the case may be, in the Province or Territory where the claimant resides or is deemed to reside, to the Claimant and to the Fund Counsel the following:~~

- ~~(a) — the claimant's file to the claimant a copy of the Claim and the Request for Review by an Arbitrator/Referee;~~
- ~~(b) — a copy of all the written submissions and material in support of the submissions and other evidence pertaining to the Claim in the possession of the Administrator;~~
- ~~(c) — a copy of the Administrator's decision; and~~
- ~~(d) — such other information or material as the Referee, Arbitrator or Fund Counsel may request.~~

~~8.7.~~ ~~The Administrator shall forward the Claimant's file to the Claimant,~~ Fund Counsel and the Chair and/or Vice-Chair of the Roster of Arbitrators/Referees within ten (10) days of receipt of the Request for Review by an Arbitrator/Referee.

~~9.8.~~ The ~~Claimant~~claimant shall have fifteen (15) days upon receipt of the ~~Claimant's~~claimant's file to forward any supplementary submissions to the Chair and/or Vice-Chair of the Roster of Arbitrators/Referees and ~~the~~ Administrator.

~~10.9.~~ The Fund Counsel shall have fifteen (15) days from the date of the Administrator's receipt of the ~~Claimant's~~claimant's submissions to forward any submissions in reply to the Chair and/or Vice-Chair of the Roster of Arbitrators/Referees and ~~the~~ Administrator.

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

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

- (a) a copy of the Claim and the Request for Review by an Arbitrator/Referee;
- (b) a copy of all the written submissions and material in support of the submissions and other evidence pertaining to the Claim in the possession of the Administrator;
- (c) a copy of the Administrator's decision; and
- ~~11.~~(d) such other information or material as the Referee, Arbitrator or Fund Counsel may request.

## MEDIATIONS

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



## MODE OF HEARING

13. Within five (5) days of the receipt of the Request for Review by an Arbitrator/Referee, any supplementary submissions by the Claimant and the Claimant's file from the Administrator or reply submissions from Fund Counsel, the Referee or Arbitrator/~~Referee~~ shall verify with the parties if:
  - (a) an oral hearing is necessary; or
  - (b) further written submissions are necessary.
14. Notwithstanding the ~~Arbitrator/Referee's~~Referee or Arbitrator's discretion in paragraph 13, an oral hearing will be required where the ~~Claimant~~claimant or Fund Counsel wishes to adduce oral evidence.
15. If no further written submissions are to be provided and no oral hearing is required, the Referee or Arbitrator/~~Referee~~ shall notify the parties that he/or she will proceed on the basis of the Request for Review by an Arbitrator/Referee, the ~~Claimant's~~claimant's file, the ~~Claimant's~~claimant's supplementary submissions, if any, and any reply submissions.
16. Within thirty (30) days following notification by the parties that no further written submissions or oral hearings will be necessary, the Referee or Arbitrator/~~Referee~~ shall release his/or her Reasons for Decision.

## FURTHER WRITTEN SUBMISSIONS

17. If further written submissions are required, the Referee or Arbitrator/~~Referee~~ shall notify the ~~Claimant~~claimant and Fund Counsel of the issues to be addressed in the written submissions and the time limits for the receipt of such submissions, including any submissions in reply.
18. Within thirty (30) days following the receipt of the final submissions, the Referee or Arbitrator/~~Referee~~ shall release his/or her Reasons for Decision.

## ORAL HEARING

19. If an oral hearing is requested by one or more of the parties because the requesting party wishes to adduce oral evidence, the Referee or Arbitrator/~~Referee~~ shall:
  - (a) ~~determine~~determine whether the hearing shall be an in-person hearing or conducted by telephone conference and the time, date and location of the hearing and give all parties fifteen (15) days prior written notice of such time, date and location;
  - (b) give directions as to the issues to be addressed at the oral hearing;
  - (c) if necessary, give directions as to the issues which require oral evidence; and

- (d) provide any other directions, as the Referee or Arbitrator/~~Referee~~ deems appropriate.
20. If an oral hearing with evidence is requested by one or more of the parties because the requesting party wishes to lead oral evidence, and the Referee or Arbitrator/~~Referee~~ orders an oral hearing with evidence, the following rules will apply, unless the Referee or Arbitrator/~~Referee~~ makes an order to the contrary:
- (a) any documentation, including medical records, medical reports and/or loss of income documentation, intended to be relied upon by the Claimant/~~claimant~~ shall be produced to the Administrator and the Referee or Arbitrator/~~Referee~~ at least fifteen (15) days prior to the Reference or Arbitration/~~or Reference~~;
  - (b) ~~the Arbitrator/the~~ Referee or Arbitrator, upon his/or her own Notice or upon written request by the Administrator, has the jurisdiction to order an independent medical examination of the Claimant/~~claimant~~;
  - (c) subject to issues of privilege, ~~ana Referee or~~ Arbitrator/~~Referee~~ may accept all oral or written evidence as the Referee or Arbitrator/~~Referee~~, in his or her discretion, considers proper, whether admissible in a Court/~~court~~ of law or not; and
  - (d) if an oral hearing with evidence is required, the Referee or Arbitrator/~~Referee~~ may require production of documents and examination for discovery, if necessary.
21. Within thirty (30) days following the completion of the oral hearing, the Referee or Arbitrator/~~Referee~~ shall release his/or her Reasons for Decision.

### **PROCESS-CONFIDENTIAL PROCESS**

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

### **REASONS FOR DECISION**

- ~~23.~~ Any Reasons for ~~Decisions~~Decision by ~~ana Referee or~~ Arbitrator/~~Referee~~ shall state the facts and conclusions without identifying the Claimant/~~claimant~~ by name or location. ~~The Arbitrators and Referees~~ A Referee or Arbitrator may rely upon earlier decisions of other Referees and Arbitrators ~~or Referees~~ to arrive at their/his or her Reasons for DecisionsDecision. All decisions ~~are~~shall be posted on ~~this Web site and can be viewed by following this link.~~
- ~~24.~~23. the website www.hepc8690.ca. The Referee or Arbitrator/~~Referee~~ may extend the time for the release of the Reasons for Decision if he/or she considers such an extension is justified.