



**The 1986-1990 Hepatitis C Claims Centre**  
PO Box 2370, Station D  
Ottawa, (Ontario) K1P 5W5  
Toll-free: 1 877 434-0944  
Fax: (613) 569-1763  
[www.hepc8690.ca](http://www.hepc8690.ca)

## **Information and Instructions About Completing and Signing the Undertaking(s)**

### **Important Information!**

We are writing to advise that a Claim for **compensation for Loss of Services OR Loss of Support** by one or several Approved Dependants who are minors or mentally incompetent adults has been approved. In cases where compensation is payable to such a Dependant, the money becomes his or her **property** regardless that he or she may be a minor or mentally incompetent adult. In light of such a Dependant's special status, governing laws provide that a **responsible adult or entity receive and manage compensation (property)** on their behalf.

The Loss of Services or Loss of Support amounts payable were and will continue to be calculated so as to compensate each Approved Dependant for the day to day financial support that the deceased HCV Infected Person would have provided to the Dependant were he or she alive today.

Ordinarily, compensation payments to Approved Dependants who are minors are payable to the Public Trustee or Guardian of the province where the minor resides. As you may already know, provincial laws have been enacted across the country to protect all minors. The Public Trustee acts to promote and uphold the legal rights and safeguard the financial interests of minors. Payment will be made to the parent, personal representative or legal guardian only if he or she has a **Guardianship of Property Court Order**.

Due to the nature of this compensation, the Courts having jurisdiction over the 1986-1990 Hepatitis C Class Actions decided that even in the absence of a Guardianship of Property Court Order, the above-mentioned **payments may be made directly to the following individuals**:

1. The **adult having care and control of the minor** (meaning the adult living in the same household as the Approved Dependant who is a minor); **OR**
2. The **legal guardian** of the Approved Dependant who is a mentally incompetent adult.

Payments may be made directly to the above individuals on the strict condition that we receive a completed and signed Undertaking.

An **Undertaking** is a promise, a pledge or an engagement. The terms and conditions of the Undertaking that we require are outlined in the Undertaking document itself. **Please read the document in its entirety before signing.**

Each Undertaking applies to all **current and future compensation payments** to each Approved Dependant who is a minor or mentally incompetent adult for Loss of Services or Loss of Support only.

The Undertaking will “expire” only once the Approved Dependant who is a minor reaches the age of majority in the province where he or she resides. Once the Approved Dependant reaches the age of majority in the province where he or she resides, such compensation payments, if payable, will be paid directly to him or her.

The compensation for Loss of Services or Loss of Support payable to Approved Dependents who are minors and living in the same household with other Approved Dependents is broken down into two categories:

1. Common Expenses; and
2. Exclusive Expenses.

**Common expenses are to be incurred for the benefit of all Approved Dependents living in the same household.** Examples of common expenses include mortgage payments or rent.

**Exclusive expenses are to be incurred for the direct benefit of EACH Approved Dependant.** Examples of exclusive expenses include clothing, dental care, and piano lessons.

## **Instructions**

Since you are the adult having care and control of the Approved Dependant who is a minor OR you are the Legal Guardian of the Approved Dependant who is a mentally incompetent adult, **you must complete and sign the enclosed Undertaking(s).**

An Undertaking must be **completed and signed for each Approved Dependant** who is a minor or mentally incompetent adult.

Please **return the original Undertaking(s)** to the Administrator at your earliest convenience.

If you are not the adult having care and control over the Approved Dependant who is a minor or mentally incompetent adult, please advise the 1986-1990 Hepatitis C Claims Centre as quickly as possible.