

AMENDED COURT APPROVED PROTOCOL
Issuance of Initial Claim Packages
after the June 30, 2010 First Claim Deadline
(the “Amended Protocol”)

October 2014

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

Issuance of an Initial Claim Package

2. 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 Secondarily 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. 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 2 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

4. 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. 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. 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. 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”.
8. 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”.
 9. 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”.

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

11. The issuance of an Initial Claim Package pursuant to this Amended 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.

12. 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 2 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 “G”.

Denied Claims

13. Where the Administrator denies a claim in accordance with the provisions of this Amended Protocol, the Administrator shall also notify the claimant in writing that:
 - (a) the appeal route at section 10.01 of the relevant Plan applies; and
 - (b) the claimant shall not be estopped from seeking to advance a claim under any other relevant Court Approved Protocol or Court Order which hereafter issues.

Appendix "A"

The 1986-1990 Hepatitis C Settlement

REQUEST FORM
COMPLETED PACKAGE DELIVERY DEADLINE EXTENSION

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

Section A – HCV INFECTED CLASS MEMBER or FAMILY MEMBER information

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

Section B – PERSONAL REPRESENTATIVE

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

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

Section C – TYPE OF CLAIMANT

Check the appropriate box.

- HCV Infected Class Member
 Family Member

Section D – FILE NUMBER

Identify the file number this extension request pertains to.

File Number _____

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

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

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

Date Signed (Month Day Year)

Signature of the Claimant or Personal Representative

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

Appendix "B"

The 1986-1990 Hepatitis C Settlement Administration

NOTICE OF EXTENSION OF COMPLETED PACKAGE DELIVERY DEADLINE

date

name

address

Dear Claimant:

Subject: Your file no.

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

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

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

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

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

Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Appendix “C”

The 1986-1990 Hepatitis C Settlement Administration

REJECTION LETTER Completed Package Delivery Deadline – Extension Denied

date

name

address

Dear Claimant:

Subject: Your file no.

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

Completed Package Delivery Deadline

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

Right of Appeal

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

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

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

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

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

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

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

Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form

Appendix "D"

The 1986-1990 Hepatitis C Settlement Administration

REJECTION LETTER

Completed Package Delivery Deadline Not Met – Extension Not Requested

date

name

address

Dear Claimant:

Subject: Your file no.

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

Completed Package Delivery Deadline

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

Right of Appeal

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

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

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

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

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

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

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

Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form

Appendix "E"

The 1986-1990 Hepatitis C Settlement Administration

REJECTION LETTER

Extension Granted but Completed Package Not Delivered on Time

date

name

address

Dear Claimant:

Subject: Your file no.

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

Completed Package Delivery Deadline

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

Right of Appeal

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

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

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

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

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

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

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

Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form

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.hepc8690.ca, called “Appeals”.

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

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

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

Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form

Appendix "G"

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 1986-1990 Hepatitis C Settlement 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 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 Schedules A and B of the Settlement Agreement, you can refer the decision of the Administrator to a Referee or an Arbitrator within 30 days of receiving this letter. That section provides:

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

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

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

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

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

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

Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form