

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 Claimant 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 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 taken to cure the deficiencies:

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

Specify the steps the Claimant proposes to take to cure the deficiencies 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.