

Schedule "A"

**COURT APPROVED PROTOCOL**  
**Deficient Claims, Claimants that Cannot be Located and Duplicate Claims**

December 2012

**A. Deficient 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,

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:

- (a) set out the deficiencies with the 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 will be denied.

3. 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. 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. 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. 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 and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “D”.

7. 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 and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “E”.

8. 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 and shall send the claimant a “Rejection Letter” substantially in the form attached as Appendix “F”.

**B. Claimants that Cannot be Located**

9. Where the Administrator is in receipt of a 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, and
- (b) where possible, contact the claimant’s physician to locate the claimant.

10. Where the Administrator is unable to obtain updated contact information for the claimant after completing the steps in 8(a) and 8(b), the Administrator shall process the claim as having been denied.

**C. Duplicate Claims**

11. Where the Administrator is in receipt of a claim that it has determined is a duplicate of a claim that has already been finalized, the Administrator shall process the 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.

Your claim has the following deficiencies:

\*\*\*

The Courts have set a 90 day deadline for curing deficiencies in claims made under this settlement. **Accordingly, the above deficiencies must be cured by no later than \*\*\* failing which your claim will be denied, unless you have requested an extension of the deficiency deadline.** A denial of a 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 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

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:

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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, you must complete the following steps:

\*\*\*

If you have not cured all the deficiencies by \*\*\*, the claim will be **denied**. **No further extensions will be granted.** A denial of a 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 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 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 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](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:

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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 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 request a deficiency deadline extension. Because those deficiencies were not cured and no deficiency deadline extension was requested, 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](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:

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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 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 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 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](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:

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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 claim for compensation under The 1986-1990 Hepatitis C Settlement Administration has been denied. The reasons for denial are set out below.

#### **Duplicate Claim**

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

#### **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](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:

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Yours truly,

The 1986-1990 Hepatitis C Settlement Administrator

Encl. Request for Review Form