

**Instructions for Completing Form GEN 21
\$120,000 Election for the Transfused HCV Plan or the Hemophiliac HCV Plan
Section 5.01 (2)**

The HCV Infected Person died prior to January 1, 1999

If Any Claimant is a Minor or Mentally Incompetent Adult – Do not Complete this Form – Call the Administrator to Obtain the Appropriate Form

INTRODUCTION

A choice with respect to compensation must be made for claims involving a deceased HCV Infected Person who died prior to January 1, 1999. The Approved HCV Personal Representative is responsible for filing the submission (all duly completed forms, including the Allocations Chart along with original signatures), even in the case where the \$120,000 lump sum payment is selected.

Please refer to the Definitions included in this package. Please note you require a different Form (GEN 21M) with its own set of instructions if any Claimant is a Minor or a Mentally Incompetent adult. The Approved HCV Personal Representative should contact the Administrator to request that Form Gen 21M be mailed to him/her.

SECTION A – PERSONAL INFORMATION

1. Please complete this section as requested.

SECTION B – ELECTION

2. The election entitles the Approved HCV Personal Representative of the HCV Infected Person, every living Family Member and/or Dependant who is a Spouse, Child, Parent, Sibling, Grandparent or Grandchild of the Deceased HCV Infected Person, and every living Dependant who is a former Spouse of the 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 and the Estate (collectively the "Claimants") to share a \$120,000 lump sum payment allocated as they agree, instead of a fixed \$50,000 Estate payment, the preset payments to Approved Family Members and, where applicable, Loss of Support or Loss of Services payments to Approved Dependents. Complete Section B to indicate the decision to make the election.
3. Where **any Claimant does not wish to make the election**, the claim will be processed on the basis of the \$50,000 Estate payment, the preset payments to the Approved Family Members (see below) and where applicable Loss of Support or Loss of Services in the Home payments to the Approved Dependents. In such a case, Claimants must complete and individually submit a TRAN 1 or HEMO 1 Form outlining their personal information. Please call the Administrator to request a TRAN 1 or HEMO 1 Form, if necessary.

Pre-Set family Member payments	\$25,000 for the Spouse \$15,000 for each Child under the age of 21 years at the date of death of the HCV Infected person \$5,000 for each Child 21 years or older at the date of death of the HCV Infected Person \$5,000 for each Parent \$5,000 for each Sibling \$500 for each Grandparent \$500 for each Grandchild
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SECTION C – CONSENT TO WAIVER (\$120,000 ELECTION)

4. Each Claimant must provide the Administrator with his or her own consent to the election. **Read section C and the Allocations Chart carefully. Every individual must indicate his/her consent by checking the YES box at the time of signature.**
5. The Approved HCV Personal Representative, is also a Family Member and Dependant he or she must complete the attached Allocations Chart in both capacities.
6. A Family Member who is also a Dependant need complete the Allocations Chart only once.
7. **For the \$120,000 election to be effective, each Claimant must consent to the \$120,000 election.** By so doing he or she waives any other entitlement to compensation pursuant to the applicable Plan, except for the claim by the Approved HCV Personal Representative for reimbursement of up to \$5,000 in uninsured funeral expenses on behalf of the Estate and the claims of a Secondarily-Infected Person who is the Spouse of a Primarily-Infected Person or a Primarily-Infected Hemophiliac (or person with Thalassemia Major) in respect of his or her own HCV infection and the claims of a Secondarily-Infected Person who is a Child of a HCV Infected Person in respect of his or her own HCV infection, which claims are not waived and survive the \$120,000 election. **Every Claimant must sign the Allocations Chart and the original signature must be included in the submission to the Administrator.**
8. If you have questions, please read the **Estate Claims – A Guide** carefully and/or call the Administrator for personal assistance, if necessary. The Administrator will be able to describe the election and the alternate types of payments, but the Administrator cannot give you advice as to what you should do in your individual circumstances.

SECTIONS D AND E – DECLARATIONS AND ALLOCATIONS CHART (\$120,000 ELECTION)

9. The Approved HCV Personal Representative must name every living Family Member and/or Dependant who is a Spouse, Child, Parent, Sibling, Grandparent or Grandchild of the Deceased HCV Infected Person, and every living Dependant who is a former Spouse of the 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 and the Estate (collectively the "Claimants") by completing the **"name column"** in Allocations Chart.
10. The Allocations Chart must list the name, address, date of birth, social insurance number and relationship to the Deceased HCV Infected Person of every Claimant. Should the Approved HCV Personal Representative be unsure about this information, Claimants may individually provide such personal information themselves.
11. Each Claimant registered in the Allocations Chart must declare that he or she knows of no other person that is required to be named under this provision, and that no other person named on form GEN 21 is a Minor or a Mentally Incompetent Adult. **Read section D and E of the Allocations Chart carefully. Every individual must indicate his/her declaration by checking the YES box at the time of signature.**
12. The \$120,000 lump sum payment will be allocated to the Claimants as they agree. Insert the dollar amount to be allocated to each Claimant listed in the Allocations Chart. Any allocation to the Approved HCV Personal Representative on behalf of the Estate must be allocated separately from any allocation for the personal claim that he or she may also have as a Family Member or Dependant. If the allocation to any Claimant is nil, please enter nil. The total must equal \$120,000.

13. Ensure that **all Claimants have agreed on this allocation**. The Administrator cannot process the \$120,000 election until each Claimant has provided clear confirmation to the effect that the allocation has been agreed to.
14. **Counterparts:** For convenience, the Approved HCV Personal Representative may make one or more machine copies of the completed GEN21 Form on which he/she has named every Claimant, and send such a copy to Claimants who will have to provide their personal information, date and sign the Allocations Chart in front of a witness. Claimants must return their original signed copy to the Approved HCV Personal Representative. Such copies are called counterparts. The Approved HCV Personal Representative must file all forms, including signed original counterparts, with the Administrator in a single submission.

**SECTION F - CERTIFICATION BY APPROVED HCV PERSONAL REPRESENTATIVE
(NO ELECTION)**

15. Where no election is being made, the Approved HCV Personal Representative must complete, date and sign Section **F** in the presence of a witness. Do not sign section **F** if the \$120,000 election is made.