



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

Election of \$120,000 lump sum payment where the HCV Infected Person died prior to January 1, 1999
 For use where one or more of the Claimants is a Minor or a Mentally Incompetent Adult
Strictly Private and Confidential

APPROVED HCV PERSONAL REPRESENTATIVE PLEASE AFFIX HERE ONE OF THE PRE-PRINTED LABELS PROVIDED
 If you do not have the labels, call 1-877-434-0944 for instructions.

CORRECTIONS ONLY:
 Write any name and address corrections below, if any corrections are necessary:

PLEASE READ THE FORM INSTRUCTIONS, THE DEFINITIONS INCLUDED WITH THIS FORM AND THE ESTATE CLAIMS-FLOWCHARTS CAREFULLY BEFORE COMPLETING THIS FORM.

A GEN 21M Form is to be completed jointly by the Approved HCV Personal Representative of the deceased HCV Infected Person and by 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 deceased 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 (the "Claimants").

Do not use Form GEN 21M unless one or more of the Claimants is a minor or a mentally incompetent adult. Call the Administrator to request the Form GEN21.

SECTION A – PERSONAL INFORMATION

HCV INFECTED PERSON

1.	First Name	Middle Name/Initial	Last Name	
	Home Address at time of death	City	Province/Territory	Postal Code

APPROVED HCV PERSONAL REPRESENTATIVE

2.	First Name	Middle Name/Initial	Last Name	
	Home Address	City	Province/Territory	Postal Code

SECTION B – ELECTION

The \$120,000 election entitles the Claimants to share a \$120,000 lump sum payment. In order for the election to be effective, the Claimants must agree to make the \$120,000 election in Section 5.01(2) of the Transfused HCV Plan or the Hemophiliac HCV Plan. The \$120,000 **payment will be allocated in accordance with a Court approved protocol** by the Administrator or, in some cases, by the Courts. If any Claimant chooses not to make the election, the Estate will instead be entitled to a \$50,000 payment, Approved Family Members will be entitled to pre-set family member payments and, where applicable, Approved Dependants may claim for Loss of Support or Loss of Services.

If all Claimants wish to elect to share the \$120,000 lump sum payment, check the box at **(a)**.

If any Claimant does not wish to elect to share the \$120,000 lump sum payment, check the box marked **"no election."**

3.	Choice: (select only one):	
	(a) <input type="checkbox"/>	The election pursuant to Section 5.01(2) of the Transfused HCV Plan or Hemophiliac Plan (\$120,000)
	(b) <input type="checkbox"/>	No election (\$50,000 Estate payment, pre-set family member payments and, where applicable, payments to Dependants for loss of support or services)

If you chose 3(b), go directly to Section F – Certification by the Approved HCV Personal Representative



SECTION C - WAIVER AND CONSENT (\$120,000 ELECTION)

4. All persons signing the attached Chart (including counterparts as described in paragraph 9 of the Instructions) agree and consent to the election (\$120,000 lump sum) made in line 3 above in full satisfaction of all claims pursuant to the applicable Plan **except** for:
- a) the claim of the Approved HCV Personal Representative for reimbursement of up to \$5,000 for uninsured incurred funeral expenses on behalf of the Estate of the deceased HCV Infected Person;
 - b) any claims a person may have if he/she qualifies as a Secondly-Infected Person who is a Spouse of a deceased Primarily-Infected Person or deceased Primarily-Infected Hemophiliac (or person with Thalassemia Major) in respect of his/her own HCV infection; or
 - c) any claims a person may have if he/she qualifies as a Secondly-Infected Person who is a Child of a deceased HCV Infected Person in respect of his/her own HCV infection.

EACH CLAIMANT MUST CONFIRM CONSENT BY MARKING AN "X" IN THE CERTIFICATION COLUMN ON ATTACHED CHART

SECTION D – DECLARATIONS (\$120,000 ELECTION)

5. All persons signing the attached Chart (including counterparts as described in paragraph 9 of the Instructions) declare that they do not know of any living Family Member and/or Dependant who is a Spouse, Child, Parent, Sibling, Grandchild or Grandparent of the deceased HCV Infected Person **or** of any living Dependant who is a former Spouse of the deceased 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, other than the persons listed on the attached Chart.

6. All persons, in signing the attached Chart, acknowledge that the \$120,000 lump sum payment will be allocated to the Estate and the Claimants by the Administrator in accordance with a Court approved protocol or, in some cases, by the Courts.

EACH CLAIMANT MUST CONFIRM CONSENT BY MARKING AN "X" IN THE CERTIFICATION COLUMN ON ATTACHED CHART

SECTION E – ATTACHED CHART (\$120,000 ELECTION)

The Approved HCV Personal Representative must write the name of every living Family Member and/or Dependant who is a Spouse, Child, Parent, Sibling, Grandchild or Grandparent of the deceased HCV Infected Person **and** every living Dependant who is a former Spouse of the deceased 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 in the attached Chart and list the required information.

The Administrator cannot process the election until it receives a completed Form GEN 21M and the attached Chart along with original signatures of all Claimants or, in the case of a minor or a mentally incompetent adult, his or her Personal Representative.
See – GEN 21M – Instructions paragraph 9 for information about signing counterparts.

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

Where no election is being made, the Approved HCV Personal Representative must read, date and sign the certification below in the presence of a witness. Do not complete this section if the Claimants are electing to take the \$120,000 lump sum payment.

I certify that the information I have provided is true and correct. I have discussed the \$120,000 election with eligible Claimants and all eligible Claimants did not agree to the \$120,000 lump sum payment.

Signature of the Approved HCV Personal Representative of the HCV Infected Person

____/____/____
DD MM YYYY

Signature of witness

Name of witness (please print)

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AFFIX HERE ONE OF THE PRE-PRINTED
LABELS PROVIDED**

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CORRECTIONS ONLY:

Write any name and address corrections below, if any corrections are necessary:

CERTIFICATION-Each Claimant must read, sign and date this Chart in the presence of a witness.

BY signing this Chart, I certify that: **(a)** I do not know of any living Family Member and/or Dependant who is a Spouse, Child, Parent, Sibling, Grandchild or Grandparent of the deceased HCV Infected Person **or** of any living Dependant who is a former Spouse of the deceased 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, other than the persons named below; **(b)** the information provided in this Chart is true and correct to the best of my knowledge, information and belief; and **(c)** I am not making any false or exaggerated claims to obtain benefits.

CHART

Name of Claimant	Home Address and telephone number	Date of Birth D/M/Y	Social Insurance Number	Relationship to HCV Infected Person	Signature of Claimant or Personal Representative of a minor or mentally incompetent adult	Certification	Date DD/MM/YY	Witness
		/ /				<input type="checkbox"/> Yes I have read, understand and agree to sections B, C and D of Form GEN 21M	/ /	Signature of Witness Print Name
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CHART – CONTINUED

CERTIFICATION-Each Claimant must read, sign and date this Chart in the presence of a witness.

BY signing this Chart, I certify that: (a) I do not know of any living Family Member and/or Dependant who is a Spouse, Child, Parent, Sibling, Grandchild or Grandparent of the deceased HCV Infected Person or of any living Dependant who is a former Spouse of the deceased 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, other than the persons named below; (b) the information provided in this Chart is true and correct to the best of my knowledge, information and belief; and (c) I am not making any false or exaggerated claims to obtain benefits.

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