

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

The HCV Infected Person died prior to January 1, 1999

For use where one or more of the Family Members and/or Dependents is a minor or a mentally incompetent adult

INTRODUCTION

A choice with respect to compensation must be made for claims involving the 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 attached Chart along with original signatures).

Please refer to the Definitions included in this package. Please note you require a different Form (GEN 21) with its own set of instructions if none of the Family Members and/or Dependents is a minor or a mentally incompetent adult. The Approved HCV Personal Representative should contact the Administrator to request that Form GEN 21 be mailed to him/her.

SECTION A – PERSONAL INFORMATION

1. Please complete this section as requested.

SECTION B – ELECTION

2. In order to make the election 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 (collectively the "Claimants") must agree to share a \$120,000 lump sum payment instead of a fixed \$50,000 Estate payment, the preset payments to Approved Family Members (see below) and, where applicable, Loss of Support or Loss of Services payments to Approved Dependents. **Each Claimant must read Section B of Form GEN 21M and the attached Chart carefully. Every Claimant or, in the case of a minor or mentally incompetent adult, his or her Personal Representative must indicate his/her consent by checking the YES box on the attached Chart at the time of signature.**

- 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 Dependants. Claimants must complete and individually submit Form TRAN 1/HEMO 1 outlining their personal information to claim a preset payment. Please call the Administrator to request a TRAN 1/HEMO 1, if necessary.

Pre-Set Family	\$25,000 for the Spouse
Member payments	\$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

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

- 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 incurred funeral expenses on behalf of the Estate, 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. **Each Claimant must read section C of Form GEN 21M and the attached Chart carefully. Every Claimant or, in the case of a minor or mentally incompetent adult, his or her Personal Representative must indicate his/her consent by checking the YES box on the attached Chart at the time of signature.**
- The \$120,000 lump sum **payment will be allocated** to the Estate and to the Claimant Family Members and/or Dependants by the Administrator **in accordance with a Court approved protocol** or, in some cases, by the Courts.

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

- 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 by completing the **“Name of Claimant”** in the attached Chart.
- The attached 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.
- Each Claimant registered in the attached Chart must declare that he or she knows of no other person that is required to be named under this provision. **Each Claimant must read section D of Form GEN 21M and the attached Chart carefully. Every Claimant or, in the case of a minor or mentally incompetent adult, his or her Personal Representative must indicate his/her declaration by checking the YES box on the attached Chart at the time of signature.** If the Approved HCV Personal Representative is also a Family Member and/or Dependant, he or she must sign the attached Chart once on behalf of the Estate and once on his or her own behalf. A Family Member who is also a Dependant need sign the Chart only once.

9. **Counterparts:** For convenience, the Approved HCV Personal Representative may make one or more machine copies of the completed Form GEN 21M and attached Chart on which he/she has named every Claimant, and send the copy to Claimants who must provide any incomplete personal information, date and sign the Chart in front of a witness. In the case of a minor or a mentally incompetent adult, his or her Personal Representative must sign the Chart. Claimants must return their original signed copy of the Chart to the Approved HCV Personal Representative. Such copies are called counterparts. The Approved HCV Personal Representative must file Form GEN 21M, including signed original counterparts, with the Administrator in a single submission.
10. The Administrator cannot process the \$120,000 election until it has been agreed to by all Claimants and a completed Form GEN 21M with all signed original counterparts is received from the Approved HCV Personal Representative.

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

11. 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 being made.**

Note: 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.