

**Instructions for Completing Form HEMO 22
\$72,000 Fixed Payment for the Hemophiliac HCV Plan
Section 5.01(4)**

**The Primarily-Infected Hemophiliac (or person with Thalassemia Major), Also Infected
With HIV, 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

The Approved HCV Personal Representative is responsible for filing the submission (all duly completed forms, including the Allocations Chart along with original signatures).

Please refer to the Definitions included in this package. Please note that you require a different Form (HEMO 22M) with its own set of instructions if any Claimants are a Minor or a Mentally Incompetent Adult. The Approved HCV Personal Representative should contact the Administrator to request that Form HEMO 22M be mailed to him/her.

If there is satisfactory medical proof that the deceased's death was caused by his or her infection with HCV, a \$120,000 lump sum payment or a \$50,000 payment to the Estate, pre-set payments to Family Members and payments for loss of support or loss of services are available. Call the Administrator for more information.

SECTION A – PERSONAL INFORMATION

1. Please complete this section as requested. Note that the \$72,000 fixed payment is possible only if the deceased was co-infected with HIV.

SECTION B – CONSENT

2. The Approved HCV Personal Representative of the deceased, every living Family Member and/or Dependant who is a Spouse, Child, Parent, Sibling, Grandparent or Grandchild of the deceased Primarily Infected Hemophiliac (or person with Thalassemia Major), and every living Dependant who is a former Spouse of the deceased to whom the deceased was providing support or was under a legal obligation to provide support on the date of death (collectively the "Claimants"), must share and consent to the \$72,000 lump sum payment. The \$72,000 fixed payment is the only payment available unless there is satisfactory medical proof that the deceased's death was caused by his or her infection with HCV. **Read Section B and the Allocations Chart carefully. Every individual must indicate his/her consent by checking the YES box at the time of signature.**
3. Each Claimant must consent to the allocation. By so doing he or she waives any other entitlement to compensation pursuant to the Hemophiliac HCV Plan, except for the claims of a Secondarily-Infected Person who is the Spouse of a deceased 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 the deceased Primarily-Infected Hemophiliac (or person with Thalassemia Major) in respect of his or her own HCV infection, which claims are not waived and survive the \$72,000 payment. **Every Claimant must sign the Allocations Chart and the original signature must be included in the submission to the Administrator.**

4. Each Claimant must provide the Administrator with his or her own consent, personal information and signature as requested in the attached Allocations Chart.

SECTIONS C AND D – DECLARATIONS AND ALLOCATIONS CHART

5. 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 Primarily Infected Hemophiliac (or person with Thalassemia Major), and every living Dependant who is a former Spouse of the deceased to whom the deceased was providing support or was under a legal obligation to provide support on the date of death (collectively the “Claimants”) by completing the “Name of Claimant” section of the Allocations Chart.
6. The Allocations Chart must list the name, address, date of birth, social insurance number and relationship to the Deceased Primarily Infected Hemophiliac (or person with Thalassemia Major) of every Claimant. Should the Approved HCV Personal Representative be unsure about this information, Claimants may individually provide such personal information themselves.
7. If the Approved HCV Personal Representative is also a Family Member and/or Dependant, he or she must complete the attached Allocations Chart in both capacities.
8. Any Claimant who is also a Dependant need complete the attached Allocations Chart once, in only one capacity.
9. Each Claimant named 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 HEMO 22 is a Minor or a Mentally Incompetent Adult. **Read section C and D and the Allocations Chart carefully. Every individual must indicate his/her declarations by checking the YES box at the time of signature.**
10. The \$72,000 lump sum payment will be allocated to the Claimants as they agree. Insert the dollar amount to be allocated to the Approved HCV Personal Representative on behalf of the Estate, if any, and to each Claimant. 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 the Approved HCV Personal Representative may have as a Family Member and/or Dependant. If the allocation to any Claimant is nil, please enter nil. The total must equal \$72,000.
11. Ensure that **all Claimants have agreed on this allocation**. The Administrator cannot process the \$72,000 payment until each Claimant provides clear confirmation to the effect that the allocation has been agreed to.
12. **Counterparts:** For convenience, the Approved HCV Personal Representative may make one or more machine copies of the completed HEMO 22 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 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.