

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

**The Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected
with HIV died prior to January 1, 1999**

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

INTRODUCTION

The Approved HCV Personal Representative is responsible for filing the submission (HEMO 22M, including the Chart along with original signatures).

Please refer to the Definitions included in this package. Please note that you require a different Form (HEMO 22) with its own set of instructions if none of the Family Members and/or Dependants is a minor or a mentally incompetent adult. The Approved HCV Personal Representative should contact the Administrator to request that Form HEMO 22 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 to Dependants for loss of support or loss of services, may be 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 TO \$72,000 FIXED PAYMENT

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 consent to share the \$72,000 lump sum payment. The \$72,000 fixed payment is the only payment available to the Claimants unless there is satisfactory medical proof that the deceased's death was caused by his or her infection with HCV. **Each Claimant must read the Chart that is attached to Form HEMO 22M 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 Chart at the time of signature.**
3. The \$72,000 lump sum **payment will be allocated** to the Estate and other Claimants by the Administrator **in accordance with a Court-approved protocol** or, in some cases, by the Courts.

SECTIONS C AND D – DECLARATIONS AND ATTACHED CHART

4. 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 by completing the “**Name of Claimant**” section of the Chart.
5. The 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.
6. Each Claimant named in the 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 the Chart carefully. Every Claimant or, in the case of a minor or mentally incompetent adult, his or her Personal Representative must indicate his/her declarations by checking the YES box on the 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.
7. **Counterparts:** For convenience, the Approved HCV Personal Representative may make one or more machine copies of the Chart on which he/she has named every Claimant, and send the copy of the Chart 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, the Chart must be signed by his or her Personal Representative. Claimants must return their signed copy of the Chart to the Approved HCV Personal Representative. Such copies are called counterparts. The Approved HCV Personal Representative must file Form HEMO 22M, including signed original counterparts, with the Administrator in a single submission.
8. The Administrator cannot process the \$72,000 fixed payment until it has been **agreed to by all** Claimants and a completed Form HEMO 22M with all signed original counterparts is received from the Approved HCV Personal Representative.

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 cannot however give you advice as to what you should do in your individual circumstances.