

Instructions for Completing Form HEMO 23

Section 4.08(2) (\$50,000) Fixed Payment Under the Hemophiliac HCV Plan

For use where the **Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV is or was alive on or after January 1, 1999.**

SECTION A – PERSONAL INFORMATION

1. A Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV, who is or was alive on or after January 1, 1999 who wishes to elect the \$50,000 fixed payment must provide the Administrator with his or her completed form HEMO 23 unless he or she is a minor or a mentally incompetent adult or has died, in which case his or her Approved HCV Personal Representative must complete Form HEMO 23.

SECTION B – ELECTION AND WAIVER

2. A Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV who is or was alive on or after January 1, 1999 (or his or her Approved HCV Personal Representative on his or her behalf) may elect to receive a \$50,000 fixed payment in lieu of any other payment past, present or future under the Hemophiliac HCV Plan. By making this election, all potential claims of the Family Members and/or Dependents of the Primarily-Infected Hemophiliac (or person with Thalassemia Major) are also waived. No additional payments will be made to the Primarily-Infected Hemophiliac (or person with Thalassemia Major), his or her Estate, Family Members or Dependents under the Hemophiliac HCV Plan, except the claim of a Secondarily-Infected Person who is the Spouse or Child of a Primarily-Infected Hemophiliac (or person with Thalassemia Major) in respect of the Spouse or Child's own HCV infection, which claims are not waived by the making of this election.
3. **Where the Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV is living - this election should only be used if the claimant can not provide medical proof required to establish that the HCV infection of the Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV caused one or more of the medical conditions included at disease level 3 or higher under Section 4.01 of the Hemophiliac HCV Plan.**
4. **Where the Primarily Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV died on or after January 1, 1999 – this election should only be used if the claimant can not provide medical proof that the HCV infection of the deceased Primarily-Infected Hemophiliac (or person with Thalassemia Major) also infected with HIV who died after January 1, 1999 either caused one or more of the medical conditions included at disease level 3 or higher under section 4.01 or caused the death under section 6.01 or 6.02 of the Hemophiliac HCV Plan.**
5. The \$50,000 fixed payment will be paid to the Primarily-Infected Hemophiliac (or person with Thalassemia Major) if he or she is a mentally competent adult, or to his or her Approved HCV Personal Representative on behalf of the Estate if he or she has died. If the Primarily-Infected Hemophiliac (or person with Thalassemia Major) is a minor or a mentally incompetent adult, the \$50,000 fixed payment will be paid in accordance with the Procedure – Payments to Minors and/or Mental Incompetents.
6. If you have questions about this fixed payment, call the Administrator. The Administrator will be able to explain the fixed payment but the Administrator cannot give you advice as to what you should do in your individual circumstances.

SECTION C – CERTIFICATION

The Claimant must date and sign the completed form HEMO 23 in the presence of a witness.