

Instructions for Completing Form GEN 10 Loss of Income/Support

Form GEN 10 is for completion by:

- (a) A **living HCV Infected Person** whose infection with HCV has caused him or her to be **disabled** from working prior to attaining **age 65**; OR
- (b) The Approved HCV **Personal Representative of a minor or a mentally incompetent adult** who is a living HCV Infected Person whose infection with HCV has caused him or her to be disabled from working prior to attaining age 65. Please note that income loss payments are not generally payable until an HCV Infected Person attains the age of 18, however, in some provinces, an 18 year old is a minor; OR
- (c) The Approved HCV **Personal Representative of a deceased** HCV Infected Person who **died on or after January 1, 1999** and whose infection with HCV had caused him or her to be disabled from working before death and prior to attaining age 65. This **pre-death loss of income claim is made on behalf of the Estate** and is only available if the HCV Infected Person has not made a claim for loss of income (or the alternative claim for loss of services in the home) prior to his or her death; AND/OR
- (d) The **Dependant(s) of a deceased** HCV Infected Person who **died either before or after January 1, 1999** but before attaining age 65 who have a claim for **post-death loss of support** as a result of the death of the HCV Infected Person.

Other Forms to be completed:

If you are a Claimant described in (a), (b), (c) or (d) above:

- You must complete Form **GEN 19** – Authorization to Release Employee Information.
- If you **cannot provide complete Federal and Quebec, if resident in Quebec, Income Tax Returns and Notices of Assessment** for all of the HCV Infected Person's Pre-Claim and Post-Claim Income years, you must also complete Form **GEN 10A and Form GEN 10B**. See below for more information on what Pre-Claim and Post-Claim Income years are and how to obtain Income Tax Returns.
- If the HCV Infected Person had income from **Self-Employment as defined below** in any of the Pre-Claim or Post-Claim Income years, you must also complete Form **GEN 10C**.

If you are a Claimant described in (a), (b) or (c) above you must also complete:

- Form **GEN 11** – Activities of Employment and have the Treating Physician complete the “Disability Section” of **TRAN/HEMO 2 Treating Physician Form** or Form **TRAN/HEMO 2D**. Form GEN 11 and TRAN/HEMO 2 or 2D are not required for Claimants described in (d) above.

SECTION A – PERSONAL INFORMATION

Lines 1- 2

- If you are a disabled HCV Infected Person described in (a) above, complete line 1 and go to line 3.
- If you are a Claimant described in one of (b), (c) or (d) above, complete line 1 about the HCV Infected Person and line 2 about yourself.

Line 3

- Indicate what type of Claimant you are and what type of claim you are making.

SECTION B – APPLICATION FOR COMPENSATION FOR LOSS OF INCOME/SUPPORT

Line 4

- If you know the date of infection with HCV, please enter it. If you do not know, leave it blank.
- If you know the date of diagnosis with HCV, please enter it. If you do not know, leave it blank.

Line 5 - 6

- If the disabled **HCV Infected Person is living** or if the claim is being made for the **pre-death loss of income** of a deceased HCV Infected Person, please enter the **first date of disability due to infection with HCV** that resulted in a loss of income and, if the HCV Infected Person is deceased, please also enter his or her date of death.

OR

- If the claim is being made by the **Dependants of a deceased HCV Infected Person for loss of support only**, please enter the **date of death** of the HCV Infected Person only.

Line 7 - 9

- These questions help determine whether the HCV Infected Person's ability to generate an income earnings history was prevented because of the infection with HCV either because the HCV Infected Person was infected before he or she reached the age of 18 or while he or she was in full-time attendance at an accredited education institution, and before he or she entered the workforce on a permanent and full-time basis.

SECTION C – DISABILITY BENEFITS

Line 10

- **Insurance benefits and income replacement benefits** such as Canada Pension Plan benefits, Quebec Pension Plan benefits, workers compensation plan benefits or private sickness, accident or disability insurance benefits are deductible from loss of income claims. Please fill out this section.

SECTION D – LOSS OF INCOME/SUPPORT

Normal Employment means employment for wages, salary and/or commissions, but does not include Related Employment or Self-Employment as defined below.

Related Employment means employment by a spouse, by a company owned by a spouse, or under any other circumstances where the HCV Infected Person is exempt from Employment Insurance Contributions but does not include Self-Employment income as defined below.

Self-Employment means operation of a business, professional practice or other venture in which the HCV Infected Person is a partner or the sole proprietor, including a business, professional practice or other venture which is operated through a limited company and in which the HCV Infected Person is effectively self-employed. **If the HCV Infected Person had Self-Employment income, you must also fill out Form GEN 10C.**

Pre-Claim Income

- If the disabled HCV Infected Person is living or if the claim is being made for the pre-death loss of income of a disabled HCV Infected Person who has died, “Pre-Claim Income” **means income earned in the period before the HCV Infected Person reached level 3 (if an election for loss of income was made) or level 4, 5, or 6 and experienced a loss (full or partial) of income due to infection with HCV.** Choose three consecutive years of Pre-Claim Income and fill out the Pre-Claim Income Information Section as indicated. Attach complete Federal and Quebec, if resident in Quebec, Income Tax Returns and Notices of Assessment for those years.
- If the HCV Infected Person is deceased and a claim is being made for **post-death loss of support only**, “Pre-Claim Income” **means income earned in any of the years prior to death.** Choose three consecutive years of Pre-Claim Income and fill out the Pre-Claim Information Section as indicated. Attach complete Federal and Quebec, if resident in Quebec, Income Tax Returns and Notices of Assessment for those years.

Note 1: The average income for the three consecutive pre-claim years will be indexed for inflation. The indexation adjustments for each possible three-year period to each possible Post-Claim Income year are set out in a chart, which is attached to these instructions. When choosing the three consecutive Pre-Claim Income years, you should **use the chart to determine the indexation impact to ensure that you have selected the most favorable three-year period.** See the example included with the chart to better understand the importance of indexation in your choice of the pre-claim three-year period.

- **Note 2:** A Claimant may submit evidence to establish that on the balance of probabilities, the earned income for any Pre-Claim Income year would have been higher than the average of the three consecutive years but for the HCV Infected Person’s infection with HCV.

Note 3: If you are **unable to attach complete Federal and Quebec, if resident in Quebec, Income Tax Returns** and Notices of Assessment for each Pre-Claim Income year, you must also complete Forms **GEN 10 A and GEN 10 B.**

Note 4: If the HCV Infected Person earned **Self-Employment income**, you must also complete Form **GEN 10C.**

Post-Claim Income

- If the disabled HCV Infected Person is living or if the claim is being made for the pre-death loss of income of a disabled HCV Infected Person who is deceased, “Post-Claim Income” **means income earned after the HCV Infected Person reached level 3 (if an election for loss of income was made) or level 4, 5 or 6 and experienced a loss (full or partial) of income due to infection with HCV.** For each year for which loss of income is claimed, fill out the Post-Claim Income Information Section with all information pertaining to the income of the HCV Infected Person up to the time of his or her death. In the box labeled “Other Compensation” record the total annual EAP, MPTAP or Nova Scotia Compensation Plan payments received by the HCV Infected Person. Attach full Federal and Quebec, if resident in Quebec, Income Tax Returns and Notices of Assessment for all Post-Claim Income years.

- If the HCV Infected Person is deceased and a claim is being made for **post-death loss of support**, “Post-Claim Income” **means certain payments payable to the Defendants following the death of the HCV Infected Person.** For each year for which loss of support is claimed, fill out the Post-Claim Income Information section as follows:
 - (i) Note the Province of Residence of the deceased HCV Infected Person when he or she died.
 - (ii) In the box labeled “(Un) Employment Insurance: Ei/Ui or CPP/QPP Disability Benefits” record the total annual Canada Pension Plan and Quebec Pension Plan payments received by the Dependants of the deceased HCV Infected Person following the death of the HCV Infected Person.
 - (iii) In the box labeled “**Other Compensation**”, record the total annual EAP, MPTAP and/or Nova Scotia Compensation Plan payments received by the Dependants of the HCV Infected Person as a result of the death of the HCV Infected Person. **Attach T4A (P) and, if a resident of Quebec, RL-2 benefit statements for all Post-Claim Income years.**

YOUR CLAIM WILL BE PROCESSED MOST QUICKLY IF YOU ATTACH A COMPLETE COPY OF ALL REQUIRED FEDERAL AND QUEBEC, IF RESIDENT IN QUEBEC, INCOME TAX RETURNS AND NOTICES OF ASSESSMENT. If you do not have complete Income Tax Returns or Notices of Assessment for any of the required years, follow these steps in order of priority:

1. **Contact the HCV Infected Person’s accountant or family members** to see if they have or can obtain the required Income Tax Returns and Notices of Assessment. If that is possible, obtain them and send them in with this Form GEN 10.
2. If you still do not have the complete Income Tax Returns and Notices of Assessment, **call the Canada Customs and Revenue Agency at 1- 800-959-8281** and request that they send you a **copy of the required Income Tax Returns and Notices of Assessment.** Call **1-800-267-6299** to make similar requests to **the Ministère du revenu du Quebec.**
3. If Canada Customs and Revenue Agency (and the Ministère du revenu du Quebec, if applicable) cannot provide the Income Tax Returns and Notices of Assessment, request a **Tax Summary** for each of the required incomplete years. Attach the Tax Summaries to Form GEN 10. You must also fill out Forms **GEN10A and GEN 10B.**

SECTION E – DECLARATION BY CERTAIN CLAIMANTS, IF APPLICABLE

A disabled HCV Infected Person, the Approved HCV Personal Representative of a living disabled HCV Infected Person who is a minor or mentally incompetent adult, or the Approved HCV Personal Representative who is making a pre-death loss of income claim on behalf of the estate of a deceased HCV Infected Person must complete Section E.

If the claim is made by the Dependents of a deceased HCV Infected Person for post-death loss of support only, go to Section F.

SECTION F – DEPENDANTS CHART – POST-DEATH LOSS OF SUPPORT ONLY

The Dependant who has undertaken to submit the claim must complete this chart. **Every Spouse, Child, Parent, Sibling, Grandchild, Grandparent and every former Spouse 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 must be listed on this Chart.** Each Dependant or the Personal Representative of each Dependant who is a minor or a mentally incompetent adult must sign the Dependents Chart. See the instructions on Form GEN 10 on signing counterparts of the Chart.