

Hepatitis C Class Action Settlement

Settlement Administrator
P.O. Box 2370, Station D
Ottawa, Ontario, Canada K1P 5W5
Toll free: 1-877-434-0944

«Date»

«Name»
«Address»

Dear Claimant:

In order to be eligible for class membership, an HVC infected person who has other risk factors must establish that on the balance of probabilities, they were first infected by a blood transfusion or by receiving/taking blood product in Canada during the class period. Other risk factors are circumstances where an HCV infected person may have been exposed to the HCV virus.

Additional Investigation and Proof Required

In accordance with the 1986-1990 Hepatitis C Class Action Settlement Agreement, the Administrator is required to investigate claims where other risk factors are identified within medical or other records submitted to date. Section 3.03 of the Agreement provides that claimants must provide additional information or consents to examination for the purposes of processing a claim where necessary. The Agreement further provides that if any person refuses to give any such information, documentation or other matters in their possession, control or power, the Administrator must not approve the claim.

Other Risk Factors Form Attached - Instructions

We reviewed your claim and noted that your claim has indications of other risk factors. Please see the left margin of the attached Other Risk Factor Form and answer the questions associated with the risk factors that have a check mark in the left margin. Any supporting documentation supporting the accuracy of your answers should be shared with the Administrator.

Please complete the form attaching any supporting documentation and return it to the Administrator in the pre-addressed envelope. Upon receipt, the Administrator will resume assessing your claim. In some cases, the administrator may have to make further inquiries with appropriate and informed persons. Thank you for your cooperation.

Yours truly,

The 1986-1990 Hepatitis C
Claims Center