

FORM B - Authorization to Release Other Settlement Information

Strictly Private and Confidential

Section A - Family Member and/or Dependant

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ Province/Territory _____ Postal Code _____

Country _____ Date of Birth _____
(Month Day Year)

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Section B – Personal Representative

Complete this section if the Family Member and/or Dependant is a minor or a mentally incompetent adult.

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ Province/Territory _____

Postal Code _____ Country _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Section C – HCV Infected Class Member

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____
(Month Day Year)

Section D - Authorization

The undersigned hereby gives authorization and consent to the Administrator of:

1. The 1986-1990 Hepatitis C Settlement; and
2. The Settlement in the Pre-1986, Post-1990 Hepatitis C Claims against the Canadian Red Cross Society;

to release to the Administrator of the Pre-1986/Post-1990 Hepatitis C Settlement Agreement the information requested in Section E of this Authorization.

Date Signed (Month Day Year)

Claimant's Signature
(or representative of minor or mentally incompetent adult)

FOR INTERNAL PURPOSES ONLY - NOT TO BE COMPLETED BY CLAIMANT

SECTION E – INFORMATION TO BE RELEASED

I am a representative of the following Settlements:

- The 1986-1990 Hepatitis C Settlement; or
- The Red Cross Settlement

1. Has an application been made to the Settlement you represent in respect of the Family Member and/or Dependant named in Section A?

- Yes No

2. Is the file in respect of the Family Member and/or Dependant now closed under the Settlement you represent?

- Yes No

3. Was compensation paid to or for the Family Member and/or Dependant under the Settlement you represent?

- Yes No

4. State the amount of compensation received by/on behalf of the Family Member under the Settlement you represent.

\$ _____
Amount Received

Date Signed (Month Day Year)

Signature of the Representative of the Settlement Administrator

Print Name