

Form 7 - Authorization to Release Other Settlement Information
Strictly Private and Confidential

This form is to be completed by the HCV Infected Class Member. If the HCV Infected Class Member is a minor, a mentally incompetent adult, or deceased, this form is to be completed by his or her HCV Personal Representative.

Section A – HCV Infected Class Member

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ Province/Territory _____ Postal Code _____

Country _____ Date of Birth _____
(Month Day Year)

Province/Territorial Health Number _____ Province/Territory of Health Plan _____

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

Section B - HCV Personal Representative

Complete this section if the HCV Infected Class Member is a minor, a mentally incompetent adult, or is deceased.

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ Province/Territory _____

Postal Code _____ Country _____

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

Section C - 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 D of this Authorization.

Date Signed (Month Day Year)

Signature of HCV Infected Class Member or
HCV Personal Representative

FOR INTERNAL PURPOSES ONLY - NOT TO BE COMPLETED BY CLAIMANT

Section D – Other Settlement Information To Be Released

I am a representative of the following compensation plan/program:

- 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 HCV Infected Class Member named in Section A?

- Yes No

2. Is the file in respect of the HCV Infected Class Member now closed under the Settlement you represent?

- Yes No

3. Was compensation paid to or for the HCV Infected Class Member under the Settlement you represent?

- Yes No

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

\$ _____
Amount Received

Date Signed (Month Day Year)

Signature of the Representative of the Settlement Administrator

Print Name