

**SCHEDULE 6 TO  
PROTOCOL FOR AVAT NO FAULT COMPENSATION SCHEME**

**FREQUENTLY ASKED QUESTIONS (FAQs)<sup>1</sup>  
RELATING TO THE AVAT NO FAULT COMPENSATION SCHEME**

[avatclaims.com/help/frequently-asked-questions](https://avatclaims.com/help/frequently-asked-questions)

**A. ABOUT THE PROGRAM:**

**1. What is the purpose of the Program? And what does the Program cover?**

The purpose of the Program is to provide no-fault compensation in full and final settlement of any claims to those individuals who suffer a Serious Adverse Event resulting in permanent impairment or death associated with a COVID-19 vaccine received through the AVAT Framework, or the administration of such a vaccine, within any Participating Member State.

A number of conditions need to be met:

- in order for an application for compensation to be receivable; and
- if an application is receivable, in order for you (or the person you represent) to be eligible for and receive such compensation.

These conditions are described in the Program's Protocol.

**2. What does the Program not cover?**

The Program does not cover, and will not provide compensation for:

- any non-Serious Adverse Events; and
- any adverse events (whether serious or non-serious) arising from a COVID-19 vaccine which: (a) has not been received through the AVAT Framework, or (b) has been administered in any country or territory that is not a Participating Member State.

In addition, the Program does not cover:

- any Serious Adverse Events arising from a COVID-19 vaccine received through the AVAT Framework in any Participating Member State, if the vaccine in question is administered after more than two years from the date on which the vaccine in question was first distributed as part of the AVAT Framework in any Participating Member State (see Schedule 1 to the Program's Protocol (List of Vaccines) for this date); and
- any Serious Adverse Events arising from a COVID-19 vaccine received through the AVAT Framework in any Participating Member State, for which an application is submitted to the Administrator after the end of the Reporting Period, which is described in Question 10 below.

**3. Who administers the Program?**

The Program is administered by the Program's administrator, ESIS Inc. (the "**Administrator**"). The Administrator is an independent claims administrator with over 30 years' of relevant claims handling experience, and has secured regional

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<sup>1</sup> Capitalized terms used but not defined in these Frequently Asked Questions have the meaning given to such terms under the Section 2 (Definitions) of the Program's Protocol, including its Section 2 (Definitions).

centers around the world able to assist Program applicants in Participating Member States.

4. **Do I need to pay any fees to the Administrator to download or submit an Application or other forms under the Program?**

The Administrator does **not** charge any fee for any individual to download or submit an Application for compensation under the Program or for the submission of any other forms under the Program, including appeal forms.

You should exercise extreme caution in respect of any emails, text messages, telephone calls or other communications requesting you to make a payment as a condition for: (a) submitting an Application under the Program, or (b) downloading or accessing an Application Form or any other forms under the Program.

**Do not make any such payment under any circumstances, as such emails, text messages, telephone calls or other communications are fraudulent and do not originate from the Administrator.**

5. **What is an AU Member State, a CARICOM State and a Participating Member State?**

An AU Member State is any member state of the African Union that participates in the AVAT Framework.

A CARICOM State is any member of the Caribbean Community that participates in the AVAT Framework.

A Participating Member State is any AU Member State or CARICOM State that has elected to participate in the AVAT No Fault Compensation Scheme.

6. **What is a Serious Adverse Event for which I can submit an Application under the Program?**

You can submit an Application for compensation under the Program if you (or the person you represent) has suffered a "Serious Adverse Event". This means a serious untoward medical occurrence that:

- (i) you (or the person you represent) has suffered or sustained following the administration of a COVID-19 vaccine which has been received through the AVAT Framework in any of the Participating Member States; and
- (ii) results in an injury of the type described in Question 7 below.

7. **What types of injuries are covered under the Program?**

The Program covers serious bodily injury or illness that is suffered or sustained by a Patient and that:

- (i) requires Hospitalization or prolongs an existing Hospitalization; and
- (ii) results in permanent total or partial Impairment; or
- (iii) is a congenital birth injury or illness in an unborn or new-born child of a woman who received a Vaccine and results in permanent total or partial Impairment; or
- (iv) results in death.

For the definitions of “Hospitalization”, “Impairment” and “Patient”, please see the Program’s Protocol.

**8. Where can I find more information about the Program?**

You can find more information about the Program on this website ([avatclaims.com](http://avatclaims.com)).

If you have any questions about the Program which are not answered in these FAQs or by the information available on the Program’s website, you can contact the Administrator directly: (i) by email by sending a direct message to the Administrator; (ii) by email at [avatclaims@esis.com](mailto:avatclaims@esis.com); (iii) by regular mail at one of the Program’s Regional Centers; (iv) by calling the Program’s Global Telephone Hotline or the direct telephone numbers of the Program’s Regional Centers; or (v) by WhatsApp. Please see [Question 22](#), below, for the Administrator’s regional mailing addresses and telephone numbers.

The most efficient way to contact the Administrator is either by email at [avatclaims@esis.com](mailto:avatclaims@esis.com) or through the “Contact Us” link on the Program’s website at [avatclaims.com](http://avatclaims.com).

**B. ABOUT ELIGIBILITY TO APPLY FOR COMPENSATION UNDER THE PROGRAM:**

**9. Who can submit an application for compensation under the Program?**

You can submit an application if you (or the person you represent) meet the following conditions:

- a. be a resident, a citizen or person within the population of any of the Participating Member States;  
  
and
- b. have suffered or sustained a Serious Adverse Event which:
  - i. is associated with a COVID-19 Vaccine that has been received through the AVAT Framework in any of the Participating Member States, or with the administration of such a vaccine; and
  - ii. has resulted in an Injury of the types covered by the Program.

See [Questions 5, 6 and 7](#) above for more information about, respectively: (i) what is a Participating Member State, (ii) what is a Serious Adverse Event, and (iii) what types of injuries are covered by the Program. See [Question 11](#) below on how you can find out whether the COVID-19 vaccine that was administered to you (or to the person you represent) has been received through the AVAT Framework.

**Please note, however, that even if you (or the person you represent) meet the conditions above, this does not automatically mean that your Application will be receivable under the Program or that, if your Application is receivable, that you (or the person your represent) will be eligible to receive compensation under the Program. Indeed, a number of conditions need to be met:**

- in order for an application for compensation to be receivable; and
- if an application is receivable, in order for you (or the person you represent) to be eligible for and receive such compensation.

These conditions are described in the Program’s Protocol.

10. **How long do I have to apply for compensation under the Program?**

You will have ample time to submit to the Administrator your application materials (i.e. the Application Form, the Supporting Evidence Form, and all other documents required to be submitted with those forms).

You will need to submit your application materials before the end of the Reporting Period described below, in order for your Application to be considered. You can find a drawing that illustrates the Reporting Period in Schedule 7 to the Program's Protocol.

*Provided that* a COVID-19 vaccine distributed through the AVAT Framework was administered to you (or to the person you represent) within the 2 years following the date on which that specific vaccine was first distributed as part of the AVAT Framework in any Participating Member State then you will have an additional period of 36 months beyond the end of this 2-year period to submit an Application for compensation under the Program.

To find out whether you received a COVID-19 vaccine distributed through the AVAT Framework, please read Question 11 below and see Schedule 1 (List of Vaccines) to the Program's Protocol. To find out on what date the vaccine in question was first distributed as part of the AVAT Framework in any Participating Member State, please see Schedule 1 (List of Vaccines) to the Program's Protocol.

To calculate the Reporting Period that applies to you (or to the person you represent), please follow these steps:

1. Using Schedule 1 to the Program's Protocol, you need to determine what is the End Point that applies to the AVAT Framework-distributed vaccine that was administered to you (or to the person you represent). This End Point is indicated in Schedule 1 to the Program's Protocol, and is 24 months from the date that the vaccine in question was first distributed as part of the AVAT Framework in any Participating Member State; and
2. Calculate the number of months and days from the date that the AVAT Framework-distributed vaccine was administered to you (or to the person you represent) until the day of the applicable End Point, and add another 36 months. This establishes the Reporting Period that applies to you.

If you need help with calculating the Reporting Period that applies to you (or to the person you represent), please contact the Administrator so that someone can assist you (See Question 22 below for contact information).

You can apply for compensation under the Program within the Reporting Period described above, even if the AVAT Framework-distributed vaccine was administered to you (or to the person you represent) before the Program became fully operational. Please remember, however, that the 30-day waiting period described in Question 16 below will need to be observed before you or any Registered Healthcare Professional(s) take any steps towards completing the Application Form or the Supporting Evidence Form that are to be submitted as part of the application materials.

11. **How do I know if I (or to the person I represent) received a COVID-19 vaccine distributed through the AVAT Framework?**

To determine whether the COVID-19 vaccine that was administered to you (or to the person you represent) was received through the AVAT Framework, you will need to verify whether the vaccine is included in Schedule 1 of the Program's Protocol (List of Vaccine). To verify this, you need to know: (1) the vaccine's exact

trade name; (2) the exact name of the vaccine's manufacturer; and (3) the exact batch or lot number of the vaccine that was administered to you (or to the person you represent).

You may wish to refer to the vaccination card/record that was provided to you (or to the person you represent) to find this information, or ask the person or entity/organization that administered the vaccine to you (or to the person you represent) to provide you with this information, so that you can compare it with the List of Vaccines in [Schedule 1](#).

12. **If I (or the person I represent) received a COVID-19 vaccine that was not distributed through the AVAT Framework, can I apply for compensation under the Program?**

No. If you (or the person you represent) received a COVID-19 vaccine that was not procured or distributed through the AVAT Framework, then you cannot unfortunately apply for compensation under the Program. The reason for this is that the Program only covers Serious Adverse Events following the administration of a COVID-19 vaccine *which has been received through the AVAT Framework* within any of the Participating Member States.

13. **I am (or the person I represent is) a citizen, a resident or part of the population of a Participating Member State, but I (or the person I represent) received a COVID-19 vaccine in a country that is not a Participating Member State. Can I apply for compensation under the Program?**

No. If you (or the person you represent) received a COVID-19 vaccine in any country that is not a Participating Member State, then you cannot unfortunately apply for compensation under the Program. The reason for this is that the Program only covers Serious Adverse Events following the administration of a COVID-19 vaccine *which has been received through the AVAT Framework within any of the Participating Member States*.

14. **How do I know if I am entitled to represent a person who has died, or is a child, or is incapacitated or otherwise lacks legal capacity to submit an Application under the Program? What should I do to represent such a person?**

To submit an Application for compensation under the Program on behalf of a Patient who has died, or is a child, or is incapacitated or otherwise lacks the legal capacity to submit an Application, you must fulfill all of the following requirements, which are found in [Section 8\(c\)](#) of the Application Form ([Schedule 2](#)):

- you must be the legally recognized parent, guardian, heir or legal representative (as applicable) of the Patient on whose behalf you are submitting an Application; and
- you must submit — together with (i.e., at the same time as) the Application — a power of attorney or a statement that has been notarized by a Notary Official. The aforementioned notarized power of attorney or statement will need to:
  - *In all cases*: Confirm that you are the legally recognized parent, guardian, heir or legal representative (as applicable) of the Patient on whose behalf you are submitting an Application; and
  - *In the event the person has died*: Additionally confirm that: (A) you are the duly-authorized and legally recognized representative of all legal heirs of the Patient on whose behalf you are submitting an Application (and the names of all such legal heirs must be listed in the power of attorney or statement); and (B) you have all necessary rights, powers and authority to represent, act for and bind all of such legal heirs; and (C) there

are no other legal heirs of the Patient on whose behalf you are submitting an Application, other than those legal heirs who are listed in the power of attorney or statement.

**C. ABOUT THE APPLICATION PROCESS:**

**15. In what language(s) are the Program's forms and available and accepted? Can I complete and submit the Program's forms and supporting documents in other languages?**

The Program's forms (together with accompanying instructions on how to complete and submit them) will be made available in English at Program outset and subsequently in French, Portuguese and Arabic on the Program's website ([avatclaims.com](http://avatclaims.com)).

You should complete and submit the Program's forms in English at Program outset or subsequently in French or Portuguese in order for these forms and documents to be considered by the Administrator. Any Program forms that are completed or submitted in any other languages will be rejected and will not be considered.

However, any additional documents or information that are required or permitted to be provided with the Program's forms, or are requested by the Administrator, can be submitted in another language, if they are not available in English at Program outset or subsequently in French, Portuguese or Arabic.

**16. Is there a waiting period before I can submit an Application under the Program? Why do I need to wait 30 days following the administration of a vaccine distributed through the AVAT Framework, before I can complete an Application and/or ask a Registered Healthcare Professional to complete the Supporting Evidence Form?**

(i) There is indeed a waiting period, except in the case of death as provided in (ii) below. You must wait at least 30 days following the date on which the Vaccine was administered to you (or to the person you represent) before you and any Registered Healthcare Professional, as applicable, take any steps towards completing and submitting the Application Form and the Supporting Evidence Form.

The reason for this 30-day waiting period is to allow Registered Healthcare Professionals to determine whether the adverse event which you have suffered (or the person you represent, has suffered) is indeed serious. This avoids that persons who suffer non-Serious Adverse Events associated with a COVID-19 vaccine received through the AVAT Framework, or with the administration of such a vaccine, submit an Application for compensation under the Program. Non-Serious Adverse Events are not covered by the Program.

(ii) The 30 days waiting period does not apply in the case the person you represent has died following the administration of a COVID-19 vaccine received through the AVAT Framework, and the death is considered by a Registered Healthcare Professional to have been caused by this vaccine or its administration.

17. **What forms and documents do I need to submit to apply for compensation under the Program? Do I need to submit all application materials at the same time?**

To apply for compensation under the Program, you need to submit *all application materials* to the Administrator for your application to be considered complete. The application materials consist of:

- the Application Form (Schedule 2) duly completed, signed and dated by you; and
- the invoices, receipts or other proof of payment of any medical expenses (including Hospital fees) incurred as a consequence of the injury or illness suffered by the Patient for whom the Application is being submitted; and
- in the event the Patient has died, or is a child, or is incapacitated or otherwise lacks the legal capacity to submit an Application, then you will also need to provide a power of attorney or statement (duly notarized) that meets the requirements set forth in Section 8(c) of the Application Form (Schedule 2). Please see Question 14 above for more information about the requirements that apply to this power of attorney or notarized statement; and
- the Supporting Evidence Form (Schedule 3) duly completed, signed and dated by one or more Registered Healthcare Professional(s); and
- the documentation required to be submitted by the Registered Healthcare Professional(s) together with the Supporting Evidence Form (Schedule 3).

18. **In what ways can I submit the Application Form and other Program forms? Can I apply by phone?**

Please note that you cannot complete or submit an Application or any other Program forms by phone, and that the Administrator cannot complete or submit any Program forms for you.

All of the Program forms can be submitted to the Administrator through any of the following means:

- Online, using the online Application Form and uploading the accompanying supporting documents to the Program's website ([avatclaims.com](http://avatclaims.com));
- Online, by uploading them to the Program's website ([avatclaims.com](http://avatclaims.com));
- By email, by emailing them to [avatclaims@esis.com](mailto:avatclaims@esis.com); and
- By regular mail, to one of the Program's Regional Centers mailing addresses.

19. **What is the deadline to submit an Application under the Program? What happens if I miss the deadline to submit an Application?**

If you (or the person you represent) received a COVID-19 vaccine distributed through the AVAT Framework in any of the AU Member States, then you must submit the complete Application materials to the Administrator within the Reporting Period that applies to you (as described in Question 10 above). The *complete Application materials* include the Application Form, the Supporting Evidence Form and all other documents required to be submitted with the Application Form and Supporting Evidence Form.

If you do not submit the complete *Application materials* before end of the Reporting Period that applies to you (as described in Question 10 above), then you will unfortunately no longer be able to apply for compensation under the Program. If you submit an Application Form or other application materials after

the Reporting Period that applies to you, then your Application will be rejected by the Administrator and cannot be considered.

20. **Will I automatically receive compensation under the Program if: (a) I submit an Application and Supporting Evidence, or (b) if I have been notified by the Administrator that my Application and Supporting Evidence have been accepted as a Receivable Claim?**

No. The submission of an Application Form and Supporting Evidence Form to the Administrator does not automatically entitle you (or the person you represent) to receive a compensation payment under the Program. Similarly, the fact that the Administrator has notified you that your Application has been accepted as a Receivable Claim under the Program does not, in and of itself, entitle you (or the person you represent) to receive payment of compensation under the Program. The conditions for an Application to be receivable, and the conditions for you (or the person your represent) to be eligible for and to receive compensation are described in the Program's Protocol.

21. **Who can have access to the information and documents that I submit in connection with an Application?**

The following persons may have access to, and examine, the personal, medical or other relevant information/records of you (or of the person for whom you are submitting the Application):

- The Administrator;
- The members of the Review Panel;
- The members of the Appeals Panel;
- Any other persons representing and/or advising any of the persons mentioned above; and
- Any other persons or entities mentioned in the ESIS, Inc. Privacy Policy for AVAT No Fault Compensation Scheme.

In addition to the above, the personal and medical data of your (or of the person on whose behalf you are submitting an Application) may be shared with any local health services and/or any local law enforcement or other government agencies, any intergovernmental organizations and any international institutions as may be required from time to time for the purposes of law enforcement, the detection of criminal activity, risk profiling of vaccines or any other reasonably proportionate activity which may from time to time be required in connection with your Application or any appeals or other proceedings arising from or relating to it.

For more information, please refer to the ESIS, Inc. Privacy Policy for AVAT No Fault Compensation Scheme.

**D. QUESTIONS ON WHO TO CONTACT:**

22. **Who do I contact if I have questions about the Program, an Application or any Program forms, or if I need help with completing or submitting an Application or other Program forms?**

If you have questions about the Program, an Application or any of the Program's forms and these questions are not answered by these FAQ or other information available on the Program's website, you can contact the Administrator by any of the following means:

- By email, by sending a direct message to the Administrator containing your query;
- By email, by writing to [avatclaims@esis.com](mailto:avatclaims@esis.com); or
- By regular mail, to one of the Program's Regional Centers mailing addresses; or



- By telephone during regular business hours/days, either:
  - By calling the Program’s Global Hotline at **00-1-404-905-8883**. Please note that the telephone number for the Global Telephone Hotline may be toll-free or at-cost to the Applicant, depending on which Participating Member State the Applicant is calling from. Applicants should verify whether or not any calling charges apply before calling the Global Telephone Hotline.
  - Or by calling any of the (at-cost) direct telephone numbers of the Program’s Regional Centers.
- By WhatsApp.

The most efficient way to contact the Administrator is by email at [avatclaims@esis.com](mailto:avatclaims@esis.com) or through the “Contact Us” link on the Program website at ([avatclaims.com](http://avatclaims.com)).

**23. Who should I contact for the required Supporting Evidence?**

You should contact the Registered Healthcare Professional(s) who has (have) treated you (or the person you represent) for the injury or illness associated with the COVID-19 vaccine received through the AVAT Framework, so that they can: (i) complete and sign the Supporting Evidence Form (Schedule 3) that is required to be submitted with your Application; and (ii) provide you with the other supporting documents that are required to be attached to the Supporting Evidence Form. You should not complete or sign the Supporting Evidence Form yourself; if you do so, then the form will not be accepted or considered by the Administrator.

For the definition of “Registered Healthcare Professional(s)”, please see the Program’s Protocol.

**24. How can I find a notary public or other public official legally authorized to provide notarization and/or legalization services within the Participating Member State in which I reside?**

We suggest that contact your local government authorities to obtain this information.

**E. ABOUT THE PROCESS AFTER AN APPLICATION HAS BEEN SUBMITTED:**

**25. What happens after I submit an Application Form and other application materials under the Program?**

After all application materials (i.e., the Application Form, the Supporting Evidence Form and the other documents required to be submitted with those forms) have been duly completed, signed, dated and submitted to the Administrator, the following steps (among others) will follow:

1. You will receive an written acknowledgement from the Administrator that your application materials have been received, and one of the Administrator’s examiners will contact you via email or regular mail; and
2. Your application materials will be reviewed by the Administrator within 7 days of their date of receipt to determine (in accordance with the terms of the Program’s Protocol) whether:
  - the Application Form is: (a) duly completed, signed and dated, and (b) accompanied by the required Supporting Evidence Form (also duly completed, signed and dated) and by the other documents required to be submitted together with the Application Form and the Supporting Evidence Forms;

- the complete application materials have been submitted before the end of the Reporting Period, which is illustrated in [Schedule 7](#) to the Protocol (also see [Question 10](#) above);
  - you (or the person on whose behalf you are submitting the Application) meet all the requirements of a Claimant under the Program; and
  - the Application constitutes a Receivable Claim under the Program.
3. *If your Application is found by the Administrator to be incomplete*, then the Administrator will invite you to submit the missing documents, and you will have a period of 90 days from the date of the Administrator's notification to submit these missing documents to the Administrator.
  4. *If your Application is found by the Administrator to be a Receivable Claim under the Program*, then the Administrator will: (A) submit all of your application materials to the Program's Review Panel as soon as possible (and no later than 7 days) after the Administrator's above mentioned finding; and (B) send you a written notice that your Application has been accepted as a Receivable Claim under the Program. Please note that the acceptance of an Application as a Receivable Claim under the Program does not, in and of itself, entitle you (or the person you represent) to the payment of compensation under the Program; see [Question 20](#) above, for more information. Your Application will still need to be assessed by the Review Panel, which will determine (in accordance with the relevant provisions of the Protocol) whether or not your Application can be approved for compensation under the Program.
  5. *If your Application is found by the Administrator to not be a Receivable Claim under the Program*, then: (A) your Application will be rejected, and (B) the Administrator will send you written notice that your Application has been rejected because it does not constitute a Receivable Claim under the Program. The Administrator's notice will include: (i) the grounds for the rejection of your Application, (ii) a notification of your right to appeal this decision, and (iii) a copy of the Notice of Appeal of Rejected Application Form ([Schedule 4](#)) that you need to timely and duly complete and submit, if you wish to appeal this decision. Please see [Question 29](#) and [Question 31](#), below, for more information about filing an appeal to a rejected Application using the Notice of Appeal of Rejected Application Form.

26. **What happens if I miss a deadline under the Program, after I have submitted a timely Application?**

If you have submitted a timely Application, but thereafter fail to meet any relevant deadlines prescribed by the Program's Protocol, then the Administrator may deny and close the process in respect of your Application (including any pending reviews and/or appeals). To avoid this, you should: (i) always carefully verify what deadlines apply, and (ii) submit all required documents and information to the Administrator in a timely manner (and take timely steps to ensure that you can meet these deadlines).

Any deadlines that apply after you have submitted a timely Application, are generally 90 days from the date of the Administrator's notification to you. This should give you ample time to comply.

27. **Can I modify an Application after it has been submitted?**

If you wish to modify your Application Form, Supporting Evidence Form or any other application materials after they have been submitted to the Administrator, then you will need to:

- First, withdraw your existing Application. Please see [Question 28](#) below for more information about how to withdraw an Application after it has been submitted; and
- Then, complete (or have completed) and submit to the Administrator a new/modified set of application materials (meaning new Application Form, Supporting Evidence Form and all other documents required to be provided under the terms of these forms). Please note that you will need to resubmit *all application materials together with and at the same time as the new/modified Application*, even if only some (but not all) of the application materials have been modified.

Please make sure that your new/modified Application Form, Supporting Evidence Form and other application materials are submitted to the Administrator before the end of the Reporting Period that applies to you. If your new/modified application materials are submitted after the end of this period, then your Application cannot be accepted and will be rejected. Please see [Question 10](#) above for more information about how to calculate the Reporting Period that applies to you.

28. **Can I withdraw an Application after it has been submitted?**

Yes, you can withdraw your Application: (i) at any time before you have accepted the Administrator's approval of Payment in respect of your Application (that is, before you have submitted to the Administrator the signed and certified Release Agreement referred to under [Question 33](#) below); and (ii) for any reason, including if you want to modify your Application (see [Question 27](#) above).

To withdraw an Application, please send an email or regular mail to the Administrator, in which you include the following: (1) the Applicant's name; (2) the Application number; and (3) a statement that you want to withdraw your Application for compensation under the Program, including the reasons why.

Please note that after you withdraw your Application: (a) you will not be permitted to reinstate or reopen the withdrawn Application, and (b) if you wish to later re-apply for compensation under the Program, you will need to complete (or have completed), obtain and submit to the Administrator a whole new Application Form, Supporting Evidence Form and all other documents required to be provided under the terms of these forms, before the end of the Reporting Period that applies to you. Please see [Question 10](#) above for more information about how to calculate the Reporting Period that applies to you.

29. **My Application has been rejected on the grounds that it is not a Receivable Claim under the Program. What can I do if I disagree?**

If your Application has been rejected by the Administrator on the grounds that it does not constitute a Receivable Claim under the Program, and you disagree with this decision, then you can file an appeal by following the procedure described in [Section 7](#) of the Program's Protocol.

To appeal the rejection of an Application in this context, you must complete, sign and submit to the Administrator the form entitled "Notice of Appeal of Rejected Application" ([Schedule 4](#)). Please bear in mind that you will not be permitted to provide any new or additional documents in connection with your appeal in this context.

You must submit the Notice of Appeal of Rejected Application Form to the Administrator no later than 90 days after the date of the Administrator notification that your Application was rejected because it does not constitute a receivable claim under the Program.

Please see [Section 7](#) of the Program's Protocol for more information about the appeals process that applies when an Application is rejected on the grounds that it does not constitute a Receivable Claim under the Program. Please also see [Question 31](#) below for more information about what happens after you submit a Notice of Appeal of Rejected Application Form.

**IMPORTANT NOTE:** If your Application does constitute a Receivable Claim, but was denied compensation under the Program, and you disagree, then please do not use the appeals procedure outlined above and refer to [Question 30](#) instead.

**30. My Application has been denied compensation under the Program. What can I do if I disagree?**

If your Application constitutes a Receivable Claim but has been denied compensation under the Program, and you disagree with this decision, then you can file an appeal by following the procedure described in [Section 8](#) of the Program's Protocol.

To appeal the denial of compensation in this context, you must complete, sign and submit to the Administrator the form entitled "Notice of Appeal of Denied Receivable Claim" ([Schedule 5](#)). If there are any additional documents that you wish to provide in support of your appeal of a denied Receivable Claim, then you must submit these additional documents *at the same* time as you submit your Notice of Appeal of Denied Receivable Claim Form to the Administrator.

You must submit the Notice of Appeal of Denied Receivable Claim Form (together with any additional documents you wish to provide in support of the appeal) to the Administrator no later than 90 days after the date of the Administrator's notification that your Application/Receivable Claim was denied compensation under the Program.

Please see [Section 8](#) of the Program's Protocol for more information about the appeals process that applies when an Application/Receivable Claim is denied compensation under the Program. Please also see [Question 32](#) below for more information about what happens after you submit a Notice of Appeal of Denied Receivable Claim Form.

**IMPORTANT NOTE:** If your Application was rejected on the grounds that it does not constitute a Receivable Claim under the Program, and you disagree, then please do not use the appeals procedure outlined above and refer to [Question 29](#) instead.

**31. What happens after I submit a Notice of Appeal of Rejected Application?**

After the Administrator receives your duly completed, signed and dated Notice of Appeal of Rejected Application (and provided that your Notice was submitted before the applicable deadline), then the following process will apply:

- Within 7 days of receipt, the Administrator will provide your Notice of Appeal of Rejected Application form, together with the other appeals materials(\*), to the Administrator's Vice President of Risk Consulting.
- Within 30 days of receipt, the Administrator's Vice President of Risk Consulting will: (i) review your Notice of Appeal of Rejected Application and the other appeals materials(\*), and (ii) on this basis, make a

determination whether to confirm or reverse the prior rejection of your Application.

- The Administrator's Vice President of Risk Consulting will communicate his determination to confirm or reverse the prior rejection of your Application (including the grounds for his determination) in writing to the Administrator, no later than 7 days after making that determination.
- The Administrator will send you written notice of the determination to confirm or reverse the prior rejection of your Application (including the grounds for that determination), no later than 14 days after the Administrator's Vice President of Risk Consulting has communicated that determination to the Administrator.
- The decision/determination of the Administrator's Vice President of Risk Consulting concerning your Notice of Appeal of Rejected Application is final and cannot be appealed.

(\*) For purposes of this question only, the "appeals materials" means: (1) your Notice of Appeal of Rejected Application; (2) your original Application Form and Supporting Evidence Form (together with any documents that may be required pursuant to their terms); and (3) any additional information and/or documents that may have been requested by the Administrator and that were submitted by you in a timely manner.

32. **What happens after I submit a Notice of Appeal of Denied Receivable Claim?**

After the Administrator receives your duly completed, signed and dated Notice of Appeal of Denied Receivable Claim (and provided that your Notice was submitted before the applicable deadline), then the following process will apply:

- Within 7 days of receipt, the Administrator will provide your Notice of Appeal of Denied Receivable Claim form, together with the other appeals materials (\*), to the Program's Appeals Panel.
- Within 30 days of receipt, the Appeals Panel will: (i) review your Notice of Appeal of Denied Receivable Claim Form and the other appeals materials(\*), and (ii) on this basis, make a determination whether to confirm or reverse the prior denial of compensation under the Program in respect of your Receivable Claim.
- The Appeals Panel will communicate its determination to confirm or reverse the prior denial of compensation under the Program (including the grounds for its determination) in writing to the Administrator, no later than 7 days after making its determination.
- The Administrator will send you a written notice of the Appeal Panel's determination to confirm or reverse the prior denial of compensation (including the grounds for that determination), but no later than 14 days after the Appeals Panel has communicated that determination to the Administrator.
- The decision of the Appeals Panel concerning your Notice of Appeal of Denied Receivable Claim is final and cannot be appealed.

(\*) For purposes of this question only, the "appeals materials" means: (1) your Notice of Appeal of Denied Receivable Claim (together with any documents that may be required by and/or have been submitted with this Notice of Appeal); (2) your original Application Form and Supporting Evidence Form (together with any documents that were submitted with those forms); and (3) any additional information or documents that may have been requested by the Administrator and that were submitted in a timely manner to the Administrator.

33. **My Application has been approved for payment by the Administrator. What should I do to receive this payment?**

Once you have been notified by the Administrator that your Application has been approved for Payment, you will need to:

1. Sign and date the Release Agreement, which the Administrator will send to you with the notification that your Application has been approved for Payment, and have this Release Agreement certified by a Notary Official;
2. Complete and sign the Payment Method Election Form, which the Administrator will send to you with the notification that your Application has been approved for Payment; and
3. Return the signed, dated and certified Release Agreement and the completed Payment Method Election Form to the Administrator within 90 days from the date of the Administrator's notice that your Application has been approved for Payment.

The Release Agreement is described in Section 11 of the Program's Protocol and the Payment Method Election Form is described in Section 2(g) of the Program's Protocol.

Through the Release Agreement, you agree that the Payment is not an admission of fault, wrongdoing, responsibility or liability on the part of any person or entity listed in Section 11(a) of the Program's Protocol. The reason for this is that Program does not address and does not provide any determination of fault on the part of any such person or entity. The Program is a no fault compensation program.

Through the Release Agreement, you furthermore agree that the Payment is in full and final consideration of the Injury in question, and in full and final settlement of any claims which you (or the person you represent) may have against the above-mentioned persons or entities. To this end, you release them from such actions and waive the right to seek and/or obtain compensation in respect of the Injury in question through any other means. The reason for this to avoid that persons seek to obtain multiple compensation from multiple sources for the same injury.

Provided that you have returned the signed, dated and certified Release Agreement and the completed Payment Method Election Form to the Administrator within 90 days from the date of the Administrator's notice, the Administrator will proceed to make the Payment, within 28 days of the Administrator's receipt of these documents.

Subject to any restrictions imposed by applicable laws and regulations, the Administrator will effect Payment through the payment method you have elected.

Please note however that if you do not collect or cash the Payment within six (6) months after the issuance of this Payment, the Administrator will credit the funds back to the Program in the amount of the uncollected and/or uncashed Payment, and you will lose your entitlement.