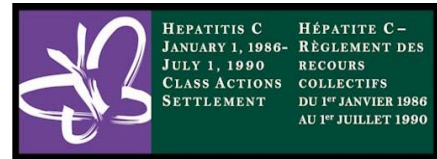


The 1986-1990 Hepatitis C Claims Centre
PO Box 2370, Station D
Ottawa (Ontario) K1P 5W5
Toll-Free: 1 866 640-9994
Fax: (613) 569-1763
www.hepc8690.ca



Dear Sir or Madam:

The 1986-1990 Hepatitis C Claims Centre receives and processes claims made by:

- a) persons infected with Hepatitis C due to blood transfusions received in Canada between January 1, 1986 and July 1, 1990;
- b) persons with hemophilia or thalassemia major infected with Hepatitis C who received or took blood in Canada between January 1, 1986 and July 1, 1990; and
- c) family members of HCV infected persons who are deceased.

You previously contacted the 1986-1990 Hepatitis C Claims Centre, but a claim form was never submitted in your name.

If you are infected with Hepatitis C and had a blood transfusion or received or took blood in Canada between January 1, 1986 and July 1, 1990, it is very important to understand that the deadline for submitting a claim for compensation (\$) is, in most cases, the later of:

June 30, 2010	OR	within 3 years of first learning of the Hepatitis C infection
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If you were transfused or have received or taken blood but have never been tested for Hepatitis C, please discuss it with your physician.

Do you qualify for payments?

Call us toll free at **1 866 640-9994** and we will answer your questions / assist with the decision to make a claim or not. It's all confidential. If you are unsure about your right to claim, consider making a claim before June 30, 2010 so as to protect your right to claim and we will, after that date fully assess your eligibility.

For information about qualification, payments, making a claim, go to www.hepc8690.ca or fill in and return the bottom portion to the 1986-1990 Hepatitis C Claims Centre (see address at the top).

* If the contents of this letter conflict with the 1986-1990 Hepatitis C Settlement Agreement, the terms of the 1986-1990 Hepatitis C Settlement Agreement govern.

I wish to claim. Please contact me.

Your name: _____ (or other contact person): _____

Address / City: _____

Province/ Postal Code: _____ Telephone: (____) _____ - _____

E-mail: _____