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Court File No. CV-19-616077-00CL
Court File No. CV-19-616779-00CL

ONTARIO
SUPERIOR COURT OF JUSTICE
COMMERCIAL LIST

IN THE MATTER OF THE *COMPANIES' CREDITORS ARRANGEMENT ACT*,
R.S.C. 1985, c. C-36, AS AMENDED

AND IN THE MATTER OF A PLAN OF COMPROMISE
OR ARRANGEMENT OF **JTI-MACDONALD CORP.**

AND IN THE MATTER OF A PLAN OF COMPROMISE
OR ARRANGEMENT OF **IMPERIAL TOBACCO CANADA LIMITED**
AND **IMPERIAL TOBACCO COMPANY LIMITED**

AND IN THE MATTER OF A PLAN OF COMPROMISE
OR ARRANGEMENT OF **ROTHMANS, BENSON & HEDGES INC.**

Applicants

PAN-CANADIAN CLAIMANTS' COMPENSATION PLAN

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**GUIDING PRINCIPLES FOR THE
PAN-CANADIAN CLAIMANTS' COMPENSATION PLAN AND
QUEBEC CLASS ACTION ADMINISTRATION PLAN**

The following principles underpin and shall guide the approval, implementation and execution of the Pan-Canadian Claimants' Compensation Plan ("**PCC Compensation Plan**") and the Quebec Class Action Administration Plan ("**Quebec Administration Plan**"):

1. The CCAA Court shall have an ongoing supervisory role in respect of the administration of the CCAA Plans which include the Quebec Administration Plan (Schedule "K" to Imperial's CCAA Plan and Schedule "N" to the CCAA Plans of RBH and JTIM) and the PCC Compensation Plan (Schedule "P" to Imperial's CCAA Plan and Schedule "S" to the CCAA Plans of RBH and JTIM).
2. The CCAA Court shall hear and determine the proceedings relating to the approval of the PCC Compensation Plan and the Quebec Administration Plan, including the approval of the retainer agreement respecting fees and disbursements between the Quebec Class Counsel and the representative plaintiffs, and the approval of the Quebec Class Counsel Fee. Matters relating to the ongoing supervision of the Quebec Administration Plan shall be heard and determined jointly by the CCAA Court and the Quebec Superior Court. In performing this function, the CCAA Court and the Quebec Superior Court may communicate with one another in accordance with a protocol to be worked out and established by them. Matters relating to the ongoing supervision of the PCC Compensation Plan shall be heard and determined solely by the CCAA Court.
3. No changes, modifications or revisions shall be made to the Quebec Administration Plan without the joint approval of the CCAA Court and the Quebec Superior Court as set out in an Order issued by the CCAA Court.
4. No changes, modifications or revisions shall be made to the PCC Compensation Plan without the approval of the CCAA Court as set out in an Order issued by the CCAA Court.

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5. Upon the recommendation of the Court-Appointed Mediator and the Monitors and subject to the approval of the CCAA Court, Daniel Shapiro, K.C. will be appointed by the CCAA Court to serve as the Court-appointed Administrative Coordinator (“**Administrative Coordinator**”) and, in that capacity, he will coordinate and serve as a liaison and conduit to facilitate the flow of information between the Claims Administrator and the CCAA Plan Administrators in regard to both the PCC Compensation Plan and the Quebec Administration Plan.
6. Upon the recommendation of the Court-Appointed Mediator and the Monitors and subject to the approval of the CCAA Court, the CCAA Court will appoint one Claims Administrator to administer both the Quebec Administration Plan and the PCC Compensation Plan.
7. The Claims Administrator shall be neutral and independent from the Quebec Class Action Plaintiffs (including the *Blais* Class Members and the *Létourneau* Class Members), Quebec Class Counsel, Raymond Chabot, Pan-Canadian Claimants, PCC Representative Counsel, Tobacco Companies, Claimants, CCAA Plan Administrators, Administrative Coordinator and Court-Appointed Mediator. The Claims Administrator may, in its discretion, retain its own legal or other advisors.
8. The Claims Administrator shall liaise with the Administrative Coordinator who will assist the Claims Administrator to address and resolve issues that may arise from time to time in the interpretation, implementation and ongoing administration of both plans. If the Administrative Coordinator and the Claims Administrator are unable to resolve an issue relating to the Quebec Administration Plan, then the Administrative Coordinator shall refer the matter to the CCAA Plan Administrators who may, in their discretion, refer the matter jointly to the CCAA Court and the Quebec Superior Court for resolution. If the Administrative Coordinator and the Claims Administrator are unable to resolve an issue relating to the PCC Compensation Plan, then the Administrative Coordinator shall refer the matter to the CCAA Plan Administrators who may, in their discretion, refer the matter to the CCAA Court for resolution.

9. In respect of all decisions regarding the implementation and execution of the Quebec Administration Plan, the Claims Administrator shall not collaborate or consult with or seek any advice, instructions or directions from the Quebec Class Counsel. Notwithstanding the above, the Quebec Class Counsel shall communicate and cooperate with the Claims Administrator and the Administrative Coordinator so as to fulfill their duties and responsibilities to the *Blais* Class Members.
10. In respect of all decisions regarding the implementation and execution of the PCC Compensation Plan, the Claims Administrator shall not collaborate or consult with or seek any advice, instructions or directions from the PCC Representative Counsel. Notwithstanding the above, the PCC Representative Counsel shall communicate and cooperate with the Claims Administrator and the Administrative Coordinator so as to fulfill their duties and responsibilities to the PCCs.
11. The Quebec Class Counsel have a traditional solicitor-client relationship with the *Blais* Class Members and the *Létourneau* Class Members and a duty to act in the best interests of the classes as a whole.
12. The PCC Representative Counsel has a traditional solicitor-client relationship with the Pan-Canadian Claimants and a duty to act in the best interests of all Pan-Canadian Claimants in regard to the Claims Process.

PAN-CANADIAN CLAIMANTS' COMPENSATION PLAN

INTRODUCTION

A compensation plan, called the Pan-Canadian Claimants' Compensation Plan or PCC Compensation Plan, has been developed for eligible persons across Canada who are suffering from at least one of three tobacco-related diseases caused by smoking cigarettes sold in Canada by three tobacco companies, Imperial Tobacco Canada Limited, Rothmans, Benson & Hedges and JTI-Macdonald Corp. Persons may be eligible to receive a payment if they meet the requirements of the PCC Compensation Plan including:

1. They reside in Canada and were alive on March 8, 2019.
2. Between January 1, 1950 and November 20, 1998:
 - (a) They smoked a minimum of 87,600 cigarettes (the PCC Compensation Plan explains how to calculate the number of cigarettes smoked); and
 - (b) The cigarettes that they smoked were of one or more of the following cigarette brands (the PCC Compensation Plan contains a complete list of the cigarette brands and sub-brands):

Accord	Craven "A"	Mark Ten	Number 7
B&H	Craven "M"	Matinee	Peter Jackson
Belmont	du Maurier	Medallion	Players
Belvedere	Dunhill	Macdonald	Rothmans
Camel	Export	More	Vantage
Cameo	LD	North American Spirit	Viscount Winston

3. Between March 8, 2015 and March 8, 2019 (inclusive of those dates), they were diagnosed with Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV) (the PCC Compensation Plan contains details of the tobacco-related diseases), and they resided in Canada at the time of their diagnosis.

The PCC Compensation Plan provides important information and forms to help people decide whether they may have a claim for payment. If they think they have a claim, they may fill out the Claim Forms and file them by sending them in to the Claims Administrator for the PCC Compensation Plan.

The Claims Process for the PCC Compensation Plan has been designed to make it easy for a person to complete the Claim Forms without the need for assistance from a lawyer. The Claims Process also allows the Claims Administrator to quickly process each claim and decide whether the claim is eligible to be paid. The instructions and questions on the Claim Forms are easy to understand with fill in the blanks and boxes to check.

The Claims Administrator will have a Call Centre offering services in English and French to respond to questions regarding the PCC Compensation Plan and the Claims Process. If a claimant has questions in respect of the Claims Process under the PCC Compensation Plan, they may consult the Claims Administrator's website at [\[URL for website of Claims Administrator\]](#) or call the Claims Administrator's Call Center at [\[Call Centre toll-free number\]](#) or send an email to [\[Claims Administrator's email\]](#). When possible, the Claims Administrator's staff will help persons who wish to submit claims. It is a claimant's responsibility to complete and submit their Claim Forms to the Claims Administrator.

To ensure the integrity and fairness of the Claims Process, persons who submit claims to the PCC Compensation Plan will be asked to declare that the answers they provide on their Claim Forms are true and accurate. Where the Claims Administrator finds evidence of fraud, false information or an intentional misleading of the Claims Administrator, the claim will be disallowed.

PAN-CANADIAN CLAIMANTS' COMPENSATION PLAN

WHEREAS JTI-Macdonald Corp. ("**JTIM**") is insolvent and was granted protection from its creditors under the *Companies' Creditors Arrangement Act*, R.S.C. 1985, c. C-36, as amended ("**CCAA**"), pursuant to the Initial Order of the Honourable Justice Hainey of the CCAA Court dated March 8, 2019;

AND WHEREAS Imperial Tobacco Canada Limited ("**ITCAN**") and Imperial Tobacco Company Limited ("**ITCO**"), collectively "**Imperial**", are insolvent and were granted protection from their creditors under the CCAA pursuant to the Initial Order of the Honourable Justice McEwen of the CCAA Court dated March 12, 2019;

AND WHEREAS Rothmans, Benson & Hedges Inc. ("**RBH**") is insolvent and was granted protection from its creditors under the CCAA pursuant to the Initial Order of the Honourable Justice Pattillo of the CCAA Court dated March 22, 2019;

AND WHEREAS by the Initial Orders the CCAA Court appointed Deloitte Restructuring Inc., FTI Consulting Canada Inc. and Ernst & Young Inc. as officers of the CCAA Court and the Monitors respectively of JTIM, Imperial and RBH ("**Monitors**");

AND WHEREAS by an Order dated April 5, 2019, the CCAA Court appointed the Honourable Warren K. Winkler, K.C. ("**Court-Appointed Mediator**") as an officer of the Court to, as a neutral third party, mediate a global settlement of the claims by the Claimants;

AND WHEREAS the Court-Appointed Mediator conducted the mediation with the Tobacco Companies and the Claimants;

AND WHEREAS by an Order dated September 27, 2023, the Honourable Chief Justice Geoffrey B. Morawetz directed the Monitors to work with the Court-Appointed Mediator to develop a plan of compromise and arrangement concerning each of JTIM, Imperial and RBH;

AND WHEREAS, subject to the approval of the CCAA Court, the Pan-Canadian Claimants' Compensation Plan ("**PCC Compensation Plan**") has been developed to provide for the payment of compensation directly to eligible Individuals in every Province and Territory who suffer from Lung Cancer, Throat Cancer, or Emphysema/COPD (GOLD Grade III or IV) attributable to smoking cigarettes sold by the Tobacco Companies during a specified period of time, and who are not covered by the class action judgment rendered in favour of the *Blais* Class Members against ITCAN, RBH and JTIM in *Conseil québécois sur le tabac et la santé et Jean-Yves Blais c. Imperial Tobacco Ltée, Rothmans, Benson & Hedges inc. et JTI-MacDonald Corp.* ("**Blais Judgment**");

AND WHEREAS, where appropriate and to the extent possible, the PCC Compensation Plan and the Quebec Administration Plan for the administration of claims by *Blais* Class Members pursuant to the *Blais* Judgment shall be harmonized with each other; and

NOW THEREFORE, set out herein are the terms of the Pan-Canadian Claimants' Compensation Plan that is attached as Schedule "P" to Imperial's CCAA Plan and Schedule "S" to the CCAA Plans of RBH and JTIM.

PART A: INTERPRETATION

SECTION I – INTERPRETATION

1. Definitions

1.1 In this document, including all Appendices hereto, unless otherwise stated or the context otherwise requires:

"**Acknowledgement of Receipt**" means an acknowledgement sent by the Claims Administrator to a PCC-Claimant or their Legal Representative acknowledging the receipt of documents submitted by them pursuant to the PCC Compensation Plan.

“**Acknowledgement of Receipt of Claim Package**” means the notice, in the form attached hereto as **Appendix “G”**, sent by the Claims Administrator to a PCC-Claimant or their Legal Representative acknowledging receipt of their Claim Package.

“**Administrative Coordinator**” means Daniel Shapiro, K.C., in his capacity as the Court-appointed Administrative Coordinator in respect of the administration of both the PCC Compensation Plan and the Quebec Administration Plan. Daniel Shapiro’s appointment as the Administrative Coordinator will be upon the recommendation of the Court-Appointed Mediator and the Monitors and subject to the approval of the CCAA Court.

“**Affiliate**” means a Person is an affiliate of another Person if,

- (a) one of them is the subsidiary of the other, or
- (b) each of them is controlled by the same Person.

For the purpose of this definition,

- (i) “subsidiary” means a Person that is controlled directly or indirectly by another Person and includes a subsidiary of that subsidiary, and
- (ii) a Person (first Person) is considered to control another Person (second Person) if,
 - (A) the first Person beneficially owns or directly or indirectly exercises control or direction over securities of the second Person carrying votes which, if exercised, would entitle the first Person to elect a majority of the directors of the second Person, unless that first Person holds the voting securities only to secure an obligation,
 - (B) the second Person is a partnership, other than a limited partnership, and the first Person holds more than 50% of the interests of the partnership, or

- (C) the second Person is a limited partnership and the general partner of the limited partnership is the first Person.

“**Alternative Product**” means (i) any device that produces emissions in the form of an aerosol and is intended to be brought to the mouth for inhalation of the aerosol without burning of (a) a substance; or (b) a mixture of substances; (ii) any substance or mixture of substances, whether or not it contains tobacco or nicotine, that is intended for use with or without those devices to produce emissions in the form of an aerosol without burning; (iii) any non-combustible tobacco (other than smokeless tobacco) or nicotine delivery product; and (iv) any component, part, or accessory of or used in connection with any such device or product referred to above.

“**Annual Contributions**” has the meaning given in Article 5, Section 5.7 of the CCAA Plans, and “**Annual Contribution**” means any one of them.

“**Bank**” has the meaning given in Article 5, Section 5.3 of the CCAA Plans.

“**Blais Class Action**” means *Conseil québécois sur le tabac et la santé et al. v. JTI-Macdonald Corp. et al.*, Court File No. 500-06-000076-980 (Montreal, Quebec).

“**Blais Class Members**” means persons who meet the criteria of the following certified class definition in the *Blais Class Action*:

All persons residing in Quebec who satisfy the following criteria:

- (1) To have smoked, between January 1, 1950 and November 20, 1998, a minimum of 12 pack/years of cigarettes manufactured by the defendants (that is, the equivalent of a minimum of 87,600 cigarettes, namely any combination of the number of cigarettes smoked in a day multiplied by the number of days of consumption insofar as the total is equal to or greater than 87,600 cigarettes).

For example, 12 pack/years equals:

20 cigarettes a day for 12 years (20 X 365 X 12 = 87,600) or

30 cigarettes a day for 8 years (30 X 365 X 8 = 87,600) or
10 cigarettes a day for 24 years (10 X 365 X 24 = 87,600);

- (2) To have been diagnosed before March 12, 2012 with:
- (a) Lung cancer or
 - (b) Cancer (squamous cell carcinoma) of the throat, that is to say of the larynx, the oropharynx or the hypopharynx or
 - (c) Emphysema/ COPD (GOLD Grade III or IV).

The group also includes the Heirs of the persons deceased after November 20, 1998 who satisfied the criteria mentioned herein.

“**Blais Eligibility Criteria**” means the criteria set out in the certified class definition in the *Blais* Class Action which a person must meet to be eligible to receive a Compensation Payment as a *Blais* Class Member.

“**Blais Judgment**” means the judgment rendered by the Honourable Justice Brian Riordan on May 27, 2015 as rectified on June 9, 2015, and the judgment of the Court of Appeal of Quebec dated March 1, 2019 in the class action commenced in the Quebec Superior Court in Court File No. 500-06-00076-980 (*Conseil québécois sur le tabac et la santé et Jean-Yves Blais c. Imperial Tobacco Ltée, Rothmans, Benson & Hedges Inc. et JTI-MacDonald Corp.*).

“**Business Day**” means, for the purpose of the PCC Compensation Plan, a day other than Saturday, Sunday or a day observed as a holiday under the laws of the Province or Territory in which the person who needs to take action pursuant to the PCC Compensation Plan is situated, or a holiday under the federal laws of Canada applicable in the said Province or Territory.

“**Call Centre**” means the call centre established by the Claims Administrator which will offer services in English and French to respond to inquiries from and provide information to PCC-

Claimants and prospective PCC-Claimants, and their Legal Representatives, as applicable, regarding the PCC Compensation Plan and the Claims Process.

“**CCAA**” means the *Companies’ Creditors Arrangement Act*, R.S.C. 1985, c. C-36, as amended.

“**CCAA Court**” means the Ontario Superior Court of Justice (Commercial List) at Toronto.

“**CCAA Plan**” means in respect of each Tobacco Company, the Court-Appointed Mediator’s and Monitors’ plan of compromise and arrangement pursuant to the CCAA concerning, affecting and involving such Tobacco Company, including all Schedules thereto.

“**CCAA Plan Administrators**” has the meaning given in Article 14, Section 14.1 of the CCAA Plans.

“**CCAA Proceeding**” means, in respect of each Tobacco Company, the proceeding commenced by such Tobacco Company pursuant to the CCAA, namely Application No. CV-19-616077-00CL in respect of Imperial, Application No. CV-19-616779-00CL in respect of RBH, and Application No. CV-19-615862-00CL in respect of JTIM, collectively the “**CCAA Proceedings**”.

“**Certificate**” means the certificate filed by the Monitors with the CCAA Court confirming that the full amount of the Upfront Contributions has been received from the Tobacco Companies and deposited into the Global Settlement Trust Account.

“**Checklist**” means the checklist attached hereto as Appendix “H” which is a directory guide prepared for the convenience of and to assist the Claims Administrator in the determination of whether a PCC-Claimant meets the PCC Eligibility Criteria to be an Eligible PCC-Claimant who will receive an Individual Payment.

“**Claim Form for PCC-Claimant**” means the form attached hereto as Appendix “C” which a PCC-Claimant is required to complete and submit to the Claims Administrator in order to make a PCC Claim to the PCC Compensation Plan.

“**Claim Form for the Legal Representative of a PCC-Claimant**” means the form attached hereto as Appendix “D” which the Legal Representative of a PCC-Claimant is required to complete and submit to the Claims Administrator in order to make a PCC Claim to the PCC Compensation Plan on behalf of a PCC-Claimant.

“**Claim Package**” means all of the documents that a PCC-Claimant or a PCC-Claimant’s Legal Representative, as applicable, is required to complete and submit to the Claims Administrator including the Claim Form for PCC-Claimant, Claim Form for the Legal Representative of a PCC-Claimant, Physician Form (only if a pathology report in respect of Lung Cancer or Throat Cancer, or a spirometry report in respect of Emphysema/COPD (GOLD Grade III or IV), is not available), and all medical and other documents requested in the Claim Forms and the Physician Form (if completed).

“**Claimants**” means, collectively, the Quebec Class Action Plaintiffs, Pan-Canadian Claimants, *Knight* Class Action Plaintiffs, Tobacco Producers, His Majesty the King in right of British Columbia, His Majesty the King in right of Alberta, His Majesty the King in right of Saskatchewan, His Majesty the King in right of Manitoba, His Majesty the King in right of Ontario, the Attorney General of Quebec, His Majesty the King in right of New Brunswick, His Majesty the King in right of Nova Scotia, His Majesty the King in right of Prince Edward Island, His Majesty the King in right of Newfoundland and Labrador, the Government of Yukon, the Government of the Northwest Territories and the Government of Nunavut.

“**Claims Administrator**” means the claims administrator approved and appointed by the CCAA Court to manage the overall administration of the individual Claims Process and perform all other duties and responsibilities assigned to it in regard to the PCC Compensation Plan. The appointment of Epiq as the Claims Administrator will be upon the recommendation of the Court-Appointed Mediator and the Monitors and subject to the approval of the CCAA Court.

“**Claims Administrator Order**” means the order of the CCAA Court made in the CCAA Proceeding appointing Epiq to serve in the role of Claims Administrator in respect of the PCC Compensation Plan and the Quebec Administration Plan and in the role of PCC Agent in respect

of the PCC Compensation Plan, and, among other things, setting out the duties and responsibilities of the Claims Administrator and the PCC Agent in connection with such appointment.

“**Claims Process**” means the process by which PCC-Claimants may assert PCC Claims for Individual Payments as set forth in the PCC Compensation Plan.

“**Compensation Payment**” means the amount determined by the Claims Administrator to be payable to an Eligible *Blais* Class Member under the Quebec Administration Plan in satisfaction of their QCAP Claim.

“**Contribution Security Agreement**” has the meaning given in Article 5, Section 5.13 of the CCAA Plans and is attached to the CCAA Plans as Schedule “E”.

“**COPD**” means chronic obstructive pulmonary disease (GOLD Grade III or IV). The Global Initiative for Chronic Obstructive Lung Disease (“**GOLD**”) developed a four grade classification system based upon severity of airflow limitation and other diagnostic parameters. The GOLD Grade III (severe) and GOLD Grade IV (very severe) classifications represent the two most severe categories of disease.

“**Costs**” has the meaning given in paragraph 47.1 of the PCC Compensation Plan.

“**Court-Appointed Mediator**” means the Honourable Warren K. Winkler, K.C., in his capacity as Court-appointed mediator in the CCAA Proceedings of the Tobacco Companies.

“**Cy-près Fund**” means the aggregated amount allocated from the Global Settlement Amount payable into the Cy-près Trust Account which shall be administered by the Cy-près Foundation.

“**Definitive Documents**” means the CCAA Plans, the Sanction Orders, the Contribution Security Agreements, the Hypothec, any intercreditor agreements, the documents required to implement and give effect to the PCC Compensation Plan and the Cy-près Fund, and all other agreements, documents and orders contemplated by, or necessary to implement the transactions contemplated by any of the foregoing.

“**Diagnosis**” means a PCC-Claimant’s diagnosis of Throat Cancer, Lung Cancer or Emphysema/COPD (GOLD Grade III or IV), and the date of such diagnosis.

“**Effective Time**” means such time on the Plan Implementation Date as the Court-Appointed Mediator and the Monitors may determine and designate.

“**Eligible *Blais* Class Members**” means the Tobacco-Victim Claimants and Succession Claimants whom the Claims Administrator has determined meet all the *Blais* Eligibility Criteria such that their Tobacco-Victim Claims and Succession Claims are approved to receive a Compensation Payment in accordance with the terms of the Quebec Administration Plan, and “**Eligible *Blais* Class Member**” means any one of them.

“**Eligible PCC-Claimants**” means the PCC-Claimants whom the Claims Administrator has determined meet all the PCC Eligibility Criteria such that their PCC Claims are approved for an Individual Payment in accordance with the terms of the PCC Compensation Plan, and “**Eligible PCC-Claimant**” means any one of them.

“**Emphysema**” means the condition of the lung that is marked by distension and eventual rupture of the alveoli with progressive loss of pulmonary elasticity, that is accompanied by shortness of breath with or without cough, and that may lead to impairment of heart action. For the purpose of the PCC Compensation Plan, “Emphysema” includes COPD (GOLD Grade III or IV).

“**Epiq**” means Epiq Class Actions Services Canada, Inc.

“**Exit Report**” means the final report that the Claims Administrator shall be required to submit to the CCAA Plan Administrators within six months, or as soon as is practicable, following the termination of the administration of the PCC Compensation Plan.

“**FEV1**” means the measurement recorded during a spirometry test of the maximum volume of air that the individual can forcibly expel during the first second following maximal inhalation.

“**First Annual Global Claims Administration Costs Budget**” means (i) the first budget for the PCC Claims Administration, and (ii) the first budget for the QCAP Claims Administration that the Claims Administrator and PCC Agent shall provide to the CCAA Plan Administrators in accordance with the terms of the Claims Administrator Order.

“**First Notice**” means the initial notice which the Claims Administrator shall publish regarding the PCC Compensation Plan. Attached hereto as Appendix “A” is a version of the First Notice which is provided for guidance only to assist the understanding of the Claims Administrator which shall be responsible for designing, implementing and managing the PCC Notice Plan pursuant to which prospective PCC-Claimants will be informed about the PCC Compensation Plan and be provided with ongoing notice throughout the PCC Claims Submission Period.

“**First Notice Date**” means the date on which the Claims Administrator publishes the First Notice.

“**Global Claims Administration Costs Framework**” means the framework basis that will be used to review and assess the Costs of the services provided by Epiq in respect of each of (i) the claims administration under the PCC Compensation Plan (“**PCC Claims Administration**”), (ii) the claims administration under the Quebec Administration Plan (“**QCAP Claims Administration**”), (iii) the PCC Agent services, (iv) the PCC Notice Plan, (v) the *Blais* Notice Plan and (vi) the pre-CCAA Plan implementation activities relating to the PCC Compensation Plan.

“**Global Settlement Amount**” has the meaning given in Article 5, Section 5.1 of the CCAA Plans.

“**Global Settlement Trust Account**” has the meaning given in Article 5, Section 5.3 of the CCAA Plans.

“**Heir**” means:

- (i) a universal legatee to the Estate of a deceased Tobacco-Victim identified in a will in effect at time of death, who is entitled to receive all or a portion of the Compensation Payment payable in respect of the deceased Tobacco-Victim;

- (ii) a particular legatee where the will stipulates that such person is entitled to receive all or a portion of the Compensation Payment payable in respect of the deceased Tobacco-Victim;
- (iii) an heir pursuant to testamentary provisions in a registered marriage contract;
- (iv) an heir of a deceased Tobacco-Victim established by operation of law pursuant to the rules for legal successions contained in the Civil Code of Quebec, and summarized in the chart as Appendix “F” to the Quebec Administration Plan; or
- (v) the estate, testamentary heirs or legal heirs of a deceased Heir, who takes the claim of the deceased Heir by representation;

and “**Heirs**” means all of them. In all cases, proof of such status of Heir must be submitted to the Claims Administrator in a manner consistent with paragraphs 38.5 and 38.6 of the Quebec Administration Plan, as applicable.

“**Hypopharynx**” means the laryngeal part of the pharynx extending from the hyoid bone to the lower margin of the cricoid cartilage.

“**Imperial**” means, collectively, ITCAN and ITCO.

“**Individual Payment**” means the amount determined by the Claims Administrator to be payable to an Eligible PCC-Claimant under the PCC Compensation Plan in satisfaction of their PCC Claim.

“**Individuals**” means all individuals residing in a Province or Territory of Canada, and

“**Individual**” means any one of them.

“**Initial Order**” means, in respect of each Tobacco Company, the initial order commencing the CCAA Proceedings of the Tobacco Company, as amended and restated from time to time.

“**ITCAN**” means Imperial Tobacco Canada Limited.

“**ITCO**” means Imperial Tobacco Company Limited.

“**JTIM**” means JTI-Macdonald Corp.

“**JTIM TM**” means JTI-Macdonald TM Corp.

“***Knight Class Action***” means *Kenneth Knight v. Imperial Tobacco Canada Limited* (Supreme Court of British Columbia, Court File No. L031300).

“***Knight Class Action Plaintiffs***” means Individuals who meet the criteria of the certified class definition in the *Knight Class Action*. The fact that an Individual is a *Knight Class Action Plaintiff* does not thereby disqualify that Individual from being a Pan-Canadian Claimant.

“**Larynx**” means the upper part of the respiratory passage that is bounded above by the glottis and is continuous below with the trachea.

“**Legal Representative**” means an Individual who establishes through the submission to the Claims Administrator of one of the documents listed in the Claim Form for the Legal Representative of a PCC-Claimant that they have the right and are authorized to make a Submitted PCC Claim on behalf of the PCC-Claimant.

“***Létourneau Class Action***” means *Cecilia Létourneau et al. v. Imperial Tobacco Canada Ltd., et al.*, Court File No. 500-06-000070-983 (Montreal, Quebec).

“***Létourneau Class Members***” means persons who meet the criteria of the following certified class definition in the *Létourneau Class Action*:

All persons residing in Quebec who, as of September 30, 1998, were addicted to the nicotine contained in the cigarettes made by the defendants and who otherwise satisfy the following criteria:

- (1) They started to smoke before September 30, 1994 and since that date have smoked principally cigarettes manufactured by the defendants;

- (2) Between September 1 and September 30, 1998, they smoked on a daily basis an average of at least 15 cigarettes manufactured by the defendants; and
- (3) On February 21, 2005, or until their death if it occurred before that date, they were still smoking on a daily basis an average of at least 15 cigarettes manufactured by the defendants.

The group also includes the Heirs of the members who satisfy the criteria described herein.

“**Lung Cancer**” means primary cancer of the lungs.

“**MED-ÉCHO**” means the database of the MSSS held by RAMQ that contains personal clinical-administrative information relating to the care and services rendered to a person admitted or registered for day surgery in a Quebec hospital center.

“**Monitor**” means, in respect of each Tobacco Company, the Court-appointed monitor appointed pursuant to the applicable Initial Order in the respective CCAA Proceedings.

“**MSSS**” means the Ministère de la Santé et des Services sociaux, or Ministry of Health and Social Services, of Quebec.

“**Notice of Acceptance of PCC Claim**” or “**Notice of Rejection of Claim**” means the Notice, in the form attached hereto as **Appendix “I”**, sent by the Claims Administrator to a PCC Claimant advising that their PCC Claim has been accepted.

“**Notice of Rejection of PCC Claim**” means the Notice, in the form attached hereto as **Appendix “B”**, issued by the Claims Administrator to a PCC-Claimant advising them that their PCC Claim has been rejected and of the Request for Review.

“**Official Confirmation**” means the confirmation of a PCC-Claimant’s diagnosis of a PCC Compensable Disease or Diseases between March 8, 2015 and March 8, 2019 (inclusive of those dates), either by confirmation from the Quebec Cancer Registry in respect of a diagnosis of Lung

Cancer or Throat Cancer, or confirmation from MED-ÉCHO in the case of a diagnosis of Emphysema/COPD (GOLD Grade III or IV), as the case may be, and collectively the “**Official Confirmations**”.

“**Official Confirmations of Diagnoses Order**” means the order of the Quebec Superior Court dated July 21, 2025, among other things, (i) authorizing the MSSS and RAMQ to extract from the Quebec Cancer Registry and MED-ÉCHO information relating to diagnoses of Lung Cancer, Throat Cancer and Emphysema up to March 8, 2019, (ii) authorizing the RAMQ to communicate such information to Proactio Inc. and Epiq in their capacities as agents, respectively, for the Quebec Class Counsel and PCC Representative Counsel, and (iii) authorizing Proactio Inc. and Epiq to communicate such information to the Claims Administrator in Ontario.

“**Oropharynx**” means the part of the pharynx that is below the soft palate and above the epiglottis and is continuous with the mouth. It includes the back third of the tongue, the soft palate, the side and back walls of the throat, and the tonsils.

“**Pan-Canadian Claimants**”, or “**PCCs**”, means Individuals, excluding *Blais* Class Members and *Létourneau* Class Members in relation to QCAP Claims, who have asserted or may be entitled to assert a PCC Claim.

“**Pan-Canadian Claimants’ Compensation Plan**”, or “**PCC Compensation Plan**”, means the Pan-Canadian Claimants’ Compensation Plan which provides for the payment of Individual Payments to Eligible PCC-Claimants.

“**Parent**” means:

- (i) In the case of Imperial, British American Tobacco p.l.c.;
- (ii) In the case of RBH, Philip Morris International Inc.; and
- (iii) In the case of JTIM, JT International Holding B.V.

“**PCC Agent**” has the meaning given in Section 18.3.

“**PCC Claim**” means any claim of any Pan-Canadian Claimant that has been made or may in the future be asserted or made in whole or in part against or in respect of the Released Parties, or any one of them (either individually or with any other Person), that has been advanced, could have been advanced or could be advanced, whether on such Pan-Canadian Claimant’s own account, or on their behalf, or on behalf of a certified or proposed class, to recover damages or any other remedy in respect of the development, design, manufacture, production, marketing, advertising, distribution, purchase or sale of Tobacco Products, including any representations or omissions in respect thereof, the historical or ongoing use of or exposure (whether directly or indirectly) to Tobacco Products or their emissions and the development of any disease or condition as a result thereof, whether existing or hereafter arising, in each case based on, arising from or in respect of any conduct, act, omission, transaction, duty, responsibility, indebtedness, liability, obligation, dealing, fact, matter or occurrence existing or taking place at or prior to the Effective Time (whether or not continuing thereafter) including, all Claims that have been advanced, could have been advanced or could be advanced in the following actions commenced by individuals under provincial class proceedings legislation and actions commenced by individuals, or in any other similar proceedings:

- (a) *Barbara Bourassa v. Imperial Tobacco Canada Limited et al.* (Supreme Court of British Columbia, Court File No. 10-2780 and Court File No. 14-4722);
- (b) *Roderick Dennis McDermid v. Imperial Tobacco Canada Limited et al.* (Supreme Court of British Columbia, Court File No. 10-2769);
- (c) *Linda Dorion v. Canadian Tobacco Manufacturers’ Council et al.* (Alberta Court of Queen’s Bench, Court File No. 0901-08964);
- (d) *Thelma Adams v. Canadian Tobacco Manufacturers’ Council et al.* (Saskatchewan Court of Queen’s Bench, Court File No. 916 of 2009);

- (e) *Deborah Kunta v. Canadian Tobacco Manufacturers' Council et al.* (Manitoba Court of Queen's Bench, Court File No. CI09-01-61479);
- (f) *Suzanne Jacklin v. Canadian Tobacco Manufacturers' Council* (Ontario Superior Court of Justice, Court File No. 53794/12);
- (g) *Ben Semple v. Canadian Tobacco Manufacturers' Council et al.* (Supreme Court of Nova Scotia, Court File No. 312869);
- (h) *Victor Todd Sparkes v. Imperial Tobacco Canada Limited* (Newfoundland and Labrador Supreme Court - Trial Division, Court File No. 200401T2716 CP);
- (i) *Peter Stright v. Imperial Tobacco Canada Limited* (Supreme Court of Nova Scotia, Court File No. 177663);
- (j) *Ljubisa Spasic as estate trustee of Mirjana Spasic v. Imperial Tobacco Limited and Rothmans, Benson & Hedges Inc.* (Ontario Superior Court of Justice, Court File No. C17773/97);
- (k) *Ljubisa Spasic as estate trustee of Mirjana Spasic v. B.A.T. Industries P.L.C.* (Ontario Superior Court of Justice, Court File No. C18187/97);
- (l) *Ragoonanan v. Imperial Tobacco Canada Limited* (Ontario Superior Court of Justice, Court File No. 00-CV-183165-CP00);
- (m) *Scott Landry v. Imperial Tobacco Canada Limited* (Ontario Superior Court of Justice, Court File No. 1442/03);
- (n) *Joseph Battaglia v. Imperial Tobacco Canada Limited* (Ontario Superior Court of Justice, Court File No. 21513/97);

- (o) *Roland Bergeron v. Imperial Tobacco Canada Limited* (Quebec Superior Court, Court File No. 750-32-700014-163);
- (p) *Paradis, in personal capacity and on behalf of estate of Lorraine Trepanier v. Rothmans, Benson & Hedges Inc.* (Quebec Small Claims Court);
- (q) *Couture v. Rothmans, Benson & Hedges Inc.* (Quebec Superior Court); and

including any such Claim that is a Section 5.1(2) Claim or Section 19(2) Claim.

“**PCC-Claimants**” means the Pan-Canadian Claimants who are all Individuals resident in a Province or Territory of Canada, excluding the Quebec Class Action Plaintiffs in relation to QCAP Claims but including the Pan-Canadian Claimants' respective heirs, successors, assigns and representatives, who assert a PCC Claim by submitting a Claim Package to the Claims Administrator pursuant to the PCC Compensation Plan, and “**PCC-Claimant**” means any one of them.

“**PCC Claims Administration**” has the meaning given in the definition of Global Claims Administration Costs Framework.

“**PCC Claims Application Deadline**” means the date twenty-four months after the First Notice Date by which all PCC-Claimants are required to submit their completed Claim Packages to the Claims Administrator. The PCC Claims Application Deadline may be extended by the CCAA Court if it is deemed necessary and expedient to do so as the implementation of the PCC Compensation Plan unfolds.

“**PCC Claims Period**” means the period of time that extends from March 8, 2015 and March 8, 2019 (inclusive of those dates) during which a PCC-Claimant was diagnosed with a PCC Compensable Disease.

“**PCC Claims Submission Period**” means the twenty-four month period of time which shall commence on the First Notice Date and shall end on the PCC Claims Application Deadline. The

PCC Claims Submission Period may be extended by the CCAA Court if it is deemed necessary and expedient to do so as the implementation of the PCC Compensation Plan unfolds.

“**PCC Compensable Diseases**” means, collectively, Lung Cancer, Throat Cancer and Emphysema/COPD (GOLD Grade III or IV).

“**PCC Compensation Plan Amount**” means the aggregate amount allocated from the Global Settlement Amount to be payable into the PCC Trust Account in respect of compensation for Eligible PCC-Claimants as set forth in Article 16, Sections 16.1, 16.2 and 16.3 of the CCAA Plans.

“**PCC Eligibility Criteria**” has the meaning given in paragraph 31.1 herein.

“**PCC Notice Plan**” means the plan to publish legal notice regarding the PCC Compensation Plan to prospective PCC-Claimants in the Provinces and Territories and provide the PCC-Claimants with ongoing notice throughout the PCC Claims Submission Period.

“**PCC Notices**” means the legal notices that will provide notice to prospective PCC-Claimants in the Provinces and Territories regarding the PCC Compensation Plan and provide the PCC-Claimants with ongoing notice throughout the PCC Claims Submission Period.

“**PCC Representative Counsel**” means The Law Practice of Wagner & Associates, Inc.

“**PCC Trust Account**” means the designated trust account or trust accounts held in the Bank for the benefit of the Pan-Canadian Claimants and into which the PCC Compensation Plan Amount shall be paid and deposited from the Global Settlement Trust Account.

“**Person**” means an individual, a corporation, a partnership, a limited liability company, a trust, an unincorporated association, or any other entity or body.

“**Personal Information**” means any information in any form, including any data which is derived from such information, about an identifiable Individual, whether living or deceased, including information relating to age, address, telephone number, email address, any identifying number

assigned to the Individual (including Provincial or Territorial Health Insurance Number), personal health information, medical records, and the Individual's name where it appears with other Personal Information relating to the Individual, or where the disclosure of the name would reveal other Personal Information about the Individual.

“**Physician**” means an Individual who is licensed to practice medicine in Canada.

“**Physician Form**” means the form attached hereto as **Appendix “E”** which may be completed by the treating Physician of a PCC-Claimant, or any other Physician with access to the PCC-Claimant's medical records, and submitted to the Claims Administrator in order to complete a PCC-Claimant's Claim Package (only if a pathology report in respect of Lung Cancer or Throat Cancer, or a spirometry report in respect of Emphysema/COPD (GOLD Grade III or IV), is not available).

“**Place of Residence**” has the meaning given in paragraph 42.1.3 of the PCC Compensation Plan.

“**Plan Implementation Date**” means the date upon which all of the conditions to the CCAA Plans and other Definitive Documents have been satisfied or waived and the transactions contemplated by the CCAA Plans, the Sanction Orders and the other Definitive Documents are to be implemented, as evidenced by the Monitors' Certificates to be delivered to the Tobacco Companies and filed with the CCAA Court.

“**Provinces**” means for the purpose of the PCC Compensation Plan, collectively, the geographic regions of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador, and “**Province**” means any one of these geographic regions.

“**QCAP Claim**” means any Claim that has been advanced, could have been advanced or could be advanced in the following class actions or in any other similar proceedings, whether before or after the Effective Time:

- (a) *Conseil québécois sur le tabac et la santé et Jean-Yves Blais c. Imperial Tobacco Ltée, Rothmans, Benson & Hedges Inc. et JTI-MacDonald Corp.* (Quebec Superior Court, Court File No. 500-06-00076-980); and
- (b) *Létourneau c. Imperial Tobacco Ltée, Rothmans Benson & Hedges Inc. et JTI MacDonald Corp.* (Quebec Superior Court, Court File No. 500-06-000070-983),

including the judgment of the Honourable Justice Brian Riordan dated May 27, 2015 as rectified on June 9, 2015, and the judgment of the Court of Appeal of Quebec dated March 1, 2019, and any such Claim that is a Section 5.1(2) Claim or Section 19(2) Claim.

“**QCAP Claims Administration**” has the meaning given in the definition of Global Claims Administration Costs Framework.

“**Quebec Cancer Registry**” means the Registre québécois du cancer (RQC) of the MSSS held by RAMQ which contains personal information on cases of cancer in Quebec.

“**Quebec Class Action Administration Plan**”, or “**Quebec Administration Plan**”, means the document (with attached appendices) that is subject to the approval of the CCAA Court setting out the process by which the Quebec Class Action Plaintiffs may submit claims for a Compensation Payment pursuant to the *Blais* Judgment, the process of administering such claims, and the joint oversight and supervision thereof by the CCAA Court and the Superior Court of Quebec.

“**Quebec Class Action Plaintiffs**”, or “**QCAPs**”, means individuals who meet the criteria of the certified class definitions in the Quebec Class Actions.

“**Quebec Class Actions**” means, collectively, (i) *Conseil québécois sur le tabac et la santé et al. v. JTI-Macdonald Corp. et al.*, Court File No. 500-06-000076-980 (Montreal, Quebec), and (ii) *Cecilia Létourneau et al. v. Imperial Tobacco Canada Ltd., et al.*, Court File No. 500-06-000070-983 (Montreal, Quebec).

“**Quebec Class Counsel**” means, collectively, the law practices of Trudel Johnston & Lespérance s.e.n.c., Kugler Kandestin s.e.n.c.r.l., L.L.P., De Grandpré Chait s.e.n.c.r.l., L.L.P., and Fishman Flanz Meland Paquin s.e.n.c.r.l., L.L.P.

“**RAMQ**” means the Régie de l’assurance maladie du Québec.

“**Raymond Chabot**” means Raymond Chabot Administrateur Provisoire Inc. and its Affiliates.

“**RBH**” means Rothmans, Benson & Hedges Inc.

“**Released Parties**”, collectively, means:

- (a) ITCAN,
- (b) ITCO,
- (c) RBH,
- (d) JTIM,
- (e) British American Tobacco p.l.c.,
- (f) Philip Morris International Inc.,
- (g) JT International Holding B.V.,
- (h) JT International Group Holding B.V.,
- (i) the ITCAN Subsidiaries,
- (j) B.A.T. Investment Finance p.l.c.,
- (k) B.A.T Industries p.l.c.,

- (l) British American Tobacco (Investments) Limited,
- (m) Carreras Rothmans Limited,
- (n) Philip Morris U.S.A. Inc.,
- (o) Philip Morris Incorporated,
- (p) Philip Morris Global Brands Inc.,
- (q) Philip Morris S.A.,
- (r) Rothmans Inc.,
- (s) Ryesekks p.l.c.,
- (t) Altria Group, Inc.,
- (u) R.J. Reynolds Tobacco Company,
- (v) R.J. Reynolds Tobacco International Inc.,
- (w) RJR Nabisco, Inc.,
- (x) JT International SA,
- (y) JT Canada LLC Inc.,
- (z) Japan Tobacco Inc.,
- (aa) JTIM TM,
- (bb) Canadian Tobacco Manufacturers' Council, and

(cc) every other current or former Affiliate of any of the companies listed in subparagraphs (a) to (aa) herein, and each of their respective indemnitees,

and “**Released Party**” means any of them. Each Released Party includes their respective Representatives.

“**Representatives**” means, in respect of a Person, as may be applicable, such Person’s past, present or future representatives, predecessors, successors, executors, trustees, heirs, dependents, children, siblings, parents, administrators, executors, directors, officers, shareholders, partners, employees, servants, agents, consultants, legal counsel and advisers, including their respective successors and assigns, and each of their respective directors, officers, partners and employees.

“**Request for Review**” has the meaning given in paragraph 29.1 of the PCC Compensation Plan and is in the form attached hereto as Appendix “J”.

“**Residual Funds**” means any residual funds that may remain from the PCC Compensation Plan Amount after the payment in full of all Individual Payments to all Eligible PCC-Claimants.

“**Retention Period**” has the meaning given in paragraph 58.1 of the PCC Compensation Plan.

“**Review Officer**” means a senior employee or officer of the Claims Administrator who is screened from the Claims Process and whose role is designated solely to review upon an independent basis any Requests for Review that may be submitted to the Claims Administrator by PCC-Claimants and decide whether to confirm, reverse or vary the Claims Administrator’s decision.

“**Sanction Hearing**” means the hearing before the CCAA Court in respect of the Sanction Orders.

“**Sanction Orders**” means the orders of the CCAA Court, among other things, sanctioning the CCAA Plans of Imperial, RBH and JTIM and granting, approving and declaring the settlements, compromises and releases, as applicable, contemplated by the CCAA Plans.

“**Section 5.1(2) Claims**” means any Claims against the directors of ITCAN, ITCO, RBH or JTIM that:

- (a) arose before the commencement of the CCAA Proceeding;
- (b) relate to the obligations of ITCAN, ITCO, RBH or JTIM where the directors are by law liable in their capacity as directors for the payment of such obligations; and
- (c) either relate to contractual rights of one or more creditors, or are based on allegations of misrepresentations made by directors to creditors, or of wrongful or oppressive conduct by directors.

“**Section 19(2) Claims**” means any Claims against ITCAN, ITCO, RBH or JTIM that relate to any of the following debts or liabilities, present or future, to which ITCAN, ITCO, RBH or JTIM is subject on the day on which the CCAA Proceeding commenced, or to which ITCAN, ITCO, RBH or JTIM may become subject before the compromise or arrangement is sanctioned by reason of any obligation incurred by ITCAN, ITCO, RBH or JTIM before the day on which the CCAA Proceeding commenced, unless the compromise or arrangement in respect of ITCAN, ITCO, RBH or JTIM explicitly provides for the Claim’s compromise, and the creditor in relation to that debt has voted for the acceptance of the compromise or arrangement:

- (a) any fine, penalty, restitution order or other order similar in nature to a fine, penalty or restitution order, imposed by a court in respect of an offence;
- (b) any award of damages by a court in civil proceedings in respect of:
 - (i) bodily harm intentionally inflicted, or sexual assault, or
 - (ii) wrongful death resulting from an act referred to in subparagraph (i);

- (c) any debt or liability arising out of fraud, embezzlement, misappropriation or defalcation while acting in a fiduciary capacity or, in Quebec, as a trustee or an administrator of the property of others;
- (d) any debt or liability resulting from obtaining property or services by false pretences or fraudulent misrepresentation, other than a debt or liability of the company that arises from an equity claim; or
- (e) any debt for interest owed in relation to an amount referred to in any of paragraphs (a) to (d).

“**Smoking History**” means the number of pack-years smoked by a PCC-Claimant between January 1, 1950 and November 20, 1998.

“**Submitted PCC-Claims**” means the claims made by the PCC-Claimants by submitting Claim Packages to the Claims Administrator, and “**Submitted PCC-Claim**” means any one of them.

“**Subsequent Annual Global Claims Administration Costs Budget**” means, for each twelve calendar month period following the end of the twelve calendar month period covered by the First Annual Global Claims Administration Costs Budget until the PCC Claims Administration and the QCAP Claims Administration, respectively, are complete (i) each subsequent budget for the PCC Claims Administration, and (ii) each subsequent budget for the QCAP Claims Administration that the Claims Administrator and PCC Agent shall provide to the CCAA Plan Administrators and is subject to the joint approval of the CCAA Court and the Quebec Superior Court in accordance with the terms of the Claims Administrator Order.

“**Subsidiary**” has the meaning attributed thereto in Section 2(5) of the *Canada Business Corporations Act*, R.S.C. 1985, c. C-44, as amended.

“**Succession Claim**” means the QCAP Claim of a Succession Claimant which is submitted to the Claims Administrator using the Succession Claim Form.

“**Succession Claim Form**” means the form attached as **Appendix “E”** to the Quebec Administration Plan which a Succession Claimant is required to complete and submit to the Claims Administrator in order to make a Succession Claim pursuant to the Quebec Administration Plan.

“**Succession Claimant**” means a person who asserts a Succession Claim pursuant to the Quebec Administration Plan.

“**Surviving Family Members**” means, collectively, the Individuals who are eligible to recover damages for loss of guidance, care and companionship pursuant to the applicable legislation in each jurisdiction which governs surviving family members’ claims for damages, namely: *Family Compensation Act*, RSBC 1996, c. 126; *Fatal Accidents Act*, RSA 2000, c. F-8; *The Fatal Accidents Act*, RSS 1978, c. F-11; *The Fatal Accidents Act*, CCSM, c. F50; *Family Law Act*, RSO 1990, c. F.3; *Civil Code of Quebec*, chapter CCQ-1991; *Fatal Accidents Act*, RSNB 2012, c.104; *Fatal Injuries Act*, RSNS 1989, c. 163; amended 2000, c. 29, ss. 9-12 ; *Fatal Accidents Act*, RSPEI 1988, c. F-5; *Fatal Accidents Act*, RSNL 1990, c F-6; *Fatal Accidents Act*, RSY 2002, c 86; and *Fatal Accidents Act*, RSNWT (Nu) 1988, c F-3. For greater certainty, “Surviving Family Members” does not include the estates of Individuals who fulfill the criteria to receive compensation as a Pan-Canadian Claimant.

“**Tax Refund Cash Payments**” has the meaning given in Article 5, Section 5.6 of the CCAA Plans.

“**Territories**” means for the purpose of the PCC Compensation Plan, collectively, the geographic regions of Yukon, Northwest Territories and Nunavut, and “**Territory**” means any one of these geographic regions.

“**Throat Cancer**” means primary cancer (squamous cell carcinoma) of the Larynx, Oropharynx or Hypopharynx.

“**Tobacco Companies**” means, collectively, ITCAN, ITCO, RBH and JTIM, and “**Tobacco Company**” means any one of them.

“**Tobacco Company Group**” means, in respect of a Tobacco Company, the applicable Parent and all other current or former Affiliates, direct or indirect Subsidiaries or parents, of such Tobacco Company, and their respective indemnitees.

“**Tobacco Producers**” means, collectively, the Ontario Flue-Cured Tobacco Growers’ Marketing Board, Andy J. Jacko, Brian Baswick, Ron Kichler, Arpad Dobrentey and all other tobacco growers and producers who sold their tobacco through the Ontario Flue-cured Tobacco Growers’ Marketing Board pursuant to the annual Heads of Agreement made by the Ontario Flue-cured Tobacco Growers’ Board with ITCAN, RBH and JTIM from January 1, 1986 to December 31, 1996, and “**Tobacco Producer**” means any one of them.

“**Tobacco Product**” means any product made in whole or in part of tobacco that is intended for human consumption or use, including any component, part, or accessory of or used in connection with a tobacco product, including cigarettes, tobacco sticks (intended for smoking and requiring further preparation before they are smoked), loose tobacco intended for incorporation into cigarettes, cigars, cigarillos, pipe tobacco, kreteks, bidis and smokeless tobacco (including chewing tobacco, nasal snuff and oral snuff), but does not include any Alternative Product.

“**Tobacco-related Disease**” means a disease or other illness or harm caused or contributed to by the use of or exposure (whether directly or indirectly) to a Tobacco Product.

“**Tobacco-Victim**” means any Individual who suffers or suffered from a Tobacco-related Disease.

“**Tobacco-Victim Claim**” is the QCAP Claim of a Tobacco-Victim which is submitted to the Claims Administrator using the Tobacco-Victim Claim Form.

“**Tobacco-Victim Claim Form**” means the form which a Tobacco-Victim Claimant is required to complete and submit to the Claims Administrator in order to make a Tobacco-Victim Claim pursuant to the Quebec Administration Plan.

“**Tobacco-Victim Claimant**” means a person who asserts a Tobacco-Victim Claim pursuant to the Quebec Administration Plan.

“**Twelve Pack-Years**” means the equivalent of a minimum of 87,600 cigarettes, namely any combination of the number of cigarettes smoked in a day multiplied by the number of days of consumption insofar as the total is equal to or greater than 87,600 cigarettes. For example, Twelve Pack-Years equals:

- (a) 20 cigarettes a day for 12 years ($20 \times 365 \times 12 = 87,600$); or
- (b) 30 cigarettes a day for 8 years ($30 \times 365 \times 8 = 87,600$); or
- (c) 10 cigarettes a day for 24 years ($10 \times 365 \times 24 = 87,600$).

“**Upfront Contributions**” has the meaning given in Article 5, Section 5.4 of the CCAA Plans, and “**Upfront Contribution**” means any one of them.

2. No Admission of Liability

2.1 This document shall not be construed as an admission of liability by the Tobacco Companies or any member of their respective Tobacco Company Group.

3. Form of Documents

3.1 Any reference in this document to a notice, form, statutory declaration, acknowledgement, checklist, agreement, application or other document being in a particular form means that such document shall be substantially in such form.

4. Headings

4.1 The division of this document into “Sections” and “paragraphs”, the insertion of a table of contents and headings, and the appending of Appendices are for the convenience of reference only and do not affect the construction or interpretation of the provisions herein governing the PCC Compensation Plan.

5. Extended Meanings

- 5.1 In this document, the use of words in the singular or plural, or with a particular gender, including a definition, will not limit the scope or exclude the application of any provision of the CCAA Plan or a schedule thereto to such Person (or Persons) or circumstances as the context otherwise permits.

6. Terms of Inclusion

- 6.1 In this document, the words “includes” and “including” and similar terms of inclusion shall not, unless expressly modified by the words “only” or “solely”, be construed as terms of limitation, but rather shall mean “includes but is not limited to” and “including but not limited to”, so that references to included matters shall be regarded as illustrative without being either characterizing or exhaustive.

7. Acts to Occur on Next Business Day

- 7.1 Where any payment, distribution or act pursuant to this document is required to be made or performed on a date that is not a Business Day, then the making of such payment or distribution, or the performance of the act, may be completed on the next succeeding Business Day, but shall be deemed to have been completed as of the required date.

8. Changes to PCC Compensation Plan

- 8.1 After the Plan Implementation Date, no changes, modifications or revisions shall be made to the PCC Compensation Plan without the approval of the CCAA Court. The CCAA Plan Administrators, Claims Administrator and PCC Representative Counsel are the only persons who are entitled to apply to the CCAA Court to seek a revision to the terms of the PCC Compensation Plan.
- 8.2 Notwithstanding paragraph 8.1 herein, the Claims Administrator may make revisions to the Claim Forms and PCC Notices which are Schedules to the PCC Compensation Plan

provided that (i) the proposed revisions are not substantive and are consistent with the terms of PCC Compensation Plan, (ii) the Claims Administrator has first reviewed the proposed non-substantive revisions with the Administrative Coordinator, and (iii) the Administrative Coordinator has approved such revisions. The Administrative Coordinator shall advise the CCAA Plan Administrators and the PCC Representative Counsel in writing of any revisions made to the Claim Forms.

9. Currency

9.1 All monetary amounts referenced in this document are expressed in the lawful currency of Canada.

10. No Other Obligations of Tobacco Companies

10.1 As more particularly set forth in Article 18, Sections 18.1.1, 18.1.2, 18.1.3, 18.1.8, 18.1.9 and 18.1.10 of the CCAA Plans and the Claimant Contractual Releases which are Schedule “T” to Imperial’s CCAA Plan and Schedule “W” to the CCAA Plans of RBH and JTIM, at the Effective Time all PCC Claims shall be deemed to be fully, finally, irrevocably and unconditionally released and forever discharged against the Released Parties, and the Released Parties shall have no further liability to the Pan-Canadian Claimants except as set out in the Definitive Documents and this document which gives effect to the PCC Compensation Plan.

10.2 For greater certainty, the terms of the CCAA Plans and the Claimant Contractual Releases, and not paragraph 10.1 herein, govern the scope of the release provided to the Released Parties.

11. Appendices

11.1 The following Appendices regarding the PCC Compensation Plan are incorporated into this document and form part of it as fully as if contained in the body of this document and must be read in conjunction therewith. In the event of a contradiction between the content

of the body of this document and the content of the body of one of the Appendices below, the language of the body of this document shall govern:

Appendix “A”: First Notice to Prospective PCC-Claimants

Appendix “B”: Notice of Rejection of PCC Claim

Appendix “C”: Claim Form for PCC-Claimant

Appendix “D”: Claim Form for the Legal Representative of a PCC-Claimant

Appendix “E”: Physician Form

Appendix “F”: Decision Tree entitled “Determination of whether Canadian Residents qualify to receive Compensation either pursuant to *Blais* Judgment or from Pan-Canadian Claimants’ Compensation Plan”

Appendix “G”: Acknowledgement of Receipt of Claim Package

Appendix “H”: Checklist for Claims Administrator

Appendix “I”: Notice of Acceptance of PCC-Claim

Appendix “J”: Request for Review

Appendix “K”: Acknowledgement of Receipt of Request for Review

Appendix “L”: Brands of Cigarettes sold by Canadian Tobacco Companies in Canada between January 1, 1950 and November 20, 1998

SECTION II – ROLES OF CCAA COURT, ADMINISTRATIVE COORDINATOR AND CLAIMS ADMINISTRATOR

12. Role of CCAA Court

12.1 The CCAA Court shall have an ongoing supervisory role in respect of the administration of the CCAA Plans, including the PCC Compensation Plan.

12.2 As described in paragraphs 12.2.1 and 12.2.2 herein, the CCAA Court’s oversight of the PCC Compensation Plan shall include the following:

- 12.2.1 The CCAA Court shall determine issues that are specifically referred for resolution to the CCAA Court by the CCAA Plan Administrators. In resolving such referred matters, the CCAA Court may, in its discretion, issue orders and/or provide such directions as are appropriate to facilitate the fair, efficient and timely administration of the PCC Compensation Plan;
- 12.2.2 The CCAA Court shall hear and determine proceedings addressing the following matters:
- 12.2.2.1 A motion by the Court-Appointed Mediator and the Monitors for orders approving and sanctioning the CCAA Plans, which shall include the approval of both the PCC Compensation Plan (Schedule “P” to Imperial’s CCAA Plan and Schedule “S” to RBH’s and JTIM’s CCAA Plans) and the Quebec Administration Plan (Schedule “K” to Imperial’s CCAA Plan and Schedule “N” to RBH’s and JTIM’s CCAA Plans);
- 12.2.2.2 The approval and appointment of the Claims Administrator;
- 12.2.2.3 The approval and appointment of the Administrative Coordinator;
- 12.2.2.4 The approval of the PCC Notice Plan;
- 12.2.2.5 The approval of the Global Claims Administration Costs Framework, the First Annual Global Claims Administration Costs Budget and Subsequent Annual Global Claims Administration Costs Budget; and
- 12.2.2.6 Any matters which are referred for determination by the CCAA Court.

13. Role of Administrative Coordinator

13.1 The Administrative Coordinator's role in regard to the administration of the PCC Compensation Plan and the administration of the Quebec Administration Plan is as follows:

13.1.1 The Administrative Coordinator will coordinate and serve as a liaison and conduit to facilitate the flow of information between the Claims Administrator and the CCAA Plan Administrators in regard to both the PCC Compensation Plan and the Quebec Administration Plan. Where the Claims Administrator requires directions from either the CCAA Plan Administrators directly, or from the CCAA Court through the CCAA Plan Administrators in regard to the PCC Compensation Plan, the Administrative Coordinator will bring the Claims Administrator's request to the CCAA Plan Administrators and notify the PCC Representative Counsel;

13.1.2 The Administrative Coordinator may also assist the Claims Administrator to address issues that may arise from time to time in the interpretation, implementation and ongoing administration of the PCC Compensation Plan and that, in the opinion of the Administrative Coordinator, (i) are possible of resolution short of obtaining direction from the CCAA Court, (ii) where such an approach is appropriate in the circumstances, and (iii) where the resolution of the issue does not require the sanction of either the CCAA Plan Administrators or the CCAA Court, as the case may be; and

13.1.3 If the Administrative Coordinator and the Claims Administrator are unable to resolve an issue relating to the PCC Compensation Plan, then the Administrative Coordinator will refer the matter to the CCAA Plan Administrators who may, in their discretion, refer the matter to the CCAA Court for resolution or directions in accordance with paragraph 12.2 herein. The CCAA Plan Administrators will advise the PCC Representative Counsel of all such matters that they refer jointly to the CCAA Court; and

13.1.4 The Administrative Coordinator may also work with the Claims Administrator to coordinate the harmonization of the claims administration of the PCC Compensation Plan and the claims administration of the *Blais* Judgment under the Quebec Administration Plan in accordance with the harmonization principles set out in Section VII herein.

14. Costs of Administrative Coordinator

14.1 All fees, costs, disbursements, expenses and other expenditures of the Administrative Coordinator, including for the services of any legal or other advisors, shall be paid directly by the Tobacco Companies and shall not be deducted from the PCC Compensation Plan Amount or the QCAP Settlement Amount.

15. Appointment and Court Approval of Claims Administrator

15.1 The Court-Appointed Mediator and the Monitors recommend that Epiq be approved by the CCAA Court, and appointed by Order of the CCAA Court at the Sanction Hearing, as the Claims Administrator to manage the administration of the claims processes for both the Quebec Administration Plan and the PCC Compensation Plan.

15.2 The Claims Administrator shall be neutral and independent from the Quebec Class Action Plaintiffs (including the *Blais* Class Members and the *Létourneau* Class Members), Quebec Class Counsel, Raymond Chabot, Pan-Canadian Claimants, PCC Representative Counsel, Tobacco Companies, Claimants, CCAA Plan Administrators, Administrative Coordinator and Court-Appointed Mediator. The Claims Administrator may, in its discretion, retain its own legal or other advisors.

15.3 In respect of all decisions regarding the implementation and execution of the PCC Compensation Plan, the Claims Administrator shall not collaborate or consult with or seek any advice, instructions or directions from the PCC Representative Counsel. Notwithstanding the foregoing, the PCC Representative Counsel may communicate with

the Claims Administrator to the full extent necessary for the PCC Representative Counsel to carry out their duties and responsibilities to the PCCs.

16. Provision of Services in English and French

16.1 The Claims Administrator shall provide services including the forms and documents that are Appendix “A” through Appendix “L” hereto, in both English and French. All communications between the Claims Administrator and the PCC-Claimants shall be in the official language chosen by the PCC-Claimants.

17. Costs of Claims Administrator

17.1 All fees, costs, disbursements, expenses and other expenditures of the Claims Administrator, including for the services of any legal or other advisors, shall be paid directly by the Tobacco Companies and shall not be deducted from the PCC Compensation Plan Amount.

17.2 The payment of the costs, fees and disbursements incurred by the Claims Administrator in respect of the administration of the PCC Compensation Plan shall be governed by the terms of the Claims Administrator Order.

18. Role and Costs of PCC Representative Counsel

18.1 The PCC Representative Counsel has a traditional solicitor-client relationship with the Pan-Canadian Claimants and a duty to act in the best interests of all Pan-Canadian Claimants in regard to the Claims Process.

18.2 The PCC Representative Counsel may assist PCC-Claimants to complete and submit their Claim Package to the Claims Administrator.

18.3 Epiq will perform the role of agent for the PCC Representative Counsel (“**PCC Agent**”).

- 18.4 Subject to the approval of the CCAA Plan Administrators, all fees, costs, disbursements, expenses and other expenditures of the PCC Representative Counsel relating to the administration of the Claims Process, including any amounts expended for the services of any advisors or agents, including Epiq, shall be paid directly by the Tobacco Companies and shall not be deducted from the PCC Compensation Plan Amount. The PCC Representative Counsel shall not charge any PCC-Claimant for services that they provide relating to the processing of the PCC-Claimant's Claim.
- 18.5 While no appeals, requests for review, or requests for direction to the CCAA Court shall be permitted to be brought in respect of individual PCC Claims under the PCC Compensation Plan, in the event an issue arises that is of significant general application to the Claims Process for PCC-Claimants as a whole, the PCC Representative Counsel shall in the first instance attempt to resolve the issue informally with the Administrative Coordinator and Claims Administrator. If the issue cannot be resolved informally, then, subject to section 8.1, the PCC Representative Counsel may bring a request for direction to the CCAA Court for determination.
- 18.6 The PCC Representative Counsel may liaise with the Claims Administrator and/or the Administrative Coordinator regarding matters relating to the PCC Compensation Plan and its implementation, including informing them of any difficulties faced by PCC-Claimants as a whole in connection with the Claims Process and making suggestions in that regard.

PART B: PAN-CANADIAN CLAIMANTS' COMPENSATION PLAN

SECTION I – NOTICE OF PCC COMPENSATION PLAN

19. Duties and Responsibilities of Claims Administrator

- 19.1 The Claims Administrator will design the PCC Notice Plan which must effectively reach prospective PCC-Claimants and capture their attention with notices communicated in clear, concise, plain language so that they fully understand their rights and options (“**PCC Notices**”). The PCC Notice Plan may include communications in newspapers, other print

media, television, radio, social media, other digital media and direct communications where appropriate in order to reach as many prospective PCC-Claimants across Canada as possible. The PCC Notice Plan shall be subject to CCAA Court approval.

19.2 The Claims Administrator shall implement and manage the PCC Notice Plan pursuant to which prospective PCC-Claimants will be informed about the PCC Compensation Plan and be provided with ongoing notice throughout the PCC Claims Submission Period.

19.3 The PCC Notices shall:

19.3.1 Provide a description of the PCC Compensation Plan to prospective PCC-Claimants, including the PCC Eligibility Criteria;

19.3.2 Provide prospective PCC-Claimants with notice of the date upon which the PCC Claims Submission Period commences, as well as the PCC Claims Application Deadline;

19.3.3 Explain the Claims Process and invite prospective PCC-Claimants to submit a completed Claim Package to the Claims Administrator; and

19.3.4 Provide contact information for the Claims Administrator, including the URL for the Claims Administrator's website which will contain links to the forms comprising the Claim Package, and the telephone number for the Call Centre.

20. Form and Content of PCC Notices

20.1 All PCC Notices shall be published in both English and French.

20.2 The **First Notice** to prospective PCC-Claimants notifying them of the CCAA Court's approval of the PCC Compensation Plan, the commencement of the PCC Claims Submission Period, the Claims Process and the PCC Claims Application Deadline for PCC-Claimants to submit their completed Claim Package to the Claims Administrator is subject

to the approval of the CCAA Court as part of the approval of the Notice Plan. Attached hereto as **Appendix “A”** is a version of the First Notice that is provided for guidance only to assist the understanding of the Claims Administrator which shall be responsible for designing, implementing and managing the PCC Notice Plan pursuant to which prospective PCC-Claimants will be informed about the PCC Compensation Plan and be provided with ongoing notice throughout the PCC Claims Submission Period.

21. Costs of PCC Notice Plan

- 21.1 The projected costs for all services to be rendered by the Claims Administrator in connection with the PCC Notice Plan, as well as the costs to publish notice to prospective PCC-Claimants in all Provinces and Territories through communications in newspapers, other print media, television, radio, social media, other digital media and direct communications where appropriate, shall be set out in the Global Claims Administration Costs Framework and otherwise governed by the terms of the Claims Administrator Order. The projected costs of the Global Claims Administration Costs Framework for the PCC Notice Plan shall be subject to the approval of the CCAA Court.
- 21.2 All fees, disbursements, costs and other expenses associated with the PCC Notice Plan shall be paid directly by the Tobacco Companies and shall not be deducted from the PCC Compensation Plan Amount.
- 21.3 The payment of the costs, fees and disbursements incurred by the Claims Administrator in connection with the PCC Notice Plan shall be governed by the terms of the Claims Administrator Order.

SECTION II – COMMUNICATIONS BY CLAIMS ADMINISTRATOR

22. Duties and Responsibilities of Claims Administrator

- 22.1 The Claims Administrator shall establish and operate a toll-free Call Centre providing services in English and French to respond to inquiries from and provide information to

PCC-Claimants and prospective PCC-Claimants, and their Legal Representatives as applicable, regarding the PCC Compensation Plan and the Claims Process. The Call Centre shall operate from 9:00 a.m. to 9:00 p.m. Eastern Time, Monday to Friday, or such further extended hours as may be determined by the Claims Administrator to be necessary for the efficient administration of the PCC Compensation Plan.

22.2 The Claims Administrator shall develop, host, maintain and manage an accessible website where PCC-Claimants and prospective PCC-Claimants, and their Legal Representatives as applicable, may access:

22.2.1 Information, documents, and Frequently Asked Questions and Answers regarding the PCC Compensation Plan and the Claims Process;

22.2.2 Updates regarding the Claims Administrator's progress in administering the PCC Compensation Plan and an explanation for any delays in processing the PCC-Claims;

22.2.3 Information regarding the status of their PCC Claim; and

22.2.4 Contact information for the Claims Administrator.

SECTION III – PCC CLAIMS SUBMISSION PERIOD AND PCC CLAIMS APPLICATION DEADLINE

23. PCC Claims Submission Period and PCC Claims Application Deadline

23.1 The PCC Claims Submission Period shall commence on the First Notice Date and run for twenty-four months until the PCC Claims Application Deadline. The PCC Claims Submission Period may be extended by the CCAA Court if it is deemed necessary and expedient to do so as the implementation of the PCC Compensation Plan unfolds.

23.2 All Claim Packages must be submitted to the Claims Administrator:

- 23.2.1 Online at [\[insert URL for website of Claims Administrator\]](#) by no later than 5:00 p.m. Pacific Time on the PCC Claims Application Deadline;
 - 23.2.2 By email to [\[insert Claims Administrator's email address\]](#) by no later than 5:00 p.m. Pacific Time on the PCC Claims Application Deadline;
 - 23.2.3 By facsimile transmission to [\[insert fax number of Claims Administrator\]](#) by no later than 5:00 p.m. Pacific Time on the PCC Claims Application Deadline;
or
 - 23.2.4 If sent by registered mail to the following address [\[insert address of Claims Administrator\]](#), postmarked by no later than the PCC Claims Application Deadline.
- 23.3 Any Claim Packages, or forms or documents comprising parts of Claim Packages, submitted to the Claims Administrator after 5:00 p.m. Pacific Time on the PCC Claims Application Deadline shall not be accepted by the Claims Administrator which shall send to the PCC-Claimant a **Notice of Rejection of Claim** in the form set out in **Appendix "B"**.

SECTION IV – SUBMISSION OF PCC CLAIMS

24. Claim Package required to be submitted to Claims Administrator by PCC-Claimants

- 24.1 The Claims Administrator will contribute to the design and customization of the Claims Process that will be used to administer the PCC Claims of prospective PCC-Claimants under the PCC Compensation Plan, which shall be subject to CCAA Court approval.
- 24.2 To make a PCC Claim to the PCC Compensation Plan, a PCC-Claimant shall be required to submit to the Claims Administrator by the PCC Claims Application Deadline a Claim Package comprised of all the following fully completed documents:

- 24.2.1 The **Claim Form for PCC-Claimant** in the form set out in **Appendix “C”** or, if a Legal Representative of the PCC-Claimant is assisting the PCC-Claimant to submit their PCC Claim, the **Claim Form for the Legal Representative of a PCC-Claimant** in the form set out in **Appendix “D”** with all requested documents attached to establish that the Legal Representative has the right and is duly authorized to make a PCC Claim on behalf of the PCC-Claimant; and
- 24.2.2 As applicable, if the diagnosis is not proven by an Official Confirmation in accordance with paragraphs 35.1 to 35.3, the proof of diagnosis during the PCC Claims Period of Lung Cancer or Throat Cancer which meets the requirements of paragraphs 35.5 or 35.6 herein, or the proof of diagnosis during the PCC Claims Period of Emphysema/COPD (GOLD Grade III or IV) which meets the requirements of paragraphs 36.1 or 36.2 herein.
- 24.3 PCC-Claimants may submit their Claim Package:
- 24.3.1 Online on the website of the Claims Administrator at **[insert URL for website of Claims Administrator]** by no later than 5:00 p.m. Pacific Time on the PCC Claims Application Deadline;
- 24.3.2 By email to **[insert Claims Administrator’s email address]** by no later than 5:00 p.m. Pacific Time on the PCC Claims Application Deadline;
- 24.3.3 By facsimile transmission to **[insert fax number of Claims Administrator]** by no later than 5:00 p.m. Pacific Time on the PCC Claims Application Deadline;
or
- 24.3.4 By registered mail, to the following address **[insert address of Claims Administrator]**, postmarked by no later than 5:00 p.m. Pacific Time on the PCC Claims Application Deadline.

- 24.4 The Claims Administrator shall develop a process to receive and manage Claim Packages submitted by PCC-Claimants in writing by registered mail, by fax, via fillable pdf or other online format, or via scanned email at the choice of the PCC-Claimants.
- 24.5 Any Claim Packages, or forms or documents comprising parts of Claim Packages, submitted to the Claims Administrator after 5:00 p.m. Pacific Time on the PCC Claims Application Deadline shall not be accepted by the Claims Administrator which shall send to the PCC-Claimant or their Legal Representative, as applicable, a **Notice of Rejection of Claim** in the form set out in **Appendix “B”**.

SECTION V – PROCESSING OF CLAIMS

25. Decision Tree for Claims Administrator

- 25.1 **Appendix “F”** is the **Decision Tree entitled “Determination of whether Canadian Residents qualify to receive Compensation either pursuant to *Blais* Judgment or from Pan-Canadian Claimants’ Compensation Plan”** that will guide the Claims Administrator in the determination of whether (i) a PCC-Claimant meets the PCC Eligibility Criteria to be an Eligible PCC-Claimant who will receive an Individual Payment, or (ii) a Tobacco-Victim Claimant or Succession Claimant meets the *Blais* Eligibility Criteria to be an Eligible *Blais* Class Member who will receive a Compensation Payment.
- 25.2 For greater certainty, the Decision Tree is not to be used by the CCAA Court or any Individual in the interpretation of the PCC Compensation Plan or the Quebec Administration Plan in the event of a dispute.

26. Determination of PCC Claims in Writing

- 26.1 The Claims Administrator shall determine whether a PCC-Claimant is eligible to receive an Individual Payment based upon the review of the information provided by the PCC-Claimant in writing in the Claim Package.

26.2 In determining the eligibility of a PCC-Claimant to receive an Individual Payment, the Claims Administrator shall not conduct any hearing.

27. Review and Determination of PCC Claims by Claims Administrator

27.1 Upon receipt of a Claim Package, the Claims Administrator shall send an **Acknowledgement of Receipt of Claim Package** to the PCC-Claimant in the form set out in **Appendix “G”**.

27.2 The Claims Administrator may use a **Checklist** in the form set out in **Appendix “H”** as a directory guide to assist the Claims Administrator to determine whether a PCC-Claimant meets each of the PCC Eligibility Criteria.

27.3 The Claims Administrator shall develop and implement procedures for preventing and identifying duplicate or fraudulent PCC-Claims.

27.4 If a Claim Package is incomplete and the missing information is straightforward, the Claims Administrator may contact the PCC-Claimant or Physician, as applicable, verbally or in writing to invite the PCC-Claimant or Physician, as applicable, to provide the missing information for insertion by the Claims Administrator on the applicable form in the Claim Package within a specified time period which shall not extend past the PCC Claims Application Deadline.

27.5 If a Claim Package is otherwise prima facie incomplete, the Claims Administrator shall issue a Notice of Incomplete Claim advising the PCC-Claimant of the corrective measures required to complete the Claim Package, and inviting the PCC-Claimant to resubmit a revised Claim Package before the PCC Claims Application Deadline. If there are less than sixty days until the PCC Claims Application Deadline, or if the review of the Claim Package occurs after the PCC Claims Application Deadline has passed, then the Claims Administrator shall advise the PCC-Claimant that they have sixty days from the date of the issuance of the Notice of Incomplete Claim within which to resubmit a revised Claim Package.

- 27.6 If the Claims Administrator determines that a PCC-Claimant meets all the PCC Eligibility Criteria, the Claims Administrator shall issue a **Notice of Acceptance of PCC Claim**, in the form set out in **Appendix “I”**, which advises that the PCC Claim has been accepted. The Notice of Acceptance of PCC Claim shall: (i) indicate the maximum amount of the Individual Payment that may be payable; (ii) advise that the actual quantum of the Individual Payment that will be paid to the PCC-Claimant will be determined on a *pro rata* basis between all PCC-Claimants based on the number of PCC Claims approved and the amount available for distribution to PCC-Claimants after all claims have been received, reviewed and processed by the Claims Administrator; and (iii) advise that it is anticipated that the distribution of Individual Payments to PCC-Claimants will commence after the PCC Claims Application Deadline.
- 27.7 If a PCC-Claimant does not meet all the PCC Eligibility Criteria, the Claims Administrator shall issue a **Notice of Rejection of PCC Claim** in the form set out in **Appendix “B”** which clearly states the reason for the rejection of the PCC Claim.
- 27.8 The Claims Administrator will advise the PCC Representative Counsel of the decision made in respect of each Claim Package submitted to the Claims Administrator.

28. Death of PCC-Claimant after Submission of Claim Package

- 28.1 If the Claims Administrator receives notice that a PCC-Claimant has died after they submitted their Claim Package to the Claims Administrator but before they received an Individual Payment, the Claims Administrator shall complete the review of the Claim Package. If the Claims Administrator determines that the PCC-Claimant meets the PCC Eligibility Criteria, then the Claims Administrator shall make the Individual Payment payable to the estate of the PCC-Claimant.

29. Review of Rejected PCC Claims by Review Officer

- 29.1 When the Claims Administrator issues a Notice of Rejection of PCC Claim, the PCC-Claimant shall also be sent a **Request for Review** in the form set out in **Appendix “J”**.

- 29.2 A PCC-Claimant who has received a Notice of Rejection of PCC Claim shall have sixty days from the date that the Claims Administrator issues the Notice of Rejection of PCC Claim to submit a completed Request for Review and any supporting documents to the Claims Administrator. The PCC-Claimant's Request for Review shall contain a statement clearly identifying the error which they allege was made by the Claims Administrator in the review of their PCC Claim. If the PCC-Claimant fails to identify the alleged error, the PCC Claim will not be reviewed by the Review Officer.
- 29.3 Upon receipt of a Request for Review, the Claims Administrator shall send an **Acknowledgement of Receipt of Request for Review** to the PCC-Claimant in the form set out in **Appendix "K"**.
- 29.4 The Claims Administrator shall designate a Review Officer to conduct an independent review of (i) the Claim Package submitted by a PCC-Claimant, or the Legal Representative of a PCC-Claimant, who has requested a review of the Claims Administrator's decision, and (ii) the Request for Review and any supporting documents submitted by the PCC-Claimant, or the Legal Representative of a PCC-Claimant. The Review Officer shall either confirm, reverse or vary the Claims Administrator's decision and issue a Notice of Rejection of PCC Claim or Notice of Acceptance of PCC Claim to the PCC-Claimant or the Legal Representative of a PCC-Claimant, as applicable.

30. Finality of Decisions of Claims Administrator and Review Officer

- 30.1 The decisions of the Claims Administrator and the Review Officer shall be final and binding without recourse to any Court or other forum or tribunal. For greater certainty, there is no right of appeal, judicial review, judicial recourse or other access to the CCAA Court or any other court in any Province or Territory from any decision of the Claims Administrator or the Review Officer.

SECTION VI – ELIGIBILITY CRITERIA AND AMOUNT OF COMPENSATION PAYABLE TO PCC-CLAIMANTS

31. Criteria for Entitlement to Compensation

31.1 To be eligible to receive compensation under the PCC Compensation Plan, the PCC-Claimant must meet all of the following criteria (“**PCC Eligibility Criteria**”):

31.1.1 On the date that a PCC-Claimant submits their Claim Package:

31.1.1.1 If the PCC-Claimant is alive, they must reside in a Province or Territory in Canada, or

31.1.1.2 If the PCC-Claimant is deceased, they must have resided in a Province or Territory in Canada on the date of their death;

31.1.2 The PCC-Claimant was alive on March 8, 2019;

31.1.3 Between January 1, 1950 and November 20, 1998, the PCC-Claimant smoked a minimum of Twelve Pack-Years of cigarettes sold by the Tobacco Companies:

Twelve Pack-Years of cigarettes is the equivalent of 87,600 cigarettes which is calculated as any combination of the number of cigarettes smoked in a day multiplied by the number of days of consumption. For example, Twelve Pack-Years equals:

10 cigarettes smoked per day for 24 years (10 x 365 x 24) = 87,600 cigarettes,

or

20 cigarettes smoked per day for 12 years (20 x 365 x 12) = 87,600 cigarettes,

or

30 cigarettes smoked per day for 8 years (30 x 365 x 8) = 87,600 cigarettes;

31.1.4 Between March 8, 2015 and March 8, 2019 (inclusive of those dates), the PCC-Claimant was diagnosed with:

31.1.4.1 Lung Cancer, or

31.1.4.2 Throat Cancer, or

31.1.4.3 Emphysema/COPD (GOLD Grade III or IV) (collectively, the “**PCC Compensable Diseases**”);

and

31.1.5 On the date of the diagnosis with a PCC Compensable Disease the PCC-Claimant resided in a Province or Territory in Canada.

31.2 The brands of cigarettes sold by the Tobacco Companies in Canada between January 1, 1950 and November 20, 1998 include the brands and sub-brands listed in **Appendix “L”** hereto.

32. Individuals who do not meet PCC Eligibility Criteria

32.1 The estates of Individuals who died prior to March 8, 2019 are not eligible to receive direct compensation under the PCC Compensation Plan.

32.2 The estate of an Individual who died on or after March 8, 2019 would qualify to receive direct compensation under the PCC Compensation Plan subject to the terms hereof.

32.3 Surviving Family Members in their own capacity are not eligible to submit a PCC Claim or receive direct compensation under the PCC Compensation Plan.

33. Proof that PCC-Claimant meets PCC Eligibility Criteria

33.1 To establish eligibility to receive an Individual Payment under the PCC Compensation Plan, the Smoking History and Diagnosis of the PCC-Claimant must be proven.

34. Proof of Smoking History

34.1 The Smoking History of a PCC-Claimant shall be proven by the statements made in the Claim Form for PCC-Claimant or the Claim Form for the Legal Representative of a PCC-Claimant, as applicable, stating when the PCC-Claimant started smoking cigarettes, providing an estimate of the number of cigarettes the PCC-Claimant smoked per day per year, and identifying which of the brands of cigarettes sold by the Tobacco Companies in Canada the PCC-Claimant smoked between January 1, 1950 and November 20, 1998, the complete list of which (including all sub-brands) is set out in **Appendix “L”**.

35. Proof of Diagnosis

(a) Proof of Diagnosis of Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV) for PCCs resident in Quebec

35.1 On an ongoing basis, pursuant to the Official Confirmations of Diagnoses Order, in respect of all Claim Packages received pertaining to PCC-Claimants resident in Quebec that *prima facie* appear to meet the PCC Eligibility Criteria other than Diagnosis, the Claims Administrator shall request Official Confirmations through the MSSS and RAMQ (i) from the Quebec Cancer Registry in respect of a diagnosis of Lung Cancer or Throat Cancer, and (ii) from MED-ÉCHO in respect of a diagnosis of Emphysema/COPD (GOLD Grade III or IV).

35.2 Upon receipt and review of the Official Confirmations, the Claims Administrator will determine whether a PCC-Claimant meets all of the PCC Eligibility Criteria.

35.3 If the Diagnosis in respect of a PCC Claim is proven by an Official Confirmation, the Claims Administrator shall issue a **Notice of Acceptance of PCC Claim**, in the form

attached hereto as **Appendix “I”**, advising the PCC-Claimant or the Legal Representative of the PCC-Claimant, as applicable, of the acceptance of their PCC Claim. The Notice of Acceptance of PCC Claim shall: (i) indicate the maximum amount of the Individual Payment that may be payable; (ii) advise that the actual quantum of the Individual Payment that will be paid to the PCC Claimant will be determined on a *pro rata* basis between all PCC-Claimants based on the number of PCC Claims received and the amount available for distribution to PCC-Claimants after all claims have been received, reviewed and processed by the Claims Administrator; and (iii) advise that it is anticipated that the distribution of Individual Payments to Eligible PCC-Claimants will commence after the PCC Claims Application Deadline.

35.4 If (i) the PCC- Claimant or the Legal Representative of a PCC-Claimant, as applicable, has not authorized the Claims Administrator to request an Official Confirmation through the MSSS and RAMQ, or (ii) the Diagnosis in respect of a PCC-Claim cannot be confirmed by an Official Confirmation, then the Claims Administrator shall request, by sending to them a Notice to Provide Alternative Proof that the PCC-Claimant or the Legal Representative of a PCC-Claimant provide, as applicable, proof of diagnosis of Lung Cancer or Throat Cancer in accordance with the process set out in Sections 35.5 and 35.6 herein, or proof of diagnosis of Emphysema/COPD (GOLD Grade III or IV) in accordance with the process set out in Sections 36.1 and 36.2 herein.

(b) Proof of Diagnosis of Lung Cancer or Throat Cancer for PCCs resident outside Quebec and PCCs resident in Quebec for whom an Official Confirmation is not available

35.5 A PCC-Claimant’s Diagnosis of Lung Cancer or Throat Cancer shall be proven by the submission to the Claims Administrator of a copy of a pathology report which confirms that the PCC-Claimant was diagnosed with Lung Cancer or Throat Cancer, as applicable, between March 8, 2015 and March 8, 2019 (inclusive of those dates).

- 35.6 If the PCC-Claimant is unable to provide a pathology report as specified in paragraph 35.5 herein, then they must submit to the Claims Administrator one of the following documents to prove the Diagnosis of Lung Cancer or Throat Cancer:
- 35.6.1 A copy of an extract from a medical file of the PCC-Claimant confirming the diagnosis of Lung Cancer or Throat Cancer between March 8, 2015 and March 8, 2019;
 - 35.6.2 A completed Physician Form in the form attached hereto as **Appendix “E”**; or
 - 35.6.3 A written statement, in a form and content acceptable to the Claims Administrator, from a Physician of the PCC-Claimant, or another physician having access to the medical record, confirming the diagnosis of Lung Cancer or Throat Cancer between March 8, 2015 and March 8, 2019 and providing at least one of the following records to verify the diagnosis and date of diagnosis: pathology report, operative report, biopsy report, MRI report, CT scan report, PET scan report, x-ray report and/or sputum cytology report.
- 36. Proof of Diagnosis of Emphysema/COPD (GOLD Grade III or IV) for PCCs resident outside Quebec and PCCs resident in Quebec for whom an Official Confirmation is not available**
- 36.1 A PCC-Claimant’s diagnosis of Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019 (inclusive of those dates) shall be proven by the submission to the Claims Administrator of a copy of a report of a spirometry test performed on the PCC-Claimant between March 8, 2015 and March 8, 2019, that first demonstrated a FEV1 (non-reversible) of less than 50% of the predicted value.
 - 36.2 If the PCC-Claimant is unable to provide a spirometry test report as specified in paragraph 36.1 herein, then they must submit to the Claims Administrator one of the following documents to prove the Diagnosis of Emphysema/COPD (GOLD Grade III or IV):

- 36.2.1 A copy of an extract from a medical file of the PCC-Claimant confirming the diagnosis of Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019;
- 36.2.2 A completed Physician Form in the form attached hereto as **Appendix “E”**; or
- 36.2.3 A written statement, in a form and content acceptable to the Claims Administrator, from a Physician of the PCC-Claimant, or another physician having access to the medical record, confirming the diagnosis of Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019 providing at least one of the following records to verify the diagnosis and date of diagnosis: spirometry report or CT scan report.

37. Proof of Status of Legal Representative of a PCC-Claimant

- 37.1 The Legal Representative for a PCC-Claimant shall prove their status to make a PCC Claim on behalf of the PCC-Claimant by the information contained in the Claim Form for the Legal Representative of PCC-Claimant and the documents attached thereto.

38. Reduction for Contributory Negligence

- 38.1 The quantum of the Individual Payment (see **Table 1** in paragraph 40.1 below) payable to a PCC-Claimant who meets all the PCC Eligibility Criteria will depend upon the date on which the PCC-Claimant started smoking the Tobacco Companies’ cigarettes as follows:
 - 38.1.1 A PCC-Claimant who started to smoke the Tobacco Companies’ cigarettes *before* January 1, 1976 will be eligible to receive 100% of the compensation available under the PCC Compensation Plan, or such prorated amount as may be payable pursuant to paragraph 40.1 herein; and
 - 38.1.2 A PCC-Claimant who started to smoke the Tobacco Companies’ cigarettes *on or after* January 1, 1976 will be designated as being 20% contributorily negligent

and eligible to receive 80% of the compensation available under the PCC Compensation Plan, or such prorated amount as may be payable pursuant to paragraph 40.1 herein.

39. Where PCC-Claimant diagnosed with more than one PCC Compensable Disease

39.1 Where a PCC-Claimant meets all of the PCC Eligibility Criteria but has been diagnosed with more than one PCC Compensable Disease, they shall be paid for the single PCC Compensable Disease with which they have been diagnosed that will provide them with the highest amount of compensation under the PCC Compensation Plan. No “double recovery” or overlapping recovery will be permitted if a PCC-Claimant has been diagnosed with more than one PCC Compensable Disease.

40. Quantum of Compensation payable to PCC-Claimants

40.1 The Claims Administrator shall review the Claim Packages and will decide whether the PCC-Claimants fulfill the PCC Eligibility Criteria such that they are eligible to receive an Individual Payment as set out in the Compensation Grid in **Table 1** below. An Individual who meets all the PCC Eligibility Criteria shall be paid for the single PCC Compensable Disease with which they have been diagnosed that will provide them with the highest amount of compensation from the PCC Compensation Plan. No “double recovery” or overlapping recovery will be permitted if a PCC-Claimant has been diagnosed with more than one PCC Compensable Disease. The quantum of the payments indicated in subparagraphs 40.1.1 through 40.1.3 and **Table 1** may be reduced on a *pro rata* basis based upon the actual take-up rate and other factors:

40.1.1 If the PCC-Claimant was diagnosed with Emphysema/COPD (GOLD Grade III or IV), they will be paid \$14,400 or \$18,000, or such pro-rated amount as may be payable pursuant to paragraph 52.1 herein;

- 40.1.2 If the PCC-Claimant was diagnosed with Lung Cancer, they will be paid \$48,000 or \$60,000, or such pro-rated amount as may be payable pursuant to paragraph 52.1 herein; and
- 40.1.3 If the PCC-Claimant was diagnosed with Throat Cancer, they will be paid \$48,000 or \$60,000, or such pro-rated amount as may be payable pursuant to paragraph 52.1 herein.

Table 1

Disease(s) with which PCC-Claimant was diagnosed	Individual Payment (or such lesser amount as may be determined by the Claims Administrator to be available for the subclass of PCC-Claimants; quantum will vary based upon the actual take-up rate and other factors and shall not exceed the maximum amounts specified in this table)	
	Compensation for PCC-Claimants who started smoking before January 1, 1976	Compensation for PCC-Claimants who started smoking on or after January 1, 1976
Emphysema/COPD (GOLD Grade III or IV)	\$18,000	\$14,400
Lung Cancer	\$60,000	\$48,000
Throat Cancer	\$60,000	\$48,000

- 40.2 The amounts of the Individual Payments to Eligible PCC-Claimants shall not exceed the maximum amounts specified in **Table 1** above.
- 40.3 The amounts payable to Eligible PCC-Claimants under the PCC Compensation Plan are inclusive of any prejudgment interest, postjudgment interest and any other amounts that may be claimed by Eligible PCC-Claimants.

SECTION VII – HARMONIZATION OF PCC COMPENSATION PLAN WITH CLAIMS PROCESS FOR *BLAIS* CLASS MEMBERS

41. Claims Administrator is responsible for Harmonization

41.1 The Claims Administrator shall harmonize the claims administration of the *Blais* Judgment and the claims administration of the PCC Compensation Plan in accordance with the harmonization principles set out in this Section for the purpose of ensuring that a resident of Quebec is not paid a Compensation Payment under the Quebec Administration Plan pursuant to the *Blais* Judgment as well as an Individual Payment from the PCC Compensation Plan. An individual resident in Quebec is only permitted to make one claim for compensation either as a *Blais* Class Member under the Quebec Administration Plan or as a PCC-Claimant under the PCC Compensation Plan. A Quebec resident is not permitted to make a claim to both Claims Processes.

42. Determination of Residency

42.1 For the purpose of the administration of the Tobacco-Victim Claims and Succession Claims under the Quebec Administration Plan pursuant to the *Blais* Judgment and the PCC Claims under the PCC Compensation Plan:

42.1.1 If an Individual does not reside in Canada both on the date of their diagnosis with a PCC Compensable Disease and on the date on which they submit their PCC Claim to the Claims Administrator, then they are not eligible to receive compensation from the PCC Compensation Plan;

42.1.2 If an Individual does not reside in Quebec on the date on which they submit their Tobacco-Victim Claim or Succession Claim to the Quebec Administration Plan, then they are not eligible to receive a Compensation Payment pursuant to the *Blais* Judgment;

- 42.1.3 In respect of an Individual resident in Canada, their “**Place of Residence**” shall be deemed to be the Province or Territory which issued their health insurance card and/or their driver’s licence;
- 42.1.4 If an Individual’s answers to the questions on the Tobacco-Victim Claim Form, Succession Claim Form, or Claim Form for PCC-Claimant, as applicable, establish that, between January 1, 1950 and November 20, 1998, they smoked a minimum of Twelve Pack-Years of cigarettes (equivalent of 87,600 cigarettes) sold by the Canadian Tobacco Companies, then they will be considered to have resided in Canada between January 1, 1950 and November 20, 1998; and
- 42.1.5 In order to qualify to receive a Compensation Payment under the Quebec Administration Plan pursuant to the *Blais* Judgment, an Individual’s Place of Residence must have been Quebec on the date that they were diagnosed with Emphysema/COPD (GOLD Grade III or IV), Lung Cancer and/or Throat Cancer before March 12, 2012.

43. Quantum of Compensation for *Blais* Class Members

- 43.1 In accordance with the terms of the Quebec Administration Plan, upon review of the Proofs of Claim by the Claims Administrator, Tobacco-Victims who fulfill the *Blais* Eligibility Criteria may be determined to be eligible to receive a Compensation Payment as set out in the Compensation Grid in **Table 2** below. An Individual who meets all the criteria to receive compensation as a *Blais* Class Member shall be paid for the single compensable disease with which they have been diagnosed that will provide them with the highest amount of compensation pursuant to the *Blais* Judgment. No “double recovery” or overlapping recovery will be permitted if a *Blais* Class Member has been diagnosed with more than one compensable disease. The quantum of the payments indicated in subparagraphs 43.1.1 through 43.1.3 and **Table 2** below will vary based upon the actual take-up rate and other factors:

- 43.1.1 If the *Blais* Class Member was diagnosed with Emphysema/COPD (GOLD Grade III or IV), they will be paid \$24,000 or \$30,000, or such other amount as may be determined by the Claims Administrator to be available for that subclass of *Blais* Class Members;
- 43.1.2 If the *Blais* Class Member was diagnosed with Lung Cancer, they will be paid \$80,000 or \$100,000, or such other amount as may be determined by the Claims Administrator to be available for that subclass of *Blais* Class Members; and
- 43.1.3 If the *Blais* Class Member was diagnosed with Throat Cancer, they will be paid \$80,000 or \$100,000, or such other amount as may be determined by the Claims Administrator to be available for that subclass of *Blais* Class Members.

Table 2

Disease(s) with which <i>Blais</i> Class Member was diagnosed	Quantum of Compensation (or such lesser amount as may be determined by the Claims Administrator to be available for the subclass of <i>Blais</i> Class Members; quantum will vary based upon the actual take-up rate and other factors and shall not exceed the maximum amounts specified in this table)	
	Compensation for <i>Blais</i> Class Members who started smoking before January 1, 1976	Compensation for <i>Blais</i> Class Members who started smoking on or after January 1, 1976
Emphysema/COPD (GOLD Grade III or IV)	\$30,000	\$24,000
Lung Cancer	\$100,000	\$80,000
Throat Cancer	\$100,000	\$80,000

- 43.2 The amounts of the compensation payments to *Blais* Class Members shall not exceed the maximum amounts specified in **Table 2** above.

43.3 The amounts payable to *Blais* Class Members pursuant to the *Blais* Judgment are inclusive of any prejudgment interest, postjudgment interest and any other amounts that may be claimed by *Blais* Class Members.

44. Claims Administrator’s Determination of Compensation payable to Quebec Residents who may qualify as both a *Blais* Class Member and a PCC-Claimant

44.1 Depending upon the disease(s) with which they are diagnosed and the timing of the diagnoses, there are four possible cases in which a Quebec resident may meet both the PCC Eligibility Criteria and the *Blais* Eligibility Criteria . The four cases are described in **Table 3** below. However, since the *Blais* Class Members and the PCC-Claimants shall only be paid for the single compensable disease with which they have been diagnosed that will provide them with the highest amount of compensation pursuant to either the *Blais* Judgment or the PCC Compensation Plan, as applicable, **Table 3** indicates whether the compensation would be paid pursuant to the *Blais* Judgment under the Quebec Administration Plan or pursuant to the terms of the PCC Compensation Plan. The questions on the Claim Form for PCC-Claimant (Appendix “C”) and Claim Form for the Legal Representative of a PCC-Claimant (Appendix “D”) will elicit responses from the individual submitting the claim that will enable the Claims Administrator to determine whether the Quebec resident meets either the PCC Eligibility Criteria or the *Blais* Eligibility Criteria:

Table 3

Case	Diseases with which Quebec Residents were diagnosed and Timing of Diagnoses	How Compensation will be paid (Amounts shown are for illustrative purposes only. The actual quantum will be determined by the Claims Administrator. The quantum will vary based upon the actual take-up rate and other factors and shall not exceed the maximum amounts specified in this table)	
		Compensation for <i>Blais</i> Class Members who started smoking before January 1, 1976	Compensation for <i>Blais</i> Class Members who started smoking on or after January 1, 1976
1.	Quebec resident was:	<i>Blais</i> Judgment: \$0	<i>Blais</i> Judgment: \$0

Case	Diseases with which Quebec Residents were diagnosed and Timing of Diagnoses	How Compensation will be paid (Amounts shown are for illustrative purposes only. The actual quantum will be determined by the Claims Administrator. The quantum will vary based upon the actual take-up rate and other factors and shall not exceed the maximum amounts specified in this table)	
		Compensation for <i>Blais</i> Class Members who started smoking before January 1, 1976	Compensation for <i>Blais</i> Class Members who started smoking on or after January 1, 1976
	(a) diagnosed with Emphysema/COPD (GOLD Grade III or IV) before March 12, 2012; (b) diagnosed with either Lung Cancer or Throat Cancer between March 8, 2015 and March 8, 2019; and (c) alive on March 8, 2019.	PCC Compensation Plan: \$60,000 Total: \$60,000	PCC Compensation Plan: \$48,000 Total: \$48,000
2.	Quebec resident was: (a) diagnosed with Lung Cancer or Throat Cancer before March 12, 2012; (b) diagnosed with Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019; and (c) alive on March 8, 2019.	<i>Blais</i> Judgment: \$100,000 PCC Compensation Plan: \$0 Total: \$100,000	<i>Blais</i> Judgment: \$80,000 PCC Compensation Plan: \$0 Total: \$80,000
3.	Quebec resident was:	<i>Blais</i> Judgment: \$100,000	<i>Blais</i> Judgment: \$80,000

Case	Diseases with which Quebec Residents were diagnosed and Timing of Diagnoses	How Compensation will be paid (Amounts shown are for illustrative purposes only. The actual quantum will be determined by the Claims Administrator. The quantum will vary based upon the actual take-up rate and other factors and shall not exceed the maximum amounts specified in this table)	
		Compensation for <i>Blais</i> Class Members who started smoking before January 1, 1976	Compensation for <i>Blais</i> Class Members who started smoking on or after January 1, 1976
	(a) diagnosed with Lung Cancer before March 12, 2012;	PCC Compensation Plan: \$0	PCC Compensation Plan: \$0
	(b) diagnosed with Throat Cancer between March 8, 2015 and March 8, 2019; and	Total: \$100,000	Total: \$80,000
	(c) alive on March 8, 2019.		
4.	Quebec resident was:	<i>Blais</i> Judgment: \$100,000	<i>Blais</i> Judgment: \$80,000
	(a) diagnosed with Throat Cancer before March 12, 2012;	PCC Compensation Plan: \$0	PCC Compensation Plan: \$0
	(b) diagnosed with Lung Cancer between March 8, 2015 and March 8, 2019; and	Total: \$100,000	Total: \$80,000
	(c) alive on March 8, 2019.		

44.2 The amounts of the compensation payments to Quebec residents shall not exceed the maximum amounts specified in **Table 3** above.

44.3 The amounts payable to Quebec residents are inclusive of any prejudgment interest, postjudgment interest and any other amounts that may be claimed by Quebec residents.

SECTION VIII – ROLE OF CCAA PLAN ADMINISTRATORS IN PCC COMPENSATION PLAN

45. Appointment of CCAA Plan Administrators

45.1 The CCAA Court shall be requested to approve the appointment of the three CCAA Plan Administrators in the manner contemplated by the CCAA Plans and other Definitive Documents.

45.2 Subject to the approval of the CCAA Court, the following three firms shall be appointed to serve as the CCAA Plan Administrators until such time as such firms may be replaced with the further approval of the CCAA Court: Ernst & Young Inc.; FTI Consulting Canada Inc.; and Deloitte Restructuring Inc.

45.3 In the CCAA Court's discretion, when the CCAA Court approves the Tobacco Companies' CCAA Plans, and whether at that time or at some future date or as otherwise set out in the CCAA Plans, the CCAA Court may abridge, suspend or otherwise deal with the CCAA proceedings as the CCAA Court may see fit, and Ernst & Young Inc., FTI Consulting Canada Inc. and Deloitte Restructuring Inc. shall be discharged and relieved of any further duties and obligations in regard to their capacities as Monitors, but shall continue without interruption in their capacities as CCAA Plan Administrators until such time as they may be replaced with the approval of the CCAA Court.

46. Advisors to CCAA Plan Administrators

46.1 The CCAA Plan Administrators, in their discretion, may retain any advisors, including legal, financial, investment or other advisors, to advise and assist them to carry out their duties in relation to the administration of the PCC Compensation Plan.

47. Payment for Services provided by CCAA Plan Administrators

47.1 All professional fees, other fees, costs, disbursements, expenses, court costs and other expenditures, and all applicable sales taxes thereon (collectively, "Costs"), incurred in

respect of the services provided by the CCAA Plan Administrators in relation to the administration of the PCC Compensation Plan, and the services provided by all legal, financial, investment or other advisors with whom the CCAA Plan Administrators in their discretion may consult regarding the administration of the PCC Compensation Plan, shall be paid biweekly directly by the Tobacco Companies, and such amounts shall not be deducted from the PCC Compensation Plan Amount. All such Costs shall be subject to the approval of the CCAA Court.

48. Investment of PCC Compensation Plan Amount

48.1 In accordance with the terms of the CCAA Plans, the PCC Compensation Plan Amount shall be paid from the Global Settlement Trust Account and deposited into the PCC Trust Account for the benefit of the Pan-Canadian Claimants.

48.2 The CCAA Plan Administrators shall ensure that the amounts from time to time in the PCC Trust Account are invested in accordance with approved investment guidelines pending disbursement to the PCC-Claimants.

48.3 The CCAA Plan Administrators shall provide to the PCC Representative Counsel a monthly report of the receipts and disbursements for the PCC Trust Account.

49. Advancement of Funds to Claims Administrator for Payments to Eligible PCC-Claimants

49.1 From time to time, the Claims Administrator shall submit to the CCAA Plan Administrators a requisition with sufficiently detailed information and supporting data requesting the advancement of a specified sum of money from the PCC Compensation Plan Amount to be used by the Claims Administrator for the purpose of making Individual Payments to Eligible PCC-Claimants.

49.2 Upon receipt of each such requisition and supporting information and data from the Claims Administrator, the CCAA Plan Administrators will verify the calculation of the sum

requisitioned by the Claims Administrator. In their discretion, the CCAA Plan Administrators may request further information from the Claims Administrator before they authorize the advancement of an instalment of funds from the PCC Compensation Plan Amount held in the PCC Trust Account to the Claims Administrator to enable it to make Individual Payments to Eligible PCC-Claimants.

50. Reporting by CCAA Plan Administrators

50.1 On an annual basis, and as circumstances warrant at any other times in the CCAA Plan Administrators' discretion or as the CCAA Court directs, the CCAA Plan Administrators shall report to the CCAA Court regarding the progress of the administration of the PCC Compensation Plan including the publication of notices, the PCC Claims Application Deadline to file PCC Claims, PCC Claims approved, PCC Claims rejected, any delays in the Claims Process, amounts distributed, fees charged and disbursements made and any other matter which the CCAA Plan Administrators in their discretion deem to be appropriate.

SECTION IX – DISTRIBUTION OF INDIVIDUAL PAYMENTS

51. Determination of Quantum of Individual Payments to Eligible PCC-Claimants

51.1 Upon the completion of the processing of the PCC Claims, the CCAA Plan Administrators, in consultation with the Claims Administrator, shall determine the quantum of the Individual Payments which may be made from the amount in the PCC Trust Account based upon several factors, including: the timing of the payment of the total PCC Compensation Plan Amount by the Tobacco Companies; the amount in the PCC Trust Account available for distribution; the numbers of PCC Claims accepted in respect of each of the diagnoses of Lung Cancer, Throat Cancer and Emphysema/COPD (GOLD Grade III or IV); and the numbers of Eligible PCC-Claimants who started smoking before and on or after January 1, 1976.

52. Pro rata Reduction if Aggregate of Individual Payments exceeds PCC Compensation Plan Amount

52.1 If the PCC Compensation Plan Amount plus any interest accrued thereon in the PCC Trust Account is not sufficient to pay the aggregate of the Individual Payments determined to be payable by the CCAA Plan Administrators, in consultation with the Claims Administrator, then the Individual Payments owing to the PCC-Claimants shall be divided on a *pro rata* basis among the Eligible PCC-Claimants so that the aggregate amount of the Individual Payments otherwise payable to the Eligible PCC-Claimants does not exceed the PCC Compensation Plan Amount plus any interest accrued thereon in the PCC Trust Account.

53. Payment of Individual Payments to Eligible PCC-Claimants

53.1 Once the CCAA Plan Administrators have finally determined the quanta of the Individual Payments which may be made from the PCC Compensation Plan Amount plus any interest accrued thereon in the PCC Trust Account, at the direction of the CCAA Plan Administrators, the Claims Administrator shall be responsible for making the Individual Payments to the Eligible PCC-Claimants.

53.2 The Claims Administrator shall make payment of the Individual Payments by either cheque or direct deposit as designated on the Claim Form by the PCC-Claimant or the Claim Form for the Legal Representative of the PCC-Claimant, as applicable.

53.3 Cheques for Individual Payments shall be issued in the name of each Eligible PCC-Claimant or in the name of the estate of the Eligible PCC-Claimant as applicable. Cheques shall not be issued in the name of any heir or beneficiary of the estate of an Eligible PCC-Claimant. Cheques will be mailed to the address of the Eligible PCC-Claimant or the Legal Representative of the Eligible PCC-Claimant, as applicable, that was provided on the Claim Form.

53.4 An Eligible PCC-Claimant or the Legal Representative of the Eligible PCC-Claimant, as applicable, who receives an Individual Payment by cheque shall have 180 days from the

date inscribed on the cheque to present it for payment. After 180 days, any amount not deposited shall be returned to the PCC Compensation Plan Amount.

53.5 Individual Payments made by direct deposit shall be deposited into a bank account in the name of the PCC-Claimant or the estate of the PCC-Claimant. The Claims Administrator shall not deposit an Individual Payment into a bank account in the name of any heir or beneficiary of the estate of an Eligible PCC-Claimant.

54. Distribution of any Residual Funds from PCC Compensation Plan Amount

54.1 Three years after the Claims Administrator commenced its review and processing of the PCC-Claims, or at such other time as the CCAA Plan Administrators are of the view that the administration of the PCC-Claims has been substantially completed, to the extent that there remains any Residual Funds in the PCC Compensation Plan, any such Residual Funds shall be allocated to the Provinces and Territories Settlement Amount and apportioned among the Provinces and Territories in accordance with the percentages set out in the table in Article 16, Section 16.3 of the CCAA Plan.

55. No Assignment or Direction to Pay

55.1 No amount payable under the PCC Compensation Plan may be assigned, and any such assignment shall be null and void.

55.2 No amount payable under the PCC Compensation Plan may be subject to a direction to pay, and any such direction to pay shall be null and void.

SECTION X – REPORTING OBLIGATIONS OF CLAIMS ADMINISTRATOR

56. Engagement with Administrative Coordinator and reporting to CCAA Plan Administrators and CCAA Court

56.1 The Claims Administrator shall bring to the attention of and work with the Administrative Coordinator to address and resolve issues that may arise from time to time in the

interpretation, implementation and ongoing administration of the PCC Compensation Plan. If the Administrative Coordinator and the Claims Administrator are unable to resolve an issue relating to the PCC Compensation Plan, then the Administrative Coordinator shall refer the matter to the CCAA Plan Administrators who, in their discretion, may bring the matter jointly before the CCAA Court for resolution or directions.

- 56.2 The Claims Administrator shall keep accurate and complete records to allow for verification, audit or review as required by the CCAA Plan Administrators and, as circumstances warrant, by the CCAA Court which shall hear and determine matters relating to the ongoing supervision of the PCC Compensation Plan.
- 56.3 In accordance with the terms of the Claims Administrator Order, the Claims Administrator shall prepare the Global Claims Administration Costs Framework. The Claims Administrator shall also prepare the First Annual Global Claims Administration Costs Budget and Subsequent Annual Global Claims Administration Costs Budget which the Claims Administrator shall submit to the CCAA Court and the Quebec Superior Court for joint approval.
- 56.4 The Claims Administrator shall manage and track the budget for the administration of the PCC Compensation Plan.
- 56.5 Annually and as circumstances warrant at any other times as requested by the CCAA Plan Administrators in their discretion or as the CCAA Court directs, the Claims Administrator shall report through the Administrative Coordinator to the CCAA Plan Administrators regarding the progress of the administration of the PCC Compensation Plan including the publication of notices, the PCC Claims Application Deadline to file PCC Claims, PCC Claims approved, PCC Claims rejected, any delays in the Claims Process, amounts distributed, fees charged and disbursements made.
- 56.6 Annually and as circumstances warrant at any other times as requested by the CCAA Plan Administrators in their discretion or as the CCAA Court directs, the Claims Administrator shall provide through the Administrative Coordinator to the CCAA Plan Administrators

which, in turn, shall report to the CCAA Court, an accounting of the fees charged, disbursements made and, after the PCC Claims Application Deadline, the distributions made to Eligible PCC-Claimants for approval by the CCAA Court.

- 56.7 The Claims Administrator shall provide an Exit Report through the Administrative Coordinator to the CCAA Plan Administrators within six months, or as soon as is practicable, following the termination of the administration of the PCC Compensation Plan.
- 56.8 The Administrative Coordinator shall provide to the PCC Representative Counsel copies of the budget, reports, accounting of fees and Exit Report that the Claims Administrator submits through the Administrative Coordinator to the CCAA Plan Administrators pursuant to paragraphs 56.3, 56.5, 56.6 and 56.7 herein.

SECTION XI – CONFIDENTIALITY AND INFORMATION MANAGEMENT

57. Confidentiality

- 57.1 The Claims Administrator shall develop a privacy policy which shall be posted on the website maintained by the Claims Administrator. The privacy policy shall include a description of how the Claims Administrator will collect Personal Information regarding the PCC-Claimants and the PCC-Claimants' Legal Representatives, and how the Personal Information may be used, shared, stored, safeguarded and destroyed by the Claims Administrator.
- 57.2 The Claims Administrator shall develop, host, maintain and manage an electronic database of all PCC Claims submitted by PCC-Claimants and maintain the confidentiality of the Personal Information and data regarding the PCC-Claimants and the PCC-Claimants' Legal Representatives in the database through security measures which include: the training of staff regarding their privacy obligations; administrative controls to restrict access to Personal Information on a "need to know basis"; and technological security measures such as firewalls, multi-factor authentication, encryption and anti-virus software.

- 57.3 Any Personal Information and data regarding a PCC-Claimant and/or a PCC-Claimant's Legal Representative that is provided, created or obtained in the course of the claims administration, whether written or oral, shall be kept confidential by the Claims Administrator, the Review Officer, the Administrative Coordinator and the CCAA Plan Administrators and shall not be disclosed, shared or used for any purpose other than the determination of the PCC Claims, without the consent of the PCC-Claimant or the PCC-Claimant's Legal Representative, as applicable, or as required by law.
- 57.4 The Personal Information and data regarding the PCC-Claimants and the PCC-Claimants' Legal Representatives that is collected by the Claims Administrator shall not be used for any research or any other purpose that is not related to the administration of PCC Claims made pursuant to the PCC Compensation Plan.
- 57.5 The Claims Administrator shall obtain from all its employees, officers, contractors, subcontractors, agents and representatives who are engaged in the administration of PCC Claims under the PCC Compensation Plan, an executed non-disclosure agreement in a form approved by the CCAA Plan Administrators.
- 57.6 The Claims Administrator shall store all Personal Information and data regarding the PCC-Claimants and the PCC-Claimants' Legal Representatives in a secure location and only permit authorized Individuals who have executed a non-disclosure agreement to have access to the Personal Information.

58. Retention and Destruction of PCC-Claimant Information and Records

- 58.1 The Claims Administrator shall retain all Personal Information and documentation in its possession provided in connection with the Claim Packages submitted by the PCC-Claimants and the PCC-Claimants' Legal Representatives for three years following the completion of the distribution of the Individual Payments ("**Retention Period**"). The Personal Information and documents provided in respect of a PCC-Claimant, or the fact that a Claim Package has been submitted in respect of a PCC-Claimant, shall not be

disclosed by the Claims Administrator to anyone, except with the consent of the PCC-Claimant or the PCC-Claimant's Legal Representative, as applicable, or as required by law.

- 58.2 Subject to the prior approval of the CCAA Court, the Claims Administrator shall conduct the secure destruction of all electronic Personal Information, including all data and metadata, and all Personal Information in document form in the Claims Administrator's possession that was provided as part of the Claim Packages, with the exception of the Claims Administrator's reports and administrative records, as soon as reasonably practicable after the expiry of the Retention Period, and shall provide certification of such destruction to the CCAA Court.

PART C: GENERAL

SECTION I – GENERAL PROVISIONS APPLICABLE TO PCC COMPENSATION PLAN

59. Effective in Entirety

- 59.1 None of the terms herein regarding the PCC Compensation Plan shall become effective unless and until all the terms of the PCC Compensation Plan have been finally approved by the CCAA Court. If such CCAA Court approval is not granted, the PCC Compensation Plan will thereupon be terminated, and none of the Tobacco Companies or the PCC-Claimants will be liable for such termination.

60. Termination of PCC Compensation Plan

- 60.1 The PCC Compensation Plan will continue in full force and effect until all obligations under the PCC Compensation Plan are fulfilled.

61. Governing Law

- 61.1 The PCC Compensation Plan shall be governed and construed in accordance with the laws of the Province of Ontario and the applicable laws of Canada.

62. Entire Agreement

62.1 The terms and conditions set forth in Part B regarding the PCC Compensation Plan constitute the entire Agreement between the Tobacco Companies and the PCC-Claimants with respect to the PCC Compensation Plan, and cancel and supersede any prior or other understandings and agreements between the Tobacco Companies and the PCC-Claimants. There are no representations, warranties, terms, conditions, undertakings, covenants or collateral agreements, express, implied or statutory between the Tobacco Companies and the PCC-Claimants with respect to the PCC Compensation Plan other than as expressly set forth or referred to in Part B of this document.

63. Benefit of the PCC Compensation Plan

63.1 The terms and conditions set forth in Part B regarding the PCC Compensation Plan shall enure to the benefit of and be binding upon the Tobacco Companies and the PCC-Claimants who are alive and deceased, and their successors, heirs, administrators and estate trustees.

64. Official Languages

64.1 The Tobacco Companies shall pay for the cost to prepare a French translation of this document and all Notices and Forms regarding the PCC Compensation Plan that are attached to this document as Appendices. To the extent that there are any inconsistencies between the English and the French versions of this document, the Notices or the Appendices, the English version shall be authoritative and shall govern and prevail in all respects.

DATED as of the 27th day of August, 2025.

APPENDIX “A”

Note: Appendix “A” is a version of the First Notice that is provided for guidance only to assist the understanding of the Claims Administrator which shall be responsible for designing, implementing and managing the PCC Notice Plan pursuant to which prospective PCC-Claimants will be informed about the PCC Compensation Plan and be provided with ongoing notice throughout the PCC Claims Submission Period.

Pan-Canadian Claimants’ Compensation Plan

FIRST NOTICE

To all individuals resident in Canada who smoked Twelve Pack-Years of cigarettes sold in Canada by Imperial Tobacco Canada Limited, Rothmans, Benson & Hedges Inc. and JTI-Macdonald Corp. during the period from January 1, 1950 to November 20, 1998, and were diagnosed between March 8, 2015 and March 8, 2019 with Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV) attributable to smoking cigarettes.

You may be eligible to receive compensation.

A person smoked Twelve Pack-Years of cigarettes if they smoked the equivalent of a minimum of 87,600 cigarettes calculated as any combination of the number of cigarettes smoked in a day multiplied by the number of days of consumption (for example, 20 cigarettes a day for 12 years; 30 cigarettes a day for 8 years; or 10 cigarettes a day for 24 years).

Please read this Notice carefully.

To learn more about the Pan-Canadian Claimants’ Compensation Plan go to [\[URL for website of Claims Administrator\]](#) or contact the Call Centre by telephone at [\[Call Centre toll-free number\]](#) or by email at [\[Call Centre email address\]](#).

The Ontario Superior Court of Justice (Commercial List) (“**Court**”) authorized this Notice. It is not a solicitation from a lawyer.

On **[date]**, the Court approved the plans of compromise and arrangement (“**CCAA Plans**”) pursuant to the *Companies’ Creditors Arrangement Act* (“**CCAA**”) of three Canadian Tobacco Companies, Imperial Tobacco Canada Limited, Rothmans, Benson & Hedges Inc. and JTI-Macdonald Corp. (“**Tobacco Companies**”). The CCAA Plans include compensation to be provided through the establishment of the Pan-Canadian Claimants’ Compensation Plan (“**PCC**”).

Compensation Plan”) for Canadians (“**Pan-Canadian Claimants**”) suffering from certain tobacco-related diseases who meet prescribed criteria.

The CCAA Plans also provide funding to establish the Cy-près Foundation (the “**Foundation**”), a public charitable foundation that will provide indirect benefits to Canadians through the funding of research focused on improving outcomes in Tobacco-related Diseases the purposes and benefits of which are rationally connected to tobacco-related diseases and the varying circumstances of the diverse group of PCCs. The benefits that will be provided through the Foundation are not part of the PCC Compensation Plan. To learn more about the Foundation go to: [\[URL for website to be maintained by the Foundation\]](#)

The PCC Compensation Plan approved by the Court is not to be construed as an admission of liability on the part of the Tobacco Companies.

What is the PCC Compensation Plan?

In March, 2019, the Tobacco Companies commenced proceedings in the Court for protection from their creditors under the CCAA. The Tobacco Companies participated in a comprehensive Court-supervised mediation with the Provinces, Territories, Quebec Class Action Plaintiffs and other persons with claims and potential claims against them to negotiate a global settlement of all claims arising from the development, design, manufacture, production, marketing, advertising, distribution, purchase or sale of tobacco products, including the historical or ongoing use of or exposure to tobacco products or their emissions and the development of any resulting disease or condition in Canada.

If you are a resident of Canada, regularly smoked cigarettes sold by any of the Tobacco Companies between January 1, 1950 and November 20, 1998, and were diagnosed with lung cancer, throat cancer, or Emphysema/COPD (GOLD Grade III or IV) attributable to smoking cigarettes between March 8, 2015 and March 8, 2019 (inclusive of those dates), you may be eligible to receive compensation from the PCC Compensation Plan.

Who can receive money from the PCC Compensation Plan?

You are a Pan-Canadian Claimant and may be entitled to receive compensation in the form of a monetary payment if you fulfill the following criteria (“**PCC Eligibility Criteria**”):

- (a) You were alive on March 8, 2019;
- (b) You reside in one of the Provinces or Territories;
- (c) Between January 1, 1950 and November 20, 1998, you smoked a minimum of twelve pack-years of cigarettes sold by the Tobacco Companies;

- (d) Between March 8, 2015 and March 8, 2019 (inclusive of those dates), you were diagnosed with:
- (i) Lung Cancer,
 - (ii) Throat Cancer, or
 - (iii) Emphysema/COPD (GOLD Grade III or IV); and
- (e) On the date of your diagnosis, you resided in one of the Provinces or Territories.

If an individual was alive on March 8, 2019 but is now deceased and resided in a Province or Territory on the date of their death, their estate may be entitled to receive compensation from the PCC Compensation Plan if they meet the PCC Eligibility Criteria.

“**Lung Cancer**” has been defined to mean primary cancer of the lungs.

“**Throat Cancer**” has been defined to mean primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx.

“**Larynx**” has been defined to mean the upper part of the respiratory passage that is bounded above by the glottis and is continuous below with the trachea.

“**Oropharynx**” has been defined to mean the part of the pharynx that is below the soft palate and above the epiglottis and is continuous with the mouth. It includes the back third of the tongue, the soft palate, the side and back walls of the throat, and the tonsils.

“**Hypopharynx**” has been defined to mean the laryngeal part of the pharynx extending from the hyoid bone to the lower margin of the cricoid cartilage.

“**Emphysema**” has been defined to mean the condition of the lung that is marked by distension and eventual rupture of the alveoli with progressive loss of pulmonary elasticity, that is accompanied by shortness of breath with or without cough, and that may lead to impairment of heart action. For the purpose of the PCC Compensation Plan, “Emphysema” includes COPD (GOLD Grades III and IV).

“**COPD**” has been defined to mean chronic obstructive pulmonary disease (GOLD Grade III or IV). The Global Initiative for Chronic Obstructive Lung Disease (“**GOLD**”) developed a four grade classification system based upon severity of airflow limitation and other diagnostic parameters. The GOLD Grade III (severe) and GOLD Grade IV (very severe) classifications represent the two most severe categories of disease.

“**Twelve Pack-Years of cigarettes**” has been defined to mean the minimum amount of the Tobacco Companies’ cigarettes that a Pan-Canadian Claimant is required to have smoked between January 1, 1950 and November 20, 1998. One pack-year is the number of cigarettes smoked daily and is equivalent to 7,300 cigarettes. Twelve pack-years of cigarettes is the equivalent of 87,600

cigarettes which is calculated as any combination of the number of cigarettes smoked in a day multiplied by the number of days of consumption. For example, twelve pack-years equals:

- 10 cigarettes smoked per day for 24 years (10 x 365 x 24) = 87,600 cigarettes
- or
- 20 cigarettes smoked per day for 12 years (20 x 365 x 12) = 87,600 cigarettes
- or
- 30 cigarettes smoked per day for 8 years (30 x 365 x 8) = 87,600 cigarettes

“Cigarettes sold by the Tobacco Companies” has been defined to mean the following brands and sub-brands of cigarettes:

Accord	Craven “A”	Mark Ten	Number 7
B&H	Craven “M”	Matinee	Peter Jackson
Belmont	du Maurier	Medallion	Players
Belvedere	Dunhill	Macdonald	Rothmans
Camel	Export	More	Vantage
Cameo	LD	North American Spirit	Viscount
Winston	Other Brands [link to document listing sub-brands]		

What compensation may you be eligible to receive from the PCC Compensation Plan?

The PCC Compensation Plan provides financial compensation for Pan-Canadian Claimants who fulfill the PCC Eligibility Criteria. The amount of compensation for which a Pan-Canadian Claimant will be assessed to be eligible will depend upon several factors including the number of individuals in Canada who fulfill the PCC Eligibility Criteria, the number of individuals diagnosed with each of Lung Cancer, Throat Cancer and Emphysema/COPD (GOLD Grade III or IV), and whether each Pan-Canadian Claimant started smoking the Tobacco Companies’ cigarettes before January 1, 1976, or on or after January 1, 1976. **An Eligible PCC-Claimant shall be paid for the single compensable disease with which they have been diagnosed that will provide them with the highest amount of compensation from the PCC Compensation Plan. The amounts of the Individual Payments to Eligible PCC-Claimants shall not exceed and may be less than the maximum amounts specified in the table below:**

Disease(s) with which you were diagnosed	Maximum Amount of Compensation (CAD)	
	If you started smoking before January 1, 1976	If you started smoking on or after January 1, 1976
Emphysema/COPD (GOLD Grade III or IV)	Up to \$18,000	Up to \$14,400
Lung cancer	Up to \$60,000	Up to \$48,000
Throat cancer	Up to \$60,000	Up to \$48,000

How do I submit a Claim?

To make a Claim to the PCC Compensation Plan, **by no later than [the PCC Claims Application Deadline which is TBD]** you must submit to the Claims Administrator a **Claim Form** together with one of the following forms of proof of your diagnosis:

- (a) a copy of a pathology report which confirms that you were diagnosed with Lung Cancer or Throat Cancer, as applicable, between March 8, 2015 and March 8, 2019 (inclusive of those dates); or
- (b) a copy of a report of a spirometry test performed on you between March 8, 2015 and March 8, 2019 (inclusive of those dates), that first demonstrated a FEV1 (non-reversible) of less than 50% of the predicted value to first establish a diagnosis of Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019 (inclusive of those dates); or
- (c) A copy of an extract from your medical file confirming the diagnosis of Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019 (inclusive of those dates); or
- (d) A completed **Physician Form**; or
- (e) A written statement from your Physician, or another physician having access to your medical record, confirming the diagnosis of Lung Cancer or Throat Cancer between March 8, 2015 and March 8, 2019 (inclusive of those dates) and providing at least one of the following records to verify the diagnosis and date of diagnosis: pathology report, operative report, biopsy report, MRI report, CT scan report, PET scan report, x-ray report and/or sputum cytology report.

The Claim Form for PCC-Claimant and the Physician Form can be found [here \[link to forms on Claims Administrator's website\]](#) on the website for the PCC Compensation Plan.

If you are the Legal Representative for an individual who is currently alive, or is now deceased, and who may fulfill the PCC Eligibility Criteria, you must provide the Claims Administrator with a document proving that you have the right and are authorized to make a Claim on behalf of the individual. You must also submit a Claim Form together with all supporting medical and other documentation to the Claims Administrator **by no later than [the PCC Claims Application Deadline which is TBD]**.

The Claim Form to be completed by Legal Representatives can be found [here \[link to forms on Claims Administrator's website\]](#) on the website for the PCC Compensation Plan.

You may submit your Claim to the Claims Administrator by:

By Registered Mail to: [\[Address of Claims Administrator\]](#)

Online at: [\[URL for website of Claims Administrator\]](#)

By email to: [\[Email address of Claims Administrator\]](#)

By fax to: [\[Fax Number of Claims Administrator\]](#)

We recommend that you take a few minutes to review the [FAQ section on the website of the Claims Administrator \[link to Claims Administrator's website\]](#) for further details about the PCC Compensation Plan and the financial compensation that may be available to you. If you have any questions about the PCC Compensation Plan, you may contact the Claims Administrator at: [\[insert URL for website of Claims Administrator and Call Centre toll-free number and email address\]](#).

WHAT IS THE DEADLINE FOR SUBMITTING A CLAIM?

The deadline to file your Claim Form together with all supporting medical and other documentation with the Claims Administrator is **[the PCC Claims Application Deadline which is TBD]**.

**IF YOU DO NOT FILE YOUR COMPLETE CLAIM ON TIME,
YOUR CLAIM WILL NOT BE ALLOWED.**

APPENDIX “B”

Pan-Canadian Claimants’ Compensation Plan

NOTICE OF REJECTION OF CLAIM

[on Claims Administrator’s Letterhead]

BY [MAIL/EMAIL/FAX]

Name of PCC-Claimant or Legal Representative of PCC-Claimant

Address of PCC-Claimant or Legal Representative of PCC-Claimant

Dear [Full name of PCC-Claimant or Legal Representative of PCC-Claimant]:

Re: Your Claim Number: _____
Notice of Rejection of Claim

By this Notice, we are advising you that [your/PCC-Claimant’s full name] Claim to the Pan-Canadian Claimants’ Compensation Plan (“**Compensation Plan**”) has been rejected for the following reason(s): [Select the applicable reasons or add additional reasons:

- The Claim Package submitted to the Claims Administrator was incomplete and missing the following forms and/or documents: [Select the applicable form(s) and/or document(s):
 - Claim Form for PCC-Claimant;
 - Claim Form for the Legal Representative of a PCC-Claimant;
 - Document proving that the PCC-Claimant’s Legal Representative is authorized to submit a Claim on behalf of the PCC-Claimant;
 - Document proving that the PCC-Claimant is deceased and providing the date of death;
 - Medical record which verifies the PCC-Claimant’s diagnosis and date of diagnosis with lung cancer, throat cancer or Emphysema/COPD (GOLD Grade III or IV);]
- The PCC-Claimant’s Legal Representative has not established that they are authorized to submit a Claim on behalf of the PCC-Claimant;

- The PCC-Claimant does not reside in Canada [OR, if the PCC-Claimant is deceased, the PCC-Claimant did not reside in Canada on the date of their death];
- The PCC-Claimant was not alive on March 8, 2019;
- Between January 1, 1950 and November 20, 1998, the PCC-Claimant did not smoke a minimum of twelve pack-years of cigarettes sold by Imperial Tobacco Canada Limited, Imperial Tobacco Company Limited, Rothmans, Benson & Hedges Inc. and JTI-Macdonald Corp.;
- The amount of the cigarettes which the PCC-Claimant smoked could not be confirmed;
- The PCC-Claimant was not diagnosed with lung cancer, throat cancer or Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019;
- The date of the PCC-Claimant's diagnosis with lung cancer, throat cancer or Emphysema/COPD (GOLD Grade III or IV) could not be confirmed.

The Claims Administrator has determined that [you/ PCC-Claimant's full name are/is] not eligible to receive a compensation payment from the PCC Compensation Plan.

If you believe that [your/ PCC-Claimant's full name] Claim has been improperly rejected, you may submit your Claim for review by the Review Officer. To do so, **you must fully complete and submit the attached Request for Review form and any supporting documents to the Claims Administrator by no later than 5:00 p.m. Pacific Time sixty days from the date of the Notice.** The Claims Administrator will not accept and review your Request for Review unless it has been submitted by this deadline by one of the following methods:

SUBMIT YOUR REQUEST FOR REVIEW BY REGISTERED MAIL TO: [Address of Claims Administrator];

OR

SUBMIT YOUR REQUEST FOR REVIEW ONLINE AT: [URL for website of Claims Administrator];

OR

SUBMIT YOUR REQUEST FOR REVIEW BY EMAIL TO: [\[Email address for Claims Administrator\]](#);

OR

SUBMIT YOUR REQUEST FOR REVIEW BY FAX TO: [Fax Number of Claims Administrator].

In accordance with the terms of the PCC Compensation Plan, the decision of the Claims Administrator, and the decision of the Review Officer if you chose to submit a Request for Review, are final and binding without any recourse to any Court, forum or tribunal.

If you have any questions regarding the rejection of your Claim, or the process for submitting a Request for Review, please contact our Call Centre by telephone at [\[Call Centre toll-free number\]](#), or visit the website for the PCC Compensation Plan at [\[URL for Claims Administrator's website\]](#).

Dated this _____ day of _____, 20__.

[\[Name of Claims Administrator\]](#)

APPENDIX “C”

Pan-Canadian Claimants’ Compensation Plan

CLAIM FORM TO BE COMPLETED BY PCC-CLAIMANT

This Claim Form is required to be completed by any person, referred to in this Claim Form as the “PCC-Claimant”, who may be entitled to receive payment of financial compensation from the Pan-Canadian Claimants’ Compensation Plan, referred to in this Form as the “PCC Compensation Plan”.

To be eligible to receive payment of financial compensation from the PCC Compensation Plan, you must meet all of the following PCC Eligibility Criteria:

- 1. You reside in any Province or any Territory;**
- 2. You were alive on March 8, 2019;**
- 3. Between January 1, 1950 and November 20, 1998, you smoked a minimum of twelve pack-years of cigarettes sold by the Canadian Tobacco Companies;**

Note: The calculator at this link [\[insert link to Pack-Years Calculator\]](#) will assist you to calculate the number of pack-years that you smoked.

- 4. Between March 8, 2015 and March 8, 2019 (inclusive of those dates), you were diagnosed with:**
 - (a) Primary lung cancer, or**
 - (b) Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer), or**
 - (c) Emphysema/COPD (GOLD Grade III or IV);**

AND

- 5. On the date of your diagnosis with lung cancer, throat cancer or Emphysema/COPD (GOLD Grade III or IV) you resided in any Province or any Territory.**

If you reside in Quebec and do not meet the above PCC Eligibility Criteria, you may be eligible to receive compensation as a *Blais* Class Member in accordance with the judgments of the Superior Court of Quebec in *Létourneau v. JTI-Macdonald Corp.*, 2015 QCCS 2382, and the judgment of the Court of Appeal of Quebec in *Imperial Tobacco*

Canada ltée c. Conseil québécois sur le tabac et la santé et al., 2019 QCCA 358, if you meet all of the following criteria :

- 1. You reside in Quebec;**
- 2. Between January 1, 1950 and November 20, 1998, you smoked a minimum of twelve pack-years of cigarettes sold by the Canadian Tobacco Companies.**

Note: The calculator at this link [\[insert link to Pack-Years Calculator\]](#) will assist you to calculate the number of pack-years that the PCC-Claimant smoked.

- 3. Before March 12, 2012, you were diagnosed with:**
 - (a) Primary lung cancer, or**
 - (b) Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer), or**
 - (c) Emphysema/COPD (GOLD Grade III or IV).**
- 4. On the date of your diagnosis with lung cancer, throat cancer or Emphysema/COPD (GOLD Grade III or IV) you resided in Quebec.**

AND

- 5. The *Blais* Class Members include the heirs of all persons who died after November 20, 1998 and satisfied the above criteria.**

You are only permitted to make one claim for compensation as either a *Blais* Class Member or a PCC-Claimant under the PCC Compensation Plan. You cannot make a claim to both Claims Processes. You may determine whether you are eligible to receive compensation as a *Blais* Class member at [\[link to QCAPs' section of Claims Administrator's website\]](#).

You do not need a lawyer to complete this Claim Form.

To make a Claim to the PCC Compensation Plan, you must submit all of the following fully completed documents to the Claims Administrator:

- This Claim Form which you have completed with all requested documents attached. If your Legal Representative is assisting you to submit your claim, they must complete the Claim Form for the Legal Representative of a PCC-Claimant instead of this Claim Form with all requested documents attached. You are required to sign the Statutory Declaration in Section XI of the Claim Form in the presence of a Commissioner of Oaths if you are submitting your Claim on your own. If your Legal Representative is assisting you to submit your Claim, they must complete the Statutory Declaration in Section XII of the Claim Form for the Legal**

Representative of a PCC-Claimant which they must sign in the presence of a Commissioner of Oaths; and

- One of the following documents to prove your diagnosis:**
- A copy of a pathology report which confirms that you were diagnosed with Lung Cancer or Throat Cancer, as applicable, between March 8, 2015 and March 8, 2019 (inclusive of those dates); or**
 - A copy of a report of a spirometry test performed on you between March 8, 2015 and March 8, 2019 (inclusive of those dates), that first demonstrated a FEV1 (non-reversible) of less than 50% of the predicted value to first establish a diagnosis of Emphysema/COPD (GOLD Grade III or IV); or**
 - A copy of an extract from your medical file confirming the diagnosis of Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019 (inclusive of those dates); or**
 - A completed Physician Form; or**
 - A written statement from your Physician, or another physician having access to your medical record, confirming the diagnosis of Lung Cancer or Throat Cancer between March 8, 2015 and March 8, 2019 (inclusive of those dates) and providing at least one of the following records to verify the diagnosis and date of diagnosis: pathology report, operative report, biopsy report, MRI report, CT scan report, PET scan report, x-ray report and/or sputum cytology report.**

Deadline to submit all of your completed Claim Forms and documents: This Claim Form and all requested medical documents supporting your Claim must be submitted to the Claims Administrator as a complete package by no later than [the PCC Claims Application Deadline which is TBD].

The Claims Administrator will not accept and review your Claim to determine whether you are eligible to receive compensation under the PCC Compensation Plan unless ALL of your fully completed Claim Form and ALL requested medical documents have been submitted either online or postmarked by the deadline of [the PCC Claims Application Deadline which is TBD].

For this reason, you should take immediate steps to obtain all of the requested documents as soon as possible in order not to miss the deadline of [the PCC Claims Application Deadline which is TBD].

SUBMIT YOUR CLAIM BY REGISTERED MAIL: All Forms and documents must be postmarked no later than _____, 20__ and mailed to: [Address of Claims Administrator].

OR

SUBMIT YOUR CLAIM ONLINE: All Forms and documents must be submitted online and all documents must be uploaded online at [URL for website of Claims Administrator] by no later than 5:00 p.m. Pacific Time on _____, 20__.

OR

SUBMIT YOUR CLAIM BY EMAIL: All Forms and documents must be emailed to the Claims Administrator to [Email address of Claims Administrator] by no later than 5:00 p.m. Pacific Time on _____, 20__.

OR

SUBMIT YOUR CLAIM BY FAX: All Forms and documents must be faxed to the Claims Administrator to [Fax Number of Claims Administrator] by no later than 5:00 p.m. Pacific Time on _____, 20__.

Section I: Choice of Claim Form

Are you making a claim on your own behalf?

Yes

Please complete the rest of this Claim Form.

No

If you are making a claim as the Legal Representative on behalf of a PCC-Claimant or the estate of a PCC-Claimant, please complete the Claim Form for the Legal Representative of a PCC-Claimant.

Section II: Name, Contact Information and Provincial/Territorial Health Insurance Number of PCC-Claimant

Any communications from the Claims Administrator and any cheque for compensation will be made payable to you and sent to you in accordance with the contact information you provide below.

Full Name (First Name, Middle Name and Last Name):

Date of Birth:

Date: _____
(DD/MM/YYYY)

Provincial/Territorial Health Insurance Number that you use in the Province or Territory in which you currently live:	<hr/>
Between March 8, 2015 and March 8, 2019, did you live in a different Province or Territory?	Yes <input type="checkbox"/> Province or Territory in which you lived between March 8, 2015 and March 8, 2019: <hr/> Please provide the Provincial/Territorial Health Insurance Number that you used while living in a different Province or Territory between March 8, 2015 to March 8, 2019: <hr/> No <input type="checkbox"/>
Street Address of Current Residence:	
Unit/Apartment Number:	
City/Town:	
Province/Territory:	
Postal Code:	
Country:	
Home Phone:	
Work Phone:	
Cell Phone:	
Email Address:	
Preferred Method of Contact:	<input type="checkbox"/> Telephone <input type="checkbox"/> Email

	<input type="checkbox"/> Mail
Preferred Language of Communication:	<input type="checkbox"/> English <input type="checkbox"/> French
Section III: Place of Residence	
If you live in Canada, your place of residence is the Province or Territory which issued your health insurance card and/or your driver's licence.	
1.	<p>Between January 1, 1950 and November 20, 1998, did you reside in Canada?</p> <p>Note: If you answer "No" to Question 1, then you are <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you may not complete and submit this Claim Form to the Claims Administrator.</p>
	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
2.	<p>Do you currently reside in Quebec?</p> <p>Note: If you answer "Yes" to Question 2, please proceed to complete Sections IV, V, VII, VIII, IX, X and XI. <u>Do not complete Section VI (which is for non-Quebec residents) and do not complete Question 3 below.</u></p>
	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
3.	<p>Do you currently reside in one of the Provinces other than Quebec,</p>
	<p>Yes <input type="checkbox"/></p>

<p>or in one of the Territories in Canada?</p> <p>Note: If you answer “Yes” to Question 3, please proceed to complete Sections IV, VI, VII, VIII, IX, X and XI. <u>Do not complete Section V (which is for Quebec residents only).</u></p> <p>If you answer “No” to Question 3, then you are <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you may not complete and submit this Claim Form to the Claims Administrator.</p>	<p>Province or Territory of current residence:</p> <p>_____</p> <p>No <input type="checkbox"/></p> <p>Current _____ country _____ of _____ residence:</p> <p>_____</p>
--	--

Section IV: Smoking History

To be eligible to receive compensation under the PCC Compensation Plan, between January 1, 1950 and November 20, 1998, you must have smoked a minimum of twelve pack-years of cigarettes (equivalent to 87,600 cigarettes) sold by the Canadian Tobacco Companies which are: Imperial Tobacco Canada Limited; Rothmans, Benson & Hedges Inc.; and JTI-Macdonald Corp.

Based upon your answers to Questions 5, 6 and 7, the Claims Administrator will calculate the number of pack-years of cigarettes that you smoked between January 1, 1950 and November 20, 1998, to determine your eligibility to receive compensation under the PCC Compensation Plan.

4.	When did you start smoking cigarettes?	<input type="checkbox"/> Before January 1, 1976 <input type="checkbox"/> On or after January 1, 1976
5.	Between January 1, 1950 and November 20, 1998, for how many years did you smoke?	_____ years

<p>6.</p>	<p>During the years that you smoked between January 1, 1950 and November 20, 1998, how many cigarettes did you smoke per day?</p> <p>Please indicate the number of cigarettes smoked per day, not the number of packs smoked.</p> <p>If the number of cigarettes you smoked per day varied, please proceed to answer Question 7.</p>	<p>I smoked approximately _____ cigarettes per day during the years that I smoked between January 1, 1950 and November 20, 1998.</p>
<p>7.</p>	<p>If the number of cigarettes that you smoked between January 1, 1950 and November 20, 1998 varied, provide a summary of the number of cigarettes that you smoked during that period of time.</p> <p>Please express your summary in terms of the number of cigarettes smoked, not the number of packs smoked.</p> <p>[Note to Draft: The Claims Administrator will be requested to add an auto calculator to the online Claim Form that would calculate the number of pack-years based on the data provided by the PCC-Claimant.</p> <p>If the auto calculator determines that the PCC-Claimant did not smoke twelve pack-years, then the following Note would appear to the PCC-Claimant:</p> <p>Note: You did not smoke a minimum of twelve pack-years of cigarettes between January 1, 1950 and November 20, 1998. As a result, you are <u>not</u></p>	<p>(a) I smoked approximately _____ cigarettes per day between _____ (DD/MM/YYYY) and _____ (DD/MM/YYYY).</p> <p>(b) I smoked approximately _____ cigarettes per day between _____ (DD/MM/YYYY) and _____ (DD/MM/YYYY).</p> <p>(c) I smoked approximately _____ cigarettes per day between _____ (DD/MM/YYYY) and _____ (DD/MM/YYYY).</p> <p>(d) I smoked approximately _____ cigarettes per day between _____ (DD/MM/YYYY) and _____ (DD/MM/YYYY).</p>

	<p>eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you may not complete and submit this Claim Form to the Claims Administrator.]</p>	
<p>8.</p>	<p>Check all of the brands of cigarettes that you regularly smoked between January 1, 1950 and November 20, 1998.</p> <p>Note: If you did not smoke any of the brands of cigarettes listed in Question 8 or on the attached list of sub-brands [link to document listing sub-brands], then you are not eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you are not entitled to proceed to complete and submit this Claim Form to the Claims Administrator.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Accord <input type="checkbox"/> B&H <input type="checkbox"/> Belmont <input type="checkbox"/> Belvedere <input type="checkbox"/> Camel <input type="checkbox"/> Cameo <input type="checkbox"/> Craven “A” <input type="checkbox"/> Craven “M” <input type="checkbox"/> du Maurier <input type="checkbox"/> Dunhill <input type="checkbox"/> Export <input type="checkbox"/> LD <input type="checkbox"/> Macdonald <input type="checkbox"/> Mark Ten <input type="checkbox"/> Matinee <input type="checkbox"/> Medallion <input type="checkbox"/> More

		<input type="checkbox"/> North American Spirit <input type="checkbox"/> Number 7 <input type="checkbox"/> Peter Jackson <input type="checkbox"/> Players <input type="checkbox"/> Rothmans <input type="checkbox"/> Vantage <input type="checkbox"/> Viscount <input type="checkbox"/> Winston <input type="checkbox"/> Record any other brands smoked from this list: [link to document listing sub-brands] _____ _____ _____ _____
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Section V: Eligibility of Residents of Quebec to receive Compensation

Complete this section only if you live in Quebec. If you live in a Province other than Quebec or in one of the Territories, please proceed to Section VI.

PLEASE READ CAREFULLY:

Depending on the disease with which you have been diagnosed and the date of your diagnosis, as a resident of Quebec you may be eligible to receive compensation either from the PCC Compensation Plan, or as a *Blais* Class Member in accordance with the judgments of the Superior Court of Quebec in *Létourneau v. JTI-Macdonald Corp.*, 2015 QCCS 2382, and the judgment of the Court of Appeal of Quebec in *Imperial Tobacco Canada ltée c. Conseil québécois sur le tabac et la santé et al.*, 2019 QCCA 358.

You are only permitted to make one claim for compensation either as a *Blais* Class Member or as a PCC-Claimant under the PCC Compensation Plan. You cannot make a claim to both Claims Processes.

Your answers to Questions 9 through 17 will assist you to determine whether you may be able to make a claim as a *Blais* Class Member or as a PCC-Claimant under the PCC Compensation Plan.

To be eligible to receive compensation as a *Blais* Class Member, you must meet all of the following criteria:

1. You reside in Quebec;
2. Between January 1, 1950 and November 20, 1998, you smoked a minimum of twelve pack-years of cigarettes sold by the Canadian Tobacco Companies which are: Imperial Tobacco Canada Limited; Rothmans, Benson & Hedges Inc.; and JTI-Macdonald Corp. The Canadian Tobacco Companies sold the brands of cigarettes listed in Question 8 on this Claim Form.

Twelve pack-years of cigarettes is the equivalent of 87,600 cigarettes which is calculated as any combination of the number of cigarettes smoked in a day multiplied by the number of days of consumption. For example, twelve pack-years equals:

10 cigarettes smoked per day for 24 years (10 x 365 x 24) = 87,600 cigarettes, or

20 cigarettes smoked per day for 12 years (20 x 365 x 12) = 87,600 cigarettes, or

30 cigarettes smoked per day for 8 years (30 x 365 x 8) = 87,600 cigarettes;

Note: The calculator at this link [[insert link to Pack-Years Calculator](#)] will assist you to calculate the number of pack-years that you smoked.

3. Before March 12, 2012, you were diagnosed with:
 - (a) Primary lung cancer, or
 - (b) Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer), or
 - (c) Emphysema/COPD (GOLD Grade III or IV).

AND

4. On the date of your diagnosis, you resided in Quebec.
5. The *Blais* Class Members include the heirs of all persons who died after November 20, 1998 and satisfied the above criteria.

To be eligible to receive compensation under the PCC Compensation Plan, you must meet all of the following criteria:

1. You reside in any Province or any Territory;

2. You were alive on March 8, 2019;
3. Between January 1, 1950 and November 20, 1998, you smoked a minimum of twelve pack-years of cigarettes sold by the Canadian Tobacco Companies;

Note: The calculator at this link [\[insert link to Pack-Years Calculator\]](#) will assist you to calculate the number of pack-years that you smoked.

4. Between March 8, 2015 and March 8, 2019 (inclusive of those dates), you were diagnosed with:
 - (a) Primary lung cancer, or
 - (b) Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer), or
 - (c) Emphysema/COPD (GOLD Grade III or IV);

AND

5. On the date of your diagnosis with lung cancer, throat cancer or Emphysema/COPD (GOLD Grade III or IV) you resided in any Province or any Territory.

If you have been diagnosed with Emphysema/COPD (GOLD Grade III or IV) and either primary lung cancer or primary throat cancer, and you meet all other criteria to be eligible to receive compensation, you will only receive compensation for the single most serious disease with which you have been diagnosed that will provide you with the highest amount of compensation.

9.	Have you, or anyone on your behalf, submitted a claim to receive compensation as a <i>Blais</i> Class Member?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Have you, or anyone on your behalf, already received compensation as a <i>Blais</i> Class Member? Note: If you answer “Yes” to Question 10, then you are <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation	Yes <input type="checkbox"/> No <input type="checkbox"/>

	<p>Plan is <u>terminated</u> at this point, and you are not entitled to proceed to complete and submit this Claim Form to the Claims Administrator.</p>	
11.	<p>Are you the heir of a person who died after November 20, 1998 and satisfied the criteria to be eligible to receive compensation as a <i>Blais</i> Class Member? [link to Q&As definition of “heir” on the Claims Administrator’s website].</p> <p>Note: If you answer “Yes” to Question 11, then you are <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you are not entitled to proceed to complete and submit this Claim Form to the Claims Administrator.</p> <p>You may determine whether you are eligible to receive compensation as a <i>Blais</i> Class Member at [link to QCAPs’ section of Claims Administrator’s website].</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
12.	<p>Were you diagnosed with primary lung cancer before March 12, 2012? [link to FAQs definition of “Primary Lung Cancer”]</p> <p>Note: If you answer “Yes” to Question 12, then you are <u>not</u> eligible to</p>	<p>Yes <input type="checkbox"/></p> <p>Date of diagnosis of lung cancer: _____ (DD/MM/YYYY)</p>

	<p>receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you are not entitled to proceed to complete and submit this Claim Form to the Claims Administrator.</p> <p>You may determine whether you are eligible to receive compensation as a <i>Blais</i> Class Member at [link to QCAPs' section of Claims Administrator's website].</p>	No <input type="checkbox"/>
13.	<p>Were you diagnosed with primary squamous cell carcinoma of the larynx, the oropharynx or the hypopharynx (throat cancer) before March 12, 2012? [link to FAQs definitions of "Larynx", "Oropharynx" and "Hypopharynx"]</p> <p><u>Note:</u> If you answer "Yes" to Question 13, then you are <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you are not entitled to proceed to complete and submit this Claim Form to the Claims Administrator.</p>	Yes <input type="checkbox"/> Date of diagnosis of throat cancer: _____ (DD/MM/YYYY) No <input type="checkbox"/>

	<p>You may determine whether you are eligible to receive compensation as a <i>Blais</i> Class Member at [link to QCAPs' Claims Administrator's website].</p>	
14.	<p>Were you diagnosed with Emphysema/COPD (GOLD Grade III or IV) before March 12, 2012? [link to FAQs definitions of "Emphysema" and "COPD"]</p> <p>Note: If you answer "Yes" to Question 14, and you were not diagnosed with either primary lung cancer or primary squamous cell carcinoma of the larynx, the oropharynx or the hypopharynx (throat cancer) between March 8, 2015 and March 8, 2019, then you are <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you are not entitled to proceed to complete and submit this Claim Form to the Claims Administrator.</p> <p>You may determine whether you are eligible to receive compensation as a <i>Blais</i> Class Member at [link to QCAPs' Claims Administrator's website].</p>	<p>Yes <input type="checkbox"/></p> <p>Date of diagnosis of Emphysema/COPD (GOLD Grade III or IV): _____ (DD/MM/YYYY)</p> <p>No <input type="checkbox"/></p>

15.	Were you diagnosed with primary lung cancer between March 8, 2015 and March 8, 2019? Note: If you answer “Yes” to Question 15, then you may be eligible to receive compensation from the PCC Compensation Plan. Please proceed to Section VI.	Yes <input type="checkbox"/> Date of diagnosis of lung cancer: _____ (DD/MM/YYYY) No <input type="checkbox"/>
16.	Were you diagnosed with primary squamous cell carcinoma of the larynx, the oropharynx or the hypopharynx (throat cancer) between March 8, 2015 and March 8, 2019? Note: If you answer “Yes” to Question 16, then you may be eligible to receive compensation from the PCC Compensation Plan. Please proceed to Section VI.	Yes <input type="checkbox"/> Date of diagnosis of throat cancer: _____ (DD/MM/YYYY) No <input type="checkbox"/>
17.	Were you diagnosed with Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019? Note: If you answer “Yes” to Question 17, then you may be eligible to receive compensation from the PCC Compensation Plan. Please proceed to Section VI.	Yes <input type="checkbox"/> Date of diagnosis of Emphysema/COPD (GOLD Grade III or Grade IV): _____ (DD/MM/YYYY) No <input type="checkbox"/>

Section VI: Eligibility of Residents of the Provinces other than Quebec and Residents of the Territories to receive Compensation

Complete this section only if you live in a Province other than Quebec, or in one of the Territories. If you live in Quebec, please answer the Questions in Section V above.

PLEASE READ CAREFULLY:

To be eligible to receive compensation under the PCC Compensation Plan, you must meet all of the following criteria:

1. You reside in any Province or any Territory;
2. You were alive on March 8, 2019;
3. Between January 1, 1950 and November 20, 1998, you smoked a minimum of twelve pack-years of cigarettes sold by the Canadian Tobacco Companies;

Note: The calculator at this link [[insert link to Pack-Years Calculator](#)] will assist you to calculate the number of pack-years which you smoked.

4. Between March 8, 2015 and March 8, 2019 (inclusive of those dates), you were diagnosed with:
 - (a) Primary lung cancer, or
 - (b) Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer), or
 - (c) Emphysema/COPD (GOLD Grade III or IV);

AND

5. On the date of your diagnosis with lung cancer, throat cancer or Emphysema/COPD GOLD Grade III or IV you resided in any Province or any Territory.

If you have been diagnosed with Emphysema/COPD (GOLD Grade III or IV) and either primary lung cancer or primary throat cancer, and you meet all other criteria to be eligible to receive compensation, you will only receive compensation for the most serious disease with which you have been diagnosed that will provide you with the highest amount of compensation.

Note: If you answer “No” to all of Questions 18, 19 and 20, then you are not eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is terminated at this point, and you may not complete and submit this Claim Form to the Claims Administrator.

18.	Were you diagnosed with primary lung cancer between March 8, 2015 and March 8, 2019? [link to FAQs definition of “Primary Lung Cancer”]	Yes <input type="checkbox"/> Date of diagnosis of lung cancer: _____ (DD/MM/YYYY) No <input type="checkbox"/>
19.	Were you diagnosed with primary squamous cell carcinoma of the larynx, the oropharynx or the hypopharynx (throat cancer) between March 8, 2015 and March 8, 2019? [link to FAQs definitions of “Larynx”, “Oropharynx” and “Hypopharynx”]	Yes <input type="checkbox"/> Date of diagnosis of throat cancer: _____ (DD/MM/YYYY) No <input type="checkbox"/>
20.	Were you diagnosed with Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019? [link to FAQs definitions of “Emphysema” and “COPD”]	Yes <input type="checkbox"/> Date of diagnosis of Emphysema/COPD (GOLD Grade III or Grade IV): _____ (DD/MM/YYYY) No <input type="checkbox"/>
21.	Did you reside in Canada on the date on which you were diagnosed with primary lung cancer, primary squamous cell carcinoma of the larynx, the oropharynx or the hypopharynx (throat cancer), or Emphysema/COPD (GOLD Grade III or IV)? Note: If you answer “No” to Question 21, then you are <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to	Yes <input type="checkbox"/> Province or Territory in which you resided on the date of your diagnosis: _____ No <input type="checkbox"/>

	<p>make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you may not complete and submit this Claim Form to the Claims Administrator.</p>	
Section VII: Payment Method		
22.	If the Claims Administrator determines that you are eligible to receive compensation from the PCC Compensation Plan, how do you wish to receive payment?	<p>By cheque mailed to the address that I provided in Section II of this Claim Form <input type="checkbox"/></p> <p style="text-align: center;"><u>OR</u></p> <p>By direct deposit into my bank account <input type="checkbox"/></p> <p><u>Please attach a “Void” cheque</u> and provide the following information regarding the bank account in your name:</p> <p>Financial Institution: _____</p> <p>Branch Address: _____</p> <p>City: _____</p> <p>Province: _____</p> <p>Postal Code: _____</p> <p>Name on Account: _____</p> <p>Branch Number: _____</p> <p>Financial Institution Number: _____</p> <p>Account Number: _____</p>

Section VIII: Contact Authorization (complete this section only if you would like the Claims Administrator to communicate with someone else regarding your PCC Claim).

I authorize the Claims Administrator to speak with _____,
my _____, on my behalf. (Name)
(Relationship)

Section IX: Consent to Disclosure and Release of Records

I understand that in order to process my Claim it will be necessary for my personal information that is in the possession of physicians, health care professionals, hospitals, clinics, or other third parties to be disclosed to the Claims Administrator. I also understand that by signing this Claim Form and submitting it to the Claims Process I am consenting to the disclosure to the Claims Administrator of my personal information by physicians and health care professionals from whom I have received care, to be used and disclosed by the Claims Administrator in accordance with the CCAA Plans.

Yes
No

Section X: Privacy Notice

I understand and agree that the Claims Administrator may collect, use and disclose my personal information, including personal health information, related to my Claim in accordance with its Privacy Policy found at ([link to Privacy Policy on Claims Administrator's website](#)) in order to provide its claims management services on my behalf. The Claims Administrator may share my personal information with any subsequent Court-appointed Claims Administrator, if required, in connection with the processing and administration of my Claim. My personal information may not be used or disclosed for purposes other than those for

Yes
No

which it was collected, except with my consent or as required by law.

Section XI: Statutory Declaration

INSTRUCTIONS TO COMPLETE STATUTORY DECLARATION

You must sign the Statutory Declaration below in the presence of a Commissioner of Oaths, sometimes referred to as a Commissioner for taking Affidavits.

A Commissioner of Oaths is a person who is authorized to take affidavits or declarations by asking you to swear or affirm that the statements in a document are true. Every lawyer and some paralegals are Commissioners of Oaths. A notary public for the Province or Territory where the Declaration is made has all the powers of a Commissioner of Oaths.

If you need assistance, you may contact the Agent, Epiq, at [insert link to Agent's website] which can arrange for a Commissioner of Oaths to commission your signing of your Statutory Declaration before you submit your Claim to the Claims Administrator.

The Commissioner of Oaths must complete Sections XI and XII, and if applicable, Section XIII.

The interpreter, if any, must complete Sections XIV and XV.

I, _____, make this solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

The information that I have provided on this Claim Form is true and correct and the documents submitted in support of my claim are authentic and have not been modified in any way whatsoever.

Where someone has helped me with this Claim Form, or where an interpreter was used, that person has read to me everything they wrote and included with this Claim Form, if necessary to allow me to understand the content of this completed Claim Form and any attachments to it, and I confirm that this information is true and correct.

I am not making any false or exaggerated Claims to obtain compensation that I am not entitled to receive.

Declared before me

at _____ (Town/City/Municipality)

in _____ (Province/Territory)

this _____ day of _____, 20____

 Signature of PCC-Claimant

 Signature of Commissioner of Oaths/Notary Public

Commissioner of Oaths/Notary Public: please sign above and complete Section XII below. If applicable, complete Section XIII.

Please place Commissioner of Oath's stamp/Notarial Seal here, if applicable.

Section XII: Commissioner of Oaths/Notary Public Information

Full Name (First Name, Middle Name and Last Name):

Address:

Business Phone:	
Email:	
Section XIII: Certification by Commissioner of Oaths/Notary Public when an Interpreter is used (only complete this Section if it is applicable).	
I certify that this Declaration Form was read or interpreted in my presence to the declarant, the declarant appeared to understand it, and the declarant signed the Declaration or placed their mark on it in my presence.	
_____ Signature of Commissioner of Oaths/Notary Public	_____ Print Name of Commissioner of Oaths/Notary Public
Section XIV: Interpreter Information (only complete this Section if it is applicable).	
Full Name (First Name, Middle Name and Last Name):	
Address:	
Business Phone:	
Email:	
Section XV: Certification by Interpreter if used (only complete this Section if it is applicable).	
I certify that I correctly interpreted this Claim Form in _____ (specify language) to the declarant, and the declarant appeared to understand it.	
_____ Signature of Interpreter	_____ Print Name of Interpreter
_____ Date Signed	

APPENDIX “D”

Pan-Canadian Claimants’ Compensation Plan

**CLAIM FORM TO BE COMPLETED BY
LEGAL REPRESENTATIVE ON BEHALF OF PCC-CLAIMANT
OR ESTATE OF PCC-CLAIMANT**

This Claim Form is required to be completed by the Legal Representative of any person, referred to in this Form as the “PCC-Claimant”, or the Legal Representative of the estate of a PCC-Claimant, who may be entitled to receive payment of financial compensation from the Pan-Canadian Claimants’ Compensation Plan, referred to in this Form as the “PCC Compensation Plan”.

Complete this Claim Form if the PCC-Claimant is either deceased, or alive but not capable of making decisions regarding their financial affairs.

To be eligible to receive payment of financial compensation from the PCC Compensation Plan, the PCC-Claimant or the estate of the PCC-Claimant must meet all of the following PCC Eligibility Criteria:

- 1. If the PCC-Claimant is alive, they must reside in a Province or Territory in Canada. If the PCC-Claimant is deceased, they must have resided in a Province or Territory in Canada on the date of their death;**
- 2. The PCC-Claimant was alive on March 8, 2019;**
- 3. Between January 1, 1950 and November 20, 1998, the PCC-Claimant smoked a minimum of twelve pack-years of cigarettes sold by the Canadian Tobacco Companies;**

Note: The calculator at this link [\[insert link to Pack-Years Calculator\]](#) will assist you to calculate the number of pack-years that the PCC-Claimant smoked.

- 4. Between March 8, 2015 and March 8, 2019 (inclusive of those dates), the PCC-Claimant was diagnosed with:**
 - (d) Primary lung cancer, or**
 - (e) Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer), or**
 - (f) Emphysema/COPD (GOLD Grade III or IV);**

AND

5. On the date of the PCC-Claimant's diagnosis with lung cancer, throat cancer or Emphysema/COPD GOLD Grade III or IV the PCC-Claimant resided in any Province or any Territory.

If the PCC-Claimant is or, if deceased was, a resident of Quebec and does not meet the above PCC Eligibility Criteria, the PCC-Claimant or their estate, as applicable, may be eligible to receive compensation as a *Blais* Class Member in accordance with the judgments of the Superior Court of Quebec in *Létourneau v. JTI-Macdonald Corp.*, 2015 QCCS 2382, and the judgment of the Court of Appeal of Quebec in *Imperial Tobacco Canada ltée c. Conseil québécois sur le tabac et la santé et al.*, 2019 QCCA 358, if they meet all of the following criteria:

1. They reside or, if deceased resided, in Quebec;
2. Between January 1, 1950 and November 20, 1998, they smoked a minimum of twelve pack-years of cigarettes sold by the Canadian Tobacco Companies.

Note: The calculator at this link [[insert link to Pack-Years Calculator](#)] will assist you to calculate the number of pack-years that they smoked.

3. Before March 12, 2012, they were diagnosed with:
 - (d) Primary lung cancer, or
 - (e) Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer), or
 - (f) Emphysema/COPD (GOLD Grade III or IV).
4. On the date of their diagnosis with lung cancer, throat cancer or Emphysema/COPD (GOLD Grade III or IV), they resided in Quebec.

AND

5. The *Blais* Class Members include the heirs of all persons who died after November 20, 1998 and satisfied the above criteria.

You are only permitted to make one claim for compensation on behalf of either a *Blais* Class Member or a PCC-Claimant under the PCC Compensation Plan. You cannot make a claim to both Claims Processes. You may determine whether the person or estate on whose behalf you are acting is eligible to receive compensation as a *Blais* Class Member at [[link to QCAPs' section of Claims Administrator's website](#)].

You do not need a lawyer to complete this Claim Form.

Only a person who has the right and is authorized by one of the documents listed in Section IV to act on behalf of the PCC-Claimant may complete this Claim Form as the PCC-Claimant's Legal Representative. If you do not have one of the documents listed in Section IV, then any

Claim Form or other documents which you complete will not be accepted by the Claims Administrator.

To make a Claim to the PCC Compensation Plan, you must submit all of the following fully completed documents to the Claims Administrator:

- This Claim Form which you have completed as the Legal Representative of the PCC-Claimant or the estate of the PCC-Claimant with all requested documents attached. If you are the PCC-Claimant and are submitting a claim on your own behalf, you must complete the Claim Form to be completed by the PCC-Claimant instead of this Claim Form with all requested documents attached. You are required to sign the Statutory Declaration in Section XII of the Claim Form in the presence of a Commissioner of Oaths;**
- One of the following documents to prove the PCC-Claimant's diagnosis:**
 - A copy of a pathology report which confirms that the PCC-Claimant was diagnosed with Lung Cancer or Throat Cancer, as applicable, between March 8, 2015 and March 8, 2019 (inclusive of those dates); or**
 - A copy of a report of a spirometry test performed on the PCC-Claimant between March 8, 2015 and March 8, 2019 (inclusive of those dates), that first demonstrated a FEV1 (non-reversible) of less than 50% of the predicted value to first establish a diagnosis of Emphysema/COPD (GOLD Grade III or IV); or**
 - A copy of an extract from the PCC-Claimant's medical file confirming the diagnosis of Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019 (inclusive of those dates); or**
 - A completed Physician Form; or**
 - A written statement from the PCC-Claimant's Physician, or another physician having access to their medical record, confirming the diagnosis of Lung Cancer or Throat Cancer between March 8, 2015 and March 8, 2019 (inclusive of those dates) and providing at least one of the following records to verify the diagnosis and date of diagnosis: pathology report, operative report, biopsy report, MRI report, CT scan report, PET scan report, x-ray report and/or sputum cytology report.**

Deadline to submit all of your completed Claim Forms and documents: This Claim Form and all requested documents supporting the Claim must be submitted to the Claims Administrator as a complete package by no later than [the PCC Claims Application Deadline which is TBD].

The Claims Administrator will not accept and review the Claim to determine whether the PCC-Claimant or, if the PCC-Claimant is deceased, the PCC-Claimant's estate, is eligible to receive

compensation under the PCC Compensation Plan unless ALL of the fully completed Claim Form and ALL requested medical and other documents have been submitted either online or postmarked by the deadline of [the PCC Claims Application Deadline which is TBD].

For this reason, you should take immediate steps to obtain all of the requested documents as soon as possible in order not to miss the deadline of [the PCC Claims Application Deadline which is TBD].

SUBMIT YOUR CLAIM BY REGISTERED MAIL: All Forms and documents must be postmarked no later than _____, 20__ and mailed to: [Address of Claims Administrator].

OR

SUBMIT YOUR CLAIM ONLINE: All Forms must be submitted online and all documents must be uploaded online at [URL for website of Claims Administrator] by no later than 5:00 p.m. Pacific Time on _____, 20__.

OR

SUBMIT YOUR CLAIM BY EMAIL: All Forms and documents must be emailed to the Claims Administrator to [Email address of Claims Administrator] by no later than 5:00 p.m. Pacific Time on _____, 20__.

OR

SUBMIT YOUR CLAIM BY FAX: All Forms and documents must be faxed to the Claims Administrator to [Fax Number of Claims Administrator] by no later than 5:00 p.m. Pacific Time on _____, 20__. ____.

Section I: Choice of Claim Form

Note: If the PCC-Claimant died before March 8, 2019, neither they nor their estate are eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is terminated at this point, and you may not complete and submit this Claim Form to the Claims Administrator.

Are you making a claim on behalf of a PCC-Claimant or the estate of a PCC-Claimant as their Legal Representative?	Yes <input type="checkbox"/>	Please complete the rest of this Claim Form.
	No <input type="checkbox"/>	If you are making a claim on your own behalf, please complete the Claim Form for the PCC-Claimant.
Is the PCC-Claimant deceased?	Yes <input type="checkbox"/>	Date of Death (DD/MM/YYYY): _____
		Please attach at least one of the following documents (a certified copy, photocopy or certified electronic

...

	<p>extract of the document will be accepted by the Claims Administrator):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Death Certificate or Certificate of Death <input type="checkbox"/> Short Form Death Certificate <input type="checkbox"/> Long Form Death Certificate <input type="checkbox"/> Registration of Death or Death Registration <input type="checkbox"/> Registration of Death or Death Registration with Cause of Death Information <input type="checkbox"/> Medical Certificate of Death issued by an attending doctor or a coroner <input type="checkbox"/> Interim Medical Certificate of Death issued by an attending doctor or a coroner <input type="checkbox"/> Statement of Death issued by a funeral service provider <input type="checkbox"/> Memorandum of Notification of Death issued by the Chief of National Defence Staff <input type="checkbox"/> Statement of Verification of Death from the Department of Veterans Affairs <p>No <input type="checkbox"/></p>
<p>Was the PCC-Claimant alive on March 8, 2019?</p> <p>Note: If you answer “No” to this Question, then the estate of the PCC-Claimant is <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

<p>at this point, and you may not complete and submit this Claim Form to the Claims Administrator.</p>	
<p>If the PCC-Claimant is alive, please explain why you are completing this form as their Legal Representative.</p>	
<p>Section II: Name, Contact Information and Provincial/Territorial Health Insurance Number of PCC-Claimant</p>	
<p>Full Name (First Name, Middle Name and Last Name):</p>	
<p>Date of Birth:</p>	<p>Date: _____ (DD/MM/YYYY)</p>
<p>Provincial/Territorial Health Insurance Number that the PCC-Claimant uses (i) in the Province or Territory in which they currently live or, (ii) if deceased, in the Province or Territory in which they lived at the date of their death:</p>	<p>_____</p>
<p>Between March 8, 2015 and March 8, 2019, did the PCC-Claimant live in a different Province or Territory?</p>	<p>Yes <input type="checkbox"/> Province or Territory in which the PCC-Claimant lived between March 8, 2015 and March 8, 2019:</p> <p>_____</p> <p>Please provide the Provincial/Territorial Health Insurance Number that the PCC-Claimant used while living in a different Province or Territory between March 8, 2015 to March 8, 2019:</p> <p>_____</p> <p>No <input type="checkbox"/></p>

Street Address of Current Residence or, if the PCC-Claimant is deceased, Street Address at Date of Death:	
Unit/Apartment Number:	
City/Town:	
Province/Territory	
Postal Code:	
Country:	
Home Phone (If the PCC-Claimant is alive):	
Work Phone (If the PCC-Claimant is alive):	
Cell Phone (If the PCC-Claimant is alive):	
Email Address (If the PCC-Claimant is alive):	
Section III: Name and Contact Information of Legal Representative	
<p>Any communications from the Claims Administrator and any cheque for compensation will be <u>made payable to the PCC-Claimant or the estate of the PCC-Claimant</u>, as applicable, and sent to you as their Legal Representative in accordance with the contact information you provide below. Any cheque for compensation will not be made payable directly to you as the Legal Representative for the PCC-Claimant or the estate of the PCC-Claimant.</p>	
Legal Representative's Full Name (First Name, Middle Name and Last Name):	
Legal Representative's Street Address:	
Legal Representative's Unit/Apartment Number:	

Legal Representative's City/Town:	
Legal Representative's Province/Territory	
Legal Representative's Postal Code:	
Legal Representative's Country:	
Legal Representative's Home Phone:	
Legal Representative's Work Phone:	
Legal Representative's Cell Phone:	
Legal Representative's Email address:	
Legal Representative's Preferred Method of Contact:	<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Mail
Preferred Language of Communication:	<input type="checkbox"/> English <input type="checkbox"/> French
Section IV: Proof of Entitlement to act as Legal Representative of a PCC-Claimant or the estate of a PCC-Claimant	
<p>If at the time you complete this Claim Form the <u>PCC-Claimant is alive</u> and resides in any Province <u>other than Quebec</u> or in any Territory, you <u>must attach</u> one of the following documents to verify that you have the right and are</p>	<input type="checkbox"/> Not applicable <input type="checkbox"/> If the PCC-Claimant has Indian Status and resides on a reserve or on Crown lands: <input type="checkbox"/> Document showing you have been appointed as the PCC-Claimant's Administrator of Property

authorized to make a claim on behalf of the PCC-Claimant (a certified copy, photocopy or certified electronic extract of the document will be accepted by the Claims Administrator):

Note: If you are not able to provide the Claims Administrator with one of the documents listed in this Question, your application to make a claim to the PCC Compensation Plan on behalf of a PCC-Claimant is terminated at this point, and you may not complete and submit this Claim Form to the Claims Administrator.

- If the PCC-Claimant resides in British Columbia:**
 - Power of Attorney
 - Enduring Power of Attorney
 - Representation Agreement for financial and legal affairs
 - Statutory Property Guardianship
 - Document showing that you have been appointed as the Private Committee of the Estate of the PCC-Claimant
 - Document showing that the Public Guardian and Trustee has been appointed as the Committee of the Estate of the PCC-Claimant
- If the PCC-Claimant resides in Alberta:**
 - Enduring Power of Attorney
 - Document showing that you have been appointed as the trustee for the PCC-Claimant
 - Supported Decision-making Authorization
 - Document showing that the Public Guardian and Trustee has been appointed as the trustee for the PCC-Claimant
- If the PCC-Claimant resides in Saskatchewan:**
 - Property Power of Attorney
 - Enduring Property Power of Attorney
 - Springing Property Power of Attorney
 - Contingent Enduring Property Power of Attorney
 - Document showing that you have been appointed as the PCC-Claimant's Property Co-decision-maker by the Court
 - Document showing that you have been appointed as the PCC-Claimant's Temporary Property Guardian by the Court

	<ul style="list-style-type: none"><input type="checkbox"/> Document showing that you have been appointed as the PCC-Claimant's Property Guardian by the Court <input type="checkbox"/> If the PCC-Claimant resides in Manitoba:<ul style="list-style-type: none"><input type="checkbox"/> Power of Attorney<input type="checkbox"/> Enduring Power of Attorney<input type="checkbox"/> Springing Power of Attorney<input type="checkbox"/> Document showing that you have been appointed as the Private Committee of Property for the PCC-Claimant (Order of Committeeship)<input type="checkbox"/> Document showing that you have been appointed as the Private Committee of Property and Personal Care for the PCC-Claimant (Order of Committeeship)<input type="checkbox"/> Document showing that the Public Guardian and Trustee has been appointed as the Committee for the PCC-Claimant <input type="checkbox"/> If the PCC-Claimant resides in Ontario:<ul style="list-style-type: none"><input type="checkbox"/> Power of Attorney for Property<input type="checkbox"/> Continuing Power of Attorney for Property<input type="checkbox"/> Document showing that you have been appointed as the PCC-Claimant's Guardian of Property by the Office of the Public Guardian and Trustee<input type="checkbox"/> Document showing that you have been appointed as the PCC-Claimant's Guardian of Property by the Court<input type="checkbox"/> Document showing that the Public Guardian and Trustee has been appointed as the Committee for the PCC-Claimant <input type="checkbox"/> If the PCC-Claimant resides in New Brunswick:<ul style="list-style-type: none"><input type="checkbox"/> Power of Attorney for Property<input type="checkbox"/> Enduring Power of Attorney for Property
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	<ul style="list-style-type: none"><input type="checkbox"/> Enduring Power of Attorney for Property and Personal Care <input type="checkbox"/> Document showing that you have been appointed as the Committee of the Estate of the PCC-Claimant <input type="checkbox"/> If the PCC-Claimant resides in Nova Scotia:<ul style="list-style-type: none"><input type="checkbox"/> Power of Attorney authorizing your management of the PCC-Claimant's estate <input type="checkbox"/> Enduring Power of Attorney authorizing your management of the PCC-Claimant's estate <input type="checkbox"/> Document showing that you have been appointed as the PCC-Claimant's Guardian by the Court <input type="checkbox"/> Document showing that you have been appointed as the PCC-Claimant's Representative by the Court (Representation Order) <input type="checkbox"/> If the PCC-Claimant resides in Prince Edward Island:<ul style="list-style-type: none"><input type="checkbox"/> Specific Power of Attorney <input type="checkbox"/> General Power of Attorney <input type="checkbox"/> Enduring Power of Attorney <input type="checkbox"/> Continuing Power of Attorney <input type="checkbox"/> Document showing that you have been appointed as the Guardian of the PCC-Claimant <input type="checkbox"/> Document showing that you have been appointed as the Committee of the Estate of the PCC-Claimant <input type="checkbox"/> If the PCC-Claimant resides in Newfoundland and Labrador:<ul style="list-style-type: none"><input type="checkbox"/> Enduring Power of Attorney <input type="checkbox"/> Document showing that Letters of Guardianship of the Estate of the PCC-Claimant have been granted to you by the Court
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	<ul style="list-style-type: none"><input type="checkbox"/> If the PCC-Claimant resides in Yukon:<ul style="list-style-type: none"><input type="checkbox"/> Enduring Power of Attorney<input type="checkbox"/> Document showing that you have been appointed as the Temporary Guardian or Permanent Guardian for the PCC-Claimant<input type="checkbox"/> Guardianship Order appointing the Public Guardian and Trustee as Guardian for the PCC-Claimant <input type="checkbox"/> If the PCC-Claimant resides in Northwest Territories:<ul style="list-style-type: none"><input type="checkbox"/> Power of Attorney<input type="checkbox"/> Enduring Power of Attorney<input type="checkbox"/> Springing Power of Attorney<input type="checkbox"/> Document showing that you have been appointed as the Guardian of the PCC-Claimant with power over legal or financial matters<input type="checkbox"/> Document showing that you have been appointed as the Trustee of the PCC-Claimant<input type="checkbox"/> Order of Trusteeship appointing the Public Trustee as Trustee of the PCC-Claimant's Estate <input type="checkbox"/> If the PCC-Claimant resides in Nunavut:<ul style="list-style-type: none"><input type="checkbox"/> Power of Attorney<input type="checkbox"/> Enduring Power of Attorney<input type="checkbox"/> Springing Power of Attorney<input type="checkbox"/> Order appointing you as Trustee for the PCC-Claimant<input type="checkbox"/> Order appointing you as Guardian for the PCC-Claimant with a power over their estate<input type="checkbox"/> Order appointing the Public Guardian as Guardian for the PCC-Claimant
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If at the time you complete this Claim Form the **PCC-Claimant is deceased** and, at the time of the PCC-Claimant's death, the PCC-Claimant resided in any Province **other than Quebec** or in any Territory at the time of their death, you **must attach** one of the following documents to verify that you have the right and are authorized to make a claim on behalf of the PCC-Claimant's estate (a certified copy, photocopy or certified electronic extract of the document will be accepted by the Claims Administrator):

Note: If you are not able to provide the Claims Administrator with one of the documents listed in this Question, your application to make a claim to the PCC Compensation Plan on behalf of a PCC-Claimant's estate is **terminated at this point, and you may not complete and submit this Claim Form to the Claims Administrator.**

- Not applicable
- If the PCC-Claimant had Indian Status and resided on a reserve or on Crown lands:**
 - Notice of Appointment as Estate Administrator
 - Notice of Appointment as Estate Executor
 - Document showing Indigenous Services Canada or Crown-Indigenous Relations and Northern Affairs Canada is acting as the Estate Administrator
- If the PCC-Claimant died in British Columbia:**
 - Representation Grant (Estate Grant)
 - Grant of Probate (issued by a Court when a person dies with a will)
 - Grant of Administration (issued by a Court when a person dies without a will)
- If the PCC-Claimant died in Alberta:**
 - Grant of Probate (issued by a Court when a person dies with a will)
 - Grant of Double Probate (issued by a Court when a person dies with a will and the personal representative had previously reserved their right to apply later for probate, or when the named alternate personal representative needs to complete the administration)
 - Grant of Administration or Letters of Administration (issued by a Court when a person dies without a will)
 - Grant of Administration with Will Annexed or Letters of Administration with Will Annexed (where the personal representative appointed under the will has died, or is otherwise unwilling or unable to take on the responsibilities, or the will does not appoint a personal representative, the Court may appoint a personal representative to administer a person's estate)

	<ul style="list-style-type: none"><input type="checkbox"/> If the PCC-Claimant died in Saskatchewan:<ul style="list-style-type: none"><input type="checkbox"/> Letters Probate or Grant of Probate (issued by a Court when a person dies with a will)<input type="checkbox"/> Letters of Administration or Grant of Administration (issued by a Court when a person dies without a will)<input type="checkbox"/> Letters of Administration with Will Annexed (where the personal representative appointed under the will has died, or is otherwise unwilling or unable to take on the responsibilities, or the will does not appoint a personal representative, the Court may appoint a personal representative to administer a person's estate)<input type="checkbox"/> If the PCC-Claimant died in Manitoba:<ul style="list-style-type: none"><input type="checkbox"/> Grant of Probate (issued by a Court when a person dies with a will)<input type="checkbox"/> Letters of Administration (estates over \$10,000)<input type="checkbox"/> Letters of Administration with Will Annexed (where the personal representative appointed under the will has died, or is otherwise unwilling or unable to take on the responsibilities, or the will does not appoint a personal representative, the Court may appoint a personal representative to administer a person's estate)<input type="checkbox"/> Administration Order (estates under \$10,000)<input type="checkbox"/> If the PCC-Claimant died in Ontario:<ul style="list-style-type: none"><input type="checkbox"/> Certificate of Appointment of Estate Trustee without a Will<input type="checkbox"/> Certificate of Appointment of Estate Trustee with a Will<input type="checkbox"/> Small Estate Certificate<input type="checkbox"/> Probate Certificate<input type="checkbox"/> If the PCC-Claimant died in New Brunswick:
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	<ul style="list-style-type: none"><input type="checkbox"/> Letters of Administration (issued by a Court when a person dies without a will)<input type="checkbox"/> Letters Probate (issued by a Court when a person dies with a will)<input type="checkbox"/> Letters of Administration with Will Annexed (where the personal representative appointed under the will has died, or is otherwise unwilling or unable to take on the responsibilities, or the will does not appoint a personal representative, the Court may appoint a personal representative to administer a person's estate)<input type="checkbox"/> If the PCC-Claimant died in Nova Scotia:<ul style="list-style-type: none"><input type="checkbox"/> Grant of Administration (issued by a Court when a person dies without a will)<input type="checkbox"/> Grant of Probate (issued by a Court when a person dies with a will)<input type="checkbox"/> Grant of Administration with Will Annexed (where the personal representative appointed under the will has died, or is otherwise unwilling or unable to take on the responsibilities, or the will does not appoint a personal representative, the Court may appoint a personal representative to administer a person's estate)<input type="checkbox"/> If the PCC-Claimant died in Prince Edward Island:<ul style="list-style-type: none"><input type="checkbox"/> Letters of Administration (issued by a Court when a person dies without a will)<input type="checkbox"/> Letters Probate (issued by a Court when a person dies with a will)<input type="checkbox"/> Letters of Administration with the Will Annexed (where the personal representative appointed under the will has died, or is otherwise unwilling or unable to take on the responsibilities, or the will does not appoint a personal representative, the Court may appoint a personal representative to administer a person's estate)<input type="checkbox"/> If the PCC-Claimant died in Newfoundland and Labrador:
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	<ul style="list-style-type: none"><input type="checkbox"/> Grant of Probate (issued by a Court when a person dies with a will)<input type="checkbox"/> Letters of Administration (issued by a Court when a person dies without a will)<input type="checkbox"/> Letters of Administration, CTA (cum testamento annexo) (With Will Annexed) - issued where there is a will but there is no executor named, or when the executor is unable or unwilling to apply for the grant<input type="checkbox"/> Letters of Administration, DBN (De Bonis Non) - issued where an administrator of an estate dies or becomes incapable of continuing with his or her duties after a grant is made, but prior to the completion of the administration<input type="checkbox"/> Letters of Administration CTA DBN - issued where there is a will but the executor or administrator CTA dies or becomes incapacitated and therefore is unable to continue with his or her duties after a grant is made, but prior to the completion of the administration (and there is no other person to step into that position according to the terms of any will)<input type="checkbox"/> If the PCC-Claimant died in Yukon:<ul style="list-style-type: none"><input type="checkbox"/> Grant of Probate or Letters of Probate (issued by a Court when a person dies with a will)<input type="checkbox"/> Letter of Administration (issued by a Court when a person dies without a will)<input type="checkbox"/> Grant of Administration with Will Annexed or Letters of Administration with Will Annexed (where the personal representative appointed under the will has died, or is otherwise unwilling or unable to take on the responsibilities, or the will does not appoint a personal representative, the Court may appoint a personal representative to administer a person's estate)<input type="checkbox"/> If the PCC-Claimant died in Northwest Territories:<ul style="list-style-type: none"><input type="checkbox"/> Declaration of Small Estate (issued by a Court if the net value of the estate of the deceased reasonably appears to be less than \$35,000)
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	<ul style="list-style-type: none"><input type="checkbox"/> Grant of Probate (issued by a Court when a person dies with a will)<input type="checkbox"/> Grant of Administration (issued by a Court when a person dies without a will)<input type="checkbox"/> Grant of Administration with Will Annexed (where the personal representative appointed under the will has died, or is otherwise unwilling or unable to take on the responsibilities, or the will does not appoint a personal representative, the Court may appoint a personal representative to administer a person's estate)<input type="checkbox"/> Grant of Double Probate (issued by a Court when a person dies with a will and the personal representative had previously reserved their right to apply later for probate, or when the named alternate personal representative needs to complete the administration)<input type="checkbox"/> If the PCC-Claimant died in Nunavut:<ul style="list-style-type: none"><input type="checkbox"/> Certificate of Appointment of Estate Trustee with a Will (issued by a Court when a person dies with a will)<input type="checkbox"/> Letters of Administration (issued by a Court when a person dies without a will)
<p>If at the time you complete this Claim Form the <u>PCC-Claimant is alive and resides in Quebec</u>, you <u>must attach</u> one of the following documents to verify that you have the right and are authorized to make a claim on behalf of the PCC-Claimant (a certified copy, photocopy or certified electronic extract of the document will be accepted by the Claims Administrator):</p> <p><u>Note:</u> If you are not able to provide the Claims Administrator with</p>	<ul style="list-style-type: none"><input type="checkbox"/> Power of Attorney<input type="checkbox"/> Mandate in case of incapacity<input type="checkbox"/> Tutorship to persons of full age<input type="checkbox"/> Curatorship to persons of full age<input type="checkbox"/> Detailed Mandate<input type="checkbox"/> Not applicable

<p>one of the documents listed in this Question, your application to make a claim to the PCC Compensation Plan on behalf of a PCC-Claimant is <u>terminated</u> at this point, and you may not complete and submit this Claim Form to the Claims Administrator.</p>	
<p>If at the time you complete this Claim Form the <u>PCC-Claimant is deceased</u> and, at the time of the PCC-Claimant's death, they <u>resided in Quebec</u>, you <u>must attach</u> one of the following documents to verify that you have the right and are authorized to make a claim on behalf of the PCC-Claimant's estate (a certified copy, photocopy or certified electronic extract of the document will be accepted by the Claims Administrator):</p> <p><u>Note:</u> If you are not able to provide the Claims Administrator with one of the documents listed in this Question, your application to make a claim to the PCC Compensation Plan on behalf of a PCC-Claimant's estate is <u>terminated</u> at this point, and you may</p>	<p><input type="checkbox"/> The deceased PCC-Claimant <u>had a written will</u> and I have attached copies of the following documents:</p> <ul style="list-style-type: none"><input type="checkbox"/> The PCC-Claimant's Death Certificate;<input type="checkbox"/> A will search from the Chambre des notaires on the deceased PCC-Claimant;<input type="checkbox"/> A will search from the Bar of Quebec on the deceased PCC-Claimant; and<input type="checkbox"/> One of the following documents:<ul style="list-style-type: none"><input type="checkbox"/> A copy of the notarial will of the deceased PCC-Claimant, appointing me as the executor/liquidator of the deceased PCC-Claimant's estate;<input type="checkbox"/> A copy of the judgment probating the will of the deceased PCC-Claimant, confirming my appointment as the executor/liquidator of the deceased PCC-Claimant's estate; or<input type="checkbox"/> Any other official document confirming my status as the executor/liquidator of the deceased PCC-Claimant's estate. <p><input type="checkbox"/> The deceased PCC-Claimant <u>did not have a written will</u> and I have attached copies of the following documents</p> <ul style="list-style-type: none"><input type="checkbox"/> The PCC-Claimant's Death Certificate;

<p>not complete and submit this Claim Form to the Claims Administrator.</p>	<p><input type="checkbox"/> A will search from the Chambre des notaires on the deceased PCC-Claimant;</p> <p><input type="checkbox"/> A will search from the Bar of Quebec on the deceased PCC-Claimant; or</p> <p><input type="checkbox"/> Any document proving my status to make a claim for compensation in respect of the deceased PCC-Claimant.</p> <p><input type="checkbox"/> Not applicable</p>	
<p>What is/was your relationship to the PCC-Claimant?</p>		
<p>How long have you known, or if the PCC-Claimant is deceased how long did you know the PCC-Claimant?</p>		
<p>Section V: PCC-Claimant's Place of Residence</p> <p>If the PCC-Claimant lives in Canada, their place of residence is the Province or Territory which issued their health insurance card and/or their driver's licence.</p>		
<p>1.</p>	<p>Between January 1, 1950 and November 20, 1998, did the PCC-Claimant reside in Canada?</p> <p>Note: If you answer "No" to Question 1, then the PCC-Claimant is not eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is terminated at this point, and you may not complete and submit this Claim Form to the Claims Administrator.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>2.</p>	<p>Does the PCC-Claimant currently reside in Quebec?</p> <p>Note: If you answer "Yes" to Question 2, please proceed to complete Sections VI, VII, IX, X, XI and XII. <u>Do not complete Section VIII (which is the form for non-Quebec residents) and do not complete Question 3 below.</u></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

3.	<p>Does the PCC-Claimant currently reside in one of the Provinces other than Quebec, or in one of the Territories in Canada?</p> <p>Note: If you answer “Yes” to Question 3, please proceed to complete Sections VI, VIII, IX, X, XI and XII. Do not complete Section VII (which is for Quebec residents only).</p> <p>If you answer “No” to Question 3, then the PCC-Claimant is <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you may not complete and submit this Claim Form to the Claims Administrator.</p>	<p>Yes <input type="checkbox"/></p> <p>Province or Territory of current residence: _____</p> <p>No <input type="checkbox"/></p> <p>Current country of residence: _____</p>
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Section VI: Smoking History

To be eligible to receive compensation under the PCC Compensation Plan, between January 1, 1950 and November 20, 1998, the PCC-Claimant must have smoked a minimum of twelve pack-years of cigarettes (equivalent to 87,600 cigarettes) sold by the Canadian Tobacco Companies which are: Imperial Tobacco Canada Limited; Rothmans, Benson & Hedges Inc.; and JTI-Macdonald Corp.

Based upon your answers to Questions 5, 6 and 7, the Claims Administrator will calculate the number of pack-years of cigarettes that the PCC-Claimant smoked between January 1, 1950 and November 20, 1998, to determine the PCC-Claimant’s eligibility to receive compensation under the PCC Compensation Plan.

4.	When did the PCC-Claimant start smoking cigarettes?	<input type="checkbox"/> Before January 1, 1976 <input type="checkbox"/> On or after January 1, 1976
5.	Between January 1, 1950 and November 20, 1998, for how many years did the PCC-Claimant smoke?	_____ years
6.	During the years that the PCC-Claimant smoked between January 1, 1950 and November 20, 1998, how many cigarettes did the PCC-Claimant smoke per day?	The PCC-Claimant smoked approximately _____ cigarettes per day between January 1, 1950 and November 20, 1998.

	<p>Please indicate the <u>number of cigarettes smoked</u> per day, not the number of packs smoked.</p> <p>If the number of cigarettes the PCC-Claimant smoked per day varied, please proceed to answer Question 7.</p>	
<p>7.</p>	<p>If the number of cigarettes that the PCC-Claimant smoked between January 1, 1950 and November 20, 1998 varied, provide a summary of the number of cigarettes that the PCC-Claimant smoked during that period of time.</p> <p>Please express your summary in terms of the <u>number of cigarettes smoked</u>, not the number of packs smoked.</p> <p>[Note to Draft: The Claims Administrator will be requested to add an auto calculator to the online Claim Form that would calculate the number of pack-years based on the data provided by the PCC-Claimant.</p> <p>If the auto calculator determines that the PCC-Claimant did not smoke twelve pack-years, then the following Note would appear to the PCC-Claimant's Legal Representative:</p> <p>Note: The PCC-Claimant did not smoke a minimum of twelve pack-years of cigarettes between January 1, 1950 and November 20, 1998. As a result, the PCC-Claimant is <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you may not complete and submit this Claim Form to the Claims Administrator.]</p>	<p>(a) The PCC-Claimant smoked approximately _____ cigarettes per day between _____ (DD/MM/YYYY) and _____ (DD/MM/YYYY).</p> <p>(b) The PCC-Claimant smoked approximately _____ cigarettes per day between _____ (DD/MM/YYYY) and _____ (DD/MM/YYYY).</p> <p>(c) The PCC-Claimant smoked approximately _____ cigarettes per day between _____ (DD/MM/YYYY) and _____ (DD/MM/YYYY).</p> <p>(d) The PCC-Claimant smoked approximately _____ cigarettes per day between _____ (DD/MM/YYYY) and _____ (DD/MM/YYYY).</p>
<p>8.</p>	<p>Check all of the brands of cigarettes that the PCC-Claimant regularly smoked between January 1, 1950 and November 20, 1998.</p> <p>Note: If the PCC-Claimant did not smoke any of the brands of cigarettes listed in</p>	<p><input type="checkbox"/> Accord</p> <p><input type="checkbox"/> B&H</p>

	<p>Question 8 or on the attached list of sub-brands [link to document listing sub-brands], then the PCC-Claimant is <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you are not entitled to proceed to complete and submit this Claim Form to the Claims Administrator.</p>	<ul style="list-style-type: none"><input type="checkbox"/> Belmont<input type="checkbox"/> Belvedere<input type="checkbox"/> Camel<input type="checkbox"/> Cameo<input type="checkbox"/> Craven "A"<input type="checkbox"/> Craven "M"<input type="checkbox"/> du Maurier<input type="checkbox"/> Dunhill<input type="checkbox"/> Export<input type="checkbox"/> LD<input type="checkbox"/> Macdonald<input type="checkbox"/> Mark Ten<input type="checkbox"/> Matinee<input type="checkbox"/> Medallion<input type="checkbox"/> More<input type="checkbox"/> North American Spirit<input type="checkbox"/> Number 7<input type="checkbox"/> Peter Jackson<input type="checkbox"/> Players<input type="checkbox"/> Rothmans<input type="checkbox"/> Vantage<input type="checkbox"/> Viscount<input type="checkbox"/> Winston
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		<input type="checkbox"/> Record any other brands smoked from this list: [link to document listing sub-brands] _____ _____ _____ _____ _____
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Section VII: Eligibility of Residents of Quebec to receive Compensation

Complete this section only if the PCC-Claimant lives in Quebec, or if deceased, lived in Quebec at the time of their death. If the PCC-Claimant lives, or if deceased lived, in a Province other than Quebec or in one of the Territories, please proceed to Section VIII.

PLEASE READ CAREFULLY:

Depending on the disease with which the PCC-Claimant has been diagnosed and the date of the PCC-Claimant's diagnosis, as a resident of Quebec the PCC-Claimant may be eligible to receive compensation either from the PCC Compensation Plan, or as a *Blais* Class Member in accordance with the judgments of the Superior Court of Quebec in *Létourneau v. JTI-Macdonald Corp.*, 2015 QCCS 2382, and the judgment of the Court of Appeal of Quebec in *Imperial Tobacco Canada ltée c. Conseil québécois sur le tabac et la santé et al.*, 2019 QCCA 358.

You are only permitted to make one claim for compensation on behalf of the PCC-Claimant either as a *Blais* Class Member or as a PCC-Claimant under the PCC Compensation Plan. You cannot make a claim to both Claims Processes.

Your answers to Questions 9 through 17 will assist you to determine whether you may be able to make a claim as the Legal Representative on behalf of a person who is a *Blais* Class Member or a PCC-Claimant under the PCC Compensation Plan.

To be eligible to receive compensation as a *Blais* Class Member, the PCC-Claimant must meet all of the following criteria:

1. The PCC-Claimant resides in Quebec or, if deceased, resided in Quebec at the time of their death;
2. Between January 1, 1950 and November 20, 1998, the PCC-Claimant smoked a minimum of twelve pack-years of cigarettes sold by the Canadian Tobacco Companies which are: Imperial Tobacco Canada Limited; Rothmans, Benson & Hedges Inc.; and JTI-Macdonald Corp. The

Canadian Tobacco Companies sold the brands of cigarettes listed in Question 8 on this Claim Form.

Twelve pack-years of cigarettes is the equivalent of 87,600 cigarettes which is calculated as any combination of the number of cigarettes smoked in a day multiplied by the number of days of consumption. For example, twelve pack-years equals:

10 cigarettes smoked per day for 24 years (10 x 365 x 24) = 87,600 cigarettes, or

20 cigarettes smoked per day for 12 years (20 x 365 x 12) = 87,600 cigarettes, or

30 cigarettes smoked per day for 8 years (30 x 365 x 8) = 87,600 cigarettes;

Note: The calculator at this link [\[insert link to Pack-Years Calculator\]](#) will assist you to calculate the number of pack-years that the PCC-Claimant smoked.

3. Before March 12, 2012, the PCC-Claimant was diagnosed with:
 - (a) Primary lung cancer, or
 - (b) Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer), or
 - (c) Emphysema/COPD (GOLD Grade III or IV).
4. On the date of their diagnosis, the PCC-Claimants resided in Quebec.

AND

5. The *Blais* Class Members include the heirs of all persons who died after November 20, 1998 and satisfied the above criteria.

To be eligible to receive compensation under the PCC Compensation Plan, the PCC-Claimant or the estate of the PCC-Claimant must meet all of the following PCC Eligibility Criteria:

1. If the PCC-Claimant is alive, they must reside in a Province or Territory in Canada. If the PCC-Claimant is deceased, they must have resided in a Province or Territory in Canada on the date of their death;
2. The PCC-Claimant was alive on March 8, 2019;
3. Between January 1, 1950 and November 20, 1998, the PCC-Claimant smoked a minimum of twelve pack-years of cigarettes sold by the Canadian Tobacco Companies;

Note: The calculator at this link [\[insert link to Pack-Years Calculator\]](#) will assist you to calculate the number of pack-years that the PCC-Claimant smoked.

4. Between March 8, 2015 and March 8, 2019 (inclusive of those dates), the PCC-Claimant was diagnosed with:
- (a) Primary lung cancer, or
 - (b) Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer), or
 - (c) Emphysema/COPD (GOLD Grade III or IV);

AND

5. On the date of the PCC-Claimant’s diagnosis with lung cancer, throat cancer or Emphysema/COPD (GOLD Grade III or IV) the PCC-Claimant resided in any Province or any Territory.

If the PCC-Claimant has been diagnosed with Emphysema/COPD (GOLD Grade III or IV) and either primary lung cancer or primary throat cancer, and the PCC-Claimant meets all other criteria to be eligible to receive compensation, the PCC-Claimant, or their estate, will only receive compensation for the most serious disease with which the PCC-Claimant has been diagnosed that will provide the highest amount of compensation.

9.	Has the PCC-Claimant, you or anyone else as their Legal Representative, submitted a claim to receive compensation as a <i>Blais</i> Class Member?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	<p>Have you or anyone else already received compensation on behalf of the PCC-Claimant as a <i>Blais</i> Class Member?</p> <p>Note: If you answer “Yes” to Question 10, then the PCC-Claimant is <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you are not entitled to proceed to complete and submit this Claim Form to the Claims Administrator.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Is the PCC-Claimant the heir of a person who died after November 20, 1998 and satisfied the criteria to be eligible to receive compensation as a <i>Blais</i> Class Member? [link to Q&As definition of “heir” on the Claims Administrator’s website].	Yes <input type="checkbox"/> No <input type="checkbox"/>

	<p>Note: If you answer “Yes” to Question 11, then the PCC-Claimant is <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you are not entitled to proceed to complete and submit this Claim Form to the Claims Administrator.</p> <p>You may determine whether the PCC-Claimant is eligible to receive compensation as a <i>Blais</i> Class Member at [link to QCAPs’ section of the Claims Administrator’s website].</p>	
12.	<p>Was the PCC-Claimant diagnosed with primary lung cancer before March 12, 2012? [link to FAQs definition of “Primary Lung Cancer”]</p> <p>Note: If you answer “Yes” to Question 12, then the PCC-Claimant is <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you are not entitled to proceed to complete and submit this Claim Form to the Claims Administrator.</p> <p>You may determine whether the PCC-Claimant is eligible to receive compensation as a <i>Blais</i> Class Member at [link to QCAPs’ section of the Claims Administrator’s website].</p>	<p>Yes <input type="checkbox"/></p> <p>Date of diagnosis of lung cancer: _____ (DD/MM/YYYY)</p> <p>No <input type="checkbox"/></p>
13.	<p>Was the PCC-Claimant diagnosed with primary squamous cell carcinoma of the larynx, the oropharynx or the hypopharynx (throat cancer) before March 12, 2012? [link to FAQs definitions of “Larynx”, “Oropharynx” and “Hypopharynx”]</p> <p>Note: If you answer “Yes” to Question 13, then the PCC-Claimant is <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation</p>	<p>Yes <input type="checkbox"/></p> <p>Date of diagnosis of throat cancer: _____ (DD/MM/YYYY)</p> <p>No <input type="checkbox"/></p>

	<p>Plan is <u>terminated</u> at this point, and you are not entitled to proceed to complete and submit this Claim Form to the Claims Administrator.</p> <p>You may determine whether the PCC-Claimant is eligible to receive compensation as a <i>Blais</i> Class Member at [link to QCAPs' section of the Claims Administrator's website].</p>	
<p>14.</p>	<p>Was the PCC-Claimant diagnosed with Emphysema/COPD (GOLD Grade III or IV) before March 12, 2012? [link to FAQs definitions of "Emphysema" and "COPD"]</p> <p><u>Note:</u> If you answer "Yes" to Question 14, and the PCC-Claimant was not diagnosed with either primary lung cancer or primary squamous cell carcinoma of the larynx, the oropharynx or the hypopharynx (throat cancer) between March 8, 2015 and March 8, 2019, then the PCC-Claimant is <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you are not entitled to proceed to complete and submit this Claim Form to the Claims Administrator.</p> <p>You may determine whether the PCC-Claimant or their estate is eligible to receive compensation as a <i>Blais</i> Class Member at [link to QCAPs' section of the Claims Administrator's website].</p>	<p>Yes <input type="checkbox"/></p> <p>Date of diagnosis of Emphysema/COPD (GOLD Grade III or IV): _____ (DD/MM/YYYY)</p> <p>No <input type="checkbox"/></p>
<p>15.</p>	<p>Was the PCC-Claimant diagnosed with primary lung cancer between March 8, 2015 and March 8, 2019?</p> <p><u>Note:</u> If you answer "Yes" to Question 15, then the PCC-Claimant may be eligible to receive compensation from the PCC</p>	<p>Yes <input type="checkbox"/></p> <p>Date of diagnosis of lung cancer: _____ (DD/MM/YYYY)</p>

	Compensation Plan. Please proceed to Section VIII.	No <input type="checkbox"/>
16.	<p>Was the PCC-Claimant diagnosed with primary squamous cell carcinoma of the larynx, the oropharynx or the hypopharynx (throat cancer) between March 8, 2015 and March 8, 2019?</p> <p>Note: If you answer “Yes” to Question 16, then the PCC-Claimant may be eligible to receive compensation from the PCC Compensation Plan. Please proceed to Section VIII.</p>	<p>Yes <input type="checkbox"/></p> <p>Date of diagnosis of throat cancer: _____ (DD/MM/YYYY)</p> <p>No <input type="checkbox"/></p>
17.	<p>Was the PCC-Claimant diagnosed with Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019?</p> <p>Note: If you answer “Yes” to Question 17, then the PCC-Claimant may be eligible to receive compensation from the PCC Compensation Plan. Please proceed to Section VIII.</p>	<p>Yes <input type="checkbox"/></p> <p>Date of diagnosis of Emphysema/COPD (GOLD Grade III or Grade IV): _____ (DD/MM/YYYY)</p> <p>No <input type="checkbox"/></p>

Section VIII: Eligibility of Residents of the Provinces other than Quebec and Residents of the Territories to receive Compensation

Complete this section only if the PCC-Claimant lives, or if deceased lived, in a Province other than Quebec, or in one of the Territories. If the PCC-Claimant lives, or if deceased lived, in Quebec, please answer the Questions in Section VII above.

PLEASE READ CAREFULLY:

To be eligible to receive compensation under the PCC Compensation Plan, the PCC-Claimant must meet all of the following criteria:

1. If the PCC-Claimant is alive, they must reside in a Province or a Territory in Canada. If the PCC-Claimant is deceased, they must have resided in a Province or Territory in Canada on the date of their death;
2. The PCC-Claimant was alive on March 8, 2019;
3. Between January 1, 1950 and November 20, 1998, the PCC-Claimant smoked a minimum of twelve pack-years of cigarettes sold by the Canadian Tobacco Companies;

Note: The calculator at this link [\[insert link to Pack-Years Calculator\]](#) will assist you to calculate the number of pack-years which the PCC-Claimant smoked.

4. Between March 8, 2015 and March 8, 2019 (inclusive of those dates), the PCC-Claimant was diagnosed with:
- (a) Primary lung cancer, or
 - (b) Primary cancer (squamous cell carcinoma) of the larynx, the oropharynx or the hypopharynx (throat cancer), or
 - (c) Emphysema/COPD (GOLD Grade III or IV);

AND

5. On the date of the PCC-Claimant’s diagnosis with lung cancer, throat cancer or Emphysema/COPD GOLD Grade III or IV the PCC-Claimant resided in any Province or any Territory.

If the PCC-Claimant has been diagnosed with Emphysema/COPD (GOLD Grade III or IV) and either primary lung cancer or primary throat cancer, and the PCC-Claimant meets all other criteria to be eligible to receive compensation, the PCC-Claimant, or their estate, will only receive compensation for the most serious disease with which the PCC-Claimant has been diagnosed that will provide the highest amount of compensation.

Note: If you answer “No” to all of Questions 18, 19 and 20, then the PCC-Claimant is not eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is terminated at this point, and you may not complete and submit this Claim Form to the Claims Administrator.

18.	Was the PCC-Claimant diagnosed with primary lung cancer between March 8, 2015 and March 8, 2019? [link to FAQs definition of “Primary Lung Cancer”]	Yes <input type="checkbox"/> Date of diagnosis of lung cancer: _____ (DD/MM/YYYY) No <input type="checkbox"/>
19.	Was the PCC-Claimant diagnosed with primary squamous cell carcinoma of the larynx, the oropharynx or the hypopharynx (throat cancer) between March 8, 2015 and March 8, 2019? [link to FAQs definitions of “Larynx”, “Oropharynx” and “Hypopharynx”]	Yes <input type="checkbox"/> Date of diagnosis of throat cancer: _____ (DD/MM/YYYY)

		No <input type="checkbox"/>
20.	Was the PCC-Claimant diagnosed with Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019? [link to FAQs definitions of “Emphysema” and “COPD”]	Yes <input type="checkbox"/> Date of diagnosis of Emphysema/COPD (GOLD Grade III or Grade IV): _____ (DD/MM/YYYY) No <input type="checkbox"/>
21.	Did the PCC-Claimant reside in Canada on the date on which they were diagnosed with primary lung cancer, primary squamous cell carcinoma of the larynx, the oropharynx or the hypopharynx (throat cancer), or Emphysema/COPD (GOLD Grade III or IV)? Note: If you answer “No” to Question 21, then the PCC-Claimant is <u>not</u> eligible to receive compensation from the PCC Compensation Plan. Your application to make a claim to the PCC Compensation Plan is <u>terminated</u> at this point, and you may not complete and submit this Claim Form to the Claims Administrator.	Yes <input type="checkbox"/> Province or Territory in which the PCC-Claimant resided on the date of their diagnosis: _____ No <input type="checkbox"/>
Section IX: Payment Method		
22.	If the Claims Administrator determines that the PCC-Claimant is eligible to receive compensation from the PCC Compensation Plan, how do you wish PCC-Claimant to receive payment?	By cheque payable to the PCC-Claimant mailed to the address that I provided in Section III of this Claim Form <input type="checkbox"/> <p style="text-align: center;"><u>OR</u></p> By direct deposit into a bank account in the name of the PCC-Claimant <input type="checkbox"/> <u>Please attach a “Void” cheque and provide the following information</u>

		<p>regarding the bank account in the name of the PCC-Claimant:</p> <p>Financial Institution: _____</p> <p>Branch Address: _____</p> <p>City: _____</p> <p>Province: _____</p> <p>Postal Code: _____</p> <p>Name on Account: _____</p> <p>Branch Number: _____</p> <p>Financial Institution Number: _____</p> <p>Account Number: _____</p>
23.	If the Claims Administrator determines that the estate of the PCC-Claimant is eligible to receive compensation from the PCC Compensation Plan, how do you wish the estate of the PCC-Claimant to receive payment?	<p>By cheque payable to the estate of the PCC-Claimant mailed to the address that I provided in Section III of this Claim Form <input type="checkbox"/></p> <p style="text-align: center;"><u>OR</u></p> <p>By direct deposit into a bank account in the name of the PCC-Claimant's estate <input type="checkbox"/></p> <p><u>Please attach a "Void" cheque</u> and provide the following information regarding the bank account in the name of the PCC-Claimant's estate:</p> <p>Financial Institution: _____</p> <p>Branch Address: _____</p> <p>City: _____</p> <p>Province: _____</p> <p>Postal Code: _____</p>

		Name on Account: _____ Branch Number: _____ Financial Institution Number: _____ Account Number: _____
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Section X: Consent to Disclosure and Release of Records

I understand that in order to process this claim it will be necessary for the personal information of the PCC-Claimant that is in the possession of physicians, health care professionals, hospitals, clinics, or other third parties to be disclosed to the Claims Administrator. I also understand that by signing this Claim Form and submitting it to the Claims Process I am consenting to the disclosure to the Claims Administrator of the personal information of the PCC-Claimant by physicians and health care professionals from whom the PCC-Claimant received care, to be used and disclosed by the Claims Administrator in accordance with the CCAA Plans.

Yes
No

Section XI: Privacy Notice

I understand and agree that the Claims Administrator may collect, use and disclose the personal information of the PCC-Claimant, including personal health information, related to their Claim in accordance with its Privacy Policy found at ([link to Privacy Policy on Claims Administrator's website](#)) in order to provide its claims management services on their behalf. The Claims Administrator may share the personal information of the PCC-Claimant with any subsequent Court-appointed Claims Administrator, if required, in connection with the processing and administration of their Claim. Their personal information may not be used or disclosed for purposes other than those for which it was collected, except with my consent or as required by law.

Yes
No

Section XII: Statutory Declaration

INSTRUCTIONS TO COMPLETE STATUTORY DECLARATION

You must sign the Statutory Declaration below in the presence of a Commissioner of Oaths, sometimes referred to as a Commissioner for taking Affidavits.

A Commissioner of Oaths is a person who is authorized to take affidavits or declarations by asking you to swear or affirm that the statements in a document are true. Every lawyer and some paralegals are Commissioners of Oaths. A notary public for the Province or Territory where the Declaration is made has all the powers of a Commissioner of Oaths.

If you need assistance, you may contact the Agent, Epiq, at [insert link to Agent's website] which can arrange for a Commissioner of Oaths to commission your signing of your Statutory Declaration before you submit your Claim to the Claims Administrator.

The Commissioner of Oaths must complete Sections XII and XIII, and if applicable, Section XIV.

The interpreter, if any, must complete Sections XV and XVI.

I, _____, make this solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

The information that I have provided on this Claim Form is true and correct and the documents submitted in support of the claim are authentic and have not been modified in any way whatsoever.

Where someone has helped me with this Claim Form, or where an interpreter was used, that person has read to me everything they wrote and included with this Claim Form, if necessary to allow me to understand the content of this completed Claim Form and any attachments to it, and I confirm that this information is true and correct.

I am not making any false or exaggerated Claims to obtain compensation that the PCC-Claimant or the estate of the PCC-Claimant, as applicable, is not entitled to receive.

Declared before me

at _____ (Town/City/Municipality)

in _____ (Province/Territory)

this _____ day of _____, 20____

Signature of Legal Representative of
PCC-Claimant or estate of PCC-Claimant

Signature of Commissioner of Oaths/Notary Public

Commissioner of Oaths/Notary Public: please sign above and complete Section XIII below. If applicable, complete Section XIV.

Please place Commissioner of Oath's stamp/Notarial Seal here, if applicable.

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Section XIII: Commissioner of Oaths/Notary Public Information

Full Name (First Name, Middle Name and Last Name):	
Address:	
Business Phone:	
Email:	

Section XIV: Certification by Commissioner of Oaths/Notary Public when an Interpreter is used (only complete this Section if it is applicable).

I certify that this Declaration Form was read or interpreted in my presence to the declarant, the declarant appeared to understand it, and the declarant signed the Declaration or placed their mark on it in my presence.

Signature of
Commissioner of Oaths/Notary Public

Print Name of
Commissioner of Oaths/Notary Public

Section XV: Interpreter Information (only complete this Section if it is applicable).

Full Name (First Name, Middle Name and Last Name):	
Address:	
Business Phone:	
Email:	

Section XVI: Certification by Interpreter if used (only complete this Section if it is applicable).

I certify that I correctly interpreted this Claim Form in _____ (specify language) to the declarant, and the declarant appeared to understand it.

Signature of Interpreter

Print Name of Interpreter

Date Signed

APPENDIX "E"

Pan-Canadian Claimants' Compensation Plan

PHYSICIAN FORM

If the PCC-Claimant or their Legal Representative is unable to provide:

- (i) A copy of a pathology report which confirms that the PCC-Claimant was diagnosed with Lung Cancer or Throat Cancer, as applicable, between March 8, 2015 and March 8, 2019 (inclusive of those dates), or
- (ii) A copy of a report of a spirometry test performed on the PCC-Claimant between March 8, 2015 and March 8, 2019 (inclusive of those dates), that first demonstrated a FEV1 (non-reversible) of less than 50% of the predicted value, as proof of the first diagnosis of Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019 (inclusive of those dates),

then this Physician Form may be used to assist the PCC-Claimant to prove that they were diagnosed with Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV) during the PCC Claims Period from March 8, 2015 to March 8, 2019 (inclusive of those dates).

Deadline To Submit this Form: This Physician Form and **all requested medical documents** must be submitted to the Claims Administrator of the Pan-Canadian Claimants' Compensation Plan, referred to in this Form as the "PCC Compensation Plan", **as a complete package by no later than** [the PCC Claims Application Deadline which is TBD].

SUBMIT THIS FORM BY REGISTERED MAIL: This Physician Form and all requested medical documents must be postmarked no later than _____, 20____ and mailed to: [Address of Claims Administrator].

OR

SUBMIT THIS FORM ONLINE: This Physician Form and documents must be submitted online and all documents must be uploaded online at [URL for website of Claims Administrator] by no later than 5:00 p.m. Pacific Time on _____, 20____.

OR

SUBMIT THIS FORM BY EMAIL: This Physician Form must be emailed to the Claims Administrator to [Email address of Claims Administrator] by no later than 5:00 p.m. Pacific Time on _____, 20____.

OR

SUBMIT THIS FORM BY FAX: This Physician Form and documents must be faxed to the Claims Administrator to [Fax Number of Claims Administrator] by no later than 5:00 p.m. Pacific Time on _____, 20__.

Section I: Information regarding PCC-Claimant

The “PCC-Claimant” is the person who may be entitled to receive payment of financial compensation from the PCC Compensation Plan. If the PCC-Claimant is deceased, their estate may be entitled to receive payment of financial compensation from the PCC Compensation Plan.

Full Name (First Name, Middle Name and Last Name):

Date of Birth:

Date: _____
(DD/MM/YYYY)

Provincial/Territorial Health Insurance Number:

Section II: Name and Contact Information of Physician

Full Name:

Address:

Business Phone:

Preferred Language of Correspondence

English

French

Section III: Disease Diagnosis

Please complete this section even if the PCC-Claimant is deceased.

Please attach the requested medical documentation to verify the diagnosis. The request for documentation to confirm the diagnosis is a request for existing clinical records only. It is not a request for you or other physicians to prepare a report at this time.

1.

Has the PCC-Claimant been diagnosed with primary Lung Cancer, Throat Cancer (primary squamous cell carcinoma of the larynx, oropharynx, or hypopharynx),

Lung Cancer

Throat Cancer (primary squamous cell carcinoma)

	<p>or Emphysema/COPD (GOLD Grade III or IV)? Check all that apply.</p>	<p>of the larynx, oropharynx, or hypopharynx)</p> <p><input type="checkbox"/> Emphysema/COPD (GOLD Grade III or IV)</p>
<p>2.</p>	<p>On what date was the PCC-Claimant first diagnosed with Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV)?</p> <p>(If the PCC-Claimant was diagnosed with multiple diseases, please add the date of diagnosis for each disease).</p>	<p>Disease: _____</p> <p>Date of Diagnosis: _____ (DD/MM/YYYY)</p> <p>Disease: _____</p> <p>Date of Diagnosis: _____ (DD/MM/YYYY)</p> <p>Disease: _____</p> <p>Date of Diagnosis: _____ (DD/MM/YYYY)</p>
<p>3.</p>	<p>Please attach at least one of the following records that verify the above-referenced diagnosis and date of diagnosis:</p>	<p><input type="checkbox"/> Pathology Report</p> <p><input type="checkbox"/> Operative Report</p> <p><input type="checkbox"/> Biopsy Report</p> <p><input type="checkbox"/> MRI Report</p> <p><input type="checkbox"/> CT Scan Report</p> <p><input type="checkbox"/> PET Scan Report</p> <p><input type="checkbox"/> X-ray Report</p> <p><input type="checkbox"/> Sputum Cytology Report</p>

		<input type="checkbox"/> Spirometry Report <input type="checkbox"/> Extract from medical chart <input type="checkbox"/> Any other medical evidence or documentation that establishes the diagnosis and date of diagnosis (list the records attached): _____ _____
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Section IV: Smoking History

Please answer Question 4 based upon information available in the clinical notes and records available to you. Question 4 is not a request that you seek information from the PCC-Claimant. The PCC-Claimant is required to respond to questions regarding their smoking history on a separate Claim Form which they will submit to the Claims Administrator.

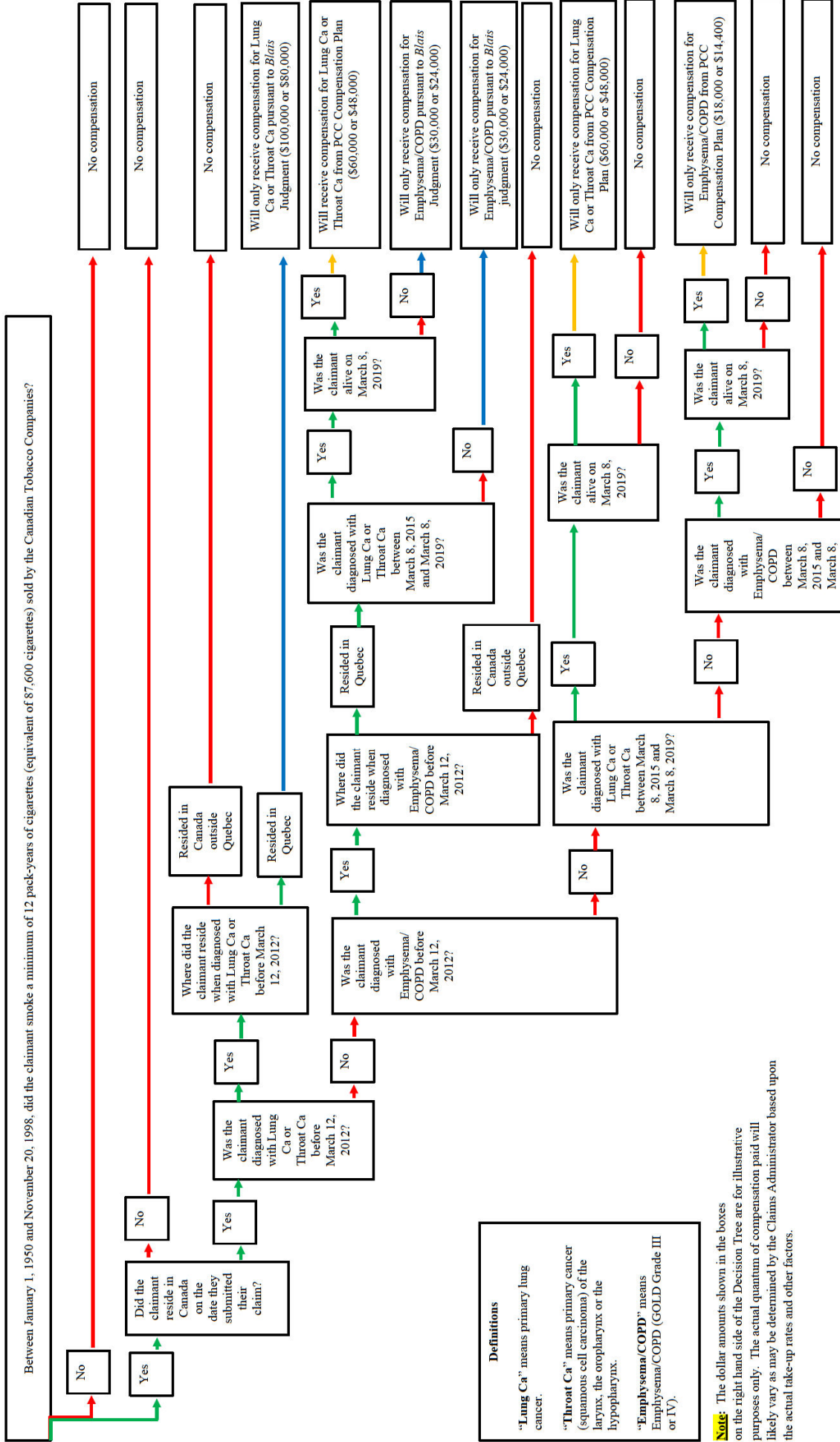
4.	To the best of your knowledge, information and belief, does, or if the PCC-Claimant is deceased did, the PCC-Claimant smoke cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
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Section V: Certification by Physician

I certify that the information provided on this Physician Form is true and correct to the best of knowledge, information and belief.

_____ Date signed

_____ Signature of Physician



APPENDIX “G”

Pan-Canadian Claimants’ Compensation Plan

ACKNOWLEDGEMENT OF RECEIPT OF CLAIM PACKAGE

[on Claims Administrator’s Letterhead]

BY [MAIL/EMAIL/FAX]

Name of PCC-Claimant or Legal Representative of PCC-Claimant
Address of PCC-Claimant or Legal Representative of PCC-Claimant

Dear [Full name of PCC-Claimant or Legal Representative of PCC-Claimant]:

**Re: Your Claim Number: _____
Acknowledgement of Receipt of Pan-Canadian Claimant Claim Package**

This Acknowledgement of Receipt of Claim is your record that [\[Name of Claims Administrator\]](#), the Claims Administrator for the Pan-Canadian Claimants’ Compensation Plan (“**PCC Compensation Plan**”), has received your Claim Package consisting of your Claim Form, the documents which verify the PCC-Claimant’s diagnosis and date of diagnosis with lung cancer, throat cancer or Emphysema/COPD (GOLD Grade III or IV), and any additional documents that you or your Physician, if applicable, submitted supporting your Claim.

You have been assigned the following Claim Number: [Insert Claim Number]

We will review your Claim Package as quickly as possible to determine whether you are eligible to receive a compensation payment from the PCC Compensation Plan.

We will notify you in writing once a decision has been made regarding your Claim.

In the interim, if you have any questions regarding your Claim or the Claims Process, please contact our Call Centre by telephone at [\[Call Centre toll-free number\]](#), or visit the website for the PCC Compensation Plan at [\[URL for Claims Administrator’s website\]](#).

Dated this _____ day of _____, 20____.

[\[Name of Claims Administrator\]](#)

APPENDIX “H”

Pan-Canadian Claimants’ Compensation Plan

**CLAIMS ADMINISTRATOR’S CHECKLIST
TO DETERMINE WHETHER A PCC-CLAIMANT MEETS
THE PCC ELIGIBILITY CRITERIA**

The purpose of this Checklist is to identify certain of the material facts which are determinative of whether a PCC-Claimant meets the PCC Eligibility Criteria to qualify to receive a compensation payment from the Pan-Canadian Claimants’ Compensation Plan.

It is important that this Checklist be accurately completed to the fullest extent possible based upon the information provided by the PCC-Claimant or the PCC-Claimant’s Legal Representative in the Claim Form and all supporting medical and other documents submitted to the Claims Administrator.

Claim Number: _____

Name of PCC-Claimant: _____

Name of PCC-Claimant’s Legal Representative: _____

A. PCC ELIGIBILITY CRITERIA

1. Who submitted the Claim?

- PCC-Claimant
- Legal Representative of the PCC-Claimant

2. If the Claim has been submitted by a Legal Representative for a PCC-Claimant, has the Legal Representative submitted a document establishing that they are authorized to make a claim on behalf of the PCC-Claimant?

- Yes

Document submitted to prove legal authority: _____

- No

If the answer to Question 2 is “No”, then contact Legal Representative to request submission of document establishing their authority by PCC Claims Application Deadline.

3. Was the PCC-Claimant alive on March 8, 2019?

- Yes
- No

If the answer to Question 3 is “No”, then issue a Notice of Rejection of Claim.

4. If the PCC-Claimant is currently deceased, did the PCC-Claimant die:

- Before March 8, 2019?
- On or after March 8, 2019?

Date of Death (DD/MM/YYYY): _____

If the answer to Question 4 is “Before March 8, 2019”, then issue a Notice of Rejection of Claim.

5. If the PCC-Claimant is currently deceased, has the Legal Representative submitted a document establishing the PCC-Claimant’s date of death?

- Yes

Document submitted to prove date of death:

- Death Certificate or Certificate of Death
- Short Form Death Certificate
- Long Form Death Certificate
- Registration of Death or Death Registration
- Registration of Death or Death Registration with Cause of Death Information
- Medical Certificate of Death issued by an attending doctor or a coroner
- Interim Medical Certificate of Death issued by an attending doctor or a coroner
- Statement of Death issued by a funeral service provider
- Memorandum of Notification of Death issued by the Chief of National Defence Staff
- Statement of Verification of Death from the Department of Veterans Affairs
- No

If the answer to Question 5 is “No”, then contact Legal Representative to request submission of document proving that the PCC-Claimant is deceased by PCC Claims Application Deadline.

6. Did the PCC-Claimant reside in Canada on the date they submitted their Claim Package to the Claims Administrator?

- Yes
- No

If the answer to Question 6 is “No”, then issue a Notice of Rejection of Claim.

7. Between January 1, 1950 and November 20, 1998, did the PCC-Claimant reside in Canada?

Yes

No

If the answer to Question 7 is “No”, then issue a Notice of Rejection of Claim.

8. Between March 8, 2015 and March 8, 2019, the PCC-Claimant lived in:

Quebec

A Province other than Quebec, or a Territory: _____

9. The PCC-Claimant was diagnosed with:

Primary lung cancer (“**Lung Cancer**”)

Primary cancer (squamous cell carcinoma) of the Larynx, Oropharynx or Hypopharynx (“**Throat Cancer**”)

Emphysema/COPD (GOLD Grade III or IV)

Any disease other than Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV)

If the answer to Question 9 is “Any disease other than Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV)”, then issue a Notice of Rejection of Claim.

10. (a) The PCC-Claimant’s diagnosis of Lung Cancer or Throat Cancer has been confirmed by a copy of a pathology report which confirms that the PCC-Claimant was diagnosed with Lung Cancer or Throat Cancer, as applicable, between March 8, 2015 and March 8, 2019?

Yes

No

(b) The PCC-Claimant’s diagnosis of Emphysema/COPD (GOLD Grade III or IV) has been confirmed by a copy of a report of a spirometry test that first demonstrated a FEV1 (non-reversible) of less than 50% of the predicted value to first establish a diagnosis of Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019?

Yes

No

(c) The PCC-Claimant's diagnosis of Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV), as applicable, has been confirmed by a copy of an extract from the PCC-Claimant's medical file?

Yes No

(d) The PCC-Claimant's diagnosis of Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV), as applicable, has been confirmed by a completed Physician Form?

Yes No

(e) The PCC-Claimant's diagnosis of Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV), as applicable, has been confirmed by a written statement from the PCC-Claimant's Physician, or another physician having access to their medical record, confirming the diagnosis of Lung Cancer or Throat Cancer between March 8, 2015 and March 8, 2019 and providing at least one of the following records to verify the diagnosis and date of diagnosis: pathology report, operative report, biopsy report, MRI report, CT scan report, PET scan report, x-ray report and/or sputum cytology report?

Yes No

If the answers to Questions 10(a), (b), (c), (d) and (e) are all "No",
then issue a Notice of Rejection of Claim

11. The date of the PCC-Claimant's diagnosis of Lung Cancer is (DD/MM/YYYY): _____

12. The date of the PCC-Claimant's diagnosis of Throat Cancer is (DD/MM/YYYY): _____

13. The date of the PCC-Claimant's diagnosis of Emphysema/COPD (GOLD Grade III or IV) is (DD/MM/YYYY): _____

14. Was the PCC-Claimant diagnosed with Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV) before March 12, 2012?

Yes

No

If the answer to Question 14 is "Yes", then issue a Notice of Rejection of Claim.
If the PCC-Claimant is a Quebec resident,
they may qualify for compensation under the *Blais* Judgment.

15. Was the PCC-Claimant diagnosed with Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV) between March 8, 2015 and March 8, 2019?

Yes

No

If the answer to Question 15 is “No”, then issue a Notice of Rejection of Claim.

16. Calculation of number of pack-years smoked by the PCC-Claimant between January 1, 1950 and November 20, 1998:

Explanatory Note:

One pack-year is the number of cigarettes smoked daily and is equivalent to 7,300 cigarettes.

Twelve pack-years of cigarettes is the equivalent of 87,600 cigarettes (12 years x 7,300 cigarettes) which is calculated as any combination of the number of cigarettes smoked in a day multiplied by the number of days of consumption. For example:

10 cigarettes smoked per day for 24 years (10 x 365 x 24) = 87,600 cigarettes, or

20 cigarettes smoked per day for 12 years (20 x 365 x 12) = 87,600 cigarettes, or

30 cigarettes smoked per day for 8 years (30 x 365 x 8) = 87,600 cigarettes.

Calculation of PCC-Claimant’s number of pack-years smoked:

A. _____ cigarettes smoked per day x 365 x ____ years = _____ cigarettes

B. _____ cigarettes smoked per day x 365 x ____ years = _____ cigarettes

C. _____ cigarettes smoked per day x 365 x ____ years = _____ cigarettes

D. _____ cigarettes smoked per day x 365 x ____ years = _____ cigarettes

Total Number of Cigarettes smoked by PCC-Claimant (A + B + C + D) = _____

17. Did the PCC-Claimant smoke a minimum of twelve pack-years of cigarettes (equivalent to 87,600 cigarettes) between January 1, 1950 and November 20, 1998?

Yes

No

If the answer to Question 17 is “No”, then issue a Notice of Rejection of Claim.

18. Did the PCC-Claimant smoke brands of cigarettes sold in Canada by Imperial Tobacco Canada Limited, Rothmans, Benson & Hedges Inc. and JTI-Macdonald Corp. during the period from January 1, 1950 and November 20, 1998?

- Yes
 No

If the answer to Question 18 is “No”, then issue a Notice of Rejection of Claim.

19. Is the PCC-Claimant’s Claim accepted for payment?

- Yes
 No

If the answer to Question 19 is “No”, then issue a Notice of Rejection of Claim.

B. COMPENSATION AMOUNT

20. Did the PCC-Claimant start to smoke before January 1, 1976?

- Yes
 No

21. If the PCC-Claimant started to smoke before January 1, 1976, then the PCC-Claimant is approved to receive the following payment:

- Prorated amount up to a maximum payment of \$18,000 if the PCC-Claimant was diagnosed with Emphysema/COPD (GOLD Grade III or IV)
 Prorated amount up to a maximum payment of \$60,000 if the PCC-Claimant was diagnosed with Lung Cancer or Throat Cancer.

Note: If the PCC-Claimant was diagnosed with more than one of Emphysema/COPD (GOLD Grade III or IV), Lung Cancer and Throat Cancer, they are only eligible to be paid for the one disease that will provide them with the highest amount of compensation.

22. Did the PCC-Claimant start to smoke on or after January 1, 1976?
- Yes
- No
23. If the PCC-Claimant started to smoke on or after January 1, 1976, then the PCC-Claimant is approved to receive the following payment:
- Prorated amount up to a maximum payment of \$14,400 if the PCC-Claimant was diagnosed with Emphysema/COPD (GOLD Grade III or IV)
- Prorated amount up to a maximum payment of \$48,000 if the PCC-Claimant was diagnosed with Lung Cancer or Throat Cancer.

Note: If the PCC-Claimant was diagnosed with more than one of Emphysema/COPD (GOLD Grade III or IV), Lung Cancer and Throat Cancer, they are only eligible to be paid for the one disease that will provide them with the highest amount of compensation

C. STATUS OF CLAIM

24. If the Claim is rejected, has a Notice of Rejection of Claim been sent to the PCC-Claimant?
- Yes
- No
- Not applicable
25. If the Claim is rejected, has the PCC-Claimant submitted a Request for Review?
- Yes
- No
- Not applicable
26. If the PCC-Claimant submitted a Request for Review, what was the decision of the Review Officer?
- Claim accepted
- Claim rejected

Claim varied as follows: _____

27. If the PCC Claim is accepted, has a Notice of Acceptance of Claim been sent to the PCC-Claimant?

Yes

No

28. The PCC-Claimant is eligible to be paid: \$ _____

29. Has payment been issued to the PCC-Claimant?

Yes

No

30. Date payment was issued to PCC-Claimant (DD/MM/YYYY): _____

APPENDIX "I"

Pan-Canadian Claimants' Compensation Plan

NOTICE OF ACCEPTANCE OF CLAIM

[on Claims Administrator's Letterhead]

BY [MAIL/EMAIL/FAX]

Name of PCC-Claimant or Legal Representative of PCC-Claimant
Address of PCC-Claimant or Legal Representative of PCC-Claimant

Dear [Full name of PCC-Claimant or Legal Representative of PCC-Claimant]:

Re: Your Claim Number: _____
Notice of Acceptance of Claim

We are pleased to advise you that your Claim to the Pan-Canadian Claimants' Compensation Plan ("**PCC Compensation Plan**") in respect of [your/ PCC-Claimant's full name] diagnosis of [Lung Cancer, Throat Cancer or Emphysema/COPD (GOLD Grade III or IV)] has been accepted.

In accordance with the terms of the PCC Compensation Plan, the Claims Administrator has determined that you will receive a compensation payment in the amount of [**\$**_____].

Please note that the compensation payment that will be paid to you may be less than the amount of the compensation payment indicated above. Compensation will be determined on a *pro rata* basis between all PCC-Claimants based on the number of claims and the amount available for distribution to eligible PCC-Claimants. The actual quantum of the compensation payment that will be paid to the PCC-Claimants will be determined after all claims have been received, reviewed and processed by the Claims Administrator. It is anticipated that the distribution of compensation payments to PCC-Claimants will begin after [insert PCC Claims Application Deadline].

Your payment will be made to you by [[a cheque that will be mailed to the address that you provided on your Claim Form, OR direct deposit into the bank account which you identified on your Claim Form](#)].

If you have any questions regarding your Claim, please contact our Call Centre by telephone at [[Call Centre toll-free number](#)], or visit the website for the PCC Compensation Plan at [[URL for Claims Administrator's website](#)].

Dated this _____ day of _____, 20____.

[Name of Claims Administrator]

APPENDIX “J”

Pan-Canadian Claimants’ Compensation Plan

REQUEST FOR REVIEW

This Request for Review is required to be completed by the PCC-Claimant, or the Legal Representative of the PCC-Claimant or the estate of the PCC-Claimant if applicable, if they wish to have the Review Officer review the decision of the Claims Administrator to reject their Claim for compensation from the Pan-Canadian Claimants’ Compensation Plan (“PCC Compensation Plan”).

You do not need a lawyer to complete this Request for Review.

Deadline to submit your completed Request for Review: This Request for Review and any supporting documents must be submitted to the Claims Administrator **by no later than 5:00 p.m. Pacific Time sixty days from the date of the Notice of Rejection of Claim which you received from the Claims Administrator.**

SUBMIT YOUR REQUEST FOR REVIEW BY REGISTERED MAIL: Your Request for Review must be postmarked no later than sixty days from the date of the Notice of Rejection of Claim which you received from the Claims Administrator and mailed to: [Address of Claims Administrator].

OR

SUBMIT YOUR REQUEST FOR REVIEW ONLINE: Your Request for Review must be submitted online and all documents must be uploaded online at [URL for website of Claims Administrator] by no later than 5:00 p.m. Pacific Time sixty days from the date of the Notice of Rejection of Claim which you received from the Claims Administrator.

OR

SUBMIT YOUR REQUEST FOR REVIEW BY EMAIL: Your Request for Review must be emailed to the Claims Administrator to [Email address of Claims Administrator] by no later than 5:00 p.m. Pacific Time sixty days from the date of the Notice of Rejection of Claim which you received from the Claims Administrator.

OR

SUBMIT YOUR REQUEST FOR REVIEW BY FAX: Your Request to Review must be faxed to the Claims Administrator to [Fax Number of Claims Administrator] by no later than 5:00 p.m. Pacific Time sixty days from the date of the Notice of Rejection of Claim which you received from the Claims Administrator.

Section I: PCC-Claimant's Name and Claim Number	
Claim Number:	
Full Name of PCC-Claimant (First Name, Middle Name and Last Name):	
Full Name of Legal Representative of PCC-Claimant (First Name, Middle Name and Last Name), if applicable:	
Section II: Claims Administrator's Decision	
Date of Notice of Rejection of Claim:	
Reason provided on the Notice of Rejection of Claim for the Claim being rejected:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Section III: Statement of PCC-Claimant or Legal Representative of PCC-Claimant regarding error alleged to have been made by Claims Administrator in determining the Claim	
The Claims Administrator made the following error(s) in the review of the Claim: Note: You must explain why you believe that the Claims Administrator made an error in	<hr/> <hr/> <hr/>

Town/City/Municipality:	
Province/Territory	
Postal Code:	
Occupation:	
Business Phone:	
Email:	

APPENDIX “K”

Pan-Canadian Claimants’ Compensation Plan

ACKNOWLEDGEMENT OF RECEIPT OF REQUEST FOR REVIEW

[on Claims Administrator’s Letterhead]

BY [MAIL/EMAIL/FAX]

Name of PCC-Claimant or Legal Representative of PCC-Claimant
Address of PCC-Claimant or Legal Representative of PCC-Claimant

Dear [Full name of PCC-Claimant or Legal Representative of PCC-Claimant]:

**Re: Your Claim Number: _____
Acknowledgement of Receipt of Request for Review**

This Acknowledgement of Receipt of Request for Review is your record that [\[Name of Claims Administrator\]](#), the Claims Administrator for the Pan-Canadian Claimants’ Compensation (“**PCC Compensation Plan**”), has received your Request for Review of the decision of the Claims Administrator to deny [your/ PCC-Claimant’s Full Name] Claim dated _____.

The Review Officer will review your Request for Review as quickly as possible to determine whether the decision of the Claims Administrator regarding [your/PCC-Claimant’s Full Name] Claim will be confirmed, reversed or varied.

We will notify you in writing once a decision has been made regarding your Request for Review.

In the interim, if you have any questions regarding your Request for Review or the review process, please contact our Call Centre by telephone at [\[Call Centre toll-free number\]](#), or visit the website for the PCC Compensation Plan at [\[URL for Claims Administrator’s website\]](#).

Dated this _____ day of _____, 20____.

[\[Name of Claims Administrator\]](#)

APPENDIX “L”

**Brands of Cigarettes sold by Canadian Tobacco Companies in Canada
between January 1, 1950 and November 20, 1998**

Accord

B&H

Belmont

Belvedere

Camel

Cameo

Craven “A”

Craven “M”

du Maurier

Dunhill

Export

LD

Macdonald

Mark Ten

Matinee

Medallion

More

North American Spirit

Number 7

Peter Jackson

Players

Rothmans

Vantage

Viscount

Winston

**Sub-brands of Cigarettes sold by Canadian Tobacco Companies in Canada
between January 1, 1950 and November 20, 1998**

Accord KF
Avanti/Light
B&H 100 Del.UL.LT/MEN
B&H 100 F
B&H 100 F Menthol
B&H Light Menthol
B&H Lights
B&H Special KF
B&H Special Lights KF
Belmont KF
Belvedere Extra Mild
Cameo Extra Mild
Craven "A" Special
Craven "M" KF
Craven "M" Special
Craven "A" Light
Craven "A" Ultra Light/Mild
du Maurier Extra Light
du Maurier Light
du Maurier Special
du Maurier Ultra Light
Dunhill KF
Export "A"
Export "A" Lights
Export "A" Medium
Export "A" Extra Light
Export "A" Special Edition
Export "A" Ultra Light
Export Mild

Export Plain
John Player's Special
Macdonald Menthol
Mark Ten Filter
Matinee Extra Mild
Matinee Slims/Menthol
Matinee Special/Menthol
Number 7 Lights
Peter Jackson Extra Light KF
Player's Extra Light
Player's Filter
Player's Light
Player's Medium
Player's Plain
Rothmans Extra Light
Rothmans KF
Rothmans Light
Rothmans Special
Rothmans UL LT KF
Select Special/Ultra Mild/Menthol
Vantage KF
Vantage Light/Menthol
Viscount #1 KF
Viscount Extra Mild/Menthol