



PCC Agent – Quick Reference Guide

Completing the Paper Claim Form

This guide walks you through how to complete the PCC Claim Form to claim compensation from the Pan-Canadian Claimants' Compensation Plan.

Along with your Claim Form, you must provide:

- Medical documentation proving the Tobacco-Victim's diagnosis with one of the compensable tobacco-related diseases (Lung Cancer, Throat Cancer, Emphysema or COPD (GOLD Grade III or IV)) between March 8, 2015 and March 8, 2019 (inclusive). For more information, see the Quick Reference Guide – Acceptable Documents for Medical Diagnosis.
- If you are submitting a claim on behalf of a Tobacco-Victim, you must also provide documentation confirming your legal authority to act on their behalf. For more information, see the Quick Reference Guide – Acceptable Documents for Legal Representation.

Because medical and legal representation records can take time to obtain, it is strongly recommended that you begin requesting and gathering the required documents as **early as possible** in the claims process.

1. Confirm Eligibility

Before filling out the form, ensure the Tobacco-Victim meets all of the following criteria:

- Resided in Canada (or was a resident of Canada at time of death).
- Smoked at least 87,600 cigarettes (12 pack-years) between January 1, 1950 and November 20, 1998.
- Diagnosed between March 8, 2015 and March 8, 2019 (inclusive) with:
 - Primary lung cancer, or
 - Primary throat cancer (Squamous Cell Carcinoma of the larynx, oropharynx, hypopharynx), or
 - Emphysema or COPD (GOLD Grade III or IV).
- Was alive on March 8, 2019.

If the person lived in Quebec and does not meet these criteria, they may qualify under the QCAP Plan instead.

2. Complete the Claim Form

First, read the General Instructions at pages 1 through 4 of the Claim Form.

If you are the Legal Representative of a Tobacco-Victim (living or deceased), read Attachment A to the Claim Form.

Part 1: Information About the Tobacco Victim (Claim Form, pages 5 to 7)

Tobacco-Victim Information

- Fill in the Tobacco-Victim's full legal name, date of birth, health card number, and province or territory that issued the health card.
- Confirm residency at the time of diagnosis and currently (or at time of death).

Representative Information (only fill out if applicable)

- If you are filing on behalf of a Tobacco-Victim (living or deceased), provide your name and legal authority.
- Attach required documents listed in Attachment A to the Claim Form (e.g., Power of Attorney, Death Certificate, etc.).

Contact Information

- Provide mailing address, phone, email, preferred language, and contact method of the Tobacco-Victim or Legal Representative of the Tobacco-Victim.

Part 2: Proof of Diagnosis

Proof of Diagnosis

- Indicate the disease and date/place of residence of the diagnosis (e.g. which province or territory). Note that the place of residence is the province or territory that issued the Tobacco-Victim's health insurance card and/or drivers license.
- Attach at least one of the following:
 - Pathology report (for cancer) or Spirometry test (for Emphysema or COPD)
 - If you cannot obtain a pathology report or spirometry test, attach:
 - An extract from a medical file confirming the diagnosis between the required dates;
 - A completed Physician Form; or
 - A written statement from a Physician with supporting medical records.
 - See Quick Reference Guides, Acceptable Documents for Medical Diagnosis and Requesting Medical Records for more information on which records may be accepted, and how to request them.

Part 3: Authorization to Request, Disclose and Release Records

- Check the box to authorize the PCC Agent and the Claims Administrator to access and review your medical records.

Part 4: Proof of Smoking History

- Enter smoking start date (i.e. before, or on/after January 1, 1976) and either:
 - Average cigarettes per day and years smoked, or
 - A breakdown by time period.
- Select all cigarette brands smoked by checking the box.

Part 5: Statutory Declaration

- Read the Statutory Declaration and sign it in front of a Commissioner of Oaths. If you need assistance, you may contact the PCC Agent who can arrange a Commissioner of Oaths, free of cost. Also see Quick Reference Guide — Commissioning for more information.
- If an interpreter is used, complete Parts 5A–5C.

3. Attach Required Documents

- Proof of diagnosis
- Proof of death (if applicable)
- Proof of legal representation if you are filing on behalf of a Tobacco-Victim that is alive or deceased

4. Submit the Claim

Choose one method for submission of your claim form:

- Online: www.TobaccoClaimsCanada.ca
- Email: info@TobaccoClaimsCanada.ca
- Fax: 1-866-262-0816
- Mail:

Tobacco Claims Canada Claims Administrator
c/o Epiq Class Action Services Canada Inc.
P.O. Box 507 STN B
Ottawa ON K1P 5P6

Deadline: Submit by 5:00 p.m. Pacific Time on **September 3, 2027**.

Need Help?

- Phone: 1-888-482-5852
- Email: PCCAgent@TobaccoClaimsCanada.ca
- Website: www.TobaccoClaimsCanada.ca