

FREQUENTLY ASKED QUESTIONS (FAQs)
RELATING TO THE COVAX NO-FAULT COMPENSATION PROGRAM FOR AMC ELIGIBLE ECONOMIES
(version dated 8 December 2023)

A. ABOUT THE PROGRAM:

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

The purpose of the Program is to provide no-fault compensation in full and final settlement of any claims to eligible individuals who suffer a Serious Adverse Event resulting in **permanent impairment** or **death** associated with a COVID-19 vaccine received through the COVAX Facility in any AMC Eligible Economy, or the administration of such a vaccine (provided that such vaccine has been earmarked for delivery through the COVAX Facility to an AMC Eligible Economy, or to a Humanitarian Agency for use in an AMC Eligible Economy, up to and inclusive of 30 June 2023, as tracked by the Administrator through such vaccine's batch or lot number).

A number of conditions need to be met:

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

These conditions are described in the Program's Protocol, which is available on the Program's website at www.covaxclaims.com.

2. What does the Program not cover?

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

- any non-Serious Adverse Events; and
- any adverse events (whether serious or non-serious) arising from a COVID-19 vaccine which: (a) has not been received through the COVAX Facility, or (b) has been administered in any country, territory or economy that is not an AMC Eligible Economy.

In addition, the Program does not cover:

- any Serious Adverse Events arising from a COVID-19 vaccine received through the COVAX Facility in any AMC Eligible Economy, to the extent such vaccine has been earmarked for delivery through the COVAX Facility to an AMC Eligible Economy, or to a Humanitarian Agency for use in an AMC Eligible Economy, after 30 June 2023;
- any Serious Adverse Events arising from a COVID-19 vaccine received through the COVAX Facility in any AMC Eligible Economy, if the vaccine in question is administered after more than two years from the date on which the vaccine in question was first marketed by the manufacturer in any country (see Schedule 1 to the Program's Protocol (List of Vaccines) for this date); and
- any Serious Adverse Events arising from a COVID-19 vaccine received through the COVAX Facility in any AMC Eligible Economy, for which an application is submitted to the Administrator after the end of the

Reporting Period, which is described in Question 10 below and can in no event extend beyond 30 June 2027 (which is the date on which the Program's application process comes to an end);

- Vaccine doses which have been redeployed by an AMC Eligible Economy or another country to an AMC Eligible Economy without the explicit agreement of the COVAX Facility.

3. Who administers the Program?

The Program is administered by the Program's administrator, ESIS Inc. (the "Administrator"). ESIS is an independent claims administrator with over 30 years' of relevant claims handling experience, and has secured regional centers around the world able to assist Program applicants in all 92 AMC Eligible Economies.

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

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

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

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

5. What is an AMC Eligible Economy?

An AMC Eligible Economy is one of the economies eligible to benefit from the so-called Advance Market Commitment (AMC), as listed below:

1. Afghanistan	22. El Salvador	42. Lesotho	62. Philippines	81. Tonga
2. Algeria	23. Eritrea	43. Liberia	63. Rwanda	82. Tunisia
3. Angola	24. Eswatini	44. Madagascar	64. Samoa	83. Tuvalu
4. Bangladesh	25. Ethiopia	45. Malawi	65. Sao Tome & Principe	84. Uganda
5. Benin	26. Fiji	46. Maldives	66. Senegal	85. Ukraine
6. Bhutan	27. Gambia	47. Mali	67. Sierra Leone	86. Uzbekistan
7. Bolivia	28. Ghana	48. Marshall Islands	68. Solomon Islands	87. Vanuatu
8. Burkina Faso	29. Grenada	49. Mauritania	69. Somalia	88. Vietnam
9. Burundi	30. Guinea-Bissau	50. Micronesia, Federated States	70. South Sudan	89. West Bank and Gaza
10. Cabo Verde	31. Guyana	51. Moldova	71. Sri Lanka	90. Yemen, Rep.
11. Cambodia	32. Haiti	52. Mongolia	72. St. Lucia	91. Zambia
12. Cameroon	33. Honduras	53. Morocco	73. St. Vincent and the Grenadines	92. Zimbabwe
13. Central African Republic	34. India	54. Mozambique	74. Sudan	
14. Chad	35. Indonesia	55. Myanmar	75. Syrian Arab Rep.	
15. Comoros	36. Kenya	56. Nepal	76. Tajikistan	
16. Congo, Dem. Rep.	37. Kiribati	57. Nicaragua	77. Tanzania	
17. Congo Rep.	38. Korea, Dem. People's Rep.	58. Niger	78. The Guinea	
18. Côte d'Ivoire	39. Kosovo	59. Nigeria	79. Timor-Leste	
19. Djibouti	40. Kyrgyz Republic	60. Pakistan	80. Togo	
20. Dominica	41. Lao PDR	61. Papua New Guinea		
21. Egypt, Arab Rep.				

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

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

- (i) you have (or the person you represent has) suffered following the administration of a COVID-19 Vaccine which has been received through the COVAX Facility in any of the AMC Eligible Economies (provided that such vaccine has been earmarked for delivery through the COVAX Facility to any AMC Eligible Economy, or to a Humanitarian Agency for use in an AMC Eligible Economy, up to and inclusive of 30 June 2023, as tracked by the Administrator through such vaccine's batch or lot numbers); and
- (ii) results in an injury of the type described in [Question 7](#) below.

As noted above, a number of conditions need to be met:

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

Frequently Asked Questions (FAQs) relating to the COVAX No-Fault Compensation Program for AMC Eligible Economies (version of 8 December 2023)

These conditions are described in the Program’s Protocol, which is available on the Program’s website at www.covaxclaims.com.

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

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

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

An Injury may (but does not necessarily) require Hospitalization or prolongation of an existing Hospitalization.

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

The Program’s Vaccination Injury Table provides information about possible serious injuries that may occur as a result of a Vaccine or its administration and which may be eligible for compensation under the Program.

If an Injury is listed in the Vaccination Injury Table, this does not, however, automatically mean that the Injury is eligible for compensation, i.e. the inclusion of an Injury in the Vaccination Injury Table does not automatically mean that:

- an Application will be deemed receivable pursuant to section 4 of the Program’s Protocol; and/or that
- a Receivable Claim for such an injury will be found to be compensable under the Program. By way of example, the Injury may be found to have resulted from another cause than the Vaccine or its administration, or to have resulted in a disability which is not permanent.

Conversely, if an Injury is not listed in the Vaccination Injury Table, that does not necessarily mean that the Injury is not eligible for compensation.

For the definition of “Receivable Claim”, please see the “Definitions” section in the Program’s Protocol.

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

You can find more information about the Program on its website (www.covaxclaims.com).

If you have any questions about the Program which are not answered in these FAQs or by the information available on the Program’s website, you can contact the Administrator directly: (i) by email at covaxclaims@esis.com; (ii) by email or by regular mail at one of the Program’s Regional Centers; or (iii) by calling the Program’s Global Telephone Hotline or the direct telephone numbers of the Program’s Regional Centers. Please see Question 28, below, for the Administrator’s regional mailing addresses and telephone numbers.

The most efficient way to contact the Administrator is either by email at covaxclaims@esis.com or through the “Contact Us” link on the Program’s website at www.covaxclaims.com.

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

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

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

- a. Be a resident or a citizen of any of the AMC Eligible Economies; or
- b. Be a person within the populations of concern to the COVAX Humanitarian Buffer, as defined and updated from time to time by the Inter-Agency Standing Committee (IASC)¹ in an AMC Eligible Economy;
- c. Have been administered a Vaccine in an AMC Eligible Economy; and
- d. Have suffered a Serious Adverse Event which:
 - i. is associated with a Vaccine that has been received through the COVAX Facility in any of the AMC Eligible Economies, or with the administration of such a Vaccine (provided that such Vaccine has been earmarked for delivery through the COVAX Facility to any AMC Eligible Economy, or to a Humanitarian Agency for use in an AMC Eligible Economy, up to and inclusive of 30 June 2023, as tracked by the Administrator through such Vaccine’s batch or lot number); and
 - ii. has resulted in an Injury.

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

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

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

These conditions are described in the Program’s Protocol, available on the Program’s website www.covaxclaims.com.

¹ The definition of populations of concern to the COVAX Humanitarian Buffer as at 8 June 2021 can be found at: [Frequently Asked Questions: The COVAX Humanitarian Buffer | IASC \(interagencystandingcommittee.org\)](#).

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

You will have *ample time* to submit to the Administrator your application materials (i.e., the Application Form, the Supporting Evidence Form, and all other documents required to be submitted with those forms). Please bear in mind, however, that the Program only provides compensation for the Vaccines that are listed in [Schedule 1](#) to the Program's Protocol and that have been earmarked for delivery through the COVAX Facility to any AMC Eligible Economy, or to a Humanitarian Agency for use in any AMC Eligible Economy, up to and inclusive of 30 June 2023 (as tracked by the Administrator through such Vaccine's batch or lot numbers).

Provided that such a Vaccine was administered to you (or to the person you represent) before its "End Point" indicated on [Schedule 1](#) to the Program's Protocol (i.e., within 2 years after the date on which that specific Vaccine was first put on the market by the manufacturer in any country), you have until the end of the Reporting Period described below to submit your application materials. You can find a drawing that illustrates the Reporting Period in [Schedule 6](#) to the Program's Protocol.

If you want to calculate the Reporting Period that applies to you (or to the person you represent), then you need to:

1. Determine what is the date of the "End Point" that applies to the Vaccine that was administered to the Patient. This End Point is indicated in [Schedule 1](#) to the Program's Protocol; and
2. Calculate the number of months and days from the Patient's vaccination date (i.e. date that the Vaccine was administered to the Patient) until the date of the Vaccine's End Point, *and*:
 - (i) if the Vaccine was administered to the Patient before 30 June 2024, add another 36 months to establish the Reporting Period that applies to the Patient; **or**
 - (ii) if the Vaccine was administered to the Patient between 30 June 2024 and 30 June 2025, the Reporting Period that applies to the Patient ends on 30 June 2027.

To find out whether you received a COVID-19 vaccine distributed through the COVAX Facility, please read [Question 11](#) below and see [Schedule 1](#) (List of Vaccines) to the Program's Protocol. To find out on what date the vaccine in question was first put on the market by the manufacturer, please see [Schedule 1](#) (List of Vaccines) to the Program's Protocol.

If you need help with calculating the Reporting Period that applies to you (or to the person you represent), please contact the Administrator so that someone can assist you (See [Question 28](#) below for contact information).

You can apply for compensation under the Program within the Reporting Period described above, even if the COVAX-distributed vaccine was administered to you (or to the person you represent) before the Program became fully operational. Please remember, however, that the 30-day waiting period described in [Question 17](#) below will need to be observed before you or any Registered Healthcare Professional(s) take any steps towards completing the Application Form or the Supporting Evidence form that are to be submitted as part of the application materials.

As provided in Section 1 (i) of the Program's Protocol, the Program's application process will come to an end on 30 June 2027. This means that the Reporting Period for any Patient can **in no event** extend beyond 30

June 2027, and the Administrator will not accept any Applications for compensation after this date.

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

To determine whether the COVID-19 vaccine that was administered to you (or to the person you represent) was received through the COVAX Facility, you will need to verify whether the vaccine is included in Schedule 1 of the Program's Protocol (List of Vaccine). To verify this, you need to know: (1) the vaccine's exact trade name, (2) the exact name of the vaccine's manufacturer; and (3) the exact batch or lot number of the vaccine that was administered to you (or to the person you represent).

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

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

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

Please note that Vaccine doses which have been redeployed by an AMC Eligible Economy or another country to an AMC Eligible Economy without the explicit agreement of the COVAX Facility shall not be considered as falling within the definition of Vaccine of the Program's Protocol. Therefore, if you (or the person you represent) received such doses, your Application will not be deemed to constitute a Receivable Claim.

13. I am (or the person I represent is) a citizen or a resident of an AMC Eligible Economy, but I (or the person I represent) received a COVID-19 vaccine in a country that does not appear on the list of AMC Eligible Economies. Can I apply for compensation under the Program?

No. If you (or the person you represent) received a COVID-19 vaccine in any country that is not included in the list of AMC Eligible Economies, then you cannot unfortunately apply for compensation under the Program. The reason for this is that the Program only covers Serious Adverse Events following the administration of a COVID-19 Vaccine *which has been received through the COVAX Facility within any of the AMC Eligible Economies*.

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

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

- you must be the legally recognized parent, guardian, heir or legal representative (as applicable) of the Patient on whose behalf you are submitting an Application; and
- you must submit —together with (i.e., at the same time as) the Application— a power of attorney or a statement that has been notarized by a Notary Official. The aforementioned notarized power of attorney or statement will need to:
 - *In all cases:* Confirm that you are the legally recognized parent, guardian, heir or legal representative (as applicable) of the Patient on whose behalf you are submitting an Application; and
 - *In the event the person has died:* Additionally confirm that: (A) you are the duly-authorized and legally recognized representative of all legal heirs of the Patient on whose behalf you are submitting an Application (and the names of all such legal heirs must be listed in the power of attorney or statement); and (B) you have all necessary rights, powers and authority to represent, act for and bind all of such legal heirs; and (C) there are no other legal heirs of the Patient on whose behalf you are submitting an Application, other than those legal heirs who are listed in the power of attorney or statement.

15. ABOUT THE APPLICATION PROCESS:

16. Are there any instructions or other materials to guide me in completing and submitting an Application under the Program?

Yes. Before you take any steps towards **completing an Application** for compensation under the Program, please make sure that you carefully read **the “How to Submit an Application” instructions** available on the Program’s website under *“Printable Program Forms and Other Documents”*. These instructions provide important information about how the Application form, the Supporting Evidence form and the other Program application materials should be completed and submitted.

In addition, before you take any steps towards **submitting an Application** for compensation under the Program, please make sure that all of the requirements outlined in **the Application Checklist** have been satisfied by ticking *“YES”* for all the boxes that appear on that Checklist. The Application Checklist is available on the Program’s website under *“Printable Program Forms and Other Documents”*.

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

The Program’s forms (together with accompanying instructions on how to complete and submit them) are made available in the English, French and Spanish languages on the Program’s website (www.covaxclaims.com).

You should complete and submit the Program’s forms in either English, French or Spanish, in order for these forms and documents to be considered by the Administrator. Any Program forms that are completed or submitted in any other languages will be rejected and will not be considered.

However, any additional documents or information that are required or permitted to be provided with the Program’s forms, or are requested by the Administrator, can be submitted in another language, if they are not available in either English, French or Spanish.

17. Is there a waiting period before I can submit an Application under the Program? Why do I need to wait 30 days following the administration of the COVAX distributed Vaccine dose that is deemed to have resulted in the Injury, before I can complete an Application and/or ask a Registered Healthcare Professional to complete the Supporting Evidence form?

(a) There is indeed a waiting period, except in the case of death as provided in (b) below. You must wait at least 30 days following the date of administration of the COVAX distributed Vaccine dose that is deemed to have resulted in the Injury before you and any Registered Healthcare Professional, as applicable, take any steps towards completing and submitting the Application Form (Schedule 2) and the Supporting Evidence Form (Schedule 3).

The reason for this 30-day waiting period is to allow Registered Healthcare Professionals to determine whether the adverse event which you have suffered (or the person you represent, has suffered) is indeed serious. This avoids that persons who suffer non-serious adverse events associated with a COVID-19 vaccine received through the COVAX Facility, or with the administration of such a vaccine, submit an Application for compensation under the Program. Non-serious adverse events are not covered by the Program. See Question 6 for more information about Serious Adverse Event(s) covered under the Program.

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

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

To apply for compensation under the Program, you need to submit *all application materials at the same time* to the Administrator. The application materials consist of:

- the Application Form (Schedule 2) duly completed, signed and dated by you; and
- in the event the Patient has died, or is a child, or is incapacitated or otherwise lacks the legal capacity to submit an Application, then you will also need to provide a power of attorney or statement (duly notarized by a Notary Official) that meets the requirements set forth in Section 8(b)

of the Application Form (Schedule 2). Please see Question 14 above for more information about the requirements that apply to this power of attorney or statement notarized by a Notary Official; and

- the Supporting Evidence Form (Schedule 3) duly completed, signed and dated by one or more Registered Healthcare Professional(s); and
- the documentation required to be submitted by the Registered Healthcare Professional(s) together with the Supporting Evidence Form (Schedule 3).

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

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

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

- Online, by uploading them to the Program’s website (www.covaxclaims.com); and
- By email, by emailing them to covaxclaims@esis.com; and
- By regular mail, to one of the Program’s Regional Centers whose mailing addresses appear under the “Contact Us” page of the Program’s website (www.covaxclaims.com).

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

If you (or the person you represent) received a COVID-19 Vaccine distributed through the COVAX Facility in any of the AMC Eligible Economies, then you must submit the *complete Application materials* to the Administrator within the Reporting Period that applies to you (as described in Question 10 above). The *complete Application materials* include the Application form, the Supporting Evidence form and all other documents required to be submitted with the Application form and Supporting Evidence form.

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

Please note furthermore that as provided in Section 1(i) of the Program’s Protocol, the Program’s application process will come to an end on 30 June 2027. This means that the Reporting Period for any Patient can **in no event** extend beyond 30 June 2027, and the Administrator will not accept any Applications for compensation after this date.

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

No. The submission of an Application Form and Supporting Evidence Form to the Administrator does not automatically entitle you (or the person you represent) to receive a compensation payment under the Frequently Asked Questions (FAQs) relating to the COVAX No-Fault Compensation Program for AMC Eligible Economies (version of 8 December 2023)

Program. Similarly, the fact that the Administrator has notified you that your Application has been accepted as a Receivable Claim under the Program does not, in and of itself, entitle you (or the person you represent) to receive payment of compensation under the Program.

The conditions for an Application to be receivable, and the conditions for you (or the person your represent) to be eligible for and to receive compensation are described in the Program’s Protocol.

22. I am (or the person I represent is) eligible to receive compensation for the Injury from another vaccine injury compensation program. Can I still submit an Application under the Program in this case?

If you are (or the person you represent is) eligible to receive compensation for the Injury from another vaccine injury compensation program, you can still submit an Application under the Program subject to the following conditions:

1. As part of your Application form, you must disclose the full details of the eligibility to receive compensation for the Injury from another vaccine compensation program; and
2. As part of your Application form, you must agree that —for the entire time that your Application is undergoing review and/or appeal(s) under the Program— you (or the person you represent) will not file or bring any other claim for compensation or damages against any other person, organization or entity, including any claim before any other vaccine injury compensation programs; and
3. If you (or the person you represent) have a claim for the Injury that is already pending before another vaccine injury compensation program, then you (or the person you represent) must first take all of the actions outlined in either Option 1 or Option 2 under Question 23 below.

23. I have (or the person I represent has) a pending application or claim before another vaccine injury compensation program, to be compensated for the Injury. Can I submit an Application under the Program while that application or claim before another vaccine injury compensation program is still pending?

If you (or the person you represent): (a) have (has) an application or claim for compensation for the Injury that is pending before another vaccine injury compensation program, and (b) wish (wishes) to submit an Application for compensation under the Program, then you have the following two options:

OPTION 1 – “WAIT AND SEE” THE OUTCOME OF THE PENDING APPLICATIONS OR CLAIMS BEFORE THE OTHER VACCINE INJURY COMPENSATION PROGRAM:

Under this option, you must take all of the following actions BEFORE submitting an Application under the Program:

1. Wait until AFTER you (or the person you represent) know(s) the final outcome of the other application or claim for the Injury that is pending before the other vaccine injury compensation program; and
2. When completing your Application at this later stage (i.e., after knowing the final outcome of that other application or claim), you must:
 - a. Provide the Administrator with full details of the outcome of the application or claim for the Injury that was brought before another vaccine injury compensation program (including the amount and full details of any compensation received); and

- b. Agree that—for the entire time that your Application is undergoing review and/or appeal(s) under the Program—you (or the person you represent) will not file or bring any claim or other legal proceedings for the Injury before any court or tribunal, or against any other person, organization or entity (including any other vaccine injury compensation program).

OR...

OPTION 2 – WITHDRAW AND DISMISS THE APPLICATIONS OR CLAIMS PENDING BEFORE THE OTHER VACCINE INJURY COMPENSATION PROGRAMS:

Under this option, you must take all of the following actions BEFORE you can submit an Application under the Program:

1. Obtain the irrevocable, unconditional, full and final withdrawal and dismissal of all applications or claims for the Injury that are pending before any other vaccine injury compensation programs; and
2. As part of completing your Application, you must:
 - a. Provide the Administrator with written confirmation and proof of the withdrawal(s) and dismissal(s) of all applications or claims for the Injury pending before any other vaccine injury compensation programs, as required under paragraph (1) above; and
 - b. Agree that—for the entire time that your Application is undergoing review and/or appeal(s) under the Program—you (or the person you represent) will not file or bring any application or claim for compensation for the Injury before any other vaccine injury compensation programs.

IMPORTANT NOTE: Your Application for compensation under the Program can NOT be accepted or considered, and will be rejected, unless you (or the person you represent) have first taken all the actions outlined in either Option 1 or Option 2 above.

24. I (or the person I represent) previously received compensation for the Injury from another vaccine injury compensation program. Can I still submit an Application under the Program?

If you (or the person you represent) previously received compensation for the Injury from another vaccine injury compensation program, then you (or the person you represent) can still submit an Application under the Program subject to the following conditions:

- As part of your Application form, you must disclose the amount(s), nature(s) and full details of the other compensation for the Injury that was previously received from another vaccine injury compensation program; and
- If your Application is approved by the Administrator for Payment under the Program, then when calculating the amount of that Payment, the Administrator will have the right to deduct the amount of other similar compensation for the Injury that you (or the person you represent) received from the other vaccine injury compensation program. Please refer to Question 41, below, for more information about how the Payment amount is calculated under the Program.

25. I have (or the person I represent has) a claim or other legal proceeding for compensation for the Injury, that is pending: (a) before a court or tribunal, or (b) against any other person, organization or entity. Can I submit an Application under the Program while this other claim or other legal proceeding is still pending?

Frequently Asked Questions (FAQs) relating to the COVAX No-Fault Compensation Program for AMC Eligible Economies (version of 8 December 2023)

If you (or the person you represent): (a) have (has) any claim or other legal proceeding for the Injury that is pending before a court or tribunal, or against any other person, organization or entity —*other than claims pending before another vaccine injury compensation program* (to which [Questions 22 and 23](#) above apply); and (b) wish (wishes) to submit an Application for compensation under the Program, then you (or the person you represent) must take all of the following actions BEFORE you can submit an Application under the Program:

1. Obtain the irrevocable, unconditional, full and final withdrawal and dismissal of all actions, and legal proceedings for the Injury that are pending before all courts and tribunals, and against all other persons, organizations or entities; and
2. As part of completing your Application, you must:
 - a. Provide the Administrator with written confirmation and proof of the withdrawal(s) and dismissal(s) of all pending claims and legal proceedings, as required under paragraph (1) above; and
 - b. Agree that—for the entire time that your Application is undergoing review and/or appeal(s) under the Program—you (or the person you represent) will not file or bring any other claim for compensation or damages against any other person, organization or entity, including any claim before any other vaccine injury compensation programs.

IMPORTANT NOTE: Your Application for compensation under the Program can NOT be accepted or considered, and will be rejected, unless you (or the person you represent) first take all the actions outlined in paragraphs (1) and (2) above.

26. Can I still submit an Application for compensation under the Program if: (a) I have (or the person I represent has) previously filed an action or other legal proceeding for compensation for the injury before any court or tribunal, or against any other person, organization or entity (other than before another vaccine injury compensation program), and (b) this action or other legal proceeding has been completed in full?

No. You, or the person you represent, cannot submit an Application for compensation under the Program if:

- a. You have (or the person you represent has) previously filed an action or other legal proceeding for the Injury before any court or tribunal, or against any other person, organization or entity—*other than before another vaccine injury compensation program*; and
- b. That action or other legal proceeding has been completed in full.

IMPORTANT NOTE: An Application submitted in the context described in this Question will be rejected and will not be considered.

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

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

- The Administrator

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

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

For more information, please refer to the ESIS, Inc. Privacy Policy for COVAX No-Fault Compensation Program for AMC Eligible Economies, which is available on the Program’s website at www.covaxclaims.com.

D. QUESTIONS ON WHO TO CONTACT:

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

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

- By email, by writing to covaxclaims@esis.com; or
- By email or by regular mail, to one of the Program’s Regional Centers whose email and mailing addresses appear on the “Contact Us” page of the Program’s website (www.covaxclaims.com); or
- By telephone during regular business hours/days, either:
 - By calling the Program’s Global Hotline at 1-833-276-8262. Please note that the telephone number for the Global Telephone Hotline may be toll-free or at-cost to the Applicant, depending on which AMC Eligible Economy the Applicant is calling from. Applicants should verify whether or not any calling charges apply before calling the Global Telephone Hotline.
 - Or by calling any of the (at-cost) direct telephone numbers of the Program’s Regional Centers, whose telephone numbers appear on the “Contact Us” page of the Program’s website (www.covaxclaims.com).

The most efficient way to contact the Administrator is by email at covaxclaims@esis.com or through the “Contact Us” link on the Program website at www.covaxclaims.com.

29. What do I do if need help but I do not speak English, French or Spanish?

The Program’s Regional Centers are available to assist you in your native language, as well as in English, French or Spanish. If you have any questions or need help, please contact your allocated Regional Center by email, telephone or regular mail using the contact information provided under the “Contact Us” page at <https://covaxclaims.com/contact-us/>, and the Regional Center will do its best to assist you in your native language.

30. Who should I contact for the required Supporting Evidence?

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

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

31. How can I find a notary public or other public official legally authorized to provide notarization and/or legalization services within the AMC Eligible Economy in which I (as the Applicant/Claimant) reside, or in which the Patient (or in the case of birth defects, the Patient’s mother) resides, or in which the Vaccine was administered to the Patient or in the case of birth defects, to the Patient’s mother?

We suggest that you contact either your local government authorities, the local government authorities of the place of residence of the Patient or in the case of birth defects, of the Patient’s mother, or the local government authorities of the AMC Eligible Economy where the Vaccine was administered, to obtain this information.

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

32. What happens after I submit an Application form and other application materials under the Program?

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

1. You will receive a written acknowledgement from the Administrator that your application materials have been received, and one of the Administrator’s examiners will contact you via email or regular mail; and
2. Your application materials will be reviewed by the Administrator within 7 days of their date of receipt to determine (in accordance with the terms of the Program’s Protocol) whether:

- the Application form is: (a) duly complete, signed and dated, and (b) accompanied by the required Supporting Evidence Form (also duly complete, signed and dated) and by the other documents required to be submitted together with the Application Form and the Supporting Evidence Forms;
 - the complete application materials have been submitted before the end of the Reporting Period (which can in no event extend beyond 30 June 2027), which is illustrated in [Schedule 6](#) to the Protocol (also see [Question 10](#) above);
 - you (or the person on whose behalf you are submitting the Application) meet all the requirements of a Claimant under the Program; and
 - the Application constitutes a Receivable Claim under the Program.
3. *If your Application is found by the Administrator to be incomplete*, then the Administrator will invite you to submit the missing documents, and you will have a period of 90 days from the date of the Administrator’s notification to submit these missing documents to the Administrator.
 4. *If your Application is found by the Administrator to be a Receivable Claim under the Program*, then the Administrator will : (A) submit all of your application materials to the Program’s Review Panel as soon as possible (and no later than 7 days) after the Administrator’s above mentioned finding; and (B) send you a written notice that your Application has been accepted as a Receivable Claim under the Program. Please note that the acceptance of an Application as a Receivable Claim under the Program does not, in and of itself, entitle you (or the person you represent) to the payment of compensation under the Program; see [Question 21](#) above, for more information. Your Application will still need to be assessed by the Review Panel, which will determine (in accordance with the relevant provisions of the Protocol) whether or not your Application can be approved for compensation under the Program.
 5. *If your Application is found by the Administrator to not be a Receivable Claim under the Program*, then: (A) your Application will be rejected, and (B) the Administrator will send you written notice that your Application has been rejected because it does not constitute a Receivable Claim under the Program. The Administrator’s notice will include: (i) the grounds for the rejection of your Application, (ii) a notification of your right to appeal this decision, and (iii) a copy of the Notice of Appeal of Rejected Application form ([Schedule 4](#)) that you need to timely and duly complete and submit, if you wish to appeal this decision. Please see [Question 36](#) and [Question 38](#), below, for more information about filing an appeal to a rejected Application using the Notice of Appeal of Rejected Application form.

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

If you have submitted a timely Application, but thereafter fail to meet any relevant deadlines prescribed by the Program’s Protocol, then the Administrator may deny and close the process in respect of your Application (including any pending reviews and/or appeals). To avoid this, you should: (i) always carefully

verify what deadlines apply, and (ii) submit all required documents and information to the Administrator in a timely manner (and take timely steps to ensure that you can meet these deadlines).

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

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

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

- First, withdraw your existing Application. Please see [Question 35](#) below for more information about how to withdraw an Application after it has been submitted; and
- Then, complete (or have completed) and submit to the Administrator a new/modified set of application materials (meaning new Application Form, Supporting Evidence Form and all other documents required to be provided under the terms of these forms). Please note that you will need to resubmit *all application materials together with and at the same time as the new/modified Application*, even if only some (but not all) of the application materials have been modified.

Please make sure that your new/modified Application Form, Supporting Evidence Form and other application materials are submitted to the Administrator before the end of the Reporting Period that applies to you (which can in no event extend beyond 30 June 2027, which is the date on which the Program's application process comes to an end and no further Applications will be accepted by the Administrator). If your new/modified application materials are submitted after the end of this period, then your Application cannot be accepted and will be rejected. Please see [Question 10](#) above for more information about how to calculate the Reporting Period that applies to you.

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

Yes, you can withdraw your Application: (i) at any time before you have accepted the Administrator's approval of Payment in respect of your Application (that is, before you have submitted to the Administrator the signed and certified Release Agreement referred to under [Question 40](#) below); and (ii) for any reason, including if you want to modify your Application (see [Question 34](#) above).

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

Please note that after you withdraw your Application: (a) you will not be permitted to reinstate or reopen the withdrawn Application, and (b) if you wish to later re-apply for compensation under the Program, you will need to complete (or have completed), obtain and submit to the Administrator a whole new Application Form, Supporting Evidence Form and all other documents required to be provided under the terms of these forms, before the end of the Reporting Period that applies to you (which can in no event extend beyond 30 June 2027, which is the date on which the Program's application process comes to an end and no further

Applications will be accepted by the Administrator). Please see [Question 10](#) above for more information about how to calculate the Reporting Period that applies to you.

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

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

To appeal the rejection of an Application in this context, you must complete, sign and submit to the Administrator the form entitled “Notice of Appeal of Rejected Application” ([Schedule 4](#)), which is available for download on the Program’s website (www.covaxclaims.com). Please bear in mind that you will not be permitted to provide any new or additional documents in connection with your appeal in this context.

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

Please see [Section 7](#) of the Program’s Protocol for more information about the appeals process that applies when an Application is rejected on the grounds that it does not constitute a Receivable Claim under the Program. Please also see [Question 38](#) below for more information about what happens after you submit a Notice of Appeal of Rejected Application form.

IMPORTANT NOTE: If your Application does constitute a Receivable Claim, but was denied compensation under the Program, and you disagree, then please do not use the appeals procedure outlined above and refer to [Question 37](#) instead.

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

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

To appeal the denial of compensation in this context, you must complete, sign and submit to the Administrator the form entitled “Notice of Appeal of Denied Receivable Claim” ([Schedule 5](#)), which is available for download on the Program’s website (www.covaxclaims.com). If there are any additional documents that you wish to provide in support of your appeal of a denied Receivable Claim, then you must submit these additional documents *at the same time* as you submit your Notice of Appeal of Denied Receivable Claim form to the Administrator.

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

Please see [Section 8](#) of the Program’s Protocol for more information about the appeals process that applies when an Application/Receivable Claim is denied compensation under the Program. Please also see

Question 39 below for more information about what happens after you submit a Notice of Appeal of Denied Receivable Claim form.

IMPORTANT NOTE: If your Application was rejected on the grounds that it does not constitute a Receivable Claim under the Program, and you disagree, then please do not use the appeals procedure outlined above and refer to Question 36 instead.

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

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

- Within 7 days of receipt, the Administrator will provide your Notice of Appeal of Rejected Application form, together with the other appeals materials(*), to the Administrator's Vice President of Risk Consulting.
- Within 30 days of receipt, the Administrator's Vice President of Risk Consulting will: (i) review your Notice of Appeal of Rejected Application and the other appeals materials(*), and (ii) on this basis, make a determination whether to confirm or reverse the prior rejection of your Application.
- The Administrator's Vice President of Risk Consulting will communicate his determination to confirm or reverse the prior rejection of your Application (including the grounds for his determination) in writing to the Administrator, no later than 7 days after making that determination.
- The Administrator will send you written notice of the determination to confirm or reverse the prior rejection of your Application (including the grounds for that determination), no later than 14 days after the Administrator's Vice President of Risk Consulting has communicated that determination to the Administrator.
- The decision/determination of the Administrator's Vice President of Risk Consulting concerning your Notice of Appeal of Rejected Application is final and cannot be appealed.

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

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

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

- Within 7 days of receipt, the Administrator will provide your Notice of Appeal of Denied Receivable Claim form, together with the other appeals materials (*), to the Program's Appeals Panel.
- Within 30 days of receipt, the Appeals Panel will: (i) review your Notice of Appeal of Denied Receivable Claim form and the other appeals materials(*), and (ii) on this basis, make a

Frequently Asked Questions (FAQs) relating to the COVAX No-Fault Compensation Program for AMC Eligible Economies (version of 8 December 2023)

determination whether to confirm or reverse the prior denial of compensation under the Program in respect of your Receivable Claim.

- The Appeals Panel will communicate its determination to confirm or reverse the prior denial of compensation under the Program (including the grounds for its determination) in writing to the Administrator, no later than 7 days after making its determination.
- The Administrator will send you a written notice of the Appeal Panel’s determination to confirm or reverse the prior denial of compensation (including the grounds for that determination), but no later than 14 days after the Appeals Panel has communicated that determination to the Administrator.
- The decision of the Appeals Panel concerning your Notice of Appeal of Denied Receivable Claim is final and cannot be appealed.

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

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

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

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

The Release Agreement is described in [Section 11](#) of the Program’s Protocol and the Payment Method Election form is described in [Section 2\(g\)](#) of the Program’s Protocol.

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

Through the Release Agreement, you furthermore agree that the Payment is in full and final consideration of the Injury in question, and in full and final settlement of any claims which you (or the person you represent)

may have against the persons or entities listed in Section 11(a) of the Program’s Protocol. To this end, you (a) release them from such actions, and (b) waive the right to seek and/or obtain any other compensation for the Injury through any other means, including by making any demands or claims (including any claims before any other vaccine injury compensation programs) or initiating any legal proceedings for any other compensation for the injury. The reason for this to avoid that persons seek to obtain multiple compensations from multiple sources for the same injury.

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

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

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

41. My Application has been approved for payment by the Administrator. How does the Administrator calculate the amount of the Payment?

If your Application has been approved by the Administrator for Payment under the Program, then (subject to the “Exception for Other Prior Compensation Amounts” described at the end of this answer) the amount of that Payment will be calculated with reference to the following formula:

$$\text{GDP per capita of the relevant AMC Eligible Economy} \times 12 \times \text{the harm factor resulting from the Vaccine or its administration}$$

Where:

- The GDP per capita of the relevant AMC Eligible Economy is as per the most recently published World Bank threshold as at the time of the Payment is approved; and
- The harm factors resulting from the Vaccine or its administration are:
 - 1.0 if death
 - 1.5 if the Impairment is equal to or greater than 75%
 - 1.0 if the Impairment is equal to or greater than 50% but below 75%
 - 0.5 if the Impairment is equal to or greater than 25% but below 50%
 - 0.25 if the Impairment is equal to or greater than 10% but below 25%
 - 0.10 if the Impairment is below 10%
 - 1.5 if congenital injury or illness causing Impairment is equal to or greater than 75%
 - 1.0 if congenital injury or illness causing Impairment is equal to or greater than 50% but below 75%
 - 0.5 if congenital injury or illness causing Impairment is equal to or greater than 25% but below 50%
 - 0.25 if congenital injury or illness causing Impairment is equal to or greater than 10% but below 25%

- 0.10 if congenital injury or illness causing Impairment is below 10%

In addition, where a Payment for death or Impairment has been approved by the Administrator, a daily in-Hospital benefit of USD \$100.00 per day will be paid for each day of Hospitalization or prolongation of existing Hospitalization, if any, *not to exceed a maximum payment period of 60 days*.

EXCEPTION IN THE CASE OF PRIOR COMPENSATION AMOUNTS:

If your Application has been approved for Payment by the Administrator, but you have (or the person you represent has) received any prior payment from any other vaccine injury compensation program(s) as similar compensation for the same Injury, then the Administrator will have the right to deduct the Other Prior Compensation Amount from the Program Amount, where:

- **“Other Prior Compensation Amount”** means an amount (stated in United States Dollars at the then applicable currency exchange rate) equal to the amount of all prior payment(s) that you (or the person you represent) received from any other vaccine injury compensation program(s) as similar compensation for the same Injury; except for any payment(s) for the reimbursement of hospital and/or other medical expenses (which reimbursement will not be included in the Other Prior Compensation Amount); and
- **“Program Amount”** means the amount calculated pursuant to the formula in Section 9(a) of the Protocol. For easy reference, this formula has been reproduced above as part of this answer.

If the Administrator exercises the right of deduction described above, then the amount of the Payment in respect of your Application will be calculated with reference to the following formula:

*Program Amount (minus) Other Prior Compensation Amount***

****NOTE:** If the Other Prior Compensation Amount equals or exceeds the Program Amount, then no Payment will be due to you (or the person you represent) under the Program.

[END OF FAQs]