



INSTRUCTIONS ON HOW TO SUBMIT AN APPLICATION FOR COMPENSATION UNDER THE “COVAX NO-FAULT COMPENSATION PROGRAM FOR AMC ELIGIBLE ECONOMIES”

APPLICATIONS CAN BE SUBMITTED AT www.covaxclaims.com

(Version of 8 December 2023)

A. About the Program:

If you have been injured (or if the person you represent has been injured) as a result of a COVID-19 vaccine procured or distributed through the COVAX Facility, or the administration of such a vaccine, you may be entitled to receive compensation under the COVAX No-Fault Compensation Program for AMC Eligible Economies (the “Program”).

The Program’s Administrator, ESIS Inc. (the “Administrator”), is an independent claims administrator with over 30 years’ of claims handling experience, and has regional centers around the world able to assist Program applicants. You will find the Administrator’s contact information below.

Please see the Program’s website, at www.covaxclaims.com for more information about the Program. This website includes information about the Program in English, French and Spanish, including:

- (1) the Program’s Protocol, the Application Form, the Supporting Evidence Form and other Program forms;
- (2) frequently asked questions and answers about the Program (“FAQs”); and
- (3) contact information for the Administrator (see information provided below).

We suggest that you consult the Protocol and the FAQs for more information about the type of compensation offered by the Program, the injuries that are eligible for compensation, and the other conditions that apply to the Program. The Program Definitions also provide helpful information.

To determine whether the COVID-19 vaccine that was administered to you (or to the person you represent) was received through the COVAX Facility, please verify whether the vaccine is included in Schedule 1 of the Program’s Protocol (List of Vaccines). To verify this, you need to know the vaccine’s name and the name of the vaccine’s manufacturer. You will find this information in the vaccination card/record that was provided to you (or to the person you represent). You can also ask the person or organization that administered the vaccine to you (or to the person you represent) to provide you with this information.

When you apply for compensation under the Program, you will also need to provide the batch or lot number of the vaccine that was administered to you (or to the person you represent). Here again, you can find this information in the vaccination card/record or ask the person or organization that administered the vaccine to provide you with this information.

You should submit your application materials to the Administrator before the end of the “Reporting Period”. The Reporting Period is described in Section 2(t) of the [Program’s Protocol](#), question 10 of the Program’s [FAQ](#) and the Illustrative Diagram of the Reporting Period in [Schedule 6](#) on the Program’s website.



If you have questions or need assistance (including to know what is the Reporting Period in which you should submit your application materials), you can always contact the Administrator using the contact details described in Part C below (“Contact Information for Help/Questions”). Please note however that the Administrator cannot complete the Application Form or any other Program forms on your behalf.

B. How to Submit an Application for Compensation under the Program:

STEP 1: WAIT 30 DAYS AFTER VACCINATION

If you have (or the person you represent, has) suffered an injury that has resulted in disability, you should wait 30 days after the administration of the vaccine dose that you believe caused the Injury, before taking any steps towards applying to the Program.

This 30-day waiting period does not apply if your Application relates to death.

STEP 2: ENSURE ALL APPLICATION DOCUMENTS MATERIALS ARE DULY COMPLETED, SIGNED AND DATED

To apply for compensation, you should:

1. complete the Application Form in English, French or Spanish;
2. ask one or more [Registered Health Professional\(s\)](#)¹ to complete the Supporting Evidence Form in English, French or Spanish; and
3. obtain the other documents to be submitted with these forms (in any language, if not available in English, French or Spanish), such as:
 - if you are applying on behalf of someone else, a power of attorney or statement notarized by a Notary Official confirming that you are the legally authorized parent, guardian, heir or legal representative of that person;
 - the documents to be provided by the Registered Healthcare Professional(s) together with the Supporting Evidence Form,
 - any other document or information that supports your Application; and
4. submit all the documents (your “application materials”) to the Administrator.

All Program forms can be found in the [Printable Program Forms and Other Documents](#) on the Program’s website at covaxclaims.com.

You can complete the Application Form online if you wish, or you can download, print and complete the Application Form on paper.

¹ “Registered Healthcare Professional” means any healthcare professional (including physicians, surgeons, nurses, midwives, nurse practitioners, physicians’ assistants, psychiatrists, physical therapists, occupational therapists, dentists and pharmacists), who is duly licensed or legally authorized to practice the profession in the AMC Eligible Economy in which the Patient resides and received the Vaccine, or in the case of birth defects, where the Patient’s mother resides and received the Vaccine.



The Supporting Evidence Form and other Program Forms (except for the Application Form) can only be downloaded, printed, completed on paper and then uploaded or sent to the Administrator.

STEP 3: SUBMIT ALL APPLICATION TO THE ADMINISTRATOR USING ONE OF THE MEANS BELOW

You should submit all application materials together as one single application package to the Administrator.

You can submit your application materials either **online through the Program’s website, or by email or by regular mail**. Please see below for more information.

1. To Apply Online: To submit your application materials online, please:

- a. submit the Application Form (Schedule 2) online on the “*Online Submission of Application Materials*” section or the “*Online Application*” section of the Program’s website at www.covaxclaims.com. You can do this in one of two ways:
 - i. complete and submit the Application Form directly online; or
 - ii. download and print the Application Form, complete it on paper, and then scan, upload and submit the Application Form online;
- and
- b. upload and submit the Supporting Evidence Form (Schedule 3) and the other documents that you should submit with the Application Form and the Supporting Evidence Form, directly on the “*Online Submission of Application Materials*” section or the “*Application Attachments*” section of the Program’s website at www.covaxclaims.com.

2. To Apply by Email: To submit your application materials by email, please: (a) scan the printed and completed Application Form (Schedule 2), Supporting Evidence Form (Schedule 3) and the other documents that you should submit with these forms; and (b) email these scanned forms and documents (as one or more email attachments) to covaxclaims@esis.com.

3. To Apply by Regular Mail: To submit your application package by regular mail, please send the printed and completed Application Form (Schedule 2), Supporting Evidence Form (Schedule 3) and the other documents that you should submit with these forms, by regular mail to one of the Program’s Regional Centers, whose addresses are provided in Part C below and are also available under the “*Contact Us*” section of the Program’s website at www.covaxclaims.com.

All Application forms will be time and date stamped by the Administrator upon their receipt. Within 24 hours of receipt by the Administrator, the Administrator will send you an acknowledgement (by email or mail) of the receipt of your application materials. This Acknowledgement will include your Application number, the name of the assigned claim representative of the Administrator and his/her direct contact information.



C. Contact Information for Help/Questions:

If you have any questions about the Program or the application process, you can contact the Administrator through any of the following means:

1. **By Email:** You can email your questions to the Administrator at covaxclaims@esis.com, or to the Regional Center that services your country at the email address listed in **Annex 1 to these Instructions** (Contact Information for Regional Centers).
2. **By Regular Mail:** You can send your questions to the Administrator by regular mail:
 - a. to the Regional Center that services your country at the address listed in **Annex 1 to these Instructions** (Contact Information for Regional Centers)); or
 - b. to the ESIS headquarters in the United States, whose address is shown below:

ESIS
New Claims Reporting
Attention: Covax Team
P.O. Box 5129
Scranton, PA 18505-0568
United States of America

3. **By Telephone:** you can call the Program's Global Telephone Hotline: +1-833-276-8262 or the Regional Center that services your country as listed in Annex 1. Please note that **you will not be able to complete or submit an Application or any Program forms by telephone**. The telephone numbers for the Program's Regional Centers are at-cost. The telephone number for the Global Telephone Hotline may be toll-free or at-cost, depending on which AMC Eligible Economy you are calling from. You should verify whether or not any calling charges apply before calling any of the telephone numbers in Annex 1.

ANNEX 1

CONTACT INFORMATION FOR REGIONAL CENTERS OF THE COVAX NO-FAULT COMPENSATION PROGRAM FOR AMC ELIGIBLE ECONOMIES (THE “PROGRAM”)

The Program’s Regional Center that services your country (as indicated below) is 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 the Regional Center that services your country by email, telephone or regular mail using the contact information provided in the table below, and the Regional Center will do its best to assist you in your **native language**.

IMPORTANT NOTE: Each Regional Center listed below services only those AMC Eligible Economies that are listed on the right side of that Regional Center. Please ensure that you only contact, and that you only submit Program forms and other documents to, the correct Regional Center—i.e., the Regional Center that services the AMC Eligible Economy *of which you are (or the person you represent, is) a citizen or resident and/or in which the Vaccine was administered to you (or the person you represent).*

Regional Center Contact Information	AMC Eligible Economies Serviced by the Regional Center					
South Africa Crawford & Company PO Box 782023 Sandton 2146 South Africa +27 (0)11 463 5900 Covaxclaims.SouthAfrica@crawford.com	1. Angola	9. Comoros	18. Ghana		27. Mali	35. Sierra Leone
	2. Benin	10. Congo, Dem Rep.	19. The Guinea		28. Mauritania	36. Somalia
	3. Burkina Faso	11. Congo Rep.	20. Guinea-Bissau		29. Mozambique	37. South Sudan
	4. Burundi	12. Côte d'Ivoire	21. Kenya		30. Niger	38. Sudan
	5. Cabo Verde	13. Djibouti	22. Lesotho		31. Nigeria	39. Tanzania
	6. Cameroon	14. Eritrea	23. Liberia		32. Rwanda	40. Togo
	7. Central African Republic	15. Eswatini	24. Madagascar		33. Sao Tome & Principe	41. Uganda
	8. Chad	16. Ethiopia	25. Malawi		34. Senegal	42. Zambia
	17. Gambia	26. Maldives			43. Zimbabwe	
Australia Crawford & Company GPO Box 1016, Brisbane QLD 4004 Australia +61 7 3223 3100	44. Fiji			49. Samoa		
	45. Kiribati			50. Solomon Islands		
	46. Marshall Islands			51. Tonga		
	47. Micronesia, Federated States			52. Tuvalu		
	48. Papua New Guinea					

Covaxclaims@crawco.com.au		53. Vanuatu
<u>Germany</u> Crawford & Company Werdener Strasse 4, 40227 Düsseldorf Germany +49 211 95456250 Covaxclaims@crawco.de	54. Kosovo 55. Kyrgyz Republic 56. Moldova 57. Tajikistan 58. Ukraine 59. Uzbekistan	
<u>Mexico</u> Crawford & Company de México, S.A. DE C.V. Miguel Laurent No. 17 Piso, 601. Colonia Del Valle, Alcaldia Benito Juarez Ciudad De México C.P. 03200 Mexico +52 55 5093 6467 Covaxclaims.Mexico@crawford.com	60. Dominica 61. El Salvador 62. Grenada 63. Guyana 64. Haiti	65. Honduras 66. Nicaragua 67. St. Lucia 68. St. Vincent and the Grenadines
<u>Brazil</u> Crawford & Company Geraldo Flausino Gomes, 78 14º Andar Cidade Monções 04575-060 São Paulo Brazil +55-11-3879-7500 Covaxclaims.Brazil@crawford.com	69. Bolivia	
<u>Singapore</u> Crawford & Company 8 Shenton Way #03-01, AXA Tower Singapore 068811 Singapore +65 6632 8639 Covaxclaims.Singapore@crawford.asia	70. Cambodia 71. Indonesia 72. Korea, Dem. People's Rep. 73. Lao PDR	74. Myanmar 75. Timor-Leste 76. Vietnam
<u>Hong Kong</u> Crawford & Company	77. Mongolia	

24/F Sunshine Plaza, 353 Lockhart Rd, Wanchai Hong Kong +852 2526 5137 Covaxclaims.HongKong@crawford.asia	78. Philippines
<u>United Arab Emirates</u> Crawford & Company P.O. Box 2976 Dubai, United Arab Emirates +971 4 345 9541 Covaxclaims@crawco.me	79. Egypt, Arab Rep. 80. Syrian Arab Rep. 81. Yemen, Rep.
<u>India</u> Puri-Crawford Unit No.1, First floor, Windsor Terrace, Above Hotel Samruddhi, Vishrantwadi, Pune, Maharashtra 411015 India +91 (020) - 26612524 Covaxclaims.India@crawford.com	82. Afghanistan 83. Bangladesh 84. Bhutan 85. India 86. Nepal 87. Pakistan 88. Sri Lanka
<u>Israel</u> Crawford-Tossman No. 2 Choma Umigdal St., Tel Aviv, Israel, 6777102 +972 35 628 811 Covaxclaims.Israel@crawford.com	89. West Bank and Gaza
<u>Belgium</u> Crawford & Company Jan Olieslagerslaan 41 1800 Vilvoorde Belgium +32 2 257 03 52 Covaxclaims@crawco.be	90. Algeria 91. Morocco 92. Tunisia