

**CHECKLIST FOR APPLICATIONS**  
**UNDER THE COVAX NO-FAULT COMPENSATION PROGRAM FOR AMC ELIGIBLE ECONOMIES**  
**(version dated 8 December 2023)**

This checklist is to help you in submitting your complete Application materials to the COVAX No Fault Compensation Program for AMC Eligible Economies ("the Program"). **Please take your time to make sure that your Application materials are as complete as possible before you submit it.**

Please note that Applications must be submitted before the end of the Reporting Period that applies to you. If you need help with determining the Reporting Period that applies to you, please contact the Program's Regional Center by telephone, email or regular mail, or contact the Program's Administrator by email at [covaxclaims@esis.com](mailto:covaxclaims@esis.com). In addition, please note that Applications will in no event be accepted **after 30 June 2027**.

Please also note that the Program only covers COVAX distributed COVID-19 vaccines (as described in Section 2(z) of the Program's Protocol) that are administered in AMC Eligible Economies. To find out which are the AMC Eligible Economies covered by the Program, please refer to the list under Question 5 of the Program's Frequently Asked Questions (available at [www.covaxclaims.com](http://www.covaxclaims.com)).

For the meaning of capitalized terms used in this checklist, please consult the Program Definitions, available at [www.covaxclaims.com](http://www.covaxclaims.com).

For more information about the Program, including who is eligible to apply for compensation, you can consult the [Program's Protocol](#) and [Frequently Asked Questions](#) (available at [covaxclaims.com](http://covaxclaims.com))

Ticking "YES" for all boxes of this checklist is important to avoid that your Application is rejected or delayed. However, ticking "YES" for all boxes does not automatically mean that you (or the person you represent) will be eligible for, or will receive, compensation under the Program. A number of conditions need to be met for this to be the case, as described in the Program's Protocol.

If you have any questions, please contact the [Program's Regional Center](#) by email, telephone or regular mail or the Program's Administrator by email at [covaxclaims@esis.com](mailto:covaxclaims@esis.com), before submitting your Application materials.

ACTION	✓ YES
1. Are you (or is the person you represent): <ul style="list-style-type: none"><li>• a citizen of an AMC Eligible Economy; <u>or</u></li><li>• a resident of an AMC Eligible Economy; <u>or</u></li><li>• a person within the populations of concern<sup>1</sup> to the COVAX Humanitarian Buffer, in an AMC Eligible Economy?</li></ul>	
2. Does your Application include the name and lot/batch number of the Vaccine dose that you believe resulted in the Injury?	
3. <i>If your Application relates to disability</i> , have you waited at least 30 days after the administration of the Vaccine dose that you believe resulted in the Injury, before you started completing the <a href="#">Application Form</a> ? <i>If your Application relates to death</i> , this question does not apply to you, and you can proceed to question 5.	

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<sup>1</sup> Populations of concern in humanitarian settings may include those living under the state-like control of non-state armed groups, populations in conflict settings, those affected by humanitarian emergencies or those in need of humanitarian assistance, including but not limited to refugees, asylum seekers, stateless persons, internally displaced persons, minorities, detainees and vulnerable migrants irrespective of their legal status

ACTION	✓ YES
<p>4. <i>If your Application relates to disability</i>, have you waited at least 30 days after the administration of the Vaccine dose that you believe resulted in the Injury, before you:</p> <p>(a) asked Registered Healthcare Professional(s) to complete the <a href="#">Supporting Evidence Form</a> and;</p> <p>(b) collected the supplementary documents mentioned in question no. 11 below?</p> <p><i>If your Application relates to death</i>, this question does not apply to you, and you can proceed to question 5.</p>	
<p>5. Have you completed your Application Form in English, French or Spanish only?</p>	
<p>6. Have you completed the Application Form as much as possible, providing as much detail as possible?</p>	
<p>7. Have you written your full name, signed and dated in Section 14 of the Application Form?</p>	
<p>8. Have you asked one or more Registered Healthcare Professional(s) to complete the Supporting Evidence Form in English, French or Spanish only?</p>	
<p>9. Has each Registered Healthcare Professional who completed the Supporting Evidence Form written his/her full name, signed and dated the Supporting Evidence Form?</p>	
<p>10. Are you submitting your Application Form together with the Supporting Evidence Form?</p>	
<p>11. Are you submitting the following additional documents) together with your Application Form and Supporting Evidence Form:</p> <ul style="list-style-type: none"> <li>the documents that should be provided by the Registered Healthcare Professional(s) together with the Supporting Evidence Form; and</li> <li><i>If you are submitting the Application on behalf of a Patient who has died, or is a child, or is incapacitated or lacks the legal capacity to submit an Application:</i> a power of attorney or a statement notarized by a Notary Official that meets the requirements described in <a href="#">Section 8(b) of the Application Form</a>.</li> </ul> <p>Please note that documents listed above can be submitted in any language, and do not need to be submitted in English, French or Spanish.</p>	

**[END OF THE CHECKLIST FOR APPLICANTS]**