

CHECKLIST FOR APPLICATIONS
UNDER THE COVAX NO-FAULT COMPENSATION PROGRAM FOR AMC ELIGIBLE ECONOMIES
(version dated 30 September 2021)

This checklist is to assist you in submitting a complete Application to the COVAX No Fault Compensation Program for AMC Eligible Economies (“the Program”). You have ample time to submit an Application, so **please take your time to ensure that your Application package is as complete as possible before you submit it.**

Capitalized terms used in this checklist have the meanings given to them in the Program’s Protocol. Please carefully read the [Program’s Protocol](#) and [Frequently Asked Questions](#) (available at covaxclaims.com) for more information about the Program, including who is eligible to apply for compensation.

Ticking “YES” for all boxes of this checklist is important in order to avoid that your Application will be rejected or delayed. However, ticking “YES” for all boxes does not automatically mean that your Application will be eligible for, or 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 Administrator by email at covaxclaims@esis.com, before submitting your Application package.

ACTION	✓ YES	X NO
1. Are you (or is the person you represent): <ul style="list-style-type: none"> • a citizen of an AMC Eligible Economy; <u>or</u> • a resident of an AMC Eligible Economy; <u>or</u> • a person within the populations of concern to the COVAX Humanitarian Buffer, in an AMC Eligible Economy? 		
2. Have you (or the person you represent) received a COVID-19 vaccine that was received through the COVAX Facility in an AMC Eligible Economy?		
3. <i>If your Application relates to permanent disability</i> , have you waited at least 30 days after the Vaccine was administered before you started completing the Application Form ?		
4. <i>If your Application relates to permanent disability</i> , have you waited at least 30 days after the Vaccine was administered before you asked Registered Healthcare Professional(s) to complete the Supporting Evidence Form and/or collected the supporting documents detailed in question no. 11 below?		
5. Have you completed and are you submitting your Application Form in English, French or Spanish (i.e., <u>not</u> in any other language)?		
6. Have you completed all the sections/questions of the Application Form , providing as much detail as possible including details of the Vaccine administered?		
7. Have you inserted your full name, signed and dated in Section 14 of the Application Form ?		
8. Have you asked one or more Registered Healthcare Professional(s) to complete the Supporting Evidence Form in English, French or Spanish only (i.e., <u>not</u> in any other language)?		
9. Are you submitting the Supporting Evidence Form : <ul style="list-style-type: none"> • at the same time as (i.e., together with) your Application Form; <u>and</u> • in English, French or Spanish only (i.e., <u>not</u> in any other language)? 		
10. Has each Registered Healthcare Professional who completed the Supporting Evidence Form inserted his/her full name, signed and dated at the end of the Supporting Evidence Form ?		
11. Are you submitting the following supporting documents in any language at the same time as (i.e., together with) your Application Form and Supporting Evidence Form : <ul style="list-style-type: none"> • Invoices, receipts or other proof of payment of any medical expenses (including hospital fees) incurred as a result of the Injury for which the Application is made; <u>and</u> • <i>If you are submitting the Application 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:</i> a power of attorney or a statement notarized by a Notary Official which meets the requirements outlined in Section 8(c) of the Application Form. 		

ACTION	✓ YES	X NO
<p>12. Are you submitting the whole Application package (which <u>must include</u> (i) the Application Form, (ii) the Supporting Evidence Form, (iii) the supplementary documents listed in question no. 11 above) to the Program’s Administrator by any of the following means:</p> <ul style="list-style-type: none"> • By completing your Application Form online on the Program’s web portal at https://covaxclaims.com/application-form/ and also by uploading your Supporting Evidence Form and supplementary documents on the Program’s web portal at https://covaxclaims.com/online-submission-of-application-attachments/; or • By emailing your whole Application package to covaxclaims@esis.com, or • By sending your whole Application package by regular mail to one of the Program’s Regional Centers- (see Annex 1 attached to the Application Form) 		
<p>13. Have you submitted your whole Application package before the end of the Reporting Period that applies to you (as described in Section 2(t) of the Program’s Protocol and the Frequently Asked Questions)?</p>		

[A MORE DETAILED VERSION OF THIS CHECKLIST FOR APPLICATIONS FOLLOWS ON THE NEXT PAGE]

**CHECKLIST FOR APPLICATIONS
UNDER THE COVAX NO-FAULT COMPENSATION PROGRAM FOR AMC ELIGIBLE ECONOMIES**

1. INTRODUCTION

The purpose of this checklist is to assist you in the submission of your Application to the COVAX No Fault Compensation Program for AMC Eligible Economies (“the Program”). Please note that being able to tick all the boxes of this checklist is important, in order to avoid the rejection of your Application or delays in its consideration. Being able to tick all the boxes does not, however, automatically mean that your Application will be a Receivable Claim.

If you have sustained an Injury (or a person on whose behalf you are entitled to act, has sustained an Injury) following the administration of a COVID-19 vaccine procured or distributed through the COVAX Facility, you (or the person on whose behalf you are entitled to act) may be entitled to receive compensation under the Program.

Capitalized terms used in this checklist have the meanings given to them in the Program’s Protocol. Please carefully read the [Program’s Protocol](#) and [Frequently Asked Questions](#) (available at covaxclaims.com) for more information about the Program, including who is eligible to apply for compensation.

You can apply for compensation under the Program by any of the following means:

- By completing your Application Form online on the Program’s web portal at <https://covaxclaims.com/application-form/> and also by uploading your Supporting Evidence Form and supplementary documents on the Program’s web portal at <https://covaxclaims.com/online-submission-of-application-attachments/>; or
- By emailing your Application to covaxclaims@esis.com; or
- By sending your Application by regular mail to one of the Program’s Regional Centers, whose addresses appear in Annex 1 attached to the Application Form, and are also available under “[Contact Us](#)” on the Program’s web portal.

Your Application for compensation under the Program **must include**:

- The [Application Form](#) (Schedule 2 to the Program’s Protocol),
- The [Supporting Evidence Form](#) (Schedule 3 to the Program’s Protocol), and
- Supplementary documents, as detailed in section D below.

Kindly note that you have ample time to submit an Application. **Please therefore take your time to ensure that your Application is as complete as possible before you submit it.** Please note that failure or delay in submitting **all** of the above-mentioned documents may lead to delays in the consideration of your Application and/or its rejection.

2. CHECKLIST

A) Have you duly verified that you are eligible (or that the person on whose behalf you are entitled act is) eligible to apply for compensation under the Program?

- Are you (or is the person on whose behalf you are entitled act) a citizen, resident, or person within the populations of concern to the COVAX Humanitarian Buffer, in an AMC Eligible Economy?
- Have you (or the person on whose behalf you are entitled act) received a COVID-19 vaccine in an AMC Eligible Economy?
- Have you verified and confirmed that you have received (or that the person on whose behalf you are entitled act, has received) a COVID-19 vaccine which was delivered through the COVAX Facility and which is defined as Vaccine in the Program’s Protocol?

- Have you (or the person on whose behalf you are entitled act) sustained an Injury (as defined in the Program’s Protocol) which, in the opinion of a Registered Health Professional, is deemed to have resulted from the Vaccine that was administered to you (or to the person on whose behalf you are entitled act)?

B) 30-day waiting period

- *In case your Application relates to permanent disability*, have you waited for 30 days following the administration of the Vaccine (to you or to the person on whose behalf you are completing the Application, as the case may be), **before** you started completing the Application Form?
- *In case your Application relates to permanent disability*, have you waited for 30 days following the administration of the Vaccine (to you or to the person on whose behalf you are completing the Application, as the case may be), **before** you asked a Registered Health Professional to complete the Supporting Evidence Form and/or collecting the supplementary documents as detailed in section D?

Note: If the 30 days have not yet passed, please do **not** complete your Application Form, ask a Registered Health Professional to complete the Supporting Evidence Form, or collect your supplementary documents. You have ample time to submit an Application. Please therefore wait until the 30 days have passed before taking these steps.

Note: The 30-day waiting period does not apply if your Application relates to death.

C) Application Form (Schedule 2 to the Program’s Protocol)

- Are you submitting your Application Form in:
 - English,
 - French, or
 - Spanish?

Note: The Application Form must be completed in English French or Spanish **only**. If it is completed and/or submitted in any other languages, it cannot be accepted or considered.

- Have you completed **all** the sections/questions of the Application Form, providing as much detail as possible?
- Have you inserted your full name, the date and signed Section 14 of the Application Form?

Note: If you fail to (i) complete all sections in the Application Form, and (ii) sign, date and insert your full name in the spaces provided in Section 14 of the Application Form, this will lead to the rejection of your Application or to delays in processing it.

D) Supporting Evidence Form (Schedule 3 to the Program’s Protocol)

- Has the Supporting Evidence Form been completed in:
 - English,
 - French, or
 - Spanish?

Note: The Supporting Evidence Form must be completed in English, French or Spanish **only**. If it is completed and/or submitted in any other languages, it cannot be accepted or considered.

- ✓ The Supporting Evidence Form is necessary to provide the medical evidence which is required to support your Application. The Supporting Evidence Form **must** be provided together with your Application Form. Are you submitting your Application Form together with this Supporting Evidence Form?
- ✓ Has this Supporting Evidence Form been completed, signed and dated by at least one Registered Health Professional?

Note: Do **not** complete the Supporting Evidence Form yourself.

- ✓ If more than one Registered Health Professional has completed this Supporting Evidence Form, has each Registered Health Professional inserted their name, dated and signed the Supporting Evidence Form?

Note: Failure by the Registered Health Professional(s) to: (i) complete all sections/questions in this Supporting Evidence Form, (ii) sign, date and insert his/her/their full name(s) in this Supporting Evidence Form, will lead to the rejection of your Application or to delays in processing it.

E) Supplementary documents

- ✓ Have you submitted the following documents together with the Application Form?
 - Invoices, receipts or other proof of payment of any medical expenses (including hospital fees) incurred as a consequence of the Injury for which this Application is made;
 - *If you are submitting the Application 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: a power of attorney or a statement notarized by a Notary Official which meets the requirements outlined in [Section 8\(c\) of the Application Form](#).*

Note: Failure to submit these supplementary documents together with your Application Form will lead to the rejection of your Application or to delays in processing it. For more information, please refer to Section 8 of the Application Form.

Note: If the supplementary documents are not available in English, French or Spanish, you can submit them in any other language.

F) Deadline for submission of the Application (including the Application Form, the Supporting Evidence Form and supplementary documents)

- Have you submitted (i) the Application Form, (ii) the Supporting Evidence Form, (iii) the supplementary documents mentioned in section D above, before the end of the applicable Reporting Period (as described in Section 2 (t) of the Protocol)? For more information about the Reporting Period that applies to you, see the detailed "[Frequently Asked Question](#)" on the Program's web portal.

Note: If the Application, including all the documents mentioned above, are submitted after the end of the applicable Reporting Period, the Application cannot be accepted or considered and will be rejected.

Questions

Do you have any questions? If so, please contact the Program's Administrator by email at covaxclaims@esis.com, before you proceed with submitting your Application.

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