

**SCHEDULE 4 TO  
PROTOCOL FOR COVID-19 VACCINE FACILITY NO-FAULT COMPENSATION SCHEME**

**NOTICE OF APPEAL OF REJECTED CLAIM  
UNDER THE COVID-19 VACCINE FACILITY NO-FAULT COMPENSATION SCHEME<sup>1</sup>**

**IMPORTANT NOTICES/INSTRUCTIONS FOR CLAIMANTS:**

1. **When to use this Form:** Please use and submit this Notice of Appeal form only if you are appealing the rejection of the original Claim on the grounds that it does not constitute a Receivable Claim under the Scheme. If you are appealing the denial of a Receivable Claim, then (1) do not use this form and (2) please use the Notice of Appeal for Denied Receivable Claims available at [www.C19VaccineNFC.com](http://www.C19VaccineNFC.com). Please see Sections 4 and 7 of the Scheme's Protocol for more information regarding the appeals process for rejected Claims.
2. **Accepted languages:** This Notice of Appeal must be completed and submitted in English only. If this Notice of Appeal is completed or submitted in any other languages, it cannot be accepted or considered.
3. **Claimant to complete this Form:** You should complete all sections/questions in this Notice of Appeal form. Please provide as much detail and information as possible.
4. **Name, signature and date required:** You should insert your full name, sign and date in the spaces provided under Section F of this Notice of Appeal form, before submitting it to the Administrator.
5. Failure (i) to complete all sections under this Notice of Appeal form, or (ii) to sign, date and insert your full name in this form, will lead to the rejection of this Notice of Appeal form or delays in processing it.
6. **No additional supporting documents permitted:** Please do not provide or enclose any additional documents with this Notice of Appeal form (other than those that may be required pursuant to Section B). Only the following documents will be considered for purposes of this Notice of Appeal (in addition to that may be required pursuant to Section B): (i) this Notice of Appeal, (ii) the original Claim Form, (iii) the Supporting Evidence form, and (iv) any additional information and/or documentation that may have been requested by the Administrator and that was submitted in a timely manner.
7. **Deadline for submission:** You must submit this Notice of Appeal form to the Scheme's Administrator within 90 days after the date of the Administrator's notice of rejection of your

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<sup>1</sup> Version dated 24 March 2022.

Claim. If this Notice of Appeal is submitted after this deadline, it will not be accepted or considered under the Scheme.

8. **How to submit this Form**: Once this Notice of Appeal form has been duly completed, signed and dated, you must submit this Notice of Appeal to the Scheme's Administrator, by any of the following means:
  - By uploading them to the Scheme's web portal, available at [www.C19VaccineNFC.com](http://www.C19VaccineNFC.com);
  - By emailing them to [nofaultclaims@esis.com](mailto:nofaultclaims@esis.com); or
  - By sending them by regular mail to one of the Scheme's Regional Centres, whose addresses appear on Annex 2 (Contact Information of Regional Centres) attached to this form and are also available on the Scheme's website at [www.C19VaccineNFC.com](http://www.C19VaccineNFC.com).
9. **Definitions**: Capitalised terms used but not defined in this Notice of Appeal have the meaning given to them in the Scheme's Protocol, available at [www.C19VaccineNFC.com](http://www.C19VaccineNFC.com).
10. **What happens next?** Please see Annex 1 attached to this Notice of Appeal for a brief overview of "what happens next" after this duly completed, signed and dated Notice of Appeal form has been submitted to the Scheme's Administrator within the relevant deadline.

## NOTICE OF APPEAL OF REJECTED CLAIM

### Section A – Details of the Patient

Please set out below the requested details of the Patient

The information to be provided in this Section A should be the same information as provided previously in Section 1 of the original Claim.

First Name:	Middle Initial:	Last Name:
Home Address (including region and country):		
Home phone, if any:	Mobile phone, if any:	Email, if any:
Date of Birth (day/month/year):	Place of birth:	Sex:

### Section B – Details of the person who has the legal power to submit this Notice of Appeal for the Patient (i.e., if that person is not the same as the Patient)

If the Patient: (a) has died; or (b) is disabled to the extent that the Patient cannot submit this Notice of Appeal himself or herself; or (c) is a child; or (d) does not have legal capacity for any reason to submit this Notice of Appeal himself or herself, then another person who has the legal power to submit this Notice of Appeal for the Patient must do so.

In the above cases, please provide below the details of the person with the legal power to submit this Notice of Appeal for the Patient.

#### **IMPORTANT NOTES/INSTRUCTIONS:**

1. The information provided in this Section B should be the same information as provided previously in Section 2 of the original Claim, unless the person who submitted the original Claim for the Patient has changed, in which case the new person having the legal power to represent the Patient must submit, together with this Notice of Appeal: (i) all information required by Section 2 of the Claim Form, and (ii) new documentation as required under Section 8(c) of the Claim Form.
2. If the original Claim was submitted by the Patient himself or herself, but since that submission the Patient: (a) has died, or (b) has become disabled to the extent the Patient cannot submit this Notice of Appeal form himself or herself; or (c) has lost the legal capacity for any other reason to submit this Notice of Appeal form, then the individual submitting this Notice of Appeal for the Patient must also submit, together with this Form: (i) all information required under

Section 2 of the Claim Form, and (ii) documentation as required under Section 8(c) of the Claim Form.

First Name:	Middle Initial:	Last Name:
Home Address (including region and country):		
Home Phone, if any:	Mobile phone, if any:	Email, if any:
Date of Birth (day/month/year):	Relationship to the Patient:	

### **Section C – Details of the rejected Claim**

Please set out the details of the rejected Claim to which this Notice of Appeal relates. The information requested in this Section C appears in the Claim rejection notification that was sent to the Claimant by the Scheme's Administrator. The information requested in this section is essential for the appeal of the rejection of the original Claim to proceed.

If you believe that there is an error in the information contained in the Claim rejection notification, please nevertheless use the information that appears in the Claim rejection notification and, under Section D below, explain why this information is incorrect.

Claim number:	Date (day/month/year) of Claim:
Location where Claim was submitted:	Date (day/month/year) of Claim Rejection Notification:

### **Section D – Reasons for appeal**

In your own words, please set out in the box below the reasons why you consider that the Claim should be Receivable under the Scheme.

Please do not refer to any documents or evidence, except for (i) the original Claim Form, (ii) the Supporting Evidence form, and (iii) any additional information and/or documentation that may have been requested by the Administrator and that was submitted in a timely manner to the Administrator as of the date of the Claim rejection notification.

Please do not attach any documents to this Notice of Appeal.

**Section E – Certifications and agreements**

By signing and submitting this Notice of Appeal, the Claimant confirms all consents, agreements, certifications and declarations provided in Sections 10 to 13 of the original Claim and acknowledges, agrees and certifies as follows:

- a. In the event of any conflict or inconsistency between the English language version of this Notice of Appeal and any translations hereof, the English language version shall control and prevail in all respects; and
- b. The statements and answers contained in this Notice of Appeal are true and correct to the best knowledge and belief of the Claimant; and should any of those statements or answers not be true, the Administrator shall have the right, where applicable, to refer this appeal to the relevant law enforcement authority for further investigation.

**Section F – Signature, name and date**

The Claimant (i.e., the Patient or the individual submitting this Claim on behalf of the Patient, as applicable) has signed this Notice of Appeal of Rejected Claim as of the date set forth below.

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**[END OF NOTICE OF APPEAL OF REJECTED CLAIM]**

## ANNEX 1

### TO NOTICE OF APPEAL OF REJECTED CLAIM

***What happens after this Notice of Appeal of Rejected Claim has been duly completed and submitted?***

1. Within 7 days after the Scheme's Administrator has received a duly completed, signed and dated Notice of Appeal of Rejected Claim submitted within the applicable deadline, the Administrator will provide the Notice of Appeal (together with any documents that may be required pursuant to Section B, the original Claim, the Supporting Evidence form, and any additional information and/or documentation that may have been requested by the Administrator and that was submitted in a timely manner to the Administrator as of the date of the Claim rejection notification) to the Administrator's Vice President of Risk Consulting.
2. Within 30 days of receipt, the Administrator's Vice President of Risk Consulting: (i) will review the Notice of Appeal of Rejected Claim, together with the other documents mentioned above, and (ii) on this basis, he will make a determination of whether to uphold or reverse the prior rejection of the Claim in question.
3. The Administrator's Vice President of Risk Consulting will communicate his determination to uphold or reverse a prior rejection of a Claim (including the grounds for his determination) in writing to the Administrator as soon as he has made a determination, and in any event within 7 days thereafter.
4. The Administrator will send the Claimant a written notice of the above mentioned determination, including the grounds thereof, as soon as possible after the Vice President has submitted this determination to the Administrator, but no later than 14 days thereafter.
5. The decision of the Administrator's Vice President of Risk Consulting pursuant to this Notice of Appeal is final and cannot be appealed.