•			
		Official Office	
CCAC PENS	a	Use	
ACTION LI	y	Only	
CLAIM			

Must be Postmarked No Later than _

ON CLASS **IGATION** ORM

PRIVATE & CONFIDENTIAL Please Type or Print in the Box Below Do NOT use Red Ink, Pencil, or Staples

0	Primary	Claimant	

You are a Primary Claimant if you are making a claim on your own behalf.

Complete Sections I, III, IV, V and VI

Representative Claimant

You are a Representative Claimant if you are claiming on behalf of someone else.

Complete Sections I, II, III, IV, V and VI

SECTION I: IDENTIFICAT	TION OF PRIMARY CLAIMANT				
OR PERSON YOU ARE	CLAIMING ON BEHALF OF				
	MUST BE COMPLETED FOR ALL CLAIMS				
Prefix	First Name				
OMr. OMrs. OMiss. OMs.					
	Last Name				
Address					
Address					
Address					
Addition					
City					
Province	Postal Code				
Telephone Number (Home)	Telephone Number (Work)				
Telephone rains of the rains of					
Telephone Number (Cell)	Telephone Number (Fax)				
Lesebuous raminos (com)					
Email Address					
Date of Birth Social Insurance Number (SIN)					

SECTION II: IDENTIFICATION OF REPRESENTATIVE	
TO BE COMPLETED ONLY IF SUBMITTING A CLAIM AS A REPRESENTATIVE CLAIMANT. THIS INCLUDES PERSONAL REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, HEIRS, ASSIGNS, AND TRUSTEES OF CCAC PENSION RECIPIENTS (SEE BOTTOM OF THIS BOX).	
SECTION I MUST BE COMPLETED AND PROOF OF AUTHORITY TO ACT AS THE REPRESENTATIVE OF THE CCAC PENSION RECIPIENT	
MUST BE SUBMITTED WITH THE CLAIM. Prefix First Name	
QMr. QMrs, QMiss. QMs.	
Last Name	
Address	7
Address	7
Address	1
City	
Province Postal Code	
Telephone Number (Work) Telephone Number (Work)	
Telephone Number (Cell) Telephone Number (Fax)	
Email Address	_
Type of Representation:	
O Trustee O Executor O Administrator O Other	
Proof of Representation Attached (Will, Power of Attorney or other relevant documentation)	
Please Note: If court appointed, attach notarial copy of Certificate of Appointment.	
am applying on behalf of an:	•
O Incapable Person O Estate	

SECTION III: IDENTIFICATION OF CLASS

You are included in the Class if you are or were:

- employees and former employees of municipalities or service providers associated with municipalities (hereinafter referred to as "municipal providers") whose employment was transferred from the municipal providers to newly-established Community Care Access Centres ("CCACs") and who were members of CUPE at the time of the transfer and who did not subsequently become members of the Ontario Nurses Association ("ONA") or the Ontario Public Service Employees Union ("OPSEU") and for greater certainty, those who became enrolled in the Healthcare of Ontario Pension Plan, formerly known as the Hospitals of Ontario Pension Plan, ("HOOP") and were previously enrolled in the Ontario Municipal Employees Retirement System or the VON Canada Pension Plan ("Former Plans"); and
- (b) employees of the municipal providers whose employment was transferred from the municipal providers to CCACs who subsequently became members of CUPE and who were not members of CUPE, ONA, or OPSEU at the time of the transfer.

You are excluded from the Class if you previously received a settlement through class actions which benefited ONA/OPSEU employees whose employment was transferred into newly established CCACs (Court File Nos. 02-CV-236588CP and 06-CV-324475PD3).

1		ch information a	·		iound at from 1008	1007 anujorda	and what wore the
	lates of such en		Centre(s) (COAt	o) were you emp	loyed at from 1996/	1997 Oliwalda	and what well his
	Employer			Date employed from:	Date employed to:	Position:	Name of union you belonged to:
1.							
2.							
3.							
У У —	our CCAC empl	eservice provide oyment and wha	∍r, municipality or at were the dates	other predecesse of such employm Date employed	pent?²	ou employed by	y immediately prior to
	Employer	· .		from:	Date employed to:	Posidona	belonged to:
•			•				
•			<u> </u>				
V	_	_	i from the predec	essor employer t	o the CCAC betwee	n 1996 and 19	98?
_	Q Yes	O No.	reak in your serv	ice?			
י	O Yes	O No	Teak in your serv	ICET			
	•••		the time of transf	er?	•		
W	Q OPSEU	O ONA	O AAHPO	O SEIU			•
V		O CUPE	O COPE	O OTHER_			
V	OF CIPP.	COLE					
	न		the predecessor	employer?			
	ere you a full tin		the predecessor	employer?			• .
w	ere you a full tin Yes hat was the nam	ne employee of t No ne of the pension	•	ged to with your e	mployer immediate	ly prior to the ti	ansfer of your
w	ere you a full tin Yes hat was the nam	ne employee of t No ne of the pension	n plan you belong	ged to with your e	mployer immediate	ly prior to the ti	ansfer of your

- 9. Did you receive any payment as a result of the settlement of class actions brought on behalf of CCAC employees represented by ONA and/or OPSEU as a result of their membership in two pension plans following the transfer of employment to CCACs.
 - O Yes

O No



SECTION V: REQUIRED DOCUMENTATION -

IN ORDER TO VERIFY YOUR CLAIM STATUS AS A POTENTIAL CLASS MEMBER WE WILL REQUIRE YOUR ASSISTANCE IN PROVIDING COPIES OF DOCUMENTS IN YOUR POSSESSION OR THAT YOU MAY HAVE ACCESS TO. THESE DOCUMENTS MAY BE SUBJECT TO THIRD PARTY VERIFICATION.

YOU MUST PROVIDE THE FOLLOWING PROOF OF ENROLLMENT IN PENSION PLANS:

- 1. At least one pension statement from HOOPP; AND
- 2. At least one pension statement from the pension plan that you were enrolled in by your predecessor employer (OMERS, VON or FSA).

YOU MUST PROVIDE ONE OF THE FOLLOWING DOCUMENTS DEMONSTRATING PROOF OF EMPLOYMENT WITH A CCAC:

- 1. copies of one or more T4 slips from an employer CCAC in the period between 1996 and the present; AND/OR
- 2. copies of one or more pay record(s) (eg. a pay stub, pay invoice or online printout of compensation) from your employer CCAC in the period between 1996 to the present; AND/OR
- 3. any other documentation personally addressed to you such as an offer of employment from the CCAC, or other correspondence from your employer CCAC to you.

IF AVAILABLE, THE FOLLOWING DOCUMENTS SHOWING PROOF OF EMPLOYMENT WITH A PREDECESSOR EMPLOYER WILL ASSIST US IN PROCESSING YOUR CLAIM:

- 1. copies of one or more T4 slips from your predecessor employer prior to 1997; AND/OR
- 2. copies of one or more pay record(s) from your predecessor employer prior to 1997;
- 3. any other documentation demonstrating an employment relationship, such as an offer of employment from your predecessor employer, or other correspondence from your predecessor employer to you, containing either your mailing address or email address.

IF AVAILABLE, THE FOLLOWING DOCUMENTATION SHOWING PROOF OF UNION MEMBERSHIP WHILE EMPLOYED WITH YOUR CCAC EMPLOYER(S):

- 1. a union membership card; AND/OR
- 2. a union seniority list for your employment with a CCAC, containing your name and date of seniority, AND/OR
- 3. a copy of any correspondence addressed to you from your union(s) between 1997 and the present (such as a newsletter), containing either your mailing address or email address.1

IF AVAILABLE, THE FOLLOWING DOCUMENTATION SHOWING PROOF OF UNION MEMBERSHIP WHILE EMPLOYED WITH YOUR PREDECESSOR EMPLOYER:

- 1. a union membership card; AND/OR
- 2. a union seniority list, containing your name and date of seniority; AND/OR
- 3. a copy of any correspondence addressed to you from your union prior to 1997.

DEADLINE: YOUR CLAIM AND REQUISITE DOCUMENTATION MUST BE POSTMARKED NO LATER THAN [150 DAYS AFTER THE PUBLICATION OF THE NOTICE]

¹ Your local union may be able to provide you with proof of union membership but cannot guarantee it will do so.

SECTION VI: DISTRIBUTION

1.	You will receive a cheque in the amount of \$2,500.00 less withholding taxes which will be mailed to you.
	complete this Section if you acting as a Personal Representative (executor ministrator) of an estate.
2.	If the Claimant is deceased and you are the Court appointed executor or administrator of the Estate, you will receive payment in cash, less withholding taxes. Please complete the information requested below:
∃state	of:

Date of Death:

SECTION VII: DECLARATION AND RELEASE	
BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE TO THE FOLLOWING:	
(A) You declare under penalty of perjury that the information on this Proof of Claim is true, correct and complete to the best of your knowledge, information and belief.	
(B) You hereby, fully, finally and forever settle and release the Released Parties from the Settled Claims	3.
(c) You acknowledge and agree that the Claims Administrator may disclose all information relating to you claim to the Courts and counsel to the parties in the Actions.	our
	•
CLAIMANT'S SIGNATURE	
Claimant's First Name	
Claimant's Last Name	
Date	
Signature Signature	المِلْ
	· · · · · ·
REPRESENTATIVE'S SIGNATURE (IFAPPLICABLE)	
Representative's First Name	
Representative's Last Name	
Representative's Last Name	
Date	
Signature	T T
OF A 1880 SEAVE TABLE TO 40 BHONTUR TO BROCES	
CLAIMS MAY TAKE UP TO 18 MONTHS TO PROCESS. THANK YOU FOR YOUR PATIENCE	
Reminder Checklist:	
Please sign the above release and declaration. Remember to attach supporting documentation where applicable.	
 Keep a copy of claim form and all supporting documentations for your records. The Claims Administrator will acknowledge receipt of your Proof of Claim and Release by mail within 45 days. Your Proof of Claim and Release 	is
not deemed fully filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 45 days, pleas Claims Administrator toll free at 1-866-432-5534.	se call the
5. If you move, it is your responsibility to notify the Claims Administrator of your new address,	
Privacy Statement Ill Information provided by the Claimant is collected, used, and retained by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Personal Information provided by the Claims Administrator and Class Coursel nursuant to the Course of	ellen
All information provided by the Claimant is collected, used, and retained by the Claims Administrator and Class Counsel pursuant to the Personal In Protection and Electronic Documents Act (PIPEDA) for the purposes of administering the Nurses Pension Settlement Agreement, including the eval Claimant's eligibility status under the Settlement Agreement. The information provided by the Claimant is strictly private and confidential and will no ilsclosed without the express written consent of the Claimant, except in accordance with the CCAC Pension Settlement Agreement.	luating of the
Class Counsel" is defined as. Goldblatt Partners LLP	
he "Claims Administrator" is defined as NPT RicePoint Class Action Services Inc. of London, Ontario.	
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