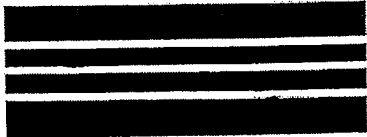


Official
Office
Use
Only



CCAC PENSION CLASS ACTION LITIGATION CLAIM FORM

PRIVATE & CONFIDENTIAL

Please Type or Print in the Box Below

Do **NOT** use Red Ink, Pencil, or Staples

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: IDENTIFICATION OF PRIMARY CLAIMANT OR PERSON YOU ARE CLAIMING ON BEHALF OF

MUST BE COMPLETED FOR ALL CLAIMS

Prefix

Mr. Mrs. Miss. Ms.

First Name

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Last Name

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Address

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Address

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City

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Province

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Postal Code

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Telephone Number (Home)

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Telephone Number (Work)

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Telephone Number (Cell)

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Telephone Number (Fax)

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Email Address

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Date of Birth

		/			/								
<small>M</small>	<small>M</small>		<small>D</small>	<small>D</small>		<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>				

Social Insurance Number (SIN)

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SECTION III: IDENTIFICATION OF CLASS

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

- (a) 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).

SECTION IV: FACTS CONCERNING CLASS MEMBER'S EMPLOYMENT

Please fill in as much information as possible.

1. Which Community Care Access Centre(s) ("CCAC") were you employed at from 1996/1997 onwards and what were the dates of such employment?¹

	Employer	Date employed from:	Date employed to:	Position:	Name of union you belonged to:
1.					
2.					
3.					

2. Which home care service provider, municipality or other predecessor employer were you employed by immediately prior to your CCAC employment and what were the dates of such employment?²

	Employer	Date employed from:	Date employed to:	Position:	Name of union you belonged to:
1.					
2.					
3.					

3. Was your employment transferred from the predecessor employer to the CCAC between 1996 and 1998?

Yes No

4. Did this transfer occur without a break in your service?

Yes No

5. Which union did you belong to at the time of transfer?

OPSEU ONA AAHPO SEIU
 CIPP CUPE COPE OTHER _____

6. Were you a full time employee of the predecessor employer?

Yes No

7. What was the name of the pension plan you belonged to with your employer immediately prior to the transfer of your employment to the CCAC (eg. your "predecessor employer")

OMERS VON FSA OTHER _____

8. Were you a member of the Hospitals of Ontario Pension Plan after the transfer to the CCAC?

Yes No

1 Please provide the most accurate information possible about your dates of employment.
 2 Please provide the most accurate information possible about your dates of employment.

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.

Yes

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 [90 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. If you believe you are a member of the McSheffrey class, please send an email with your request to ccacpension@opseu.org. Please ensure that you allow for at least two weeks for a response. If you believe you are a member of the Leclair class, and you have any questions about how to obtain the requested documents and information, please send an email with your request to ccacpensioncase@ona.org or call 416-963-6980.

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.

Only complete this Section if you acting as a Personal Representative (executor or administrator) 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:

Estate 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.
- (C) You acknowledge and agree that the Claims Administrator may disclose all information relating to your claim to the Courts and counsel to the parties in the Actions.

CLAIMANT'S SIGNATURE

Claimant's First Name

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Claimant's Last Name

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Date

		/			/				
M	M		B	D		Y	Y	Y	Y

Signature

REPRESENTATIVE'S SIGNATURE (IF APPLICABLE)

Representative's First Name

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Representative's Last Name

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Date

		/			/				
M	M		B	D		Y	Y	Y	Y

Signature

**CLAIMS MAY TAKE UP TO 18 MONTHS TO PROCESS.
THANK YOU FOR YOUR PATIENCE**

Reminder Checklist:

1. Please sign the above release and declaration.
2. Remember to attach supporting documentation where applicable.
3. Keep a copy of claim form and all supporting documentations for your records.
4. 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, please call the Claims Administrator toll free at 1-866-432-5534.
5. If you move, it is your responsibility to notify the Claims Administrator of your new address.

Privacy Statement

All information provided by the Claimant is collected, used, and retained by the Claims Administrator and Class Counsel pursuant to the Personal Information Protection and Electronic Documents Act (PIPEDA) for the purposes of administering the Nurses Pension Settlement Agreement, including the evaluating of the Claimant's eligibility status under the Settlement Agreement. The information provided by the Claimant is strictly private and confidential and will not be disclosed without the express written consent of the Claimant, except in accordance with the CCAC Pension Settlement Agreement.

"Class Counsel" is defined as: Goldblatt Partners LLP

The "Claims Administrator" is defined as NPT RicePoint Class Action Services Inc. of London, Ontario.