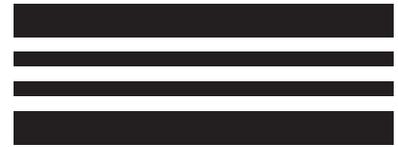


260 Wellesley Class Action
c/o RicePoint Administration Inc.
P.O. Box 4454, Toronto Station A
25 The Esplanade
Toronto, ON M5W 4B1



TWQ

«Barcode»

Postal Service: Please do not mark barcode

Edwards, et al. v. 260 Wellesley Residences Inc. et al.

ONTARIO SUPERIOR COURT OF JUSTICE

Court File No.: CV-19-00614213-00CP

**Must Be Postmarked
No Later Than
October 19, 2021**

Claim Form

If you have Internet access, please file a claim online at www.260WellesleySettlement.com.

Instructions

Please complete all applicable sections below. Please type or print in black or blue ink. Do not use red ink or pencil. For the purposes of this Claim Form, the following definitions apply:

- “Class” or “Class Member” means:

Tenant Class—all persons who were a tenant at 260 Wellesley Street East, Toronto, ON (the “**Building**”) on January 22, 2019;

This includes all people who, on January 22, 2019, ordinarily resided at 260 Wellesley, including children under the age of 18 (a “Minor”).

Visitor Class—all persons, other than members of the Tenant Class or the Defendants, their senior employees, their officers or their directors, who were present at 260 Wellesley on January 22, 2019.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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Legal Guardian's First Name:

1

2 (If applicable)

Legal Guardian's Last Name:

1

2 (If applicable)

Legal Guardian's Email:

1

2 (If applicable)

SECTION 2: IDENTIFICATION OF CLASS MEMBER

Select the Eligible Class Member category that applies to you (only one can apply):

	“Tenant Class”	“Visitor Class”
Required Selection (select one)	<input type="radio"/>	<input type="radio"/>

SECTION 3: PROOF OF IDENTIFICATION

To qualify as a Class Member, you must send a **copy** of at least one piece of the following government-issued proof of identification.

Select which of the following documents you have provided with your Claim Form.

- Driver's License**
- Ontario Student Record (OSR)**
- Birth Certificate**
- Other:**
- Liquor Control Board of Ontario (LCBO) BYID Card**
- Ontario Health Insurance Program (OHIP) Card**
- Passport**

RicePoint retains the sole discretion to determine if a piece of ID other than those listed above is good and sufficient for the purposes of making a claim to the Fund.



SECTION 4: PROOF OF ADDRESS

******Visitor Class Members skip to Section 5.*

Claimants 18 and over:

Select which of the following documents you have provided with your Claims Form indicating your address on January 22, 2019.

- Driver’s License**
- Ontario Health Insurance Program (OHIP) Card**
- Passport**
- Tax correspondence addressed to 260 Wellesley**
- Utility bill addressed to 260 Wellesley dated December 2018-February 2019**
- Bank Statement addressed to 260 Wellesley dated December 2018-February 2019**
- Registration with a doctor or medical clinic listing 260 Wellesley as Claimant Address**
- Other:**

RicePoint retains the sole discretion to determine if documentation other than those listed above is good and sufficient for the purposes of making a claim to the Fund.

School-age claimants 5-17 and over:

Select which of the following documents you have provided with your Claims Form indicating the Minor Claimant’s address on January 22, 2019.

- Driver’s License**
- Passport**
- School registration documentation listing the Building as Claimant Address**
- Other:**

RicePoint retains the sole discretion to determine if a piece of ID other than those listed above is good and sufficient for the purposes of making a claim to the Fund.

Claimants age 2-4:

Select which of the following documents you have provided with your Claims Form indicating your address on January 22, 2019.

- Birth Certificate listing approved Tenant Class Member as parent**
- Nursery school or day care registration documentation listing Building as address**
- Other:**

RicePoint retains the sole discretion to determine if the documentation provided other than those listed above is good and sufficient for the purposes of making a claim to the Fund.



SECTION 5: PROOF OF INJURY

Did you suffer a physical or psychological injury as a result of the power outage?

*******Visitor Class Members** must have suffered a physical or psychological injury as a result of the power outage in order to claim for compensation from the settlement.

Yes No

If you answered yes, you **MUST** attach a copy of the medical notes made by your Family Doctor, a walk-in Clinic or a Hospital, attended between January 22, 2019-July 22, 2019, reporting an injury or an aggravation of an existing injury or condition **as a result of the outage**.

The Claims Administrator shall determine that a Claimant sustained a physical or psychological injury caused by the Loss if:

- a) a Claimant attended a hospital, walk-in clinic or a family doctor within six (6) months of the Loss and reported an objective injury caused by the Loss; or
- b) a Claimant attended a hospital, walk-in clinic or family doctor within two (2) months of the Loss and reported a qualitative deterioration in a pre-existing medical condition caused by the Loss. A pre-existing medical condition will have qualitatively deteriorated if:
 - i. the Claimant experienced deterioration by an objective metric applicable to the Claimant’s pre-existing condition, and the Claimant’s treating practitioner opines that the Loss caused or contributed to the deterioration; or
 - ii. the Claimant was prescribed a new medication, or the Claimant’s standing prescription for a medication was increased and the Claimant’s treating practitioner opines that the Loss caused or contributed to the need for the new or updated prescription.

SECTION 6: PROOF OF VISIT (VISITOR CLASS ONLY)

I SOLEMNLY SWEAR AND DECLARE THAT:

On January 22, 2019, I was present in the Building visiting with another Tenant Class Member. This Tenant Class Member’s name is _____ (**insert**) and was a tenant at the Building at Unit# _____ (**insert**).

Signature: _____

Print Name: _____



SECTION 7: SIGNATURE

By signing this Claim Form:

- I understand that by submitting this form, I am authorizing the Claims Administrator to contact me or my representative as the Claims Administrator deems appropriate for more information.
- **I verify that all of the information in this Claim Form is true and correct. I am submitting this form on my own behalf and, if it includes a claim for a Minor Class Member, I am authorized to do so on behalf of the Minor Class Member.**

Executed on _____ in _____
(Date) (City/Province)

Signature: _____

Print Name: _____

Privacy Statement

All information provided as part of this Claims Form is collected, used, disclosed and retained by the Claims Administrator for the purposes of administering the settlement of the above class proceeding, including evaluating eligibility status under the settlement.

Reminder Checklist

- Complete the relevant sections and sign the Claim Form.
- Keep a copy of your Claim Form and all documentation submitted for your records.
- If you move, please send the Claims Administrator your new address. Failure to notify the Claims Administrator of a new address may result in your settlement benefits not being paid to you.
- Provide Proof of Identification as applicable per Section 3, 4 and 5 above.

Where to Send Your Claim Form and Documentation

Please mail your completed Claim Form and any attached documents to the following address postmarked by **October 19, 2021**:

260 Wellesley Class Action
c/o RicePoint Administration Inc.
P.O. Box 4454, Toronto Station A
25 The Esplanade
Toronto, ON M5W 4B1

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

