

To: Federal Indian Hospitals Notice Administrator
410 – 229 12 Avenue SW, Building C
Calgary, Alberta T2R 0E9
Email: Info-IH@IHClassAction.ca

This is **NOT** a claim form.

Completing this **OPT OUT FORM** will exclude you from receiving any compensation available under the proposed Settlement Agreement in the class proceeding named below. Information about the proposed Settlement Agreement is available here: www.IHClassAction.ca.

Do NOT complete this form if you wish to make a claim for compensation under this Settlement.

Court File No.: T-143-18

FEDERAL COURT
CERTIFIED CLASS PROCEEDING

Between:

ANN CECILE HARDY and CECIL HARDY

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

Brought pursuant to the *Federal Courts Rules*, SOR/98-106

I understand that by opting out of the proposed Settlement Agreement, I am confirming that I do NOT wish to participate in this class proceeding. I do NOT wish to receive any money or benefit that may be obtained from the proposed Settlement Agreement in this proceeding.

I understand that I must email or mail this Opt Out Form to the address indicated above within 60 days of any order approving the Settlement Agreement in this case, or else it will not be valid. When this deadline is available, it will be posted on www.IHClassAction.ca.

I understand that if the proposed Settlement Agreement is approved, I do not need to opt out to commence a claim against the Defendant connected to medical treatment received at a Federal Indian Hospital.

I understand that any individual claim I may have must be commenced within a specified limitation period included in the proposed Settlement Agreement, or else it will be legally barred. I understand that the filing of this class proceeding suspended the running of the limitation period from the time the class proceeding was filed. The limitation period will **resume running against me** if I opt out of this class proceeding.

¹ The Parties periodically use terminology now recognized as antiquated and rooted in a period of Crown-Indigenous relations not grounded in reconciliation. The Parties only do so when required to do so for legal accuracy, or when referring to historical sources.

I understand that by opting out, I take full responsibility for the resumption of the running of any relevant limitation period and for taking all necessary legal steps to protect any claim I may have, including retaining my own lawyer at my own expense.

Name of Class Member Opting Out

Signature of Class Member Opting Out or of
Guardian of Property (if applicable)

Telephone: _____

Date: _____

Name of Witness

Signature of Witness

Telephone: _____

Date: _____

