Île-à-la-Crosse School Settlement

CLAIM FORM | for Survivor Class Members

Important: This Claim Form is for Survivor Class Members submitting a Claim for themselves.

If you are completing a Claim as a Personal Representative or Estate Representative on behalf of a Survivor Class Member, you must use the *Claim Form for Representatives of Survivor Class Members* found online at ilexsettlement.ca.

Experience Payment Claims Deadline: June 1, 2027
Abuse Compensation Claims Deadline: June 1, 2028

About These Settlements

The Île-à-la-Crosse School operated from 1860 to 1976. **"Île-à-la-Crosse School"** means the school and residence at the boarding school in Île-à-la-Crosse that operated from 1860 to the 1975-76 school year. It was sometimes called the **"Île-à-la-Crosse Residential School"** or the **"Île-à-la-Crosse Mission School"**, because the Roman Catholic Mission and the Grey Nuns were involved in running the school. It does not mean the current Rossignol School or any other school run by the Île-à-la-Crosse School Board/Division.

Settlements in a class action lawsuit against the Government of Canada and the Province of Saskatchewan (***Gardiner v The Attorney General of Canada and the Province of Saskatchewan***, Court File Number KBG 936 of 2025) have resulted in this compensation process for eligible former students, for harms they experienced at the Île-à-la-Crosse School.

Who Can Submit an Application Using This Claim Form

Every person who attended Île-à-la-Crosse School and was still alive on December 9, 2003, is a member of the "Survivor Class" for this Settlement. Survivor Class Members must submit their Claim using this form.

> ***If you are completing a Claim as a Personal or Estate Representative on behalf of a Survivor Class Member, use the "Claim Form for Representatives of Survivor Class Members" found online at ilexsettlement.ca.***

Eligibility for Compensation

Survivor Class Members must fill out this Claim Form and submit it, along with any supporting documents, to the Claims Administrator **by June 1, 2027 to be considered for Experience Payment compensation**. The completed Claim Form, along with any supporting documents, is the Application for compensation.

Part 5 (Abuse Compensation) is only for those Survivor Class Members who are seeking Abuse Compensation. **Part 5** must be submitted, along with any supporting documents, to the Claims Administrator **by June 1, 2028 to be considered for Abuse Compensation**. It can be submitted together with the rest of the Claim Form, or later, so long as **Part 5** is submitted **by June 1, 2028**.

Please make sure that you include all the required information and copies of any documents that are needed to support the Application.

Compensation

> ***Every person who attended Île-à-la-Crosse School and was still alive on December 9, 2003, is a member of the "Survivor Class" for this Settlement. For Survivors who passed away on or after December 9, 2003, their estates and heirs may make claims, but must complete the "Claim Form for Representatives of Survivor Class Members" found online at ilexsettlement.ca, and not this form.***

There are two types of compensation available in these settlements.

1. **Experience Payments** – Canada will pay $27.335 million to compensate Survivor Class Members based on how long the Survivor Class Member attended the school:
   - *Up to $10,000 for attending the school for up to four (4) years*
   - *Up to $15,000 for attending the school for five (5) years or more*

   Boarding/residential students might receive additional Experience Payment amounts ("top-ups"), following the completion of the Abuse Compensation process and the Ultimate Claims Deadline, which is three years after the claims process begins. Top-up payments will only be made if there is any money left from the Saskatchewan Settlement after the Abuse Compensation claims are paid in full. No additional application will be required to receive an Experience Payment top-up.

PLUS

2. **Abuse Compensation** – A $31.7 million net settlement fund will be paid by Saskatchewan to compensate Survivor Class Members who experienced serious physical abuse or sexual abuse while attending the Île-à-la-Crosse School and to administer the settlement. The compensation amounts will be based on the Abuse Compensation Grid:
   - *Level 1 – up to $50,000* • *Level 2 – up to $100,000* • *Level 3 – up to $185,000* • *Level 4 – up to $235,000*

   The amount of Abuse Compensation that each Survivor Class Member will receive will depend on the number of abuse claims that are approved, as well as the Level of Harm that is assessed.

Where to Get Help

Help with this Claim Form

If you need help with this Claim Form or have questions about the settlements, please contact the Claims Administrator (Deloitte).

- Toll-free: **1-833-700-7458**, Mon-Fri, 8:00 a.m. to 4:00 p.m., Saskatchewan Time, excluding holidays
- Email: **info@ILEXSettlement.ca**

Emotional Support

Reading and filling out this Claim Form might bring up difficult emotions. If you need emotional support, contact the Hope for Wellness Helpline.

- Toll-free: **1-855-242-3310**
- Online: **HopeForWellness.ca**

Legal Support

For free legal support, contact Class Counsel (the lawyers for the class action).

- Sotos LLP | Toll-free: **1-888-451-9227** | Email: **ilex@sotos.ca**
- Goldblatt Partners LLP | Toll-free: **1-855-214-7557** | Email: **ilex@goldblattpartners.com**
- Merchant Law Group LLP | Phone: **306-271-2896** | Email: **ilex@merchantlaw.com**

How to Complete this Claim Form and Submit to the Claims Administrator

Online Portal

Go to the portal where you can complete and submit this form online and upload digital copies of your supporting documents.

- **Website: Portal.ILEXSettlement.ca**

OR

Printed Form

Print this form and complete all numbered **pages 1-11** clearly in ink. Mail, or fax, or email the completed Claim Form and copies of all your supporting documentation to the Claims Administrator.

By mail:
Claims Administrator c/o Deloitte LLP
PO Box 278 STN ADELAIDE
Toronto ON M5C 2J4

By fax: 416-324-4411

By email: Claims@ILEXSettlement.ca

Important: *If you move, or change your phone number or email address after submitting this Claim Form, please contact the Claims Administrator to update your contact information. Please submit only one Application per Survivor Class Member.*

Checklist

Before you submit this Claim Form to the Claims Administrator, check to ensure that you have completed all of the required sections and have attached copies of any required supporting documents. ***Don't forget to keep a copy of this Claim Form and all of your supporting documentation for your records.***

Base requirements	
☐	I have included a copy of my valid, government-issued identification.
☐	I have provided my school attendance dates.
☐	***Optional (only if available):*** I have attached copies of school records or other supporting documents that show the dates I attended Île-à-la-Crosse School.
☐	I have completed the Solemn Declaration of School Attendance.
☐	I have read, understood, and signed the Privacy Release, Acknowledgement & Retention Policy.
☐	If I chose to receive compensation by direct deposit, I have provided a void cheque or a direct deposit form from my bank.
If you are applying for Abuse Compensation	
☐	If available, I have attached copies of documentation that show the abuse I experienced at Île-à-la-Crosse School.
☐	I have completed the Solemn Declaration of Harm.

Claim Form Index

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PART 1A | Survivor Details (Required)

Survivor Class Member's Full Name (Required)

This should be the same as the name on your government-issued identification.

First Name | Middle Name | Last Name

Other Name – Only if you previously had a different name (e.g., maiden name or a different name used at the Île-à-la-Crosse School).

First Name | Middle Name | Last Name

School ID Number (Optional):

Date of Birth (Required): Year (YYYY) / Month (MM) / Day (DD)

Survivor Class Member's Mailing Address and Contact Information

Street Number | Street Name | Unit

PO Box Number | City/Town/Community | Postal Code

Province/Territory | Country

Daytime Phone: - - Ext:

Mobile Phone: - -

Email Address:

☐ **Government-Issued Identification (ID):** Please include a copy ***(do not send originals)*** of your ID showing your name and date of birth (both front and back).

Acceptable forms of ID include, but are not limited to:

- Métis Citizenship Card
- Inuit Beneficiary Card
- Certificate of Indian Status
- Provincial/territorial photo ID
- Passport
- Driver's licence

PART 1B | Contact Options (Required)

Where would you like the Administrator to send information and the decision on your Claim?

◯ Email Address **OR** ◯ Mailing Address

Important: *It is your responsibility to check your email and/or mail for any messages about this Settlement.*

☐ If you choose to receive communications by email, please check the box to show you understand there is no method of sending or storing data that is completely secure. Even with the Claims Administrator's security measures, information sent over the internet could be lost, intercepted, or misused. Despite these risks, you agree and give permission for the Claims Administrator to send your personal information electronically.

PART 1C | Designated Contact (Optional)

If you would like another person to be your designated contact who will also receive any updates and communications regarding this Application, please provide their information below.

☐ I would like the person named below to receive communications regarding this Application.

First Name | Middle Name | Last Name

What is their relationship to you?

Street Number | Street Name | Unit

PO Box Number | City/Town/Community | Postal Code

Province/Territory | Country

Phone Number: ___ - ___ - ____

Email Address:

PART 1D | Privacy Release, Acknowledgement & Retention Policy (Required)

I acknowledge and recognize that the Claims Administrator:

1. ***Does not*** represent the Île-à-la-Crosse School.
2. ***Does not*** act as a representative or legal advisor for any party and does not offer legal advice.
3. ***Does not*** have any duty to identify or protect the legal rights of any party with respect to the Claims Process, or to raise an issue not raised by any party in the Claims Process.

By signing this page, I am confirming that I attended the Île-à-la-Crosse School for at least one day, before December 31, 1976. I understand that the Île-à-la-Crosse School does not mean the current Rossignol School or any other school run by the Île-à-la-Crosse School Board/Division.

Privacy Release: I acknowledge and understand that it will be necessary for the purposes of processing this Application for the Claims Administrator to share information provided in this Claim Form for verification or review with the third-party assessor and Class Counsel (the lawyers for the class action).

I also acknowledge and understand that the Claims Administrator may share the fact that this Application has been made with the Province of Saskatchewan and the Government of Canada.

I also acknowledge and understand that the Province of Saskatchewan and the Government of Canada may, as needed, share information about my Application and/or my attendance at Île-à-la-Crosse School (if applicable) with the Claims Administrator, the Province of Saskatchewan and the Government of Canada. My permission applies only for the duration necessary to administer and complete the Claims Process and in accordance with the retention period described below. I understand that if I withdraw my permission, the Claims Administrator will not be able to process my Application.

Consent – I know, understand, and agree that:

1. The Claims Administrator may contact me to get the information they need to help with my Application.
2. All information provided in this Claim Form is true to the best of my knowledge. If someone helped me fill out this Claim Form, that person has read to me everything they wrote, including any attachments or supporting documentation.
3. The personal information I have provided is collected under the authority of the Île-à-la-Crosse School Settlement Agreements and related court approvals, for the purpose of administering and adjudicating claims under the Settlements.
4. Personal information regarding my Application may be shared with my Designated Representative in **Part 4**, if selected.

Retention Policy: My personal information will be kept for one (1) year after the Claims Administrator completes the last payment of compensation under the Settlement Agreement. At that time, the Claims Administrator will return any original records (e.g., identification or photographs) in its possession that were submitted as part of my Application, unless I choose otherwise, it will destroy all of my personal information in its possession.

☐ **I do not** want my original records to be returned at the end of the Settlement. This does not include copies of your Claim Form, or copies of other documents you provide. ***(Do not check this box if you want your original records to be returned to you. Please remember to only send copies.)***

▷ SIGN ▷

Survivor Class Member:

First Name (Printed) | Last Name (Printed)

Signature (Required) | Year (YYYY) / Month (MM) / Day (DD)

2A PART 2A | School Attendance (Required)

Please list the times that you attended the Île-à-la-Crosse School.

- For these settlements, a School Year is any time from September 1 of one calendar year to August 31 of the next calendar year.
- Provide the month and year you started attending the Île-à-la-Crosse School and the month and year you stopped attending (provide your best recollection if you are uncertain).
- The Île-à-la-Crosse School (also called the "Boarding School" or "Mission School" or "Residential School") operated from 1860 to 1975-76, with the involvement of the Roman Catholic Mission and the Grey Nuns. Only include attendance at the Île-à-la-Crosse School. Do not include attendance at the Rossignol School or any other school run by the Île-à-la-Crosse School Board.
- A partial year (even one day) attended counts as a year.
- Please include both time as a boarding student (when attending the School and living in the residence) and as a day schooler (when attending the School but not living in the residence).
- If you have school records or other documents that show that you attended the Île-à-la-Crosse School, please attach copies of them to this Claim Form.

Years of Île-à-la-Crosse School Attendance Table

Month/Year Attendance Began	Month/Year Attendance Ended	Boarding (Select One)
MM / YYYY	MM / YYYY	☐ Boarding ☐ Day Schooler
MM / YYYY	MM / YYYY	☐ Boarding ☐ Day Schooler
MM / YYYY	MM / YYYY	☐ Boarding ☐ Day Schooler

Sample only. *Fill in the dates that you attended the Île-à-la-Crosse School in the "Years of School Attendance Table" above.*

Example: James attended the Île-à-la-Crosse School starting in September 1969, as a boarding student. He went to a different school from September 1971 to June 1972, then returned to the Île-à-la-Crosse School in December 1972 and attended until June 1975 as a day schooler. Here's how James would enter his years of school attendance:

Month/Year Attendance Began	Month/Year Attendance Ended	Boarding (Select One)
09 / 1969 MM / YYYY	06 / 1971 MM / YYYY	☒ Boarding ☐ Day Schooler
12 / 1972 MM / YYYY	06 / 1975 MM / YYYY	☐ Boarding ☒ Day Schooler

EXAMPLE

2A PART 2A | School Attendance (Required)

Supporting Documentation (Optional)

To help confirm your attendance at the Île-à-la-Crosse School, please attach copies of any relevant supporting documents.

Forms of supporting documentation can include, but are not limited to copies of:

- School attendance records or yearbooks from the Île-à-la-Crosse School.
- Photographs showing you at the Île-à-la-Crosse School.
- Correspondence referencing your time at the Île-à-la-Crosse School.
- Recorded audio or video statements confirming your attendance at the school.

***Important:** Please only send copies of documents (photocopy, scan, fax, or photo)*

*Make sure each document includes your first and last name and date of birth as entered in **Part 1** of this Claim Form. This will ensure all documentation is placed with the correct Claim Form.*

Solemn Declaration of School Attendance (Required)

You must declare that the information about your attendance at the Île-à-la-Crosse School is true.

SIGN

☐ I declare that I attended the Île-à-la-Crosse School during the School Year(s) listed on **page 4** of this Claim Form.

Survivor Class Member:

First Name (Printed) | Last Name (Printed)

Signature (Required) | Year (YYYY) / Month (MM) / Day (DD)

2B PART 2B | Additional School Information (Optional)

If you wish, provide information about others who attended the Île-à-la-Crosse School at the same time. This may be used to assess other applications. Your identity will remain confidential. Attach additional pages if you need more space.

3 PART 3 | Payment Authorization & Direction (Required)

If this Application is approved for compensation, payment will be sent by cheque or direct deposit. Payments will only be issued after this Application is approved by the Claims Administrator. If you don't provide all the information below, you will automatically be paid by cheque.

☐ Option 1 – Direct Deposit

Select this option if you would like compensation to be sent by direct deposit.

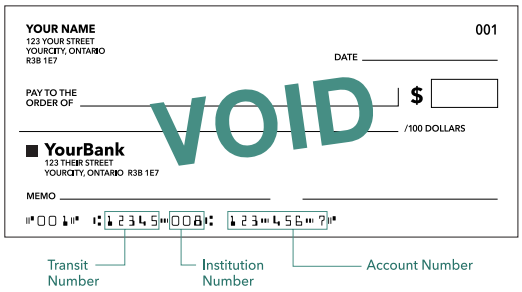
You must fill in the banking information **and** provide a void cheque or direct deposit form from the bank to receive compensation by direct deposit.

Bank account information

Transit number

Institution number

Account number (7-12 digits)



To ensure the Claims Administrator can process the direct deposit, please ensure:

- ☐ You have attached a void cheque or direct deposit form to this Claim Form.
- ☐ The bank account is in your name.
- ☐ The account is at a Canadian bank or credit union.
- ☐ The banking information you provided is accurate. Once a payment is made by direct deposit, we can't get it back or replace or reissue it.

OR

☐ Option 2 – E-Transfer (Only Available for Experience Payments)

Select this option if you would like compensation to be sent by e-transfer.

You must fill in your full name and email address to receive compensation by e-transfer.

Note: *If you select e-transfer for your Experience Payment, any Abuse Compensation payment will be issued by direct deposit or cheque.*

First Name: _____ Last Name: _____

Email: _____

OR

☐ Option 3 – Cheque

Select this option if you would like compensation to be sent by cheque.

PART 4 | Designated Representative (Optional - No Will)

We recognize that you may wish to choose someone who can continue your Application if you pass away before the Claims Administrator can finish assessing your Application.

If you are a Survivor Class Member and you **DO NOT have a will** with a legally appointed Estate Representative for your estate, you can designate a representative by filling out this section. Otherwise, leave this section blank.

*****If you DO have a will, skip this section.***

☐ **I DO NOT have a will,** and I would like the person named below to continue my Application in the event of my death.

First Name | Middle Name | Last Name

Street Number | Street Name | Unit

PO Box Number | City/Town/Community | Postal Code

Province/Territory | Country

Phone Number: - - Ext:

Email Address:

Next Steps

- You can submit your Claim Form now if it is completed, and signed on **Pages 3 and 5**. If you are applying for ***Abuse Compensation***, you must also complete **Part 5 (pages 8-11)**. You can submit **Part 5** for Abuse Compensation now, or any time before June 1, 2028. It does not have to be submitted at the same time as the Experience Payment Claim.

5 PART 5 | Abuse Compensation (If Applicable)

Level of Harm Selection (Required)

Review the descriptions for each Level of Harm, then write the number of the highest Level of Harm that you feel matches your experience while attending the Île-à-la-Crosse School.

Step 1 – Read the Descriptions for Each Level of Harm

Level 1 - Compensation Amount: Up to $50,000

a) ***Physical assault*** causing:
- *Serious but temporary injury requiring bed rest or treatment in an infirmary or hospital;*
- *Loss of consciousness; or*
- *Broken bone(s).*

OR

b) Any of the following acts of ***Sexual assault***:
- *Touching with a sexual purpose or intention including touching of breasts, genitals or anus with an object;*
- *The act of an adult exposing themselves to you;*
- *One or more incidents of fondling or kissing; or*
- *Nude photographs taken of the Survivor.*

Level 2 - Compensation Amount: Up to $100,000

a) ***Physical assault*** leading to permanent or demonstrated long term injury, impairment or disfigurement;

OR

b) A single incident of any of the following acts of ***Sexual assault***:
- *Masturbation;*
- *Oral intercourse; or*
- *Attempted vaginal or anal intercourse.*

Level 3 - Compensation Amount: Up to $185,000

a) Repeated and persistent ***Physical assaults*** leading to permanent or demonstrated long term injury, impairment or disfigurement.

OR

b) Isolated incidents of any of the following acts of ***Sexual assault***:
- *Digital anal or vaginal penetration;*
- *Anal or vaginal intercourse; or*
- *Anal or vaginal penetration with an object.*

Level 4 - Compensation Amount: Up to $235,000

a) Repeated and persistent incidents of any of the following acts of ***Sexual assault***:
- *Oral intercourse, masturbation, digital anal or vaginal penetration;*
- *Anal, oral or vaginal intercourse; or*
- *Anal or vaginal penetration with an object.*

OR

b) Isolated ***Physical assaults*** leading to permanent or demonstrated long term injury impairment or disfigurement, when ***at the same time*** as any of the following acts of ***Sexual assault***:
- *Digital anal or vaginal penetration;*
- *Anal or vaginal intercourse; or*
- *Anal or vaginal penetration with an object.*

Step 2 – Confirm Your Highest Selected Level of Harm

Based on the descriptions of the four Levels of Harm described in **Step 1**, indicate the highest Level of Harm that best matches your experience while attending the Île-à-la-Crosse School. Write the number of the Level of Harm in this box:

5 PART 5 | Abuse Compensation (If Applicable)

Describe Your Experience (Required)

On the next two pages, you will answer questions describing the specific abuse that you experienced while attending the Île-à-la-Crosse School. Please read the following instructions before you begin.

Instructions

1. Please fill out these questions to the best of your ability.
2. There is a space below each question where you can write the answer based on your experience of abuse at the Île-à-la-Crosse School.
3. Please be as detailed as possible with your answers.
4. If you need more space to answer these questions, you can attach additional pages.

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1. ***Required:*** Describe the assault or abuse you experienced while attending the Île-à-la-Crosse School. Please include as much detail as possible. This information is necessary for the Claims Administrator to assess your eligibility to receive Abuse Compensation.

Continue on next page...

If describing experiences of harm and abuse at the Île-à-la-Crosse School brings up troubling memories and you need emotional support, contact the ***Hope for Wellness Helpline***.

Toll-free: 1-855-242-3310 or **Online: HopeForWellness.ca**

5 PART 5 | Abuse Compensation (If Applicable)

Describe Your Experience (Continued)

This section is optional, but if you can fill out any of these details to the best of your memory it will be helpful for the Claims Administrator to assess your eligibility to receive Abuse Compensation. If you need more space to answer these questions, you can attach additional pages.

2. ***Optional:*** When did the abuse occur? Include ages, grades, or years.

3. ***Optional:*** If you haven't already explained this, approximately how many times did the abuse happen?

4. ***Optional:*** Did you experience any physical injuries, pain or illness related to these experiences? If so, did you require medical treatment or ongoing healthcare related to these injuries?

If describing experiences of harm and abuse at the Île-à-la-Crosse School brings up troubling memories and you need emotional support, contact the ***Hope for Wellness Helpline***.

Toll-free: 1-855-242-3310 or **Online: HopeForWellness.ca**

5 PART 5 | Abuse Compensation (If Applicable)

Supporting Documentation (Optional)

To help the Claims Administrator process this Application for Abuse Compensation, please attach copies of any documents that you have that confirm or support your experiences at the Île-à-la-Crosse School. If you want help requesting supporting documentation that isn't in your possession, contact one of the Class Counsel firms listed on **page C**.

Forms of supporting documentation can include, but are not limited to copies of:

- Evidence of the abuse, given by you or any other person under oath or pursuant to a solemn affirmation in this or any other legal proceeding prior to January 30, 2026.
- Medical records or photographs identifying the harm.
- Police records or other records or reports from a criminal proceeding.
- Statements of claim, applications, or other originating court processes, issued prior to January 30, 2026, with respect to the alleged abuse.
- Legal demand letters issued by your legal representative(s), prior to January 30, 2026, with respect to the alleged abuse.
- Notes of conversations with you or with witnesses, taken by lawyers or legal staff, prior to January 30, 2026, with respect to the alleged abuse.
- Any recorded statement by you concerning the alleged abuse, including correspondence, other written statements, or statements recorded by audio or video.

Important: Please only send copies of documents (photocopy, scan, fax, or photo)

*Make sure each document includes your first and last name and date of birth as entered in **Part 1** of this Claim Form. This will ensure all documentation is placed with the correct Claim Form.*

SIGN

Solemn Declaration of Harm (Required)

☐ I declare that the Level of Harm selected on **page 8** of this Claim Form accurately reflects the abuse that I experienced at the Île-à-la-Crosse School.

Survivor Class Member:

First Name (Printed) | Last Name (Printed)

Signature (Required) | Year (YYYY) / Month (MM) / Day (DD)

If describing experiences of harm and abuse at the Île-à-la-Crosse School brings up troubling memories and you need emotional support, contact the ***Hope for Wellness Helpline***.

Toll-free: 1-855-242-3310 or **Online: HopeForWellness.ca**