

Île-à-la-Crosse School Settlement

CLAIM FORM for Representatives of Survivor Class Members

Important: This Claim Form is for Personal Representatives and Estate Representatives submitting a Claim on behalf of Survivor Class Members. If you are a Survivor Class Member submitting a Claim on your own behalf, you must use the *Claim Form for 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

1. The legally appointed Personal Representative of a Survivor Class Member who is a Person Under Disability (someone who is incapable of making reasonable decisions and judgments about their affairs); **OR**
2. A legally appointed Estate Representative who has been appointed as the executor, administrator, trustee, or liquidator of a deceased Survivor Class Member; **OR**
3. An Eligible Heir (spouse, child, sibling, or adult grandchild) of a deceased Survivor Class Member who died without leaving a will (intestate).
 - Adult grandchildren are only eligible to claim for Experience Payments, not Abuse Compensation.

If you are completing a Claim as a Survivor Class Member use the “Claim Form for Survivor Class Members” found online at ilexsettlement.ca.



Eligibility for Compensation

This Claim Form must be filled out and submitted, 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 4 (Abuse Compensation) is only for individuals who are seeking Abuse Compensation on behalf of a Survivor Class Member who is a Person Under Disability or a deceased Survivor Class Member. **Part 4** 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 4** 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.*

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 1-10**, and the relevant pages depending on the type of Representative you are, 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 the Representative's valid, government-issued identification, and if applicable, of the Survivor Class Member's valid, government-issued identification if they are a Person Under Disability.
- ☐ I have provided the Survivor Class Member's school attendance dates.
- ☐ **Optional (only if available):** I have attached copies of school records or other supporting documents that show the dates the Survivor Class Member 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 the Survivor Class Member experienced at Île-à-la-Crosse School.
- ☐ I have completed the Solemn Declaration of Harm.

If you are the Personal Representative submitting this Claim Form on behalf of a Person Under Disability

- ☐ I have attached a copy of documentation showing that I am the Survivor Class Member's legally appointed Personal Representative.

If you are the Estate Representative submitting this Claim Form on behalf of a deceased Survivor Class Member

- ☐ I have attached a copy of documentation showing that I am the legally appointed Estate Executor of the deceased Survivor Class Member's estate, along with a death certificate or other proof of the deceased Survivor Class Member's death.

If you are the Eligible Heir Representative submitting this Claim Form on behalf of a deceased Survivor Class Member who is a member of your family

- ☐ I have attached a copy of a death certificate or other proof of the deceased Survivor Class Member's death.
- ☐ I have completed the Solemn Declaration of Intestacy and Eligible Heir and signed it.
- ☐ I have provided copies of documents that show how I am related to the deceased Survivor Class member.

If there is more than one highest priority Eligible Heir Representative

- ☐ I have completed the Solemn Declaration of Designated Heir Claimant and signed it. All of the other highest priority Eligible Heirs have provided their contact information and signed to confirm that they have selected me as the Designated Heir Class Member.



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1A

PART 1A | Survivor & Representative Details (Required)**Survivor Class Member's Full Name (Required)**

This should be the same as the name on the Survivor Class Member's government-issued identification.

First Name

Middle Name

Last Name

Other Name – Only if the Survivor Class Member 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)

Date of Death (If Applicable)

Year (YYYY)

Month (MM)

Day (DD)

Note: Survivors who died on or before December 8, 2003 are not eligible for these settlements.

Representatives'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:

1A

PART 1A | Survivor & Representative Details (Required)

Government-Issued Identification (ID): Please include a copy (**do not send originals**) of the Representative's ID showing their name and date of birth (both front and back). If the Survivor Class Member is a Person Under Disability, please also include a copy of their ID.

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

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

1B

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 | 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 the Survivor Class Member named in this Claim Form 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 the Survivor Class Member's 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 this 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.

Retention Policy: The Survivor Class Member's and 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 the 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.)**

Representative(s) of Survivor Class Member:

First Name (Printed)

Last Name (Printed)

Signature (Required)

Year (YYYY)

Month (MM)

Day (DD)

▽ SIGN ▽

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PART 2 | School Attendance (Required)**Please list the times that the Survivor Class Member 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 the Survivor Class Member started attending the Île-à-la-Crosse School and the month and year they 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 the Survivor Class Member 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 the Survivor Class Member 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 to enter his years of school attendance:

Month/Year Attendance Began	Month/Year Attendance Ended	Boarding (Select One)
0 9 / 1 9 6 9 MM YYYY	0 6 / 1 9 7 1 MM YYYY	☒ Boarding ☐ Day Schooler
1 2 / 1 9 7 2 MM YYYY	0 6 / 1 9 7 5 MM YYYY	☐ Boarding ☒ Day Schooler

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PART 2 | School Attendance (Required)**Supporting Documentation (Optional)**

To help confirm the Survivor Class Member's 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 the Survivor Class Member at the Île-à-la-Crosse School.
- Correspondence referencing the Survivor Class Member's time at the Île-à-la-Crosse School.
- Recorded audio or video statements from the Survivor Class Member confirming their attendance at the school.

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

Make sure each document includes the Survivor Class Member's 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)

The Survivor Class Member's Representative must declare that the information provided about the Survivor Class Member's attendance at the Île-à-la-Crosse School is true.

☐

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

Representative(s) of Survivor Class Member:

First Name (Printed)

Last Name (Printed)

Signature (Required)

Year (YYYY)

Month (MM)

Day (DD)

SIGN



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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)

YOUR NAME
123 YOUR STREET
YOUR CITY, ONTARIO
R3B 1E7

DATE _____

PAY TO THE ORDER OF _____ \$ _____

100 DOLLARS

YourBank
123 THER STREET
YOUR CITY, ONTARIO R3B 1E7

MEMO _____

⑈ 0001 ⑈ 12345 ⑈ 008 ⑈ 1234567 ⑈

Transit Number

Institution Number

Account Number

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

- ☐ You have attached a void cheque or direct deposit form to this Claim Form.
- ☐ The account is at a Canadian bank or credit union.
- ☐ The bank account is in the name of the Survivor Class Member, or the Estate of the Survivor Class Member, or the Heir.
- ☐ 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 the Survivor Class Member's 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.



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** on behalf of the Survivor Class Member, complete **Part 4 (Pages 7-10)**. You can submit **Part 4** for Abuse Compensation now, or any time before June 1, 2028.

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PART 4 | Abuse Compensation (If Applicable)For more information on who may apply for Abuse Compensation, please visit ilexsettlement.ca.**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 the Survivor Class Member's 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 the Survivor Class Member's experience while attending the Île-à-la-Crosse School. Write the number of the Level of Harm in this box:

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PART 4 | Abuse Compensation (If Applicable)**Describe the Experience (Required)**

On the next two pages, you will answer questions describing the specific abuse that the Survivor Class Member 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 the Survivor Class Member's 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.

1. **Required:** Describe the assault or abuse the Survivor Class Member 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 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**

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PART 4 | Abuse Compensation (If Applicable)**Describe the Experience (Continued)**

2. **Required:** How did you become aware of the abuse the Survivor Class Member experienced while attending the Île-à-la-Crosse School? Include a description of the nature of your relationship. This information is necessary for the Claims Administrator to assess eligibility to receive Abuse Compensation.

This section is optional, but will be helpful for the Claims Administrator to assess the Survivor Class Member's eligibility to receive Abuse Compensation. If you need more space to answer these questions, you can attach additional pages.

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

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

5. **Optional:** Did the Survivor Class Member experience any physical injuries, pain or illness related to these experiences? If so, did they 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**

4

PART 4 | Abuse Compensation (If Applicable)**Supporting Documentation (Optional)**

To help the Claims Administrator process this Application for Abuse Compensation, please attach copies of any documents created before the Survivor Class Member passed away that confirm or support the Survivor Class Member's 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 the Survivor Class Member or any other person under oath or pursuant to a solemn affirmation in this or any other legal proceeding.
- 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, with respect to the alleged abuse.
- Legal demand letters issued by the Survivor Class Member's legal representative(s), with respect to the alleged abuse.
- Notes of conversations with the Survivor Class Member or with witnesses, taken by lawyers or legal staff, with respect to the alleged abuse.
- Any recorded statement by the Survivor Class Member 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 the Survivor Class Member's 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 Harm (Required)
☐

I declare that the Level of Harm selected on **page 7** of this Claim Form accurately reflects the abuse that the Survivor Class Member experienced at the Île-à-la-Crosse School.

Representative(s) of Survivor Class Member:

First Name (Printed)

Last Name (Printed)

Signature (Required)

Year (YYYY)

Month (MM)

Day (DD)

SIGN



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**

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PART 5 | Person Under Disability

You must complete **Part 5** if you are submitting this Claim Form on behalf of a Survivor Class Member who is a Person Under Disability. A Person Under Disability is a person who is mentally incapable of managing or making reasonable decisions about their affairs, and for whom a Personal Representative has been legally appointed.

Personal Representative's Full Name (Required)

First Name

Middle Name

Last Name

Organization (If Applicable):

Proof of Representation (Required)

Please indicate the proof of Personal Representation documentation you will submit with this Claim Form that shows you have the legal authority to apply for and accept compensation on behalf of the Survivor Class Member named on **page 1** of this Claim Form.



Please check the box next to the representation documentation you are submitting with this Claim Form *(choose only one)*.

☐

Appointment Order under Saskatchewan's *Adult Guardianship and Co-decision-making Act* or other provincial/territorial Appointment Order.

☐

Enduring Power of Attorney for Personal Care signed before the Survivor Class Member became incapable of managing their affairs, and proof that the Survivor Class Member is no longer capable of managing their affairs.

☐

Appointment of a provincial/territorial Public Guardian/Trustee

☐

Other:



Important: Please only send copies of documents (photocopy, scan, fax, or photo)
Make sure each document includes the Survivor Class Member's 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.

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PART 6 | Deceased Survivor Class Members

You must complete **Part 6** if the Survivor Class Member passed away on or after **December 9, 2003**. Class Members that passed away on December 8, 2003 or before are not eligible.

Estate Representative or Eligible Heir's Full Name (Required)

First Name

Middle Name

Last Name

Organization (If Applicable):

Proof of Authority (Required)

Please select the category that applies to you (**choose only one**) and provide copies of the required document(s) as proof of your authority/relationship.

Estates with Executor Appointment	Required Document(s)
☐ Will: You are named as Estate Executor in a valid will pursuant to applicable federal, provincial, or territorial legislation.	- Death certificate or other proof of death; AND - Will signed by the deceased and at least two witnesses; OR - Holograph will (drafted and signed only by the testator).
☐ Court Appointment or Order: You have been officially appointed as Estate Executor by a court or government.	- Death certificate or other proof of death; AND - Grant of Probate; OR - Letters of Administration.
Québec Estates with Executor Appointment	Required Document(s)
☐ Will: You are named as liquidator in a valid will.	- Death certificate or other proof of death; AND - Notarial will (Québec only); OR - Holograph or witnessed will accompanied by the homologation (probate) judgement.
Only if NONE of the above exist, an Eligible Heir may make an Application in the section below.	Required Document(s)
☐ Eligible Heir*: The deceased did not have a valid will, and no Estate Executor has been appointed. You are an Heir (i.e., spouse, common-law spouse, child, sibling, or adult grandchild).	- Death certificate or other proof of death; AND - Document(s) showing proof of relationship to the deceased (e.g., birth certificate, marriage certificate).

*Eligible Heir – See the next page for eligible Heir list.



Important: Please only send copies of documents (photocopy, scan, fax, or photo)
 Make sure each document includes the Survivor Class Member's 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.

7

PART 7 | Heir Claimants

You must complete **Part 7** if the Survivor Class Member passed away on or after **December 9, 2003** and you are applying as the highest priority Heir. The priority of Heirs is determined by the list in **Step 2** below.

**Step 1 – Place an “X” in This Box if the Statement is True (Required)**
☐

I declare that, to the best of my knowledge, the deceased Survivor Class Member **did NOT leave a will**, and no Estate Executor has been appointed. All reasonable efforts have been made to locate a will.

**Step 2 – Identify Your Relationship to the Deceased Survivor Class Member (Required)**

Identify your relationship to the deceased Survivor Class Member and provide proof of your relationship to the deceased Survivor Class Member if available. If proof is not available, provide an attestation/sworn declaration.

Please select the category that applies to your relationship to the deceased Survivor Class Member (**choose only one**) and provide copies of the required document(s) as proof of your relationship.

Priority of Relationship to the Deceased	Proof of Relationship Document(s)
Priority 1 ☐ Married spouse	- Marriage certificate; OR - Support order for separated (but not divorced) spouse; OR - Solemn declaration (see Part 8) that the spouse and deceased Survivor Class Member were married, including details of the place and date of marriage, and that they continued to be married at the time of the deceased Survivor Class Member's death.
Priority 2 ☐ Common-law spouse	- Solemn declaration (see Part 8) that the spouse and the deceased Survivor Class Member had cohabited continuously for at least two (2) years immediately prior to the death of the deceased Survivor Class Member, and that they continued to cohabit at the time of the deceased Survivor Class Member's death.
Priority 3 ☐ Child	- Long-form birth certificate; OR - Adoption order; OR - Child support order made against the deceased Survivor Class Member; OR - Solemn declaration (see Part 8) that the deceased Survivor Class Member was your parent, including sufficient detail to show the relationship.*
Priority 4 ☐ Sibling	- Solemn declaration (see Part 8) that the deceased Survivor Class Member was your sibling, including sufficient detail to show the relationship.*
Priority 5 ☐ Adult grandchild <i>(Experience Payment only)</i>	- A long-form birth certificate, adoption order, or child support order made against the deceased Survivor Class Member's child, and the deceased Survivor Class Member's child's long-form birth certificate, adoption order, or child support order made against the Survivor Class Member; OR - Solemn declaration (see Part 8) that the deceased Survivor Class Member was your grandparent, including sufficient detail to show the relationship.*

* Proof of relationship may include family photographs, an obituary naming you as the deceased Survivor Class Member's child, sibling or grandchild, or a sworn attestation by another relative of the deceased Survivor Class Member.

7

PART 7 | Heir Claimants

**Step 3 – Place an “X” in the box of whichever statement is true and complete the associated Declaration (Required)**

3a

☐

I declare that to the best of my knowledge and belief there are no living family members who have equal or higher priority than me.

Solemn Declaration of Intestacy and Eligible Heir

☐ I solemnly declare that, to the best of my knowledge, the deceased Survivor Class Member named on **page 1** of this Claim Form died without leaving a will and that no Estate Executor has been appointed to manage the deceased Survivor Class Member's estate. I solemnly declare that I am the highest priority Eligible Heir and there are no Eligible Heirs with higher priority than me.

SIGN

First Name (Printed)

Last Name (Printed)

Signature (Required)

Year (YYYY)

Month (MM)

Day (DD)

OR

3b

☐

***There are other living family members of equal priority to me.** Complete this section to identify those other Eligible Heirs (the other children, siblings, or grandchildren of the Survivor Class Member).*

Solemn Declaration of Intestacy and Designated Heir Claimant

☐ I solemnly declare that, to the best of my knowledge, the deceased Survivor Class Member named on **page 1** of this Claim Form died without leaving a will and that no Estate Executor has been appointed to manage the deceased Survivor Class Member's estate. I solemnly declare that the names, birth dates, current addresses, and signatures listed on **pages 15-18** of this Claim Form are those of all the deceased Survivor Class Member's highest priority Eligible Heirs. Additionally, I solemnly declare that I have been selected by the listed Eligible Heirs as the Designated Heir Claimant, and I am submitting this Claim Form on behalf of those Eligible Heirs of the deceased Survivor Class Member named on **page 1** of this Claim Form. I solemnly declare that I will distribute all amounts awarded under the Settlements in respect of the Survivor Class Member to all other highest priority Eligible Heirs in equal shares.

SIGN

First Name (Printed)

Last Name (Printed)

Signature (Required)

Year (YYYY)

Month (MM)

Day (DD)

7

PART 7 | Heir Claimants

If you selected and signed **3b** on **page 14** of this Claim Form, you are required to have the highest priority Eligible Heirs complete their information and provide their signatures in **Step 4** below.


Step 4 – If there are other Eligible Heirs of equal priority to you, complete this section with their details (Required if applicable).

Each of the deceased Survivor Class Member's Eligible Heirs (other than the Designated Heir Claimant) is required to fill in and sign this part of the Claim Form. If you need space for more Eligible Heirs, you can attach additional pages.

Eligible Heir 1

First Name	Middle Name	Last Name
Date of Birth (YYYY/MM/DD):		
Relationship to the deceased:		
☐ Child	☐ Sibling	☐ Adult Grandchild
Street Number	Street Name	Unit
PO Box Number	City/Town/Community	Postal Code
Province/Territory	Country	

☐ I declare that I am an Eligible Heir and authorize the Designated Heir Claimant (named on **page 12** of this Claim Form) to submit this Claim on my behalf and on behalf of the deceased Survivor Class Member.

Eligible Heir 1:

First Name (Printed)	Last Name (Printed)										
Signature (Required)	<table border="0"> <tr> <td> </td> <td>/</td> <td> </td> <td>/</td> <td> </td> </tr> <tr> <td>Year (YYYY)</td> <td></td> <td>Month (MM)</td> <td></td> <td>Day (DD)</td> </tr> </table>		/		/		Year (YYYY)		Month (MM)		Day (DD)
	/		/								
Year (YYYY)		Month (MM)		Day (DD)							

SIGN >

7

PART 7 | Heir Claimants**> Step 4 – Continued**

Each of the deceased Survivor Class Member's Eligible Heirs (other than the Designated Heir Claimant) is required to fill in and sign this part of the Claim Form. If you need space for more Eligible Heirs, you can attach additional pages.

Eligible Heir 2

First Name	Middle Name	Last Name

Date of Birth (YYYY/MM/DD):

			/			/		
----------------------	----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

Relationship to the deceased:

☐ Child ☐ Sibling ☐ Adult Grandchild

Street Number	Street Name				Unit		

PO Box Number	City/Town/Community				Postal Code		

Province/Territory	Country

☐

I declare that I am an Eligible Heir and authorize the Designated Heir Claimant (named on **page 12** of this Claim Form) to submit this Claim on my behalf and on behalf of the deceased Survivor Class Member.

Eligible Heir 2:

First Name (Printed)	Last Name (Printed)

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

SIGN >

7

PART 7 | Heir Claimants**> Step 4 – Continued**

Each of the deceased Survivor Class Member's Eligible Heirs (other than the Designated Heir Claimant) is required to fill in and sign this part of the Claim Form. If you need space for more Eligible Heirs, you can attach additional pages.

Eligible Heir 3

First Name	Middle Name	Last Name

Date of Birth (YYYY/MM/DD):

			/			/		
----------------------	----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

Relationship to the deceased:

☐ Child ☐ Sibling ☐ Adult Grandchild

Street Number	Street Name				Unit		

PO Box Number	City/Town/Community				Postal Code		

Province/Territory	Country

☐

I declare that I am an Eligible Heir and authorize the Designated Heir Claimant (named on **page 12** of this Claim Form) to submit this Claim on my behalf and on behalf of the deceased Survivor Class Member.

Eligible Heir 3:

First Name (Printed)

Last Name (Printed)

Signature (Required)

Year (YYYY)

Month (MM)

Day (DD)

SIGN >

7

PART 7 | Heir Claimants

> Step 4 – Continued

Each of the deceased Survivor Class Member's Eligible Heirs (other than the Designated Heir Claimant) is required to fill in and sign this part of the Claim Form. If you need space for more Eligible Heirs, you can attach additional pages.

Eligible Heir 4

First Name	Middle Name	Last Name
Date of Birth (YYYY/MM/DD):		
	/	/
Relationship to the deceased:		
☐ Child	☐ Sibling	☐ Adult Grandchild
Street Number	Street Name	Unit
PO Box Number	City/Town/Community	Postal Code
Province/Territory	Country	

☐

I declare that I am an Eligible Heir and authorize the Designated Heir Claimant (named on **page 12** of this Claim Form) to submit this Claim on my behalf and on behalf of the deceased Survivor Class Member.

Eligible Heir 4:

First Name (Printed)	Last Name (Printed)
	/ /
Signature (Required)	Year (YYYY) Month (MM) Day (DD)

SIGN >

8

PART 8 | Solemn Declarations

If you are submitting a claim as an Heir Claimant and do not have documentation to establish your relationship to the deceased Survivor Class Member, you must complete the applicable Declaration in this section. Please complete only the Declaration that corresponds to your relationship to the deceased Survivor Class Member (Married/Common-Law Spouse, Child, Sibling or Adult Grandchild) indicated in **Part 7, page 13** of this Claim Form.

Solemn Declaration of Marriage or Common-Law Relationship**Solemn Declaration of Marriage**

☐ I solemnly declare that I legally married the deceased Survivor Class Member named on **page 1** of this Claim Form and we remained married until their death.

We were married in
(City/Town/Community):

on (YYYY/MM/DD):

				/			/		
--	--	--	--	---	--	--	---	--	--

Survivor Class Married Spouse:

First Name (Printed)

Last Name (Printed)

Signature (Required)

--	--	--	--

Year (YYYY)

--	--

Month (MM)

--	--

Day (DD)

OR**Solemn Declaration of Common-Law Relationship**

☐ I solemnly declare that I was in a common-law relationship with the deceased Survivor Class Member named on **page 1** of this Claim Form, and that we cohabited continuously for at least two (2) years immediately prior to and at the time of their death.

Date that cohabitation
began (YYYY/MM/DD):

				/			/		
--	--	--	--	---	--	--	---	--	--

Survivor Class Common-Law Spouse:

First Name (Printed)

Last Name (Printed)

Signature (Required)

--	--	--	--

Year (YYYY)

--	--

Month (MM)

--	--

Day (DD)

8

PART 8 | Solemn Declarations

SIGN

Solemn Declaration of Parent-Child Relationship

☐ I solemnly declare that the deceased Survivor Class Member named on **page 1** of this Claim Form was my parent.

Deceased Survivor Class Member's Child:

First Name (Printed)

Last Name (Printed)

Signature (Required)

Year (YYYY)

Month (MM)

Day (DD)

SIGN

Solemn Declaration of Sibling Relationship

☐ I solemnly declare that the deceased Survivor Class Member named on **page 1** of this Claim Form was my sibling.

Deceased Survivor Class Member's Sibling:

First Name (Printed)

Last Name (Printed)

Signature (Required)

Year (YYYY)

Month (MM)

Day (DD)

SIGN

Solemn Declaration of Adult Grandchild Relationship

☐ I solemnly declare that the deceased Survivor Class Member named on **page 1** of this Claim Form was my grandparent.

Deceased Survivor Class Member's Adult Grandchild:

First Name (Printed)

Last Name (Printed)

Signature (Required)

Year (YYYY)

Month (MM)

Day (DD)