# Walkerton Compensation Plan

Class Action Settlement Stage 1 Application

# Walkerton Compensation Plan Class Action Settlement General Instructions

This Application Forms Package contains:

- 1. The Walkerton Compensation Plan outlining the available compensation;
- 2. The Walkerton Compensation Plan General Instructions explaining the claims process;
- 3. Stage 1 Application for Compensation;
- 4. Consent for the Release of Medical Information Forms;
- 5. Health Practitioner's Information Form; and
- 6. a self-addressed return envelope.

### 1. What is the Walkerton Compensation Plan Class Action Settlement?

The Walkerton Compensation Plan Class Action Settlement is a Court approved settlement of the class action certified with respect to the contamination of the water supply in the former Town of Walkerton during the period April 1, 2000 and December 5, 2000. The Plan as amended and approved by the Court will provide compensation for persons who qualify. The administration of the Plan is being supervised by the Court.

### 2. Who qualifies under the Walkerton Compensation Plan?

You may qualify under the Plan if:

- you were ordinarily resident in the former Town of Walkerton and consumed or used water delivered by the Walkerton P.U.C. at any time in the period April 1, 2000 to December 5, 2000;
- although not ordinarily resident in the former Town of Walkerton, you became ill (or died) as a result of consuming or using water delivered by the Walkerton P.U.C. at any time in the period April 1, 2000 to June 27, 2000;
- you were infected with gastroenteritis or a similar type of illness by exposure to a person described in either paragraph above;
- you are the spouse or same sex partner, child, grandchild, parent, grandparent or sibling of a person described in any of the paragraphs above; or
- although not described in any of the paragraphs above, you suffered a loss of any nature or kind relating to or arising directly or indirectly from the contamination of the water delivered by the Walkerton P.U.C. in the period April 1, 2000 to December 5, 2000.

### 3. What types of compensation are available to me under the Walkerton Compensation Plan?

If you qualify under the Plan, you may apply for financial compensation for any injury or loss arising from the contamination of the water supplied by the Walkerton P.U.C. in the former Town of Walkerton during the period described above. Damages will be assessed in accordance with the principles of Ontario law and with the terms and conditions of the Plan.

### 4. How do I claim under the Walkerton Compensation Plan?

To commence a claim under the Plan, complete the enclosed Stage 1 Application. Return the completed Application with a copy of the documents and other Forms that apply to your claim. You may return the completed Application Forms Package personally or by return mail to:

Walkerton Compensation Plan c/o Crawford Adjusters Canada 106 Colborne St. N PO Box 1587 Walkerton, Ontario NOG 2V0.

### 5. How does the Walkerton Compensation Plan work?

Each person who wishes to claim under the Plan must do so by completing and returning a Stage 1 Application before **January 2**, **2002**. This Application will begin the process. Whether or not you are in the category of class members entitled to the \$2,000 minimum payment, your Stage 1 Application will register you in the Plan.

When your Stage 1 Application is received an acknowledgement letter will be sent to you. Your Stage 1 Application will undergo preliminary assessment to evaluate whether you qualify for the \$2,000 minimum payment described in Section 3.2.3(2) of the Plan. Payment amounts up to \$2,000 for qualified applicants will be processed and cheques issued at this time.

Once an evaluation of your Stage 1 Application has been completed a Stage 2 Application will be sent to you. You may complete and submit the Stage 2 Application for full assessment of your claim. The Stage 2 Application will address in detail the particulars of your individual injuries or losses.

### 6. Who should complete the Stage 1 Application and what documentation is required?

### A separate Stage 1 Application <u>must</u> be completed for each person applying for compensation.

An applicant, who was ordinarily resident in the former Town of Walkerton at any time between April 1, 2000 and December 5, 2000, should provide a copy of his or her driver's license or other proof of residency relating to that time period.

An applicant, who was not ordinarily resident in the former Town of Walkerton but who consumed or used water delivered by the Walkerton P.U.C. at any time in the period April 1, 2000 and June 27, 2000 and became ill or died as a result, should provide any documentary evidence there is, of his or her presence in Walkerton during that time.

It is understood that not everyone who was ill received medical attention. However, to expedite the review process, persons who answered yes in Section B, question 2 or 3 of the application who did receive medical attention should provide any supporting medical documentation in their possession. If you do not have your medical records you may i) obtain them yourself, ii) sign the Consent for Release of Medical Information Form included in this package or iii) have your treating physician complete the Health Practitioner's Information Form provided and return the appropriate documentation with this Application.

# A qualified person must act on behalf of an applicant who is a minor, an incapable person or an estate. Persons who would generally qualify to act include the following:

- •The parents, a custodial parent or a Litigation Guardian are qualified to act on behalf of an applicant who is a minor. A birth certificate of the minor is required in each case. Both parents should sign the Application on behalf of their minor child who is resident with them. In other cases, a copy of a Custody Order, Separation Agreement, or the Court Appointment of a Litigation Guardian, as applicable, should be provided with the completed Application.
- •A Guardian of Property, an Attorney for Property under a Continuing Power of Attorney or a Litigation Guardian is qualified to act on behalf of the applicant who is an incapable person. A copy of the Court Order, Certificate of Guardianship, or Continuing Power of Attorney should be provided with the completed Application.

•An estate trustee or a Litigation Administrator is qualified to act on behalf of a person who has died. A copy of the Will or Codicil containing the appointment, the Certificate of Appointment or the Court Order should be provided with the completed Application.

If you are unsure about your situation contact the Walkerton Compensation Claims Centre.

Information contained in or required by the application process will be collected and used by the Court appointed Administrator. This may include records held by the Ontario Support Centre (Emergency Business Support), Brockton Response Centre, The Ontario Clean Water Agency or the previous "Walkerton Compensation Plan" as it pertains to benefits that have been received through these programs.

### 7. Legal Representation or Independent Legal Advice

Applicants may be represented by a lawyer in the claims process. Applicants not represented by a lawyer are encouraged to seek independent legal advice. You are free to use a lawyer of your choice. The Plan will pay, in accordance with guidelines to be established by the Court, the reasonable fees and disbursements for representation by a lawyer or for independent legal advice for persons who qualify under the Plan.

### 8. What if I don't want to participate in the Walkerton Compensation Plan Class Action Settlement?

You must opt-out of the Walkerton Compensation Plan Class Action Settlement, by sending a written election by May 1, 2001 to:

Neal Pallett & Townsend LLP. 289 Dufferin Avenue London, Ontario N6B 1Z1 Attention: Walkerton Class Action

in the case of a minor a copy must also be sent to:

The Office of the Children's Lawyer 14th floor 393 University Avenue Toronto, Ontario M5G 1W9 Attention: Walkerton Class Action

in the case of an incapable person a copy must also be sent to:

The Office of the Public Guardian and Trustee 800 - 595 Bay Street Toronto, Ontario M5G 2M6 Attention: Walkerton Class Action

### 9. What if I need help?

If you have any general inquiries or require further assistance please call the Walkerton Compensation Plan Claim Centre, c/o Crawford Adjusters Canada at (519) 881-4343 or toll-free 1-866-876-3974.

### 10. Note to Reader

This overview was developed to assist in providing you with a general understanding of the Plan and the claims process. However, the Plan, in all its detail is provided with this package for your review. In the event the provisions of the Plan conflict with this overview, the provisions of the Plan shall prevail.

## **Walkerton Compensation Plan**

### **Class Action Settlement Application - Stage 1**

Please refer to item #6 of the General Instructions. If you are the applicant complete the Applicant Identification section. If you are applying on behalf of an applicant who is an estate, a minor or an incapable person please complete both the Applicant Identification and the Representative Identification sections.

### Section A - Applicant Identification

Last Name					File#
First Name & Initial					For Office Use Only
Current Address				P.O. Box	
City		Province		Postal Cod	e
Address(es) between	n April 1, 2000 to	December 5, 2000, if	different fror	n above.	
Birth Date: Year	Month	Day Date of	of Death (if a	applicable): Year	MonthDay
SIN	Health	Card #		_	
Home Phone		Work Phone		Fax	
email				What is the best ti	me to reach you:
You can be reached		Language Spo	ken	Day(s) of the week	
☐ by telephone ☐ other				Time of day	🗆 am 🚨 pm
Representative Id	dentification				
		y by a person qualifitem #6 of the Genera			ant who is an estate, a
	-	tem #0 of the Genera		<del></del>	g on behalf of an applicant who is:
					minor
First Name & Initial				-/"	n incapable person
Address					n estate
City	Province	Postal Cod	le		e best time to reach you:
Home Phone		Work Phone			/ am  pm
					Section C of this Application.
This section is to be completed only if a lawyer is representing the applicant.					
Name of Law Firm_					
Last Name		First Name	)		
Address					
City	Province	Postal Cod	le		
Phone	Fax		email		

### Section B

Applicant Information - Complete the following section about the applicant.

Question 1			
Were you ordinarily resident in t	he former Town Of Walkertor <b>Yes                                    </b>	at any time between April	1, 2000 and December 5, 2000?
If so, for what period? From:	To:		
If so, did you consume or use wat	er delivered by the Walkerton	P.U.C. at any time between A	April 1, 2000 and December 5, 2000?
	Yes 🗆 No 🗆		
If you answered yes to Question	•		
Please include proof of reside and Section C of this Applicat	• •	cribed above. Refer to iter	n #6 of the General Instructions
Question 2			
If you were not a resident of the	former Town of Walkerton di	d you consume or use wate	er delivered by the Walkerton P.U.C.
at any time between April 1, 200	0 and June 27, 2000?		
Yes ☐ No ☐	)		
If yes, when were you in Walker	ton? From:	_To:	
Did you become ill as a result of	consuming or using water d	elivered by the Walkerton P	U.C. in that time?
Yes ☐ No ☐	)		
Please describe the purpose of	your attendance in Walkertor	n between the period of Apr	il 1, 2000 and June 27, 2000
Please identify where you consu	ımed or used the water durin	g the time you were in Wall	kerton
How many times did you consur	ne or use the water during th	e time you were in Walkerto	on?
Please identify your illness.			
Please identify dates of illness F	rom:	To:	
Did you go to a doctor? Yes ☐	No ☐ Name of doctor		Number of visits
Identify the dates of visits.			
Did you go to a hospital? Yes	<b>I No</b> □ Name of hospital _		Number of visits
Identify the dates of visits.			
Were you admitted? Yes ☐ No			
Are you still under doctor's care	? Yes 🗆 No 🗅 If yes, docto	or's name	
If you answered yes to Question Please include supporting medic			ns and Section C of this Application.

nsuming or using water delivered by the Walkerton P.U.C	?	
Yes ☐ No ☐		
ease identify the name and address of the person you we	ere exposed to.	
nen were you exposed to this person? From:	To:	
as this person a resident or non-resident of Walkerton at	the time of your exposure?	
ease describe your relationship to this person.		
ease describe the nature of your exposure to this person.		
ease identify the number of exposures you had with this p	oerson	
ease describe this person's illness		
ease describe the nature of your illness.		

Did you go to a doctor? 🛚 Yes 🗖	No Name of doctor		Number of visits
Identify the dates of visits			
Did you go to a hospital? 🛭 Yes 🗆	Number of visits		
Identify the dates of visits			
Were you admitted? 🛭 Yes 🖫 No			
Are you still under doctor's care?	Yes D No If yes doctor's nan	ne	
If you answered yes to Question 3 p	please proceed to Section C.		
Please include supporting medical do	cumentation. Refer to item # 6 of t	he General Instructions and S	Section C of this Application
Question 4  If you answered No to questions 1, grandchild, parent, grandparent or so by the Walkerton P.U.C. between the Ye  If yes please identify the family mer	sibling of someone who became e period April 1, 2000 and Deceis • No	ill or died as a result of cont mber 5 , 2000?	•
Name	Address	Date of Birth	Relationship To You
- Name	7.000	24.0 0. 2	Troiding to rou
			•
Question 5 Have you suffered a loss of any oth ered by the Walkerton P.U.C. at any Yes \(\bigcup \) No \(\bigcup \)	5	•	ntamination of water deliv-
a) Is this a Business Loss?	☐ Yes ☐ No		
b) Is this a Property Loss?	☐ Yes ☐ No		
c) Is this another kind of loss?	☐ Yes ☐ No		
If you answered yes to any of the al	pove please describe the nature	of the losses.	

### Section C

With this Application I am enclosing the	following supporting documentation.	
For persons completing <u>Section A</u> Re	presentative Identification only.	
1. Proof of Court Appointment as Litigati	on Administrator of an estate.	□ Yes □ No
2. Notarial Copy of Will or Codicil appoir	iting an estate trustee.	□ Yes □ No
3. Certificate of Appointment as estate tr	ustee.	□ Yes □ No
4. Court Appointment as Litigation Guard	dian of an incapable adult.	□ Yes □ No
5. Court Appointment or Certificate of Gu	uardian of Property of an incapable adult.	□ Yes □ No
6. Continuing Power of Attorney appoint	ng an Attorney for Property.	□ Yes □ No
7. Copy of Birth Certificate for a minor.		□ Yes □ No
8. Court Order or Separation Agreement	relating to custody of a minor.	□ Yes □ No
9. Court Appointment as Litigation Guard	dian of a minor.	□ Yes □ No
10. Other. Please identify		□ Yes □ No
For persons who answered yes to Sec	ction B, Question 1 only.	
11. Copy of a Driver's License, Lease Ag	greement, Municipal Tax Statement,	
Walkerton P.U.C. Statement or other	documentary evidence of residence in the	
former Town of Walkerton, between	April 1, 2000 and December 5, 2000.	□ Yes □ No
For persons who answered yes to Se	ction B, Question 2 or 3 only.	
12. Completed Health Practitioner's Info	rmation Form.	□ Yes □ No
13. Completed Medical Consent Form(s	).	☐ Yes ☐ No
14. Copy of medical records.		□ Yes □ No
For persons who answered yes to Se	ction B Question 2 only.	
15. Documentary evidence of the application	ant's presence in Walkerton during the period	
April 1, 2000 to June 27, 2000.		□ Yes □ No
Section D		
	licant or the person qualified to act on behalf on. Please read the following declaration careful	- ·
	cords obtained by Crawford Adjusters Canad he applicant under the previous "Walkerton C	
I understand that I am entitled to be repr	esented by a lawyer or to seek independent I	egal advice.
·	tor will be reviewing the applicant's claim for claim or to ask for additional information.	compensation
	ded in this Application. I make this solemn ded d knowing that it is of the same force and effe	
Signature	Date	
Signature	Date	