

WORKFORCE INC CLASS ACTION SETTLEMENT - CLAIMS FORM

For Claims Administration Use only	
Date Application Received (yyyy-mm-dd)	
PLEASE COMPLETE ALL OF THE FOLLOWING FIELDS:	
PART 1 – APPLICANT INFORMATION	
<p>Please note, if you are eligible to receive compensation as part of this class action, this information will be used to issue a cheque in your name, if you do not provide a blank cheque or direct deposit banking information. Please ensure that the information properly <u>matches the information that your bank would have on file.</u></p>	
1. Last Name	
2. First Name	
3. Permanent Home Address (include street address, city/town, and province/territory)	
4. Mailing Address (if different from above)	
5. Telephone Number	
6. Alternate Telephone Number	
7. Email address	
8. If any of this information is different than what Workforce Inc. and SOS (Sudbury) Inc. may have on record, please list.	

9. Estate Information

For persons administering the estate of a client, please complete this form on behalf of the estate.
Fill out the information below and complete the form with the information of the Deceased person.

Name of Legal Representative:

Phone number:

Email:

I confirm I am seeking a review on behalf of a deceased client and am an administrator or executor duly authorized to file this claim.

Signature_____

PART 2 – INFORMATION REGARDING CLAIM

9. What was your position(s) with SOS
(Sudbury)Inc. or Workforce Inc and
when were you employed?

Check Rows that apply

Class Counsel will use any Workforce and
SOS records available to determine what
position(s) you worked. If you have any
documents that show what position you held,
please enclose them.

Relevant documents may be: emails, receipts,
pay stubs, etc.

Year	Labourer	Attendant	Rescue	Coordinator	
2011					
2012					
2013					
2014					
2015					
2016					
2017					
2018					
2019					
2020					
2021					
2022					

PART 3 – LEGAL

10. Indemnity

By signing this form, you acknowledge that, if you receive a payment under this settlement, you will be responsible for any taxes, EI premiums or CPP premium that might apply to that payment. Workforce Inc. and SOS (Sudbury) Inc., (collectively, the “**Defendants**”) and Monkhouse Law will not be withholding or remitting any portion of the settlement funds that you may receive to the Canada Revenue Agency (“**CRA**”) on your behalf. You agree to indemnify and hold harmless, and release any claims you may have against, the Defendants and each of their past and present parents, subsidiaries, affiliates, partners, insurers, and all other persons, partnerships, or corporations with whom any of the foregoing have been, or are now, affiliated, and each of their respective past and present officers, directors, employees, agents, stockholders, attorneys, servants, representatives, and insurers, and the predecessors, successors, heirs, executors, administrators and assigns of any of the foregoing and Monkhouse Law Employment Lawyers in respect of any claims, taxes, charges, penalties, or obligations that may be applied by the CRA or any other governmental or authorized authority to any payment you may receive under this settlement

11. Privacy Statement and Consent

Monkhouse Law will collect, use and/or disclose this form and any enclosures, data, information, reports, or other documents of any nature which are disclosed, revealed, or transmitted to them in connection with this form or your claim for the purpose of executing the terms of the Settlement Agreement. The collection, use and disclosure of any personal information received is subject to applicable laws, including the *Personal Information and Protection and Electronic Documents Act*, S.C. 2000, c. 5.

In submitting this form, you consent to the collection, use and disclosure of the information contained herein for the purpose of executing the terms of the Settlement Agreement, including the claims process.

PART 4 – DECLARATION AND SIGNATURE

12. I DECLARE THAT:

- a) This application form was completed by me, a legal representative authorized to submit this form on my behalf or the legal representative of a deceased person.
- b) The information provided in this form is true, based on my personal records, experience, and recollection. If the information described above is inaccurate, false, or misleading, I may be required to repay the compensation that I receive.
- c) I have read and agree to the Indemnity provision set out in paragraph 10 above.
- d) I have read and agree to the Privacy Statement and Consent provision set out at paragraph 11 above.
- e) I enclose the following documents (check all that apply)
 - Copy of Government Issued ID
 - Copy of Void Cheque or Banking Information for Direct Deposit
 - Documents proving the positions I held with the Defendants

Applicant's Signature

Date

PART 5 – WHERE TO SEND YOUR CLAIM FORM

Please mail, email, or fax your completed form and any attached documents (if applicable) to the following address:

Workforce Inc. and SOS (Sudbury) Inc. Class Action

c/o Monkhouse Law, 220 Bay Street, Suite 900, Toronto, Ontario, M5J 2W4

workforce.classaction@monkouselaw.com

If you do not provide your Blank Cheque or Banking Information for Direct Deposit, any payments to you under the Settlement will be sent by cheque to the address you listed on your claim form.