

CLAIM FORM
MANITOBA PRIVACY CLASS ACTION

You must fill in this Claim Form to ask for money from the CDS Privacy Breach settlement.

Before you fill in this Form, you should read the document called **Notice of Settlement in CDS Privacy Breach Class Action**. The Notice tells you where to get help with this form.

In this Claim Form, “Privacy Breach” means the delivery of an email of August 26, 2020 by staff at the Office of Children’s DisABILITY Services, to multiple unauthorized recipients, containing the personal information and personal health information of Class Members and as further particularized in the Action.

There is a claims office that decides if you get money. The name of that office is CDS Privacy Breach Class Action Administrator. Send this Form to that office. You must send it by **September 25, 2023**. After that, it will be too late.

This Claim Form is confidential. Everything you write here will stay private. The claims office will read your form. The claims office may need to show your form to the lawyers and staff involved in this case. But they cannot show it to anyone else.

Please read carefully. Ask for help if you do not understand. You can also call or email the claims office for help:

- Phone: 1-855-662-1835
- Email: CDSPrivacyBreachClassAction@ricepoint.com
- Mailing Address: Claims Administrator
P.O. Box 3355
London, ON N6A 4K3

Are you helping someone else with this form?

Please use that person's name to fill in the form.
Write answers about the person you are helping.
That person should sign at the end of the form.

If that person cannot sign, then sign and print your own name there.

Section A: Complete only if you are filling out this Claim Form as a guardian or legal representative of a class member who is a minor and/or a person under disability:

Name of Guardian/Legal Representative	Signature of Guardian/Legal Representative	Date
Name of Class Member:		
Address of Class Member:		
Email of Class Member:		
Telephone of Class Member:		
Relationship of Guardian/Legal Representative to Class Member:		
Address of Guardian/Legal Representative:		
Email of Guardian/Legal Representative:		
Telephone of Guardian/Legal Representative:		

Section B: Complete only if you are submitting this Claim Form on your own behalf:

Name of Class Member	Signature of Class Member	Date
Address of Class Member: _____		
Email of Class Member: _____		
Telephone of Class _____		

Section C: Claim Details

1.	<input type="checkbox"/>	I am checking this box because I suffered harm when I learned of the Privacy Breach ("Low Harm").
2.	<input type="checkbox"/>	I am checking this box because the harm I suffered was more than just my initial reaction to the Privacy Breach. ("High Harm").

If you checked box #2, in order to be eligible for a High Harm award, you must provide details of the harm you suffered, including any conversations with CDS or the Department of Families about your reaction. You must also include a note from a regulated healthcare professional (doctor, nurse, social worker, psychologist, etc)

indicating that they are aware of how upset you were about the Privacy Breach.¹

Please provide details of the harm you suffered below (you can attach more pages if needed):

1. If you provide a note from a regulated healthcare professional, and they charge you money to write the note, please indicate how much they charged you, here: \$_____. Please attach the bill/receipt to your claim form. You may be eligible for reimbursement up to \$75. If you are attaching a bill/receipt for a note from a regulated healthcare professional, please check this box.

¹ If you never complained to a regulated healthcare professional or cannot provide a note from that professional, you will not be eligible for a High Harm award, unless the Defendant or Class Counsel have records indicating conversations between you and the Department of Families, or between you and Class Counsel, that either: had a frequency of greater than 2, or identified a reaction from the Claimant beyond an initial reaction to the news of the Privacy Breach.

2. If, subsequent to the Privacy Breach, you enrolled in a credit monitoring program, please attach proof of payment to your claim form. You may be eligible for reimbursement up to \$75. If you are attaching a proof of payment for a credit monitoring service, please check this box.

3. If you want to receive any eligible payment by **e-transfer** to the email address indicated above, please check this box.

4. If you want to receive any eligible payment by **cheque** to the mailing address indicated above, please check this box.