

OPT OUT FORM

To: **Restigouche Hospital Centre Class Action**
By Email: info@RestigoucheHospitalCentreClassAction.ca
or By Mail: NWQ Claims Administrator
P.O. Box 3355
London, ON N6A 4K3

This is **NOT** a claim form. Completing this OPT OUT FORM will exclude you from receiving any compensation arising out of the settlement in the class proceeding named below:

Court File No. MC/76/2021

DARRELL TIDD AS LITIGATION GUARDIAN of DEVAN TIDD and REID SMITH as LITIGATION GUARDIAN OF AARON SMITH

Plaintiffs

- and -

PROVINCE OF NEW BRUNSWICK and REGIONAL HEALTH AUTHORITY A C/O VITALITÉ HEALTH NETWORK

Defendants

- **I understand that by opting out of this class proceeding, I am confirming that I do not wish to participate in this class proceeding and I do not want to receive any money or benefits that may be available through this lawsuit.**
- I understand that any individual claim I may have must be commenced within a specified limitation period or it will be legally barred.
- I understand that the certification of this class proceeding suspended the running of any limitation period from the time the class proceeding was filed. Any applicable limitation period will resume running against me when I opt out of this class proceeding.
- I understand that by opting out, I am fully responsible for taking all legal steps to protect any claim I may have and to do so within the applicable limitation period.

DATE: _____

NAME OF CLASS MEMBER: _____

SIGNATURE OF WITNESS

SIGNATURE OF CLASS MEMBER OPTING OUT OR
SUBSTITUTE DECISION MAKER (IF APPLICABLE)

TELEPHONE: _____

NAME OF WITNESS

NAME OF SUBSTITUTE DECISION MAKER
(IF APPLICABLE)

* Attached is a copy of the document appointing me as Attorney for Property.

To opt out, this form must be properly completed and received at the above-address no later than August 25, 2023.