

OPT OUT FORM - Istuary Companies Employment Dispute

Settlement Opt-Out Form

This is NOT a claim form. Do not complete this form if you wish to receive the Settlement Payment described in your Settlement Information Package.

If you complete this form, you will not receive any compensation arising from the proposed settlement.

ONLY COMPLETE THIS FORM IF YOU WISH TO OPT OUT OF THE SETTLEMENT AND PURSUE YOUR CLAIM INDIVIDUALLY AGAINST THE SETTLING DEFENDANTS.

Opt-Out Forms must be submitted to Koskie Minsky LLP no later than 5:00 p.m. EST on January 17, 2025.

Mail: Koskie Minsky LLP
 Attention: Communications Department
 20 Queen St. West
 Suite 900, Box 52
 Toronto, ON M5H 3R3

Email: istuarygroup@kmlaw.ca

Contact Information

Name: _____

Address: _____

Telephone: _____

Email: _____

Reasons (optional)

Please explain your reason(s) for opting out of the settlement:

Declaration

I, _____ (name) understand that by opting out of this settlement agreement, I am confirming I do NOT want to participate in this settlement of claims before the Ontario Labour Relations Board. I do NOT wish to receive any benefit that may be obtained from the settlement of the claims.

I understand that I must mail or e-mail this opt-out form before 5:00 p.m. EST on January 17, 2025, or else it will not be valid.

I understand that by opting out, I take full responsibility for the resumption of the continuation of my claim before the Ontario Labour Relations Board and for taking all necessary legal steps to advance and protect any claim that I may have.

Name

Signature

Telephone

Date