

CERTIFICATION OF NO PRIOR COMPENSATION

NOTE TO CLAIMANTS

This *Certification of No Prior Compensation* Form is part of the out-of-court settlement.

Canada and the Tiller Class Action Parties agreed that potential claimants who have already resolved a civil claim, grievance or harassment complaint in which compensation was claimed, including a claim made pursuant to a Workers' Compensation scheme or a complaint to a Human Rights Tribunal with respect to the same event(s) and injury(ies) as claimed in the Claim Form, will not be eligible to participate in this process. As such, you must certify that you have not been compensated from any source, with respect to the same events and injuries for which you are making a claim under this Settlement.

If you have any questions regarding this form or the Independent Claims Process, please call XXX or email your questions to XXX.

PROVIDING COMPLETED CERTIFICATION OF NO PRIOR COMPENSATION FORM

Your completed Certification of No Prior Compensation Form, along with a photocopy of a government-issued piece of photo identification and all supporting documents, must be sent to the Administrator within 180 days of the Implementation Date, that date being XXXX. You do not need to send the Certification of No Prior Compensation Form in right away, but you must send the form before XXXX in order to be eligible for compensation.

AFTER FILLING THE CERTIFICATION OF NO PRIOR COMPENSATION FORM, ALSO REMEMBER TO:

- Review all of your answers to make sure they are as complete as possible.
- Make a copy this form for your records.

This form must be completed and sent to the Administrator, along with any additional sheets of paper, as well as a photocopy of a government-issued piece of identification. If convenient, this form can be completed online on the secure server managed by the Administrator. If you choose to complete it by hand, please send it back by mail and **NOT** by email. If the form was sent to you by mail, please use the prepaid self-addressed envelope that was provided with it. If you do not have a prepaid self-addressed envelope, please place the form along with the rest of the required material in an envelope addressed to:

Confidential Letter
Office of the Administrator XXX
XXX

ALL CLAIMS ARE CONFIDENTIAL.

CERTIFICATION OF NO PRIOR COMPENSATION

DECLARATION

I, _____, from the City of

_____, in the province of _____,

SOLEMNLY DECLARE:

I HAVE NOT RESOLVED A CIVIL CLAIM, GRIEVANCE OR HARASSMENT COMPLAINT FOR COMPENSATION FOR HARASSMENT, INCLUDING A CLAIM MADE PURSUANT TO A WORKERS' COMPENSATION SCHEME OR A COMPLAINT TO A HUMAN RIGHTS COMMISSION WITH RESPECT TO THE SAME EVENT(S) AND INJURY(IES) FOR WHICH I AM MAKING A CLAIM UNDER THIS SETTLEMENT.

I understand that the Administrator or Independent Assessor can verify the truthfulness of my statements and allegations by seeking information necessary to properly determine my certification regarding no prior compensation from third parties, including my employer, the organization for which I volunteered, the RCMP. The Independent Assessor shall put to the claimant any information that may be unfavourable to the claimant's allegations and give her the opportunity to respond.

I confirm that all of the information provided in this No Prior Compensation Form is true, whether made by me or on my behalf. Where someone has helped me with this No Prior Compensation Form, that person has read to me everything they wrote and included with this *No Prior Compensation Form*, if necessary to allow me to understand the content of this completed No Prior Compensation Form and any attachments to it, and I confirm that this information is true.

I ACCEPT THAT SIGNING THIS CERTIFICATION OF NO PRIOR COMPENSATION FORM HAS THE SAME EFFECT AS IF I HAD STATED THE INFORMATION CONTAINED IN THE CERTIFICATION OF NO PRIOR COMPENSATION FORM AND ACCOMPANYING CLAIM FORM UNDER OATH (OR AFFIRMATION) IN COURT.

Witness Signature

(The witness must be a Commissioner for taking affidavits or someone you personally know. The witness must see you sign the form but is not required to read the form.)

Print name of the witness

Date (day/month/year)

Claimant (or guardian) Signature

Date (day/month/year)