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Federal Court



Cour fédérale

Date: 20251223

Docket: T-143-18

Ottawa, Ontario, December 23, 2025

PRESENT: The Honourable Mr. Justice Favel

CERTIFIED CLASS PROCEEDING

BETWEEN:

ANN CECILE HARDY AND CECIL HARDY

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER

WHEREAS the Settlement Agreement (the "Settlement") between the Parties was approved by Order of the Court (the "Settlement Approval Order") dated June 24, 2025;

UPON motion made by the Plaintiffs, on consent, for an order with respect to certain administrative matters relating to implementation of the Settlement;

THIS COURT ORDERS that:

1. The definitions set out in the Settlement and the Settlement Approval Order apply in this Order;

2. The Claims Protocol is approved in the form attached as **Schedule "A"**, subject to the right of the Parties and the Claims Administrator to make non-material amendments as may be necessary and appropriate;
3. The Estates Protocol is approved in the form attached as **Schedule "B"**, subject to the right of the Parties and the Claims Administrator to make non-material amendments as may be necessary and appropriate;
4. The Individual Legal Fees Protocol is approved in the form attached as **Schedule "C"**, subject to the right of the Parties and the Claims Administrator to make non-material amendments as may be necessary and appropriate;
5. The Data Disposition Protocol is approved in the form attached as **Schedule "D"**, subject to the right of the Parties and the Claims Administrator to make non-material amendments as may be necessary and appropriate;
6. The Claim Form is approved in the form attached as **Schedule "E"**, subject to the right of the Parties and the Claims Administrator to make non-material amendments as may be necessary and appropriate;
7. Castlemain is hereby appointed as the Claimant Support Program Provider for the purposes of implementing the Claimant Support Plan;
8. The Claimant Support Plan is approved in the form attached as **Schedule "F"**, subject to the right of the Parties and the Claimant Support Program Provider to make non-material amendments as may be necessary and appropriate;

9. Canada shall pay reasonable fees and expenses for the costs of the Claimant Support Plan.
10. The Implementation Date under the Settlement shall be January 27, 2026;
11. Phase 2 Notice shall be distributed by the Notice Provider as soon as practicable following the issuance of this Order in accordance with the plan of distribution (the "**Phase 2 Notice Plan**") attached as **Schedule "G"**;
12. The Phase 2 Notice Plan constitutes fair and reasonable notice to the Class of settlement approval and the Claims Process, and reflects the principles set out at paragraph 4.02(3) of the Settlement;
13. Phase 2 Notice is approved in the form attached as **Schedule "H"**;
14. Class Counsel is authorized to and shall disclose to the Notice Provider a consolidated contact list of Class Members who registered with Class Counsel to receive updates on the class action (the "**Contact List**") so that Phase 2 Notice may be provided to them by the Notice Provider. The Court makes this order pursuant to its jurisdiction under Rule 385(1) of the *Federal Courts Rules*, SOR/98-106 to give any directions or make any orders that are necessary for the just, most expeditious and least expensive outcome of the proceeding;
15. The Notice Provider shall retain, use, and dispose of the Contact List in accordance with the Data Disposition Protocol;
16. Wesley Marsden and Emily McCarthy are hereby appointed to carry out the duties of the Independent Reviewer as specified in the Settlement and in the Claims Protocol, and to make recommendations to the Parties with respect to the appointment of additional

Independent Reviewers as may be necessary and appropriate, and the oversight of those Independent Reviewers, subject to approval by the Court;

17. Canada shall pay Wesley Marsden's and Emily McCarthy's reasonable fees and expenses for carrying out the duties of Independent Reviewer;
18. The Honourable Michael L. Phelan is hereby appointed as Chair of the Exceptions Committee in accordance with section 8.01(1) of the Settlement Agreement; and
19. Canada shall pay the Honourable Michael L. Phelan's reasonable fees and expenses for carrying out the duties of Chair of the Exceptions Committee.

"Paul Favel"

Judge

SCHEDULE “A”

Federal Indian Hospitals Class Action Settlement

Claims Protocol

GENERAL

A. This is the Claims Protocol for the Settlement Agreement between Ann Cecile Hardy and Cecil Hardy and The Attorney General of Canada as approved by the Federal Court of Canada on June 24, 2025 (“Settlement Agreement” or “SA”).

B. Interpretation of this Claims Protocol: Capitalized terms are defined either in the Settlement Agreement or in this Claims Protocol. For example, under the SA “Day” refers to Business Day, being a day other than a Holiday (SA 1.01).

C. Apart from direct quotation, where the SA refers to “Application”, it will be referred to as “Claim” in this Protocol.

D. “Missing Information” refers to any required information or required supporting documentation that is absent or incomplete in a submitted Claim Form package, including but not limited to forms, identification, certificates or other proof required under the Claims Process. Any Missing Information subject to this Protocol is noted as “required” on the Claim Form.

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**PERSONAL REPRESENTATIVES – MINORS AND ADULT PERSONS UNDER
DISABILITY**

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A. *PHASE 1: CLAIM SUBMISSION AND INTAKE*

1. The Claimant must file a complete Application (or “Claim” as noted elsewhere in this document) and provide all required supporting documentation to the Claims Administrator prior to the Claims Deadline (defined in SA 1.01), or any extension thereof in accordance with SA 3.05.
2. The Claimant may submit a Claim:
 - a. through the online Claim portal; or
 - b. by email; or
 - c. by fax; or
 - d. by mail.
3. The Claim includes two separate sections related to eligibility of a Claimant for compensation:
 - a. Admission to a Federal Indian Hospital; and
 - b. Compensation under the Compensation Grid for abuse/harm.
4. For a Claimant to be eligible for compensation they must have both:
 - a. **Been admitted to one of the 33 Federal Indian Hospitals during the Class Period (during dates of operation under management and control by Canada) (SA Schedule D)**, included in Part 2 and 2A of their Claim Form (SA 3.02 (4)), [See Phases 2 to 5 Below];

AND
 - b. **Suffered Abuse/Harm in accordance with the Compensation Grid (SA Schedule B) while admitted at one of the 33 Federal Indian Hospitals during the Class Period (SA Schedule D)**, included in Part 2B of their Claim Form [See Phases 6-8 Below].

5. A Claimant may submit only one Claim per Primary Class Member (SA 3.04 (5)). This includes any situation including, for example, where legal counsel is subsequently retained or a Personal or Estate Representative (referred throughout as “**Representative**” and defined in the SA) is required for the Primary Class Member.
6. Where the Claimant subsequently passes away or becomes a Person Under Disability, additional representative documents, appended to the Claim Form, must be provided to complete the Claim already in process.
7. Additional information or documentation may be submitted prior to the final adjudication of the Claim’s Eligibility and Compensation; however, the Claimant may not request a different Level of Compensation once a Claim has been submitted (SA 3.04 (5)).
8. In the event of multiple Claim Form submissions, and where there are multiple different Levels provided, the Level of Compensation claimed within the first signed Claim Form will take precedence and may not be amended by the Claimant after submission.
9. For Claims received with complete contact details, the Claims Administrator will provide confirmation of receipt by letter or email, based on the method of submission.
10. Where legal counsel has been retained or an Estate Representative submitted a Claim, refer to separate respective Protocols:
 - a. Individual Legal Fees Protocol; and
 - b. Estates Protocol.
11. Where a Claimant has retained legal counsel, the Claims Administrator shall by default communicate directly with the Claimant’s legal counsel with respect to the Claimant’s Claim. However, the Claims Administrator may contact the Claimant directly, in any circumstance, even where a lawyer is retained.

Claim completeness requirement

12. The Claim Form will include instructions regarding the information and supporting documentation required to be provided for the Claims Administrator to commence its review.
13. After receipt of the Claim, the Claims Administrator will review the information and supporting documents provided in the Claim for completeness. The Claims Administrator may supplement or correct Claim omissions or errors (other than Level of Compensation claimed, which cannot be changed) to assist the Claimant if the information is made available to the Claims Administrator by the Claimant, Class Counsel, other legal counsel, or Canada prior to final adjudication.
14. Where applicable, the Claims Administrator will send a letter to the Claimant:
 - a. Advising that there is missing information or clarification of information is required; or
 - b. Denying eligibility, for example, if the Claimant is part of a Prior Settlement (has released Canada for abuses suffered at an Indian Hospital through a previous individual settlement) or passed away before January 25, 2016 (SA 6.01(1) and (3)). Where the Claimant is denied as part of a prior settlement or passed away before January 25, 2016, this decision is final and not subject to Reconsideration or appeal.
15. If the Claims Administrator determines that the Claim Form is incomplete and that there is Missing Information, the Claims Administrator will send a Missing Information Letter or notification to the Claimant.
16. The Claimant will have a total of 365 days from the date of the Missing Information Letter or notification to provide all the requested Missing Information to the Claims Administrator (the “**Response Period**”).
17. During the Response Period, the Claims Administrator will make best efforts to contact the Claimant (or their representative) to retrieve Missing Information in accordance with the following paragraph. The Response Period does not reset with any future communications from the Administrator.

18. The Claims Administrator will make three attempts to contact the Claimant or their representative during the Response Period.
 - a. If Missing Information remains outstanding, approximately three months and approximately six months after the Missing Information Letter or notification was sent, the Claims Administrator will attempt to contact (call or email) the Claimant. If no phone number or email was provided, or the Claimant cannot be reached at the provided phone number or email, the Claims Administrator will reissue another letter or notification requesting Missing Information by postal mail, to the postal address provided by the Claimant.
 - b. If Missing Information remains outstanding, approximately nine months after the first Missing Information Letter or notification was sent, the Claims Administrator will issue a Final Notice for Missing Information.
19. If the Claims Administrator does not receive the requested Missing Information from the Claimant by the end of the Response Period applicable to the Claimant, the Claimant will be issued a Denial Letter with Reconsideration Option.
20. The Reconsideration Option provided to the Claimant will depend on the type of Missing Information. If the Missing Information relates to Eligibility, the Reconsideration Option provided to the Claimant will follow Phase 4A of this Protocol. Similarly, if the Missing Information relates to Compensation Assessment for Abuse/Harm, the Reconsideration Option provided to the Claimant will follow Phase 7A of this Protocol.
21. Should the Claimant or representative be unable to provide the required information within the applicable Response Period because of circumstances beyond their control, they may request a Missing Information Extension of up to 180 days from the Claims Administrator. This request must be received by the Claims Administrator before the end of the Response Period. The Claims Administrator shall have the discretion to grant or deny a request for Missing Information Extension. The decision of the Claims Administrator is final, with no reconsideration or appeal options.

22. Where a person seeking to act as a Personal Representative under this Protocol, or as an Estate Representative under the Estates Protocol, is unable to provide the documentation required to establish their authority to act on behalf of the Primary Class Member within the applicable Response Period and approved Missing Information Extension, the following provisions apply:

- a. The Representative may request a Missing Representative Information Extension of up to an additional 180 days by providing evidence that they are making efforts to obtain the required documentation.
- b. The evidence referred to in subparagraph 22(a) may include copies of documents filed with a court or other competent authority.
- c. In order to receive a Missing Representative Information Extension, the Representative must notify the Claims Administrator in writing and provide copies of the evidence before the end of the applicable Response Period.
- d. The Claims Administrator shall have the discretion to grant or deny a Missing Representative Information Extension request. The decision of the Claims Administrator is final, with no reconsideration or appeal options.

23. Missing Information Extensions and Missing Representative Information Extensions will only be granted for Claims submitted before the Claims Deadline.

B. *PHASE 2: CANADA REVIEW AND RESPONSE*

24. The Claims Administrator will forward to Canada all complete Claims (which have not been denied) and supporting documentation (SA 3.03(4)(D)). Canada will have up to 120 days from the date the Claim and supporting documentation is forwarded to Canada for review, and may optionally provide to the Claims Administrator:

- a. a recommendation as to the Claimant's eligibility, and/or
- b. information or documentation relevant to the Claimant's eligibility (SA 3.03(4)(E-F)).

25. Where the Claims Administrator has not yet provided an Eligibility Determination (refer to Phase 3), and additional information is provided by the Claimant as related to Part 2 or Part 2A of the Claim Form, this will be forwarded to Canada for review.
26. Canada will have 30 days from the date the additional information was forwarded, in addition to the 120 days available under Paragraph 24, to optionally provide a recommendation or further information or documentation in response.
27. Where any recommendation, information, or documentation is received by the Claims Administrator from Canada within the periods set out in Paragraphs 24, 25, and 26, the Claims Administrator shall consider:
 - a. Where the information provided by Canada is in support of the Claimant's admission to a Federal Indian Hospital or supports eligibility on a balance of probabilities, the Claim will proceed directly to Phase 3: Eligibility Determination; or
 - b. Where information provided by Canada is inconsistent with the information in the Claim, or the Claims Administrator determines that it requires clarification in respect of the Claimant's admission to a Federal Indian Hospital on a balance of probabilities, the Claims Administrator may, having regard to the Principles Governing Claims Administration set out in SA 3.02, contact the Claimant or their counsel (SA 3.03(4)(H-I)) by Letter:
 - i. If the Claims Administrator sends a Letter to the Claimant advising that Canada has provided additional information that is inconsistent with the additional information, documentation, or clarification provided by the Claimant, then the Claimant is permitted to provide more additional information, documentation, or clarification, which must be received by the Claims Administrator within 365 days of the date on the Letter requesting such information in order to be considered during the Claims Administrator's Eligibility Determination.
 - ii. The Claims Administrator will proceed to Phase 3: Eligibility Determination once the Claimant provides additional information, documentation, or clarification pursuant to Paragraph 27(b)(i), or, where a response to the Letter

is not received from the Claimant, after 365 days from the date the Letter to request such information was sent.

C. *PHASE 3: ELIGIBILITY DETERMINATION BY CLAIMS ADMINISTRATOR*

28. The Claims Administrator will complete an assessment based on all information submitted by the Claimant and Canada up to the Eligibility Determination, and provide an Eligibility Determination (for Federal Indian Hospital admission) based on a balance of probabilities (SA 3.02(4)):

- a. Where the Claimant is determined as Not Eligible, the Claims Administrator will send a Denial Letter with Reconsideration Option to the Claimant or their Counsel and proceed to Phase 4A with the Claimant.

OR

- b. Where the Claimant is determined as Eligible, the Claims Administrator will proceed to Phase 4B with Canada.

PHASE 4 - The Claimant and Canada shall have the right to seek Reconsideration of an Eligibility Determination made by the Claims Administrator (SA 3.03(4)(M)).

D. *PHASE 4A: INDEPENDENT REVIEWER – DENIAL RECONSIDERATION REQUESTED BY CLAIMANT*

29. A Claimant provided with a Denial Letter with Reconsideration Option, can seek Reconsideration of the Eligibility Determination from the Independent Reviewer. All Reconsiderations will be decided by the Independent Reviewer.

30. The request by the Claimant for Reconsideration, and any additional information and supporting documents, must be received by the Claims Administrator within 120 days of the date of the Denial Letter with Reconsideration Option. Where a request for Reconsideration is not received within the 120-day period, the Denial of the Claim will be final, with no reconsideration or appeal options.

31. The Claimant will be provided with confirmation of receipt of their request for Reconsideration.

32. The Claims Administrator shall forward all requests for Reconsideration to the Independent Reviewer after receipt. The Independent Reviewer will be provided with the Claim Form, any missing or additional information and any supporting documents along with the request for Reconsideration. Where the Claimant provides additional information or documentation with their request for Reconsideration, Canada will be provided with the same after receipt by the Claims Administrator and Canada will have the right to review and respond within 60 days of receiving the additional information or documentation.

33. Where the Independent Reviewer determines:

- a. that they require more information or clarification from the Claimant about their Claim, and/or
- b. that the information or documents provided by Canada are inconsistent with the information or documents provided by the Claimant or require further clarification,
- c. a letter will be sent to the Claimant to request additional information, documentation, or clarification (SA 3.03(4)(H)). The Claimant is then permitted to provide additional information, documentation, or clarification, which must be received within 120 days of the date on the Letter requesting such information in order to be considered during the Independent Reviewer's review.

34. The Independent Reviewer is to provide their determination to the Claims Administrator based on their review of all information and documents provided, within 90 days of receipt of the Reconsideration Request from the Claims Administrator. However, if the Independent Reviewer requests information or documents from the Claimant, the 90-day period will pause and will not resume until the Independent Reviewer receives the information and documents from the Claims Administrator.

35. The Independent Reviewer may make one of three determinations:

- a. Issue a final decision of Eligible; or
- b. Issue a final decision of Denial (Not Eligible); or
- c. Refer the Claim to the Exceptions Committee.

36. The Independent Reviewer may refer a Claim to the Exceptions Committee where additional guidance, direction and decisioning are required to determine whether a Claimant is Eligible as referred to in Phase 4C (SA 3.07(1) and Section 8). Only the Independent Reviewer may refer a Claim to the Exceptions Committee, and the Exceptions Committee may provide guidance and clarification to the Independent Reviewer as necessary (SA 3.07 (1)(a)).

37. A Claimant deemed Eligible after Reconsideration by the Independent Reviewer will proceed to Phase 5 with no right of appeal by Canada.

38. Where a Claimant is deemed Not Eligible by the Independent Reviewer, there is no right of appeal by the Claimant (SA 3.08(3)).

E. *PHASE 4B: INDEPENDENT REVIEWER – ELIGIBILITY RECONSIDERATION REQUESTED BY CANADA*

39. Where the Claims Administrator determines, on a balance of probabilities, that a Claimant is Eligible, Canada will be notified by the Claims Administrator of the decision along with an explanation of the Eligibility Determination (SA 3.03(4)(L)).

40. Canada has 120 days to respond to the Claims Administrator, from date of the Eligibility Determination notification, with a request for Reconsideration, including additional documents or information in support of the request. Where no response is received from Canada within 120 days, the Claim will proceed to Phase 5.

41. Where the Claims Administrator receives a request for Reconsideration from Canada, the Claims Administrator will engage the Independent Reviewer and confirm the request with Canada. The Claims Administrator shall forward all requests for Reconsideration to the Independent Reviewer after receipt. The Independent Reviewer will be provided with the Claim Form, any missing or additional information and any supporting documents along with the request for Reconsideration. All Reconsideration will be decided by the Independent Reviewer.

42. Where the Independent Reviewer determines:

- a. that they require more information or clarification from the Claimant about their Claim, and/or
- b. that the information or documents provided by Canada are inconsistent with the information or documents provided by the Claimant or require further clarification,
- c. a letter will be sent to the Claimant to request additional information, documentation, or clarification (SA 3.03(4)(H)). The Claimant is then permitted to provide additional information, documentation, or clarification, which must be received within 120 days of the date on the letter to provide their response in order to be considered during the Independent Reviewer's review.

43. The Independent Reviewer is to provide their determination to the Claims Administrator based on their review of all information and documents provided, within 90 days of receipt of the Reconsideration Request from the Claims Administrator. However, if the Independent Reviewer requests information or documents from the Claimant, the 90-day period will pause and will not resume until the Independent Reviewer receives the information and documents from the Claims Administrator.

44. The Independent Reviewer may make one of three determinations:

- a. Issue a final decision of Eligible;
- b. Issue a final decision of Denial (Not Eligible); or
- c. Refer the Claim to the Exceptions Committee.

45. The Independent Reviewer may refer a Claim to the Exceptions Committee where additional guidance, direction and decisioning are required to determine if a Claimant is Eligible, as referred to in Phase 4C (SA 3.07(1) and SA 3.08). Only the Independent Reviewer may refer a Claim to the Exceptions Committee, and the Exceptions Committee may provide guidance and clarification to the Claims Administrator as necessary (SA 8.01(6)(c)).

46. If a Claimant is deemed Eligible after Canada's request for Reconsideration by the Independent Reviewer, they will receive an Eligibility Letter and proceed to Phase 5 with no right of appeal by Canada.

47. If a Claimant is deemed Not Eligible after Canada's request for Reconsideration by the Independent Reviewer, they will receive a Post Reconsideration Denial Letter which is final, with no the right of appeal by the Claimant (SA 3.08(3)).

F. *PHASE 4C: EXCEPTIONS COMMITTEE – REFERRAL RELATED TO ELIGIBILITY*

48. The Independent Reviewer may refer a Claim to the Exceptions Committee where additional guidance or clarification is required to determine if a Claimant is Eligible (SA 3.07(1)).
49. The Independent Reviewer shall submit a written referral, including an explanation of the reason for referral, to the Exceptions Committee (SA 3.07(2)). The Claims Administrator, the Claimant and Canada must be notified of the referral.
50. The Exceptions Committee shall be provided with the Claim, and any relevant Claim documentation, to provide guidance as appropriate. The Exceptions Committee will then provide guidance, directions or decisioning to the Independent Reviewer.
51. Guidance, directions, and/or decisions of the Exceptions Committee are not subject to review or appeal.

G. *PHASE 5: FINAL ELIGIBILITY*

52. Claims determined Eligible will proceed to Phase 6 – Compensation Assessment for Abuse/Harm.
53. The Claims Administrator may not assess a Claim for compensation where a Claimant is not an Eligible Claimant (SA 3.03(4)(R)).

H. *PHASE 6: COMPENSATION ASSESSMENT FOR ABUSE/HARM*

54. All Eligible Claimants will be assessed to determine whether they are entitled to compensation by the Claims Administrator. The Claims Administrator may request by Letter additional information, documentation or clarification from the Claimant during this Phase to assist in compensation assessment. The Claimant will have 365 days from the date on the Letter to respond with additional information, documentation or clarification for it to be considered by the Claims Administrator during the compensation assessment. Claimants will not be required

to provide an oral account via audio/video recording or meeting in person to identify/describe the abuse/harm suffered.

55. The Claims Administrator may award one of the following:

- a. compensation at the level specified in the Claim; or
- b. compensation at a level that is higher than specified in the Claim; or
- c. compensation at a level that is lower than the level specified in the Claim; or
- d. no compensation.

56. Once the determination is complete, the Claims Administrator will provide the Claimant with one of three letters:

- a. Compensation Letter (where level determined was higher or equal to the level specified in the Claim); or
- b. Compensation Letter with Reconsideration Option (where level determined was lower than the level specified in the Claim); or
- c. Compensation Denial Letter with Reconsideration Option (where compensation was denied).

I. *PHASE 7A: INDEPENDENT REVIEWER – COMPENSATION RECONSIDERATION*

57. All Reconsiderations of Compensation will be decided by the Independent Reviewer. A Claimant may not request a reconsideration of self-identified level of compensation (SA 3.04(5)).

58. An Eligible Claimant whose Claim for compensation was denied or assessed at a level lower than the level identified in the Claim, may seek reconsideration with the Independent Reviewer by responding to the Claims Administrator within 120 days of the date of the Compensation Letter with Reconsideration Option or Compensation Denial Letter with Reconsideration Option.

59. Where a request for Reconsideration is not received within the 120-day period, the Claim's Administrator's Denial or assessed Level of Compensation will be final, with no further reconsideration or appeal options.
60. The Claimant will be provided with confirmation of receipt of their request for Reconsideration.
61. The Claims Administrator shall forward all requests for Reconsideration to the Independent Reviewer after receipt. The Independent Reviewer will be provided with the Claim Form, any missing or additional information and any supporting documents along with the request for Reconsideration.
62. The Independent Reviewer may request, by letter to the Claimant, additional information, documentation or clarification from the Claimant. The Claimant is then permitted to provide additional information, documentation, or clarification, which must be received by the Independent Reviewer within 120 days from the date on the letter to provide their response in order to be considered during the Independent Reviewer's review.
63. The Independent Reviewer is to provide their determination based on their review of all information and documents within 90 days of receipt of the Reconsideration request from the Claims Administrator. However, if the Independent Reviewer requests information, documentation or clarification from the Claimant, the 90-day period will pause and will not resume until the Independent Reviewer receives the information or documents from the Claims Administrator.
64. The Independent Reviewer may make one of four determinations:
 - a. Confirm the compensation level determined by the Claims Administrator; or
 - b. Issue a compensation level lower or higher than that determined by the Claims Administrator; or
 - c. Determine that the Claimant does not qualify for any compensation level, notwithstanding the Claims Administrator's determination that the Claimant is eligible for compensation; or

- d. Confirm the Claims Administrator's denial of any compensation.
- 65. The Independent Reviewer may refer a Claim to the Exceptions Committee where additional guidance, direction and decisioning is required to determine a Claimant's Level or eligibility for compensation as referred to in Phase 7B. Only the Independent Reviewer may refer a Claim to the Exceptions Committee, and the Exceptions Committee may provide guidance and clarification to the Claims Administrator as necessary (SA 8.01(6)(c)).
- 66. A Claimant who has their compensation approved and their level of compensation determined after Reconsideration by the Independent Reviewer, will proceed to Phase 8 with no right of appeal.
- 67. Where a Claimant's compensation is denied by the Independent Reviewer, there is no right of appeal (SA 3.08(3)).

J. *PHASE 7B: EXCEPTIONS COMMITTEE – REFERRAL RELATED TO COMPENSATION ASSESSMENT*

- 68. The Independent Reviewer may refer a Claim to the Exceptions Committee (SA 3.07(1)) where:
 - a. the Independent Reviewer requires additional guidance or clarification from the Exceptions Committee in order to determine if a Claimant is eligible for compensation;
 - b. harm described in the Application is not contemplated in the Compensation Grid;
 - c. the Independent Reviewer is unable to determine that an Eligible Claimant is entitled to compensation but having regard to the object, intention, and spirit of the Settlement Agreement, the circumstances are such that the Claimant, in the opinion of the Independent Reviewer, should receive compensation.
- 69. The Independent Reviewer shall submit a written referral, including an explanation of the reason for referral, to the Exceptions Committee (SA 3.07(2)). The Claims Administrator, the Claimant and Canada must be notified of the referral.
- 70. The Exceptions Committee shall be provided with the Claim, and any relevant Claim documentation to provide guidance as appropriate.

71. The Exceptions Committee will provide guidance, direction or decisioning to the Independent Reviewer.
72. Guidance, direction, and/or decisions of the Exceptions Committee are not subject to review or appeal (SA 3.08(3)).

K. *PHASE 8: PAYMENT OF COMPENSATION*

73. A decision of the Claims Administrator is final and binding upon the Claimant (SA 3.08(1)), and a decision of the Independent Reviewer is final and binding upon the Claimant and the Claims Administrator (SA 3.08(2)). Guidance, directions, and/or decisions of the Exceptions Committee are not subject to any review, recourse or appeal (SA 3.08(3)).
74. A Claimant's award of compensation will be issued by the Claims Administrator in the name of the Claimant, directly to a bank account held in the Claimant's name via cheque or direct deposit. Claimant awards of compensation will not be issued in trust to a Practicing Lawyer representing the Claimant.
75. The Claims Administrator will make efforts to deliver compensation to the Eligible Claimant based on contact/payment information provided in the Claim Form. The Claims Administrator will proactively follow up on unclaimed cheques at three, six and 12 months, after they have been issued. After the 12-month follow-up, cheques will be cancelled. A cheque may be re-issued after the fact on a case-by-case basis.

L. *DEADLINE EXTENSION*

76. The Claims Deadline is defined per SA 1.01 and will fall at 11:59PM Pacific Time.
77. In extraordinary circumstances, a Claimant may be granted an extension of the Claims Deadline, if the Request is made in accordance with this Claims Protocol (SA 3.05(1)) and approved by the Claims Administrator.
78. In no event may an extension be granted for more than 180 days past the Claims Deadline (SA 3.05(3)).

79. In order to receive a Deadline Extension, a Claimant must complete and deliver a Request for a Deadline Extension, in writing SA 3.05(1), to the Claims Administrator, or clearly notify the Claims Administrator in writing of an intention to request a Deadline Extension, within 180 days of the Claims Deadline. The Request for Deadline Extension or notification of such must provide information as to why the Claims Deadline was not met by the Claimant (SA 3.05(2)). The Claimant must also provide a complete Claim and supporting documentation within 180 days of the Claims Deadline to the Claims Administrator for their Request for Deadline Extension to be considered.
80. Claims received by the Claims Administrator between the Claims Deadline and 180 days from that date without a Request for Deadline Extension or written notification of such will be denied. Claims and Requests for Deadline Extension received by the Claims Administrator 180 days after the Claims Deadline will be denied.
81. The Request for Deadline Extension must be accompanied by a complete Claim (SA 3.05 (2)). Where such Claim is still incomplete 180 days after the Claims Deadline, it will be denied and the Claimant will not be provided with additional time to submit Missing Information in accordance with Paragraphs 15 to 19 of this Protocol.

M. *PERSONAL REPRESENTATIVES – MINORS AND ADULT PERSONS UNDER DISABILITY*

82. A Primary Class Member who becomes a Person Under Disability prior to their receipt of compensation or an Heir who is a Minor (a person who has not yet reached the age of majority according to the legislation of that province or territory), may have their Claim filed by a Personal Representative or be represented during the Claims Process by the Personal Representative (SA 6.02).
83. This section excludes requirements for Estate Representatives or legal counsel, which are prescribed under separate protocols (see Paragraph 10 of this Protocol).
84. A Personal Representative is the person appointed, or designated by operation of the law, pursuant to the applicable provincial, territorial or federal legislation to manage or make reasonable judgements or decisions in respect of the affairs of a Person Under Disability. This

may include an individual appointed by a court representation order, an individual named as Power of Attorney (POA), a Public Guardian and Trustee, or the Administrator of Property where one has been appointed by Indigenous Services Canada (ISC).

85. A Person Under Disability is an individual who is unable to manage or make reasonable judgements or decisions in respect of their affairs by reason of mental incapacity including those for whom a Personal Representative has been appointed.
86. The Personal Representative must fill in all sections of the Claim that apply to the Primary Class Member or Heir, and also all sections that apply to them as a Personal Representative.
87. The Claims Administrator will assess competing Claims and the sufficiency of supporting documentation for the Personal Representative to determine a person's right to act as a Personal Representative under this Settlement.
88. The Personal Representative must provide sufficient and appropriate documentary evidence of legal appointment as Personal Representative over the Primary Class Member's or Heir's property/finances. Examples include: a signed Power of Attorney or protection mandate, a Provincial or Territorial court appointment order (including appointment of a Public Guardian and Trustee) or a Federal Appointment Order for the Administrator of Property.
89. Where the Personal Representative does not provide sufficient and appropriate documentary evidence of legal appointment as Personal Representative, the Claim will be processed in accordance with the process set out in Paragraphs 14 to 23.
90. Where the Claims Administrator determines that the person who submitted the Claim is not an eligible type of Personal Representative for the Primary Class Member or Heir, and therefore cannot act on behalf of the Primary Class Member or Heir for the purposes of the Claims Protocol, the Claims Administrator will issue a Letter of Denial of Representation.
91. Compensation issued for Primary Class Members or Heirs who are Persons Under Disability will be made payable to the Primary Class Member or Heir, to the attention of the Personal Representative, unless otherwise prescribed by the applicable appointment order.

92. Additional requirements, guidance and instructions relating to Persons Under Disability may be included in the Claim Form.

SCHEDULE “B”

Federal Indian Hospitals Class Action Settlement Estates Protocol

GENERAL

A. This document outlines the Protocol for Estates with respect to Settlement Agreement between Ann Cecile Hardy and Cecil Hardy and The Attorney General of Canada as approved by the Federal Court of Canada on June 24, 2025 (“Settlement Agreement” or “SA”).

B. Apart from direct quotation, where the SA refers to “Application”, it will be referred to as “Claim” in this Protocol.

C. Interpretation of this Estates Protocol: Capitalized terms are defined either in the Settlement Agreement (SA 1.01) or otherwise in this Estates Protocol. For example, under the SA “Day” refers to Business Day, being a day other than a Holiday (SA 1.01).

A. Definitions

1. In this Estates Protocol:

- a. **“Estate Representative”** means (SA 1.01):
 - i. An individual who is authorized to represent the estate of the deceased Primary Class Member (Grant of Authority); or
 - ii. Any other persons permitted to make a Claim on behalf of a deceased Primary Class Member such as an Heir, if the deceased Primary Class Member died without a Grant of Authority.
- b. **“Grant of Authority”** means authorization to act on behalf of the estate of a deceased Primary Class Member pursuant to a will, court order, or legislation;
- c. **“Heir”** means a familial relative of a deceased Primary Class Member without a Grant of Authority as referred to and ranked in order of priority pursuant to Part C of this Estates Protocol;
- d. **“Heir Claim”** means a claim submitted in accordance with Part C of this Estates Protocol; and

- e. "**Heir Claimant**" means an individual acting or seeking to make a Claim for compensation on behalf of the estate of a deceased Primary Class Member in accordance with Part C of this Estates Protocol.
2. In the Claim Form:
 - a. "**Executor**" means a person named as Estate Representative in a valid will pursuant to applicable federal, provincial, or territorial legislation;
 - b. "**Administrator**" means a person officially appointed as estate executor or administrator by a court or government authority;
 - c. "**Liquidator**" means the person named as liquidator in a valid will, or designated as the liquidator by the heirs to administer the estate, in the province of Quebec; and
 - d. "**Trustee**" means the Public Guardian and Trustee or an individual or firm with a Grant of Authority to act in that capacity.

B. Where the Estate Representative has a Grant of Authority

3. Where the Estate Representative has a Grant of Authority, the Estate Representative shall:
 - a. Complete the Claim;
 - b. Provide evidence that the Primary Class Member is deceased, and died on or after January 25, 2016 (SA 6.01); and
 - c. Provide evidence that the Estate Representative has been authorized to act on behalf of the deceased Primary Class Member's estate, referred to as a Grant of Authority (SA 1.01), such as evidence that the Estate Representative has been:
 - i. Appointed by a valid will; or

- ii. For deceased Primary Class Members whose estates are subject to the laws of Quebec, authorized pursuant to law and practice in that province, including authorization as a Liquidator; or
- iii. Appointed by Indigenous Services Canada or Crown-Indigenous Relations and Northern Affairs Canada or the predecessors to these organizations; or
- iv. Appointed by a court in Canada or the United States; or
- v. For the public trustee for a province or territory, where the public trustee can administer estates in the absence of a court order, such action is authorized under the legislation of that province or territory.

4. Where an individual is unable to provide evidence of authority to act on behalf of the deceased Primary Class Member's estate prior to the deadline set out in the Missing Information Letter, the Claims Administrator will provide a letter to the Claimant advising that the Claim will be converted to an Heir Claim and providing information about the requirements set out in Part C below.
5. If the Claim is approved for compensation, payment will be made payable to "**Estate of**" the deceased Primary Class Member in the amount to which the deceased Primary Class Member would have been entitled (SA 6.01(1)).
6. Where, prior to payment of compensation, more than one Estate Representative submits a valid Grant of Authority, the Claims Administrator may ask the Estate Representatives to seek appointment via a court (Probate) or a decision from the issuing agent.
7. Where, subsequent to payment of compensation, other wills or appointments nominating an Estate Representative(s) other than the original Estate Representative who submitted the Claim, are submitted in relation to a Claim, the compensation will not be reissued. The Estate Representative(s) can take the matter to court or another venue to resolve the dispute.

C. Where there is no Grant of Authority

8. Where no Grant of Authority exists, a familial relative of a deceased Primary Class Member may make a Claim for compensation on behalf of the estate of a deceased Primary Class Member by submitting a Claim as an Heir Claimant. The Heir Claimant shall:
 - a. Complete and submit the Claim;
 - b. Provide evidence that the Primary Class Member is deceased, and died on or after January 25, 2016;
 - c. Provide an attestation/declaration that, there is no will or no Estate Representative with a Grant of Authority;
 - d. Provide proof of the Heir Claimant's relationship to the deceased Primary Class Member, which may take the form of documentary evidence and/or an attestation/declaration; and
 - e. Declare that, to the best of their knowledge and belief, there is no living family member who is a higher priority Heir; and
 - f. If there are living family member(s) who are higher priority Heir(s), provide written consent(s) of the non-applying higher-priority Heir(s).
9. The priority ranking of Heirs, from highest to lowest priority, is as follows:
 - a. Surviving legal spouse or legal common-law partner;
 - b. Biological or adopted children;
 - c. Biological or adopted grandchildren;
 - d. Biological or adoptive parents;
 - e. Biological or adopted siblings;
 - f. Biological or adopted children of biological or adopted siblings;
 - g. Any other individual with a derivative claim in accordance with the applicable family law legislation arising from a relationship with a deceased Primary Class Member.

10. An Estate Representative with a Grant of Authority has priority over an Heir Claimant.
11. Where the Heir of a Claimant of a deceased Primary Class Member is a Minor or Person Under Disability, a Personal Representative may submit an Heir Claim on their behalf. The Personal Representative shall provide proof of authority to act on the Heir's behalf (See Claims Protocol section entitled "Personal Representatives – Minors and Adult Persons Under Disability").
12. If no other individual claiming to be an Heir of a deceased Primary Class Member submits a Claim before the Claims Deadline, or within an approved Deadline Extension, the Claims Administrator will process the Heir's Claim without requiring consent from non-applying equal priority Heirs, or evidence that non-applying higher priority Heirs have died.
13. If the Claim is approved for compensation, payment will be made payable in the name of the Heir Claimant in the amount to which the deceased Primary Class Member would have been entitled.

D. Where there are Additional Claims

14. If additional Claim(s) with respect to the same deceased Primary Class Member are received by the Claims Administrator before the expiry of the Claims Deadline or an approved Deadline Extension, where a Claimant is determined to possess a Grant of Authority, the Claims Administrator shall deny the Claim(s) submitted without a Grant of Authority. The Claims Administrator will provide a letter advising the Claimant(s) who do not possess a Grant of Authority that their Claim(s) have been denied without reconsideration, together with the reason for the denial. The Claims Administrator will process the Claim from the Estate Representative with a Grant of Authority per Part B of this Protocol.
15. If additional Claim(s) with respect to the same deceased Primary Class Member are received by the Claims Administrator before the expiry of the Claims Deadline or an approved Deadline Extension, from Claimant(s) who does not possess a Grant of Authority, and who are of a different priority level of heirs than the previous Heir Claimant(s), the Claims Administrator shall contact the Heir Claimant(s) with the lower priority to inquire

as to whether the Heir Claimant(s) dispute the claim of the higher priority level Heir Claimant. If the Claim of a higher priority level Heir Claimant is disputed, the Independent Reviewer shall determine which Heir Claimant has the highest valid priority level. Once determined, the Heir Claimant with the highest priority level shall be deemed eligible to make an Heir Claim.

16. If any additional Claim(s) with respect to the same deceased Primary Class Member is/are received by the Claims Administrator before the later of the expiry of the Claims Deadline or an approved Deadline Extension, from individual(s) who does not possess a Grant of Authority and are of the same priority level as the other Heir Claimants, the Claims Administrator shall deny all of the Heir Claims and provide a letter advising each Heir Claimant accordingly. Notwithstanding the Claims Deadline, the letter will state that the equal priority level Heirs who submitted competing Heir Claims will have one hundred twenty (120) days from the letter date to submit to the Claims Administrator one new complete Heir Claim signed by all previously competing equal priority level Heir Claimants designating one Heir Claimant on behalf of all of them and any other equal priority Heirs. After receiving the new Heir Claim, the Claims Administrator shall process the Heir Claim according to the Claims Protocol.
17. The Claims Administrator may contact the competing Heir Claimant(s) and disclose the other competing Heir Claim(s) and Claim information, as necessary.
18. If the Claim is approved for compensation, one payment will be made in the name of the assigned Heir Claimant.

SCHEDULE “C”

Federal Indian Hospitals Class Action Settlement

Individual Legal Fees Protocol

GENERAL

A. This document outlines the Protocol for Individual Legal Fees with respect to Settlement Agreement between Ann Cecile Hardy and Cecil Hardy and The Attorney General of Canada as approved by the Federal Court of Canada on June 24, 2025 (“Settlement Agreement” or “SA”) (SA 10.02).

B. Apart from direct quotation, where the SA refers to “Application”, it will be referred to as “Claim” in this Protocol.

C. Interpretation of this Individual Legal Fees Protocol: Capitalized terms are defined either within the Settlement Agreement (SA 1.01) or otherwise in this Individual Legal Fees Protocol (see below).

A. Definitions

In this Individual Legal Fees Protocol:

“Approved Claimant” means an Eligible Claimant who has made an Application (referred to throughout as a “Claim”) in accordance with the SA, which has been approved for payment by the Claims Administrator (SA 1.01).

“Practising Lawyer” means a lawyer licensed to practise law in a Canadian province or territory by the applicable licensing or regulatory body and who is practising law in that same Canadian province or territory.

“Final Compensation Determination” means the final decision of compensation for an Approved Claimant by the Claims Administrator/Independent Reviewer after all opportunity for Reconsideration has passed.

“Individual Legal Counsel Payment Request Letter” means the letter that will be sent to a Practising Lawyer to inform them of an Approved Claimant’s Final Compensation Determination with an enclosed Individual Legal Counsel Payment Request Form.

“Individual Legal Fees Approval Letter” means the letter that will be sent to a Practising Lawyer regarding their approved legal fees payment.

“Individual Legal Fees” means a Practising Lawyer’s entitlement to an amount equaling “up to 5% of the Approved Claimant’s award, inclusive of disbursements, plus applicable taxes” determined in accordance with this Protocol (SA 10.02 (1)).

“Additional Individual Legal Fees” means an additional amount, beyond the Individual Legal Fees, equaling “up to an additional 5% of the Approved Claimant’s award, inclusive of disbursements, plus applicable taxes for legal fees and/or disbursements”, which a Practising Lawyer may request in exceptional circumstances in accordance with Rule 334.4 of the *Federal Courts Rules*, SOR/98/106 and this Protocol (SA 10.02 (3)).

“Day” refers to “Business Day”, being a day other than a “Holiday” (SA 1.01).

“Holiday” “means any Saturday or a Sunday or a day observed as a holiday under the laws of the Province or Territory in which the person who needs to take action pursuant to [the SA] is situated, or a holiday under the federal laws of Canada as set out in the *Interpretation Act*, RSC 1985, c I-21, s 35 or a holiday as set out in the *Federal Courts Rules*, SOR/98-106, s 2” (SA 1.01).

B. Background

1. Pursuant s. 10.02 of the Settlement Agreement, a Practising Lawyer in good standing in any province or territory who assisted an Approved Claimant with their Claim, may be paid an amount equaling up to 5% of the Approved Claimant’s award, inclusive of disbursements, plus applicable taxes. These fees will be paid by Canada, without additional Federal Court of Canada (“Court”) approval, subject to the conditions in this Protocol. The Claims Administrator will determine the Individual Legal Fees payable in accordance with this Individual Legal Fees Protocol.

2. Where there are exceptional circumstances, a Practising Lawyer may request, on motion to the Federal Court of Canada, an additional amount, paid by Canada, equaling up to 5% of the Approved Claimant's award, inclusive of disbursements, plus applicable taxes. For clarity, the highest amount payable by Canada to a Practising Lawyer is an amount equaling up to 10% of the Approved Claimant's award, inclusive of disbursements, plus applicable taxes.
3. No legal fees will be deducted from any payment received by an Approved Claimant pursuant to the Settlement Agreement.

C. Payment of Individual Legal Fees

4. In order to be eligible for payment of Individual Legal Fees from Canada, a lawyer must be both licensed to practise law and be practising law in a province or territory of Canada, be in good standing with their licensing or regulatory body in that same province or territory, and must have assisted an Approved Claimant with their Claim. For clarity, no payment of Individual Legal Fees will be made if any one of these criteria are not met.
5. A Practising Lawyer will generally be eligible for payment of the amount claimed equaling up to 5% of the Approved Claimant's award, unless the Claims Administrator has reasonable grounds to believe that the conduct of the Practising Lawyer has undermined the assessment of the Claim, misled the Claimant or constituted gross negligence. Reasonable grounds may include:
 - a. Repeated attempts by the Claims Administrator to contact the Practising Lawyer that are not answered, such that deadlines are missed and/or the Claims Administrator must reach out directly to the Claimant.
 - b. The Claimant asserts that they were not assisted by the Practising Lawyer and/or legal professionals within or hired by the Practising Lawyer's law firm/law office, or that the Claimant was misled as to the qualifications of the individuals assisting them.

- c. During the course of the Claim adjudication, the Practising Lawyer is suspended from practising law by the licensing or regulatory body in their province or territory.
- d. Conduct of the Practising Lawyer that would constitute misconduct or gross incompetence, even in situations where the Practising Lawyer is not reported to, or suspended by, the licensing or regulatory body in their province or territory. For example, this may include conduct that results in false or misleading information included in the Claimant's Claim (e.g. identical or virtually identical narrative descriptions in Claims submitted for multiple different Claimants).
- e. Any other conduct by a Practising Lawyer that in the Claims Administrator's assessment, renders an amount equal to 5% of the Approved Claimant's award an inappropriate legal fee.

6. In such cases as the above, (Paragraph 5 of this Protocol), the Claims Administrator may assess the amount of Individual Legal Fees payable at an amount less than that claimed by the Practising Lawyer including less than 5% of the Approved Claimant's award.

D. Payment of Additional Individual Legal Fees in Exceptional Circumstances

- 7. Pursuant to section 10.02(3) of the Settlement Agreement, a Practising Lawyer who assists an Approved Claimant with their Claim may request, on written motion to the Federal Court in accordance with Rule 334.4 of the Federal Court Rules, SOR/98-106, an amount equaling up to an additional 5% of the Approved Claimant's award, inclusive of disbursements, plus applicable taxes, to be paid by Canada in accordance with this Protocol and subject to Court approval. It is anticipated that in most cases a fair and reasonable fee will not exceed an amount equal to 5% of the Approved Claimant's award, considering the limited risk to counsel, the uncomplicated nature of the Claims Process, and that usually no additional amounts will be warranted.
- 8. A Practising Lawyer who believes there are exceptional circumstances which merit fees above 5% of the Approved Claimant's award may bring a motion to the Court for the legal fees and/or disbursements they seek, on direct notice to Canada. Canada in turn will notify

the Court and the Claims Administrator of whether it consents to or opposes the motion after being served.

9. A Practising Lawyer must be determined eligible by the Claims Administrator to receive an amount equal to 5% (not less) of an Approved Claimant's award in order to be eligible for an additional amount equaling up to 5% of the award, payable by Canada.
10. Any motions for Additional Individual Legal Fees will be reviewed by the Court taking into account the following:
 - a. the total percentage of the value of the Claimant's award requested (including disbursements) by the Practising Lawyer (maximum 10%, including both the Individual Legal Fees and Additional Individual Legal Fees);
 - b. the amount of compensation awarded to the Claimant;
 - c. the percentage of Individual Legal Fees determined payable by the Claims Administrator;
 - d. complexity of the matter;
 - e. time spent,
 - f. necessary disbursements; and,
 - g. other exceptional factors as determined by the Court.

Notification of Motion Filed

11. A Practising Lawyer must notify the Claims Administrator if a motion for Additional Individual Legal Fees has been filed with respect to a Claimant. The motion must be filed within 365 days of the date of the Claims Administrator's Individual Legal Fees Approval Letter.
12. Where no notification of a filed motion with the Court has been received by the Claims Administrator within 365 days of the date of the Claims Administrator's Individual Legal Fee Approval Letter, no Additional Individual Legal Fees will be paid, and the applicable file will be closed.

Court Order Provided to Canada and Administrator

13. The Practising Lawyer must provide the Court Order to both the Claims Administrator and to Canada within 30 days of issuance of the Order by the Court:
 - a. If the Court orders that any Additional Individual Legal Fees are granted, after the receipt of Order(s) from a Practising Lawyer, issued by the Court, the Claims Administrator will issue any additional payment(s) to the Practising Lawyer, in accordance with the Order.
 - b. If the Court orders that no Additional Individual Legal Fees are approved, the Administrator will not issue any Additional Individual Legal Fees to the Practising Lawyer. After receiving a Court Order denying Additional Individual Legal Fees, the Claims Administrator will close the applicable file, provided that payment of determined Individual Legal Fees has been issued.
 - c. If the Court Order is not received from the Practising Lawyer by both the Claims Administrator and Canada within 30 days of issuance of the Order, the Administrator will not issue any Additional Individual Legal Fees to the Practising Lawyer, regardless of the content of the order.
14. This Protocol does not preclude the Court from hearing and/or deciding motions for Additional Individual Legal Fees in batches.

E. Payment Procedure

15. The following payment procedure must be completed by a Practising Lawyer who seeks payment of Individual Legal Fees for their assistance with an Approved Claim, regardless of whether they intend to bring a motion to the Federal Court for Additional Individual Legal Fees.
16. The Administrator will issue an Individual Legal Counsel Payment Request Letter to the Practising Lawyer after the associated Claimant is approved.

17. A Practising Lawyer, must submit the following to the Administrator in order to receive payment:

- a. A completed Individual Legal Counsel Payment Request Form (Appendix A of this Protocol) with respect to an Approved Claim within 120 days of the date of the Individual Legal Counsel Payment Request Letter. If this form is not submitted within 120 days of the date of the Individual Legal Counsel Payment Request Letter, absent a Court Order approving Individual Legal Fees unconditionally, no Individual Legal Fees will be issued, and;
- b. A valid retainer agreement between the Claimant and Practising Lawyer.

Valid Retainer Agreement

18. The retainer agreement must:

- a. Have been signed and dated by both the Claimant and the Practising Lawyer; and
- b. Indicate that the Practising Lawyer's legal services are provided for the purpose of assisting the Claimant with their Claim under the SA for the Federal Indian Hospitals Class Action Settlement; and
- c. Have been provided to the Claims Administrator prior to the Claimant's Final Compensation Determination or within 120 days of the date of a missing information letter for a complete retainer agreement.

19. Absent a Court Order approving Individual Legal Fees unconditionally, retainer agreements that are incomplete or provided to the Claims Administrator after 120 days of the date of a missing information letter for a complete retainer agreement, will result in the Practising Lawyer being ineligible for Individual Legal Fees.

20. Where a Claim has reached Final Compensation Determination and a lawyer subsequently advises of representation but there was no indication throughout the claims process of the lawyer assisting the Claimant, the lawyer will be deemed ineligible for Individual Legal Fees.

Reconsideration Scenario

21. If an Approved Claimant requests Reconsideration of their Compensation Assessment and is entitled to higher compensation following assessment, a Practising Lawyer who assisted the Approved Claimant with their Compensation Reconsideration request only, will be paid an amount equaling up to 5% of the difference between the Claimant's higher compensation amount (as assessed during Compensation Reconsideration) and the original compensation amount (as assessed by the Claims Administrator prior to Compensation Reconsideration). For clarity, a Practising Lawyer who assists with Compensation Reconsideration only, must meet all the requirements of this Protocol to be paid.

Due Diligence

22. The Claims Administrator will conduct due diligence, in accordance with this Protocol, prior to the issuance of payments to confirm the lawyer's eligibility to receive Individual Legal Fees and Additional Individual Legal Fees.
23. Subject to due diligence activities (SA 10.02 (2)), the Claims Administrator will calculate the amount of the Practising Lawyer's payment, inclusive of disbursements, plus applicable taxes, based on the information provided by the Practising Lawyer in the Individual Legal Counsel Payment Request Form (Appendix A of this Protocol), and issue payment to the Practising Lawyer listed on the Form. The Claims Administrator's calculation of the Practising Lawyer's payment amount will be final with no review, recourse or appeal. Prior to issuing payment, the Claims Administrator will send an Individual Legal Fees Approval Letter to the Practising Lawyer notifying them of the amount to be paid.
24. The Practising Lawyer, if in need of previously submitted Claim documentation or information, will obtain same directly from the Claimant. The Claims Administrator will not provide any Claim documentation or information directly to the Practising Lawyer.

F. Process to Confirm Practising Lawyers in Good Standing

25. Prior to the issuance of any payment to the Approved Claimant's Practising Lawyer, the Claims Administrator will undertake due diligence activities (SA 10.02 (2)) to confirm

whether the lawyer is a Practising Lawyer in good standing and also eligible to receive Individual/Additional Individual Legal Fees under the terms of this Protocol (Paragraphs 4 to 6).

26. The due diligence activities to be performed by the Claims Administrator will consist of, but are not limited to, the following:

- a. Confirmation with the relevant Canadian provincial or territory's law society (website) that the lawyer is licensed to practise and is currently practising law in the relevant Canadian province or territory and that the lawyer is in good standing (SA 10.02 (1), (2)); and
- b. The Claims Administrator will refer to the following authoritative sources, as applicable:

Province	Authority	Website
Alberta	Law Society of Alberta	https://www.lawsociety.ab.ca/
British Columbia	Law Society of British Columbia	https://www.lawsociety.bc.ca/
Manitoba	Law Society of Manitoba	https://lawsociety.mb.ca/
New Brunswick	Law Society of New Brunswick	https://lawsociety-barreau.nb.ca/
Newfoundland and Labrador	Law Society of Newfoundland and Labrador	https://lsnl.ca/
Northwest Territories	Law Society of Northwest Territories	https://lawsociety.nt.ca/
Nova Scotia	Nova Scotia Barristers Society	https://nsbs.org/
Nunavut	Law Society of Nunavut	https://www.lawsociety.nu.ca/
Ontario	Law Society of Ontario	https://lso.ca/home

Province	Authority	Website
Prince Edward Island	Law Society of Prince Edward Island	https://lawsocietyppei.ca/
Quebec	Barreau du Quebec	https://www.barreau.qc.ca/
Saskatchewan	Law Society of Saskatchewan	https://www.lawsociety.sk.ca/
Yukon	Law Society of Yukon	https://lawsocietyyukon.com/

27. In the absence of a Court Order approving Individual/Additional Individual Legal Fees unconditionally, and where it comes to the attention of the Claims Administrator that any of the requirements of this Protocol have not been met and/or a lawyer is deemed not to be acting in good faith, the Claims Administrator may withhold payment of Individual/Additional Individual Legal Fees until the completion of additional due diligence activities, which may include the request for additional documents from the lawyer or other parties, including the Claimant.

28. If, following additional due diligence, the Claims Administrator determines that the lawyer is not a Practising Lawyer in good standing in any Canadian province or territory, or has concerns regarding the lawyer's compliance with the requirements of this Protocol, or believes that the lawyer may not be acting in good faith, the Claims Administrator may issue an Individual Legal Fees Denial Letter. A lawyer issued an Individual Legal Fees Denial Letter may request that the Claims Administrator reconsider this decision and may provide evidence in support of their request. Where the Claims Administrator declines to reverse its decision and does not confirm the lawyer's eligibility to be paid Individual/Additional Legal Fees under this Protocol, the lawyer may bring a motion to the Court for a determination as to the lawyer's eligibility to receive Individual/Additional Individual Legal Fees.

G. Timing of Payment of Individual Legal Fees

29. The Claims Administrator will issue payment of Individual Legal Fees to a Practising Lawyer after:

- a. The Claims Administrator has received a valid retainer agreement (Paragraph 18 of this Protocol) from the Practising Lawyer; and
- b. The Claimant and the Practising Lawyer have been notified of the Final Claimant Compensation Determination, and a compensation payment has been issued to the Claimant; and
- c. The Claims Administrator has received funds from Canada to allow for payment of Individual Legal Fees; and
- d. The Claims Administrator has received a completed Individual Legal Counsel Payment Request Form (Appendix A of this Protocol) from the Practising Lawyer and has conducted the required due diligence activities as set out in this Protocol.

30. Where a Practising Lawyer represents more than one Approved Claimant, Individual Legal Fee payments will be batched by the Claims Administrator and made not more frequently than once per month.

H. Multiple Lawyers Retained

31. In the event that more than one retainer agreement is received by the Claims Administrator with respect to a particular Approved Claimant prior to the Claimant's Final Compensation Determination or within 120 days of the date of a missing information letter for a complete retainer agreement, the Claims Administrator will send a Multiple Lawyers Notification letter to notify the Practising Lawyers that multiple retainers have been received, including the name/contact details of the other Practising Lawyer(s), and the Practising Lawyers must either:

- a. Submit to the Claims Administrator within 60 days of the date of the Multiple Lawyers Notification Letter, a written agreement executed by all the Practising Lawyers nominating one (1) of the Practising Lawyers to be paid Individual Legal

Fees with respect to assisting the Claimant with their Claim and/or their request for Reconsideration of their Compensation Assessment (if applicable, and subject to Paragraph 21 of this Protocol),

OR

- b. Bring a motion to the Federal Court within 365 days of the date of the Multiple Lawyers Notification Letter to determine which Practising Lawyer will be paid, and their fee percentage and notify the Claims Administrator and Canada once the motion has been submitted.
32. Once a motion has been determined, the Practising Lawyer must provide the Claims Administrator and Canada with the Order from the Federal Court within 30 days of issuance. If the Federal Court determines that none of the Practising Lawyers who submitted retainers are eligible for Individual Legal Fees, the Practising Lawyer shall still provide the Court Order to the Claims Administrator and to Canada within 30 days of issuance of the Order. After receiving a Court Order denying Individual Legal Fees, the Claims Administrator will close the applicable file.
33. Where a written agreement nominating one Practising Lawyer for payment is received, the Claims Administrator will issue an Individual Legal Counsel Payment Request Letter to the stipulated lawyer. The Claim will then proceed through the steps set out in paragraphs 7 to 24 of this Protocol with respect to Individual/Additional Individual Legal Fees.
34. Where an Order approving payment of Individual Legal Fees is received, the Claims Administrator will issue an Individual Legal Counsel Payment Request Letter to the lawyer and the Claim will proceed through the steps set out in paragraphs 7 to 24 of this Protocol with respect to Individual/Additional Individual Legal Fees.
35. Where the Claims Administrator has notified the Practising Lawyers of the steps to be taken where multiple retainers have been received, and where the Claims Administrator has not received written agreement nominating one Practising Lawyer for payment within 60 days, or notification that the Practising lawyers have submitted a motion to the Federal Court within 365 days, of the date of the Claims Administrator's Multiple Lawyers

Notification Letter, the Practising Lawyers are not eligible for Individual/Additional Individual Legal Fees and no payment will be issued.

I. Funding of Individual/Additional Legal Fee Payments by Canada

36. Canada will provide funding to the Claims Administrator to be used for the purposes of future payment of Individual/Additional Individual Legal Fees. On a monthly basis, the Claims Administrator will advise Canada of the funds expected to be required for Individual/Additional Individual Legal Fee payments, and Canada shall fund such amounts.

J. Reporting to Canada and Class Counsel by Claims Administrator

37. On a monthly basis the Claims Administrator will provide to Canada and Class Counsel a list of Approved Claimants where the Claimant has reached Final Compensation Determination and is represented by a lawyer who has submitted a valid retainer and Individual Legal Counsel Payment Request Form. The list provided will include, at a minimum, in respect of each Approved Claimant:

- a. Claimant information;
- b. Name of law firm/law office/Practising Lawyer;
- c. Results of any due diligence activities undertaken by the Claims Administrator;
- d. Percentage (%) for Individual Legal Fees assessed by the Claims Administrator (up to 5%) or alternatively percentage of Additional Legal Fees approved by Court Order;
- e. the Approved Claimant's assessed Compensation Level (Level 1-5); and
- f. Status of payment of Individual or Additional Individual Legal Fees.

38. Upon request by Canada, the Claims Administrator will provide Canada with a copy of the retainer agreement as related to an Approved Claimant.

Appendix A.1 (attached)



Federal Indian Hospitals Class Action Settlement



Appendix A.1 | Individual Legal Counsel Payment Request Form

- Important:** Only complete this form if you are a Practising Lawyer who has been engaged as Legal Counsel for a Claimant or their Representative with respect to the Settlement Agreement between Ann Cecile Hardy and Cecil Hardy and The Attorney General of Canada as approved by the Federal Court of Canada on June 24, 2025 ("Settlement Agreement" or "SA") (SA 10.02), AND you have received an Individual Legal Counsel Payment Request Letter.
- Note:** If you move, or change your email address or phone number, please provide your new contact information to the Claims Administrator at [1-888-592-9101](tel:1-888-592-9101).

Practising Lawyer - your name and organization (required)

First name

Middle name (if applicable)

Last name

Law Society / Barreau du Québec member number

Law organization / firm

Your mailing address (required)

Street number

Street name

Unit number

P.O. Box (if applicable)

City / Town / Community

Postal Code

Province / Territory

Country

Your email address (required):

Your telephone number (required):

Ext.

Federal Indian Hospital Class Action Settlement

→ Appendix A.1 | Individual Legal Counsel Payment Request Form

Claim details of your client - the Claimant (required)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Claimant first name Claimant middle name (if applicable) Claimant last name

<input type="text"/>

Claimant
Date of Birth: / /
Day (DD) Month (MM) Year (YYYY)

Legal fees (required)

You may claim up to 5% of the approved Claimant's award, for legal fees and disbursements, plus applicable taxes.

<input type="text"/>	<input type="text"/>
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Did you represent the Claimant, only with respect to the reconsideration of their compensation? Yes No

Legal Counsel bank account (required unless already provided to Administrator)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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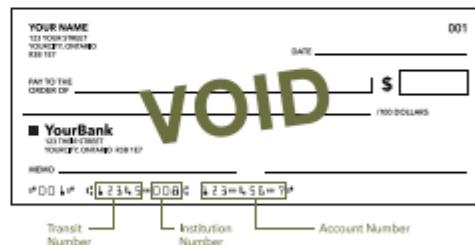
Transit number

<input type="text"/>	<input type="text"/>
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Institution number

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Account number (7-12 digits)



I assisted the Approved Claimant with their Claim and am a Practising Lawyer in good standing with my licensing/regulatory body in the province/territory where I practise law.

D
SIGN
D

Practising Lawyer first name (printed) Practising Lawyer last name (printed)

<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of Practising Lawyer (required)

Day (DD) Month (MM) Year (YYYY)

SCHEDULE “D”

Federal Indian Hospitals Class Action Settlement

Data Disposition Protocol

GENERAL

A. This document is the Protocol for Data Disposition with respect to Settlement Agreement between Ann Cecile Hardy and Cecil Hardy and The Attorney General of Canada as approved by the Federal Court of Canada on June 24, 2025 (“Settlement Agreement” or “SA”).

B. Apart from direct quotation, where the SA refers to “Application”, it will be referred to as “Claim” in this Protocol.

C. Interpretation of this Data Disposition Protocol: Capitalized terms are defined either in the Settlement Agreement (SA 1.01) or otherwise in this Data Disposition Protocol. For example, under the SA “Day” refers to Business Day, being a day other than a Holiday (SA 1.01).

A. Introduction

1. The Claims Administrator and the Notice Provider will collect, process, and retain data and documentation throughout the Claims Process. The content, communications, and information provided by Claimants and Canada may contain personal and sensitive information. The Claims Administrator and Notice Provider understand the importance of maintaining privacy and commit to the confidential management and destruction of the data and documentation upon its end of use.
2. All information collected and used by the Claims Administrator and the Notice Provider for the purpose of administering this Settlement Agreement is subject to this Data Disposition Protocol. Any and all information collected and retained by the Claims Administrator and Notice Provider may not be shared with any other party, other than prescribed under the Settlement Agreement and associated Protocols.

B. Summary of Collected Data

3. Data collected and processed throughout the Claims Process will include the following

(“**Claimant Information**”):

- a. **Information provided within the Claims** – This includes information and documents, both required and optional, requested to evaluate Applications (“**Claims**”) for eligibility and compensation. This includes requests for missing information, additional information, and reconsideration requests. This information may be retained in a hard copy or digital format.
- b. **Information provided throughout the Claims Process** – This includes queries, communications, and feedback provided throughout the Claims Process, which may not be contained in the Claim. This information may be retained in a hard copy or digital format.
- c. **Information about the content provided** – This information may include data about the content submitted physically and digitally (i.e., metadata). Examples can include the date(s) of submission, or the file name of a digital file uploaded as part of a Claim.

C. Use of Collected Data

4. The Claims Administrator will limit its collection of data to what is necessary to perform the assigned responsibilities specified in the Settlement Agreement. These tasks include:
 - a. Identification of the Class Members and/or their Estate Representatives and/or Heirs and/or Personal Representatives;
 - b. Determining the potential Claimant’s eligibility, on a balance of probabilities;
 - c. Adjudication of compensation for Approved Claimants;
 - d. Conducting due diligence on Claimants and Legal Counsel, including where possibly not acting in good faith; and
 - e. Providing a trauma-informed, culturally sensitive, expeditious, cost-effective, user-friendly, and confidential process aimed at reducing the burden on Claimants and likelihood of re-traumatization.
5. Additionally, the Notice Provider may collect data to support fulfillment of the following:
 - a. PIPEDA-compliant subscription to and distribution of marketing and communications;

- b. Use of website cookies and tracking technologies (e.g., analytics, remarketing, and conversion tracking) to measure engagement, improve digital services, and support marketing and outreach activities, in compliance with applicable privacy laws; and
 - c. Development and distribution of communications materials that do not contain personal data, such as aggregate statistics, general updates, or informational resources.
6. Under the Settlement Agreement 3.03 (4) (E-F), Canada may provide relevant documentation related to a Claimant's admission to a Federal Indian Hospital. Any such documentation provided by Canada to the Claims Administrator and requested by the Claimant (SA 3.03 (4) (H-I)) will be shared with that Claimant in their original form, without any further redaction.
7. All transfers of Claimant information between Canada, the Notice Provider, the Independent Reviewer, the Exceptions Committee, and the Claims Administrator will occur through encrypted and access-controlled channels (e.g., secure portals, SFTP, or equivalent), with chain-of-custody tracking. Where possible, Claimant information transferred between the Notice Provider and Claimant or between the Claims Administrator and Claimants will occur through encrypted and access-controlled channels (e.g., secure portals, SFTP, or equivalent), with chain-of-custody tracking.

D. Data Disposition

8. The data and documentation collected during the Claims Process, including all digital and physical copies, will be retained by the Claims Administrator and the Notice Provider for the duration of the Claims Process and for the entire retention period.
9. The data and documentation will be retained for a retention period that will conclude two years following the distribution of the last Compensation Letter, including reconsiderations (SA 13.02).
10. Following the retention period, and subject to any court order, dispute, or other legal obligation, the Claims Administrator and Notice Provider will destroy all data and documentation in their possession that was received or collected during the Claims Process.

Notwithstanding the foregoing, the Claims Administrator shall retain a registry containing, for all Approved Claimants, names, dates of birth, addresses, and any claim number assigned by the Claims Administrator (the "**Payment Registry**"). The Payment Registry shall be maintained by the Claims Administrator indefinitely, subject to the joint direction of the Parties or order of the Court.

11. The Claims Administrator and Notice Provider will destroy all physical and digital copies of data, as per NIST 800-88 Rev.1 media sanitization guidelines and ISO/IEC 21964 destruction standards. The standards are summarized as follows:
 - a. Physical documents maintained on paper will be shredded in such a way that the data cannot be read or retrieved.
 - b. Digital media, including information on servers, will be disposed of in such a way that identification, or the re-identification, of sensitive data will not be possible. Notwithstanding the foregoing, published assets including digital advertisements, Facebook posts, and the website may be archived and not destroyed.
12. Certification of destruction will be provided to Class Counsel and Canada following the destruction of data and documentation by the Claims Administrator and Notice Provider.
13. The Claims Administrator will not provide/return Claimant Information back to the Claimant, unless the Claimant provided original documentation (not including an original manually completed Claim), in which case the original documentation will be returned to the Claimant, and a copy kept and subsequently destroyed according to this Protocol. The Notice Provider will not accept original documentation while providing assistance to Claimants in completing their Claim Form.
14. The Claims Administrator will provide notice on Claim Forms and supplementary materials that information and documentation submitted will not be returned nor copies made available (save for original documentation as discussed above), and that the Claims Administrator is not subject to the Privacy Act, R.S.C. 1985, c. P-21 but remains subject to applicable privacy legislation, including PIPEDA and provincial equivalents.

15. Development and distribution of communications materials that do not contain personal data relating to any Claimants or their claims, such as general updates, or informational resources (websites, toolkits, ads etc.) relating to any Claimants or their claims are exempt from data disposition requirements of this Protocol.
16. Reporting Materials will not contain Protected Personal Information relating to any Claimants or their claims and will be produced only in aggregated and de-identified format to prevent re-identification. Any reporting documentation will be maintained and disposed of according to the Claims Administrator's Records Retention Policy. Notwithstanding the Claims Administrator's Records Retention Policy, the Notice Provider may retain de-identified, aggregate reporting metrics that do not identify any individual or community ("Aggregate Reporting Data") for the limited purposes of:
 - a. Maintaining internal legacy records and benchmarks; and
 - b. Preparing credentials, case studies, and informing strategies and responses for future programs. Aggregate Reporting Data will be protected with administrative, technical, and physical safeguards appropriate to the sensitivity of the data and consistent with applicable law, court orders, settlement agreements, and organizational privacy/security policies.
17. The Claims Administrator and Notice Provider will maintain logs of all retention, transfer, and destruction activities under this Protocol, available for review by the Parties or the Court upon request.

SCHEDULE "E"

Schedule E - Claim Form

Federal Indian Hospitals Class Action Settlement Claim Form

**FEDERAL INDIAN HOSPITALS
SETTLEMENT**

Federal Indian Hospitals Class Action Settlement

● CLAIM FORM

About the Settlement

 From 1936 to 1981, the Government of Canada operated hospitals called Federal Indian Hospitals. Under the Settlement of the class action lawsuit, *Ann Cecile Hardy v. The Attorney General of Canada* (Federal Court File No. T-143-18), individuals who were admitted to these hospitals may be eligible for compensation for psychological, verbal, physical, and/or sexual abuse they experienced while admitted. The Settlement Agreement excludes compensation for any claim connected to medical treatment at Federal Indian Hospitals. The Settlement was approved by the Federal Court on June 24, 2025.

If you were admitted to any of the **33 Federal Indian Hospitals** during the dates of operation listed in the Settlement Agreement, you may be eligible for compensation if you suffered an eligible abuse/harm while admitted. An Eligible Claimant may receive compensation ranging from \$10,000 to \$200,000, based on the severity of abuse/harm they experienced. If a Claimant passed away on or after January 25, 2016, the Estate or Heir may be eligible to receive compensation.

The documents for this class action use some words now recognized as inaccurate, insensitive, and offensive. These words come from a period of Crown-Indigenous relations not grounded in reconciliation. These words are only used when necessary for legal accuracy, or when referring to historical sources.

 For more information about this Settlement, please visit www.ihsettlement.ca.

How to access support concerning this Settlement

Emotional and mental health support
 Filling out this Claim Form may be emotionally difficult or traumatic for some individuals. If you or someone you are assisting are experiencing emotional distress and want to talk to someone, culturally competent counsellors are available 24 hours a day through the Hope for Wellness Helpline to provide free support and crisis intervention services. Call **1-855-242-3310** or visit www.hopeforwellness.ca.

Help with the claims process
 You can get help completing the Claim Form, or further information about the claims process. Call **1-888-592-9101** for assistance.

Class Counsel and available legal advice
 If you need legal support or help locating a lawyer to help you complete the Claim Form, please visit www.ihsettlement.ca/contact.

- Important reminder:** A limited amount of legal advice or support with your Claim may be paid by the Government of Canada, in accordance with the terms of the Settlement Agreement and [Individual Legal Fees Protocol](#).

FIHCA.CF.EN.I2.2025

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Federal Indian Hospitals Class Action Settlement Claim Form



Who may be eligible for compensation

**To be eligible for compensation:**

To be eligible for compensation, you must fill out, sign, and submit a completed Claim Form, along with any supporting documents, to the Claims Administrator (by email, fax or mail by the Claims Deadline of [Date TBD]). The completed Claim Form must show:

- Claimant was admitted to one of **33 Federal Indian Hospitals** included on the list in the Settlement Agreement during any period(s) when the hospital was operated by the Government of Canada within the **Class Period**; and
- Claimant experienced psychological, verbal, physical, and/or sexual abuse (not connected to medical treatment) while admitted at the Federal Indian Hospital.



Who can submit a Claim Form

**Claim Forms can be submitted by:**

- An Individual Claimant, OR
- A Representative of the Claimant:
 - The Estate Representative or the Heir of a Claimant who has passed away; OR
 - The Personal Representative of a Claimant who is a Person Under Disability; OR
 - Individual Legal Counsel (a practising lawyer in good standing in a Canadian province/territory) who has been hired by the Claimant or Representative.



Ways to submit a Claim Form

Refer to **Appendix F: Completed Claim Form Checklist** for all requirements and documentation.

Online (recommended) – Complete your entire Claim process through the online portal.



Online Portal:
www.TBD.com

Digital PDF – Save this Claim Form to your computer as a PDF, complete using Adobe Acrobat and submit.



By email:
TBD

Physical Copy – Print this Form, complete the required information by writing clearly in ink and submit. Copies of information and documentation submitted will not be returned nor copies made available.



By mail:
FIH Claims Administrator
P.O. Box 5493 STN MAIN
Newmarket, ON L3Y 0J4



By fax:
416-966-5701

The deadline to submit a Completed Claim Form to the Claims Administrator is
TBD

Federal Indian Hospitals Class Action Settlement Claim Form

3

Index of Claim Form

Section of the Claim Form	Description	Page(s)
Required Sections: Must be completed by Claimant and/or anyone applying on their behalf		
Part 1	Privacy Release, Acknowledgement, and Retention Policy	4
Part 1A	Claimant Details	5-6
Part 1B	Claimant Contact Information	7
Part 2	Hospital Admission – Name and Dates	8-10
Part 2A	Hospital Admission – Additional Information	11-12
Part 2B	Hospital Admission – Abuse/Harm Experienced	13-19
Part 3	Payment Details	20
Additional Sections: Complete only as applicable		
Appendix A	Any Additional Federal Indian Hospital Admission(s) • May be completed by Claimant and/or anyone applying on their behalf	21-22
Appendix B	Additional Details Surrounding Your Experience at a Federal Indian Hospital • May be completed by Claimant and/or anyone applying on their behalf	23
Appendix C	Deceased Claimant – Estate Representative (With or Without a Grant of Authority) • Required for Estate Representatives, Heirs of the Claimant or Liquidators	24-29
Appendix D	Personal Representative for a Claimant who is a Person Under Disability • Required for a Personal Representative for a Claimant who is a Person Under Disability	30-32
Appendix E	Individual Legal Counsel • Required for Legal Counsel of the Claimant (only if retained)	33-34
Appendix F	Completed Claim Form Checklist • To ensure you have all the required documents before submitting your Claim Form	35

Important: Please ensure that you take the time to read the Claim Form carefully and complete all required sections before you submit your Claim.



PART1 | Privacy Release, Acknowledgement, and Retention Policy (Required)

The Claims Administrator will be collecting your personal information throughout this Claim Form to process your Claim. The Claims Administrator is not subject to the Privacy Act, R.S.C. 1985, c. P-2l, but remains subject to applicable privacy legislation, including PIPEDA and provincial equivalents. Please refer to the [Data Disposition Protocol](#) for further information. By signing this Privacy Release and Acknowledgement you recognize that your personal information will be used to process your Claim as required in accordance with the Settlement Agreement and its related Protocols.

> Privacy Release and Acknowledgement

I acknowledge and recognize that the Claims Administrator and Independent Reviewer:

1. do not represent the Federal Indian Hospitals or the Government of Canada;
2. do not act as an agent or legal counsel for any party, and do not offer legal advice; and,
3. do not have any duty to identify or protect the legal rights of any party, or to raise an issue not raised by any party.

Privacy: I acknowledge and understand that it will be necessary for the purposes of processing my Claim:

- for the Claims Administrator to share information provided in this Claim for verification or review to the Government of Canada, the Independent Reviewer, the Exceptions Committee (if applicable), and Class Counsel; and
- for the Government of Canada to share information in its possession to the Claims Administrator, the Independent Reviewer, the Exceptions Committee (if applicable), and Class Counsel.

I confirm that all the information provided in this Claim Form is true to the best of my knowledge. Where someone helped me complete this Claim Form, that person has read to me everything they wrote and included with this Claim Form (including any attachments or supporting documentation).

I understand that I may hire any lawyer of my choosing to provide legal advice and/or assist me in completing and/or submitting my Claim Form.*

Consent: I understand that by submitting this Claim Form to the Claims Administrator along with any supporting documents, I am consenting and agreeing to the information on this page, and to the sharing of my personal information to process this Claim as required and in accordance with the Settlement Agreement and related Protocols.

* Important: The Government of Canada, in accordance with the Settlement Agreement and Individual Legal Fees Protocol, will pay a practising lawyer in good standing in a Canadian province or territory an amount up to 5% (plus applicable taxes) of the value of the compensation award for this assistance. This payment will not be deducted from the Claimant's compensation payment. Any amount above the 5% (up to a total of 10%) must be approved by the Court.

> Retention Policy

As required under the Settlement Agreement and related Protocols, your personal information will be kept for two (2) years after the Claims Administrator completes the last payment of compensation under the Settlement Agreement. After this, the Claims Administrator will destroy all Claimant information and documentation in its possession.

►
SIGN

I acknowledge and agree to all of the terms outlined above.

First name (printed)

Last name (printed)

Signature (required)

Day (DD) / Month (MM) / Year (YYYY)

→ PART 1A | Claimant Details (Required)

Please ensure that you provide all required information and answer all required questions in order for your Claim Form to be considered complete. Claims can only be processed if all required Claimant details and documentation are submitted. Incomplete Claim Forms may not be processed, and the Claims Administrator may contact you if additional details are needed.

Important:

- This section is intended to collect information about the Claimant. If you are completing this form on behalf of someone else, the terms "you" and "your" refer to the Claimant.
- If you change your legal name at any time during the claims process, please notify the Claims Administrator immediately and provide supporting documentation of the name change. This will help ensure your claim is processed without delay.

Your name (required)

Your name must match your government-issued identification (ID).

First name:

Middle name
(if applicable):

Last name:

Identification (required)

Please attach a copy of your Federal or Provincial government-issued ID to your application.

Examples of accepted ID:

- Certificate of Indian Status (Status Card)
- Inuit Beneficiary Card
- Métis Citizenship Card
- Passport
- Driver's License
- Provincial/Territorial Photocards
- Health Card

Other name(s): Did you use any other names while you were admitted to a Federal Indian Hospital? For example, a maiden name, birth name, nickname, adopted name, or an E-Disc/W-Disc name or number (for Inuit Claimants).

Yes

→ **If yes**, please provide the other name(s):

Documentation (if available)

Please attach a copy of any documents that could provide confirmation of your other names.

Examples of documents that could confirm other names:

- Legal name change order
- Marriage certificate / divorce papers
- Adoption papers
- Other documents that reference your other names

Your Social Insurance Number (SIN) (optional)

- -



Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.

Please write the Claimant's first and last name and date of birth (as entered in Part 1A of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

→ **PART 1A | Claimant Details (Required)**

Your date of birth (required)

Date of birth must match your government-issued ID.

Day (DD) / Month (MM) / Year (YYYY)

Claimant date of death (if applicable)

If the Claimant has passed away, please provide the date of death on or after January 25, 2016.

Day (DD) / Month (MM) / Year (YYYY)



Important: Stop here if the Claimant is deceased and passed away before January 25, 2016.

Claimants who died before January 25, 2016 are not eligible for this Settlement.

Providing First Nation, Métis or Inuit status information may be helpful and is optional.

Are you a member of a First Nation, Métis or Inuit community? (if applicable)

If "yes", select the one that applies by placing an "X" in the box and complete all the associated questions.

First Nation

Your Status Card or registration number:

Name of your First Nation or Band:

Province or Territory where your First Nation or Band is located:

If you cannot provide your Status Card or registration number or Band name, please explain why:

OR

Your Métis citizenship or membership number:

Métis

Your issuing Métis organization:

Province or Territory where your Métis organization or community is located:

If you cannot provide your Métis citizenship or membership number or issuing organization, please explain why:

OR

Inuit

Disc number:

Beneficiary number:

Province or Territory where your Inuit region or community is located:

If you cannot provide your disc or beneficiary number, please explain why:



PART 1B | Claimant Contact Information (Required)

Claimant contact information must be completed below. Please ensure that you provide all required information and answer all required questions in order for your Claim Form to be considered complete.

Important:

- This section is intended to collect information about the Claimant. If you are completing this form on behalf of someone else, the terms "you" and "your" refer to the Claimant.
- If the Claimant is deceased, you do not need to fill out the mailing address, email and phone number below.
- If you need to change your contact information (for example: your mailing address, email, or phone number), please contact the Claims Administrator at [1-888-592-9101](tel:1-888-592-9101).

In addition, if you are:

- applying on behalf of a deceased Claimant, please complete **Appendix C**.
- applying on behalf of a Claimant who is a Person Under Disability, please complete **Appendix D**.
- Individual Legal Counsel for the Claimant or the person applying on their behalf, please complete **Appendix E**.

Your mailing address (required)

- **Note:** If you are deemed to be eligible for compensation under the Settlement and you choose to have your compensation sent to you as a cheque, the cheque will be mailed to this address. If you move, please provide your new contact information to the Claims Administrator at [1-888-592-9101](tel:1-888-592-9101).

Street number

Street name

Unit

P.O. Box (if applicable)

City / Town / Community

Postal Code

Province / Territory

Country

C/O Name (if applicable)

If your mailing address is a facility (such as a correctional or medical facility) or a public place (such as a hotel or Friendship Centre), or if you are staying with a friend or family member, please include the name.

**Your email address
(if available):**

**Your telephone number
(recommended):**

Ext.

Please select the phone number you provided: Home Mobile Work Other:



PART 2 | Hospital Admission – Name and Dates (Required)

To be eligible for compensation, you must have been admitted to one of the **33 Federal Indian Hospitals** listed below while it was operated by the Government of Canada (refer to eligible dates of operation) when you suffered an abuse/harm. Please ensure that you provide all required information and answer all required questions in order for your Claim Form to be considered complete.

- **Important:** You will have an opportunity to provide additional information about your admission to a Federal Indian Hospital in **Part 2A**. For now, please only enter the requested information.

Select only the hospital(s) where you were admitted when you experienced the abuse/harm you are claiming for.

- If you were admitted to more than one hospital where you experienced abuse/harm, select all applicable ones.
- For each hospital that you were admitted to when an abuse/harm occurred, provide the **first and last month/year** of your admission(s), referring to the eligible dates of operation provided below. You should do this to the best of your recollection.
- If you were admitted to more than one hospital and experienced abuse/harm on each occasion, you should fill out and attach **Appendix A** for each additional admission.

Alberta

Select the hospital(s) where you were admitted	Eligible dates of operation	Month (MM) / year (YYYY) your admission BEGAN	Month (MM) / year (YYYY) your admission ENDED
Blackfoot Indian Hospital Other name(s): Blackfoot I.N.H.S. Hospital, Blackfoot Hospital	January 1, 1936 – April 1, 1976	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>
Blood Indian Hospital Other name(s): Blood Agency Hospital, Blood Hospital, Blood Reserve Indian Hospital, Blood Reserve Hospital, Moses Lake Hospital	January 1, 1936 – December 31, 1981	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>
Charles Camsell Indian Hospital Other name(s): Charles Camsell Hospital, Edmonton Indian Hospital, Edmonton Military Hospital, Indian Health Services Hospital, Jesuit College Hospital	November 1, 1945 – December 1, 1980	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>
Hobbema Indian Hospital Other name(s): Hobbema Hospital	January 1, 1952 – June 30, 1963	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>
Morley Stoney Indian Hospital Other name(s): Morley Indian Hospital, Morley Hospital, Stoney Agency Hospital, Stoney Indian Hospital, Stoney Hospital, Stony Indian Hospital, Stony Hospital	January 1, 1936 – December 31, 1960	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>
Peigan Indian Hospital Other name(s): Peigan Agency Hospital, Peigan Hospital	January 1, 1936 – December 31, 1954	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>
Sarcee Indian Hospital Other name(s): Sarcee Agency Hospital, Sarcee Hospital, Sarcee Reserve Indian Hospital	January 1, 1936 – March 31, 1946	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>

British Columbia

Select the hospital(s) where you were admitted	Eligible dates of operation	Month (MM) / year (YYYY) your admission BEGAN	Month (MM) / year (YYYY) your admission ENDED
Coqualeetza Indian Hospital Other name(s): Coqualeetza Hospital	September 1, 1941 – September 30, 1969	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>
Miller Bay Indian Hospital Other name(s): Millar Bay Hospital, Miller Bay Hospital	September 16, 1946 – October 1, 1971	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>
Nanaimo Indian Hospital Other name(s): Nanaimo Hospital	September 1, 1946 – November 20, 1966	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>

Federal Indian Hospitals Class Action Settlement Claim Form



PART 2 | Hospital Admission – Name and Dates (Required)

Manitoba

Select the hospital(s) where you were admitted	Eligible dates of operation	Month (MM) / year (YYYY) your admission BEGAN	Month (MM) / year (YYYY) your admission ENDED
Brandon Indian Hospital Other name(s): Assiniboine Hospital, Brandon Sanatorium	June 15, 1947 – January 31, 1961	/	/
Clearwater Lake Indian Hospital Other name(s): Clearwater Hospital, Clearwater Lake Hospital, Clearwater Lake Sanatorium, Orok Indian Hospital, The Pas Hospital	September 24, 1945 – February 28, 1965	/	/
Dynevor Indian Hospital Other name(s): Dynevor Indian Sanatorium, Dynevor Hospital, Dynevor Sanatorium	September 1, 1939 – November 1, 1957	/	/
Fisher River Indian Hospital Other name(s): Fisher River Hospital	July 6, 1940 – June 18, 1973	/	/
Fort Alexander Indian Hospital Other name(s): Fort Alexander Hospital, Pine Falls Indian Hospital, Pine Falls Hospital	December 1, 1937 – November 18, 1964	/	/
Norway House Indian Hospital Other name(s): Norway House Agency Hospital, Norway House Hospital	January 1, 1936 – December 31, 1981	/	/
Percy E. Moore Hospital	June 18, 1973 – December 31, 1981	/	/

New Brunswick

Select the hospital(s) where you were admitted	Eligible dates of operation	Month (MM) / year (YYYY) your admission BEGAN	Month (MM) / year (YYYY) your admission ENDED
Tobique Indian Hospital Other name(s): Tobique Hospital	January 1, 1936 – March 31, 1950	/	/

Northwest Territories and Nunavut

Select the hospital(s) where you were admitted	Eligible dates of operation	Month (MM) / year (YYYY) your admission BEGAN	Month (MM) / year (YYYY) your admission ENDED
Edzo Cottage Other name(s): Edzo Cottage Hospital, Rae-Edzo Cottage Hospital, Rae-Edzo Hospital	August 7, 1974 – December 31, 1981	/	/
Fort Norman Indian Hospital Other name(s): Bishop Bompas Memorial, Fort Norman Hospital, Indian Hospital at Fort Norman	September 1, 1943 – January 21, 1946	/	/
Fort Simpson Indian Hospital Other name(s): Fort Simpson Cottage Hospital, Fort Simpson General Hospital	September 20, 1973 – December 31, 1981	/	/
Frobisher Bay Indian Hospital Other name(s): Frobisher Bay General Hospital, Frobisher Bay Hospital	April 1, 1959 – December 31, 1981	/	/
Inuvik Indian Hospital Other name(s): Inuvik General Hospital, Inuvik Hospital, l'Hôpital Général d'Inuvik	January 13, 1961 – December 31, 1981	/	/

Federal Indian Hospitals Class Action Settlement Claim Form



PART 2 | Hospital Admission – Name and Dates (Required)

Ontario

Select the hospital(s) where you were admitted	Eligible dates of operation	Month (MM) / year (YYYY) your admission BEGAN	Month (MM) / year (YYYY) your admission ENDED
<input type="checkbox"/> Lady Willington Indian Hospital Other name(s): Lady Willington Hospital	January 1, 1936 – September 30, 1968	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="checkbox"/> Manitowaning Indian Hospital Other name(s): Manitoulin Isolation Hospital, Manitoulin Isolation Unit, Manitowaning Hospital	January 1, 1941 – March 31, 1951 January 1, 1959 – March 31, 1962	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="checkbox"/> Moose Factory Indian Hospital Other name(s): Moose Factory General Hospital, Moose Factory Hospital, Moose Factory Zone Hospital	September 9, 1950 – December 31, 1981	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="checkbox"/> Sioux Lookout Indian Hospital Other name(s): Indian Hospital Sioux Lookout, Sioux Lookout Hospital, Sioux Lookout Zone Hospital	December 12, 1949 – December 31, 1981	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="checkbox"/> Squaw Bay Indian Hospital Other name(s): Squaw Bay Hospital, Squaw Bay Sanatorium	May 1, 1942 – May 31, 1953	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>

Saskatchewan

Select the hospital(s) where you were admitted	Eligible dates of operation	Month (MM) / year (YYYY) your admission BEGAN	Month (MM) / year (YYYY) your admission ENDED
<input type="checkbox"/> Fort Qu'Appelle Indian Hospital Other name(s): F.Q.I.H., Fort Qu'Appelle Hospital, Qu'Appelle Indian Hospital	May 1, 1936 – December 31, 1981	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="checkbox"/> North Battleford Indian Hospital Other name(s): North Battleford Hospital	May 15, 1949 – August 26, 1977	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>

Yukon

Select the hospital(s) where you were admitted	Eligible dates of operation	Month (MM) / year (YYYY) your admission BEGAN	Month (MM) / year (YYYY) your admission ENDED
<input type="checkbox"/> Mayo Hospital Other name(s): Mayo General Hospital	April 1, 1970 – December 31, 1981	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="checkbox"/> Watson Lake Other name(s): Watson Lake Cottage Hospital, Watson Lake Hospital	March 1, 1966 – December 31, 1981	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="checkbox"/> Whitehorse Indian Hospital Other name(s): Regional Hospital at Whitehorse, Whitehorse General Hospital, Whitehorse Hospital	April 1, 1959 – December 31, 1981	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>

→ PART 2A | Hospital Admission – Additional Information (Required)

In this section, you need to provide hospital admission details to help the Claims Administrator assess and process your Claim.

- **Important:** In Part 2B, you will share the details of the abuse/harm that you experienced while admitted at a Federal Indian Hospital.

Please provide as much information as you can remember about your admission to the Federal Indian Hospital(s) listed in Part 2. Your answers to the questions below will help us understand your admission and assess your eligibility as a Claimant and for compensation. Please ensure that you provide all required information and answer all required questions in order for your Claim Form to be considered complete.

- **Important:** If you were admitted to more than one hospital and experienced abuse/harm on each occasion, you should fill out and attach **Appendix A** for each additional admission.

Information about your admission (required)

For each Federal Indian Hospital admission, answer the following questions as best as you can. Please provide as much information as you are comfortable sharing. *Example answers are provided as guidance only to assist you.*

- **Important:** For each additional hospital admission, where an abuse/harm occurred (if applicable), please complete **Appendix A** and provide answers to required questions.

1. **What is the name of the hospital you were admitted to?** *Example: Charles Camsell Hospital.*

2. **For how long were you admitted to the hospital?** *Example: 3 months.*

3. **What was the reason for your admission?** *Example: Tuberculosis treatment.*

4. **Where did you live before being admitted to the hospital (including address if known)?** *Example: St. Mary's Indian Residential School.*

5. **Why did you go to this particular hospital (instead of another)?** *Example: It was the closest hospital to my community.*

6. **How did you get to and from the hospital at the beginning and end of your admittance?** *Example: By ship.*

7. **What are the names of any of the doctors, nurses, or other staff who assisted you?** *Example: Dr. Smith, Nurse Johnson.*

8. **What types of medical treatment did you receive?** *Example: Antibiotics, physical therapy.*

**PART 2A | Hospital Admission – Additional Information (Required)**

9. Were you transferred to/from another hospital or medical facility before/after being admitted to the Federal Indian Hospital? *Example: Transferred to a Tuberculosis (TB) Sanitorium after admission.*

Additional details (recommended)

This section is for you to share any other details you can remember about your admission at the Federal Indian Hospital. For example, other patients' names or a description of the hospital. Please fill in what you feel comfortable sharing. Do not include information about any eligible abuse/harm you may have experienced here. You will be asked about this later in **Part 2B** of the Claim Form.

Relevant documents (if available)

Please provide any relevant documents you may have related to your admission to a Federal Indian Hospital. Providing documents is optional but may be helpful in the assessment of your Claim. The following checklist is meant to help you think about documents or information that you may have that could support your Claim. Given the passage of time since your admission to a Federal Indian Hospital, you might not have any documentation. Please do not let this deter you from submitting a Claim as submitting documents is optional.

Documentation (if available)

Please attach a copy of any document that might help support your Claim.

Examples of documents that might help support your Claim:

- **Hospital admission confirmation** – Documents confirming your hospital admission (e.g., medical records with visit dates, treatments, doctor's notes).
- **Medical records / discharge summaries** – Medical records or discharge summaries from your hospital admission.
- **Appointment confirmation** – Appointment confirmation letters or other documents showing hospital or doctor appointments.
- **Other** – Any other documents that support your claim but do not fit the categories above.

**Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.**

Please write the Claimant's first and last name and date of birth (as entered in **Part 1A** of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

→ PART 2B | Hospital Admission – Abuse/Harm Experienced (Required)

Use this section to describe the abuse/harm that you experienced while admitted at the Federal Indian Hospital (see the Hospital List in Part 2 of this Claim Form). Please ensure that you provide all required information for your selected level and answer all required questions in order for your Claim Form to be considered complete.

Important:

- Do not include abuse/harm connected to medical treatment.
- Please note that you cannot combine or select multiple levels. Only select one level.
- If multiple levels apply to your experience, select the highest level which applies to you.

› **Step 1 – Choose one level that matches your experience (required)**

Please carefully read the descriptions of all five levels of abuse/harm described in this Step and select the highest level of abuse/harm that best matches your experience. You will be asked to share your selected level in Step 2.



Important:

Once the level is submitted with your Claim Form, you cannot ask to be assessed at a higher level.

Level 1 | Compensation amount: \$10,000

- Sexual comments or sexualized provocation; OR
- Unreasonable or disproportionate acts of discipline or punishment; OR
- One or more incidents of mocking, denigration (e.g., belittling or abusive language), or humiliation (e.g., shaming); OR
- Threats of violence or intimidating statements or gestures; OR
- **One or more incidents of abuse, such as:**
 - Unreasonable confinement unrelated to medical treatment and interventions; OR
 - Being forced to consume alcohol and/or illegal substances, excluding the administration of necessary medication including narcotics.

Level 2 | Compensation amount: \$50,000

- **One or more incidents of:**
 - Nude photographs taken of the Claimant with no medical purpose (such as for medical treatment or interventions including X-rays); OR
 - Non-patients exposing their genitals or other private parts to the Claimant; OR
 - Touching genitals or other private parts (directly or through clothing), excluding touching for a medical purpose (e.g., with a thermometer, scope, or other medical device); OR
 - Fondling or kissing; OR
 - Simulated intercourse through clothing; OR
- **One or more incidents of physical assault causing:**
 - Minor impairment or disfigurement that was not permanent (e.g., loss of consciousness, broken bones, loss of or damage to teeth, black eye, bruise, abrasion, laceration, fracture) excluding extractions of teeth or minor impairment or disfigurement that is the result of medical treatment or interventions.



We recognize that recalling these experiences can be difficult. If you need mental health support, please call the Hope for Wellness Helpline at **1-855-242-3310** or visit www.hopeforwellness.ca.



PART 2B | Hospital Admission – Abuse/Harm Experienced (Required)

Level 3 | Compensation amount: \$100,000

- One incident of:
 - Masturbation; OR
 - Oral or attempted oral intercourse; OR
 - Attempted penetration (including vaginal or anal, digital penetration or penetration with an object) excluding attempted penetration for a medical purpose (e.g., with a thermometer, scope, or other medical device); OR
- Recurring (pattern or repetitive) physical assaults causing:
 - Minor impairment or disfigurement that was not permanent (e.g., loss of consciousness, broken bones, loss of or damage to teeth, black eye, bruise, abrasion, laceration, fracture) excluding extractions of teeth or minor impairment or disfigurement that is the result of medical treatment or interventions.

Level 4 | Compensation amount: \$150,000

- One incident of penetration:
 - Including vaginal or anal, digital penetration or penetration with an object) excluding penetration for a medical purpose (e.g., with a thermometer, scope, or other medical device); OR
- Two or more incidents of:
 - Attempted oral intercourse; OR
 - Attempted penetration (including vaginal or anal, digital attempted penetration or attempted penetration with an object) excluding attempted penetration for a medical purpose (e.g., with a thermometer, scope, or other medical device); OR
- One or more physical assaults causing permanent or long-term mental or physical impairment, injury, or disfigurement.

Level 5 | Compensation amount: \$200,000

- Two or more incidents of:
 - Masturbation; OR
 - Oral intercourse; OR
 - Penetration (including vaginal or anal, digital penetration or penetration with an object) excluding penetration for a medical purpose (e.g., with a thermometer, scope, or other medical device); OR
- Any pregnancy resulting from an incident of sexual assault (including pregnancy that is interrupted by miscarriage or therapeutic abortion); OR
- One or more physical assaults causing permanent loss of mobility or brain injury.

> Step 2 – Confirm your selected level in writing from the options above (1, 2, 3, 4 or 5) (required)

I select level:



We recognize that recalling these experiences can be difficult. If you need mental health support, please call the Hope for Wellness Helpline at **1-855-242-3310** or visit www.hopeforwellness.ca.



PART 2B | Hospital Admission – Abuse/Harm Experienced (Required)

> Step 3 – Age and consent declaration (required, if applicable)

We recognize that recalling these experiences can be difficult. If you are claiming that you were sexually abused and you were over the age of 18 when the sexual abuse occurred, this step is required to determine your eligibility under the Settlement Agreement.

► Please place an "X" in this box if you were over the age of 18 and incidents of a sexual nature were unwanted or you did not provide consent.

> Step 4 – Provide details surrounding your experience (required)

- **Important:** Please read the instructions below carefully.

In this section, you will answer a series of questions that describe the specific abuse/harm you experienced while admitted in a Federal Indian Hospital. This information is necessary for the Claims Administrator to assess your eligibility to receive the compensation for the level of abuse/harm you indicated above, or to shed light on your experience so the Claims Administrator can adjust your compensation accordingly.

Instructions

1. There is space in the next pages to describe the abuse/harm you experienced related to one of the [33 Federal Indian Hospitals](#). You may document up to three separate abuses/harms you experienced in the Federal Indian Hospitals in this Claim Form. Any additional abuse/harm experienced should be documented in [Appendix B](#).
2. Please fill out all six questions related to each abuse/harm to the best of your ability.
3. Please write down as much as you remember about each abuse/harm you have experienced. The more detail you share, the better we can assess your Claim.
4. Please focus on abuse/harm you experienced while at the Federal Indian Hospital.



We recognize that recalling these experiences can be difficult. If you need mental health support, please call the Hope for Wellness Helpline at [1-855-242-3310](#) or visit [www.hopeforwellness.ca](#).

→ **PART 2B | Hospital Admission – Abuse/Harm Experienced (Required)**

Abuse/Harm #1

1. **What was the abuse/harm that you experienced while admitted to a Federal Indian Hospital? Provide a brief description.**

[Redacted area for response to question 1]

2. **What was the name of the Federal Indian Hospital where you experienced abuse/harm? If you do not know the name, please provide the best description you can of the location.**

[Redacted area for response to question 2]

3. **Who was responsible for the abuse/harm? If you're not sure, provide the best description you can (example: a doctor, a nurse, another patient, or a visitor).**

[Redacted area for response to question 3]

4. **As best as you can remember, when did the abuse/harm occur? If you're not sure, you can provide your age when the abuse/harm occurred (example: I was 16 years old). You can also provide your best estimate as a range (example: sometime between 1971 and 1973 or when I was between 23 and 27 years old).**

[Redacted area for response to question 4]

5. **How many times did the abuse/harm happen to you? If you're not sure, you can provide a range (example: 4-5 times). You can also provide an answer that is not specific (example: many times or more than twice).**

[Redacted area for response to question 5]

6. **Please describe the impact that this abuse/harm has had on you. The impact of physical or sexual abuse could include black eyes, bruises, cuts, being knocked unconscious, broken bones or teeth, scars, pregnancy, complications from pregnancy and/or childbirth, long-term or permanent physical disability/injury/impairment, long-term or permanent mental disability/injury/impairment (for example, depression, anxiety, or post-traumatic stress disorder (PTSD)), permanent loss of mobility or brain injury.**

[Redacted area for response to question 6]



We recognize that recalling these experiences can be difficult. If you need mental health support, please call the Hope for Wellness Helpline at **1-855-242-3310** or visit www.hopeforwellness.ca.

→ **PART 2B | Hospital Admission – Abuse/Harm Experienced (Required)**

Abuse/Harm #2

1. **What was the abuse/harm that you experienced while admitted to a Federal Indian Hospital? Provide a brief description.**

[Redacted area for response to question 1]

2. **What was the name of the Federal Indian Hospital where you experienced abuse/harm? If you do not know the name, please provide the best description you can of the location.**

[Redacted area for response to question 2]

3. **Who was responsible for the abuse/harm? If you're not sure, provide the best description you can (example: a doctor, a nurse, another patient, or a visitor).**

[Redacted area for response to question 3]

4. **As best as you can remember, when did the abuse/harm occur? If you're not sure, you can provide your age when the abuse/harm occurred (example: I was 16 years old). You can also provide your best estimate as a range (example: sometime between 1971 and 1973 or when I was between 23 and 27 years old).**

[Redacted area for response to question 4]

5. **How many times did the abuse/harm happen to you? If you're not sure, you can provide a range (example: 4-5 times). You can also provide an answer that is not specific (example: many times or more than twice).**

[Redacted area for response to question 5]

6. **Please describe the impact that this abuse/harm has had on you. The impact of physical or sexual abuse could include black eyes, bruises, cuts, being knocked unconscious, broken bones or teeth, scars, pregnancy, complications from pregnancy and/or childbirth, long-term or permanent physical disability/injury/impairment, long-term or permanent mental disability/injury/impairment (for example, depression, anxiety, or post-traumatic stress disorder (PTSD)), permanent loss of mobility or brain injury.**

[Redacted area for response to question 6]



We recognize that recalling these experiences can be difficult. If you need mental health support, please call the Hope for Wellness Helpline at **1-855-242-3310** or visit www.hopeforwellness.ca.



PART 2B | Hospital Admission – Abuse/Harm Experienced (Required)

Abuse/Harm #3

1. **What was the abuse/harm that you experienced while admitted to a Federal Indian Hospital? Provide a brief description.**

2. **What was the name of the Federal Indian Hospital where you experienced abuse/harm? If you do not know the name, please provide the best description you can of the location.**

3. **Who was responsible for the abuse/harm? If you're not sure, provide the best description you can (example: a doctor, a nurse, another patient, or a visitor).**

4. **As best as you can remember, when did the abuse/harm occur? If you're not sure, you can provide your age when the abuse/harm occurred (example: I was 16 years old). You can also provide your best estimate as a range (example: sometime between 1971 and 1973 or when I was between 23 and 27 years old).**

5. **How many times did the abuse/harm happen to you? If you're not sure, you can provide a range (example: 4-5 times). You can also provide an answer that is not specific (example: many times or more than twice).**

6. **Please describe the impact that this abuse/harm has had on you. The impact of physical or sexual abuse could include black eyes, bruises, cuts, being knocked unconscious, broken bones or teeth, scars, pregnancy, complications from pregnancy and/or childbirth, long-term or permanent physical disability/injury/impairment, long-term or permanent mental disability/injury/impairment (for example, depression, anxiety, or post-traumatic stress disorder (PTSD)), permanent loss of mobility or brain injury.**



We recognize that recalling these experiences can be difficult. If you need mental health support, please call the Hope for Wellness Helpline at **1-855-242-3310** or visit www.hopeforwellness.ca.



PART 2B | Hospital Admission – Abuse/Harm Experienced (Required)

Additional details (optional)

You can share any additional details about the abuse/harm you experienced, if you feel comfortable. This section is entirely optional. We recognize that relating your experiences can be difficult and may bring up strong feelings. Please know that your experiences and your truth are respected here. You may choose to include information in your own words and in the way that feels right for you.



We recognize that recalling these experiences can be difficult. If you need mental health support, please call the Hope for Wellness Helpline at **1-855-242-3310** or visit www.hopeforwellness.ca.



PART 3 | Payment Details (Required)

If your Claim is approved for compensation, payment will be sent by direct deposit or cheque. Payments will only be issued after your Claim is approved by the Claims Administrator.

- **Important:** If you move after submitting this Claim Form, contact the Claims Administrator to update your address.

> Option 1 – Direct Deposit

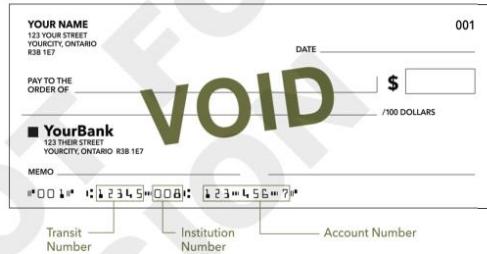
► Please select this option if you would like compensation by direct deposit.

Bank account information

Transit number

Institution number

Account number (7-12 digits)



To receive compensation by direct deposit, you need to meet the requirements listed to the right.

A compensation cheque will be mailed to you if any of the information is not provided, is incorrect, or the bank does not accept your direct deposit.

1. You have attached a void cheque or direct deposit form to this Claim Form, so we know where to send the payment.
2. The bank account is in the name of the person who will be paid the compensation. The bank account should be in the name of the Claimant, or if applicable, the Estate of the deceased Claimant.
3. The bank account is Canadian.
4. The banking information you provided is accurate. Once the payment is deposited, we can't get it back or make replacement payments. For example, if you provide a family member's banking information instead of your own, we can't get that payment back for you.

OR

> Option 2 – Cheque

► Please select this option if you would like to receive compensation by cheque.



Note: If you are an Estate Representative, you will receive the compensation that the deceased Claimant would have been entitled to. If you open a bank account for the Estate, payment can be made directly into the bank account. If payment is made by cheque, it will be made out to the Estate of the deceased Claimant.

Note: Payments issued for a Claimant who is a Person Under Disability or represented by a Personal Representative will be made payable to the Claimant to the attention of the Personal Representative or Power of Attorney. There must be a bank account in the name of the Claimant for compensation to be issued, unless otherwise prescribed by the applicable Appointment Order.

END OF CLAIM FORM

Claimant full
name (required):Claimant date of birth
(required) (DD/MM/YYYY):

Appendix A | Any Additional Federal Indian Hospital Admission(s)

This Appendix should be used if you've experienced abuse/harm during more than one admission to a Federal Indian Hospital. That is, if you were admitted to the same hospital more than once and experienced abuse/harm each time and/or if you attended more than one Federal Indian Hospital and experienced abuse/harm each time.

Important:

- You do not need to record every admission to every Federal Indian Hospital you've been admitted to. You only need to record the admissions where you've experienced abuse/harm.
- Don't forget to enter the name of the hospital and the dates of admission so we know which hospital admission your answers apply to.
- If you have experienced abuse/harm at more than one additional hospital, please include extra pages labelled "Additional Hospital #2", "Additional Hospital #3", etc., and include your answers to questions 1-12.
- For each Federal Indian Hospital admission, answer the questions as best as you can. Example answers are provided as guidance only to assist you.
- Please provide any relevant documents you may have related to your admission to a Federal Indian Hospital. Given the passage of time since your admission to a Federal Indian Hospital, you might not have any documentation. Please do not let this deter you from submitting a Claim as submitting documents is optional.

Additional Hospital

Information about your admission (required)

For each Federal Indian Hospital admission, answer the following questions as best as you can. Please provide as much information as you are comfortable sharing. *Example answers are provided as guidance only to assist you.*

- 1. Province/Territory.** *Example: Alberta.*

- 2. What is the name of the hospital you were admitted to?** *Example: Charles Camsell Hospital.*

- 3. Month (MM) / year (YYYY) admission began.** *Example: 03/1965.*

 /

- 4. Month (MM) / year (YYYY) admission ended.** *Example: 06/1965.*

 /

- 5. For how long were you admitted to the hospital?** *Example: 3 months.*

- 6. What was the reason for your admission?** *Example: Tuberculosis treatment.*

Federal Indian Hospitals Class Action Settlement Claim Form

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Claimant full
name (required):Claimant date of birth
(required) (DD/MM/YYYY):**Appendix A | Any Additional Federal Indian Hospital Admission(s)****Additional Hospital continued**

7. Where did you live before being admitted to the hospital (including address if known)? Example: St. Mary's Indian Residential School.

[Redacted]

8. Why did you go to this particular hospital (instead of another)? Example: It was the closest hospital to my community.

[Redacted]

9. How did you get to and from the hospital at the beginning and end of your admittance? Example: By ship.

[Redacted]

10. What are the names of any of the doctors, nurses, or other staff who assisted you? Example: Dr. Smith, Nurse Johnson.

[Redacted]

11. What types of medical treatment did you receive? Example: Antibiotics, physical therapy.

[Redacted]

12. Were you transferred to/from another hospital or medical facility before/after being admitted to the Federal Indian Hospital? Example: Transferred to a Tuberculosis (TB) Sanitorium after admission.

[Redacted]

Additional details (recommended)

This section is for you to share any other information about your admission at the Federal Indian Hospital for example other patients' names or a description of the hospital. Please fill in what you feel comfortable sharing. Do not include information about any eligible abuse/harm you may have experienced here (see **Appendix B** for details).

[Redacted]

Federal Indian Hospitals Class Action Settlement Claim Form

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Claimant full
name (required):Claimant date of birth
(required) (DD/MM/YYYY):**Appendix B | Additional Details About Your Experience at a
Federal Indian Hospital**

Any additional abuse/harm you experienced at a Federal Indian Hospital documented in this Claim Form can be recorded below. Please ensure you answer all six questions related to the abuse/harm. If the space below is not sufficient, please include extra pages labelled "Abuse/Harm #5" and "Abuse/Harm #6" and include your answers to questions 1-6.

Additional Abuse/Harm

1. **What was the abuse/harm that you experienced while admitted to a Federal Indian Hospital? Provide a brief description.**

2. **What was the name of the Federal Indian Hospital where you experienced abuse/harm? If you do not know the name, please provide the best description you can of the location.**

3. **Who was responsible for the abuse/harm? If you're not sure, provide the best description you can (example: a doctor, a nurse, another patient, or a visitor).**

4. **As best as you can remember, when did the abuse/harm occur? If you're not sure, you can provide your age when the abuse/harm occurred (example: I was 16 years old). You can also provide your best estimate as a range (example: sometime between 1971 and 1973 or when I was between 23 and 27 years old).**

5. **How many times did the abuse/harm happen to you? If you're not sure, you can provide a range (example: 4-5 times). You can also provide an answer that is not specific (example: many times or more than twice).**

6. **Please describe the impact that this abuse/harm has had on you. The impact of physical or sexual abuse could include black eyes, bruises, cuts, being knocked unconscious, broken bones or teeth, scars, pregnancy, complications from pregnancy and/or childbirth, long-term or permanent physical disability/injury/impairment, long-term or permanent mental disability/injury/impairment (for example, depression, anxiety, or post-traumatic stress disorder (PTSD)), permanent loss of mobility or brain injury.**

Federal Indian Hospitals Class Action Settlement Claim Form

Claimant full name (required):	Claimant date of birth (required) (DD/MM/YYYY):
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→ **Appendix C | Deceased Claimant – Estate Representative (With or Without a Grant of Authority)**

You must complete **Appendix C** if the Claimant passed away on or after January 25, 2016. Please refer to the [Estates Protocol](#) for further details related to the processing of Estate Claims.

An Estate Representative with a Grant of Authority (for example, a valid Will or court order) may submit a Claim Form. If there is no Grant of Authority, an Heir to a Claimant can submit a Claim Form.

Note:

- If you are the Estate Representative (with or without a Grant of Authority), enter your contact details below.
- If you are a newly appointed Estate Representative (with or without a Grant of Authority) of a Claimant who has passed away and has already submitted a Claim Form, please contact the Claims Administrator at [1-888-592-9101](#) or visit the FAQs online at [www.ihssettlement.ca/faq](#).
- **Important:** If you need to change your contact information (for example: your mailing address, email, or phone number), please contact the Claims Administrator at [1-888-592-9101](#).

Your name (required)

Your name must match your government-issued identification (ID).

First name:

Middle name (if applicable):

Last name:

Identification (required)

 Please attach a copy of your Federal or Provincial government-issued ID to your application.

Examples of accepted ID:

- Certificate of Indian Status (Status Card)
- Inuit Beneficiary Card
- Métis Citizenship Card
- Passport
- Driver's License
- Provincial/Territorial Photocards
- Health Card

Your employer/organization (if applicable)

 **Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.**

Please write the Claimant's first and last name and date of birth (as entered in Part 1A of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

Federal Indian Hospitals Class Action Settlement Claim Form

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Claimant full
name (required):Claimant date of birth
(required) (DD/MM/YYYY):**Appendix C | Deceased Claimant – Estate Representative
(With or Without a Grant of Authority)****Your mailing address (required)**

Street number

Street name

Unit

P.O. Box (if applicable)

City / Town / Community

Postal Code

Province / Territory

Country

c/O Name (if applicable)

If your mailing address is a facility (such as a correctional or medical facility) or a public place (such as a hotel or Friendship Centre), or if you are staying with a friend or family member, please include the name.

**Your email address
(if available):****Your telephone number
(recommended):**Please select the phone number you provided: Home Mobile Work Other:

Claimant full
name (required):Claimant date of birth
(required) (DD/MM/YYYY):**Appendix C | Deceased Claimant – Estate Representative
(With or Without a Grant of Authority)****Supporting documentation (required)**

Please select the category that applies to you and provide copies of the required document(s) with your Claim Form and Claimant's Death Certificate as proof of your authority to act as Estate Representative.

Check the category that applies	Required document(s)
<input checked="" type="checkbox"/> Grant of Authority (All Provinces and Territories except for Québec)	Will – You are named as Estate Representative in a valid Will pursuant to applicable federal, provincial, or territorial legislation.
OR	Other Grant of Authority – You have been officially appointed as Estate Executor or Administrator by a court or government authority.
OR	Will – You are named as Liquidator in a valid Will.
Grant of Authority (Québec)	Appointment of Liquidator – You are designated as the Liquidator by the Heirs to administer the Estate.
OR	Heir – The deceased did not have a valid Will, and no Grant of Authority by a court or government exists. You are an Heir (for example, spouse, common-law partner, child, grandchild, parent, sibling, or grandparent).

Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.

Please write the Claimant's first and last name and date of birth (as entered in Part 1A of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

Claimant full name (required):

Claimant date of birth (required) (DD/MM/YYYY):

**Appendix C | Deceased Claimant – Estate Representative (With or Without a Grant of Authority)****Heir Claim Only****Important: Only fill out the rest of this Appendix (C) if you are applying as the highest priority Heir.**

Only fill out the remainder of this section if the Claimant passed away and an Administrator/Executor/Trustee/Liquidator was not appointed for their Estate. The priority of Heirs is determined by identifying the living Heir with the highest priority based on the list in Step 2 on the next page.

> Step 1 – Place an “X” in this box if the statement is true (required)

To the best of your knowledge, there is no Grant of Authority in place (such as a Will or Letter of Administration from Indigenous Services Canada). The deceased did not leave a Will, and no Executor, Administrator, Liquidator, or Trustee has been appointed by the court or the Government of Canada or a provincial/territorial government or legislation. All reasonable efforts have been made to locate a Will or other Grant of Authority.

> Step 2a – Identify your relationship to the deceased Claimant (required)

The priority of Heirs is determined by identifying the living Heir with the highest priority based on the list below.

Select only one category of relation

1. <input checked="" type="checkbox"/> Surviving spouse (legally married or common-law) at the time of Claimant's death	2. <input checked="" type="checkbox"/> Child (or child's legal guardian)	3. <input checked="" type="checkbox"/> Grandchild (or grandchild's legal guardian)	4. <input checked="" type="checkbox"/> Parent
5. <input checked="" type="checkbox"/> Sibling (brother/sister)	6. <input checked="" type="checkbox"/> Child of sibling (niece/nephew)	7. <input checked="" type="checkbox"/> Other	

> Step 2b – Place an “X” in this box if the statement is true (required)

I declare that to the best of my knowledge and belief there are no living family members who are a higher priority Heir Claimant than me.

> Step 2c – Written consent from other higher priority Heir(s) (if applicable)**Documentation (if applicable)**

Please attach a copy of any written consents from the non-applying higher priority Heir(s).

If there are living family member(s) who are higher priority Heir(s), please provide written consent(s) of the non-applying higher-priority Heir(s).

**Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.**

Please write the Claimant's first and last name and date of birth (as entered in Part 1A of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

Federal Indian Hospitals Class Action Settlement Claim Form

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Claimant full
name (required):Claimant date of birth
(required) (DD/MM/YYYY):**Appendix C | Deceased Claimant – Estate Representative
(With or Without a Grant of Authority)****Heir Claim Only**

› **Step 3 – Please provide proof of your relationship to the deceased Claimant if available
If proof is not available, provide an Attestation / Sworn Declaration (required)**

Documentation (if available)

Please attach a copy of any document that might help confirm your relationship to the deceased. Please do not submit documents such as family photographs, letters or unofficial records.

Examples of documentation:

- Marriage – Record of Solemnization / Marriage Certificate
- Parent-child relationship – Birth Certificate of the child
- Parent and legally adopted child – Adoption Order
- Other (describe):

- Attestation / Sworn Declaration

- **Important:** Heir Claims will only be processed at the end of the Claims Period and the Claims Administrator will contact you to obtain more information later. The Claims Administrator can disclose identities of competing Heirs to each other where applicable.

**Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.**

Please write the Claimant's first and last name and date of birth (as entered in Part 1A of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

Federal Indian Hospitals Class Action Settlement Claim Form

Claimant full
name (required):Claimant date of birth
(required) (DD/MM/YYYY):

/ / / /

**Appendix C | Deceased Claimant – Estate Representative
(With or Without a Grant of Authority)****Heir Claim Only****Sworn Declaration**

You must complete the following Sworn Declaration only if you are an Heir and you do not have the supporting documentation to prove your relationship to the deceased (i.e. Marriage Certificate, Birth Certificate, etc.).

A Sworn Declaration is a statement signed by the Claimant and any one of the following Guarantors, with Titles:

- Notary Public or Commissioner of Oaths including Northern Villages' Secretary Treasurer
- Elected Official or Community leader (e.g. Chief, Councilor, Inuit Community Leader)
- Other Professional (e.g. Lawyer, Doctor/Physician, Accountant (CPA), Police Officer)

Sworn Declaration by Heir:

I declare that the information I have provided regarding the relationship to the deceased is true to the best of my knowledge.



Heir first name (printed)

Heir last name (printed)

Signature of Heir (required)

Day (DD)

Month (MM)

Year (YYYY)

Above declaration must be witnessed by a Guarantor (virtually or in person) in accordance with the applicable provincial/territorial requirements. The Guarantor only needs to see the Claimant sign this page. As Guarantor, you are not required to read or verify the accuracy of the events described in this Claim Form. **Guarantor must complete all fields below.**



Guarantor first name

Guarantor last name

Guarantor title

Guarantor position

Guarantor employer/organization

Street number

Street name

Unit

City / Town / Community

Postal Code

Province / Territory

Country

Telephone number

Email address (if available)

Signature of Guarantor (required)

Day (DD)

Month (MM)

Year (YYYY)

Federal Indian Hospitals Class Action Settlement Claim Form

Claimant full name (required):

Claimant date of birth (required) (DD/MM/YYYY):

**Appendix D | Personal Representative for a Claimant who is a Person Under Disability**

Only complete this section if you are a Personal Representative* of a Claimant who is a Person Under Disability*. If you are applying for a deceased Claimant, complete **Appendix C** instead.

- **Note:** If you are a newly appointed Representative of a Claimant who is a Person Under Disability and has already submitted a Claim Form, please contact the Claims Administrator at **1-888-592-9101** or visit the FAQs online at www.ihsettlement.ca/faq.
- **Important:** If you need to change your contact information (for example: your mailing address, email, or phone number), please contact the Claims Administrator at **1-888-592-9101**.

* Defined in the FAQs.

Your name (required)

Your name must match your government-issued identification (ID).

First name:

Middle name (if applicable):

Last name:

Identification (required)

Please attach a copy of your Federal or Provincial government-issued ID to your application.

Examples of accepted ID:

- Certificate of Indian Status (Status Card)
- Inuit Beneficiary Card
- Métis Citizenship Card
- Passport
- Driver's License
- Provincial/Territorial Photocards
- Health Card

Your employer/organization (if applicable)**Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.**

Please write the Claimant's first and last name and date of birth (as entered in **Part 1A** of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

Federal Indian Hospitals Class Action Settlement Claim Form

Claimant full
name (required):Claimant date of birth
(required) (DD/MM/YYYY):→ **Appendix D | Personal Representative for a Claimant who is a
Person Under Disability****Your mailing address (required)**

Street number

Street name

Unit

P.O. Box (if applicable)

City / Town / Community

Postal Code

Province / Territory

Country

c/O Name (if applicable)

If your mailing address is a facility (such as a correctional or medical facility) or a public place (such as a hotel or Friendship Centre), or if you are staying with a friend or family member, please include the name.

**Your email address
(if available):****Your telephone number
(recommended):**Please select the phone number you provided: Home Mobile Work Other:

Claimant full name (required):

Claimant date of birth (required) (DD/MM/YYYY):

**Appendix D | Personal Representative for a Claimant who is a Person Under Disability****Supporting documentation (required)**

Please select the category that applies to you by placing an "X" in the box and provide copies of the required document(s) with this Claim Form to show that you are the Claimant's Personal Representative or Power of Attorney.

Check the category that applies	Required document(s)
<input type="checkbox"/> Personal Representative OR <input type="checkbox"/>	<p>You have the legal authority to act on behalf of the Claimant who cannot manage their own legal, financial or personal matters due to a disability.</p> <ul style="list-style-type: none"> - Provincial/Territorial Appointment Order (including appointment of Public Guardian and Trustee); OR - Federal Appointment Order (e.g., Indigenous Services Canada Administrator for Property); OR - Letters of Appointment for property/finances; OR - Court Order appointing a Personal Representative.
<input type="checkbox"/>	<p>You have the legal authority to manage the Claimant's financial and property matters.</p> <ul style="list-style-type: none"> - Power of Attorney Document signed by the grantor with two witnesses; AND - Relevant court order (if POA was contested or clarified by a court).

Send only copies of documents (photocopy, scan, fax or photo) – do not send original documents.

Please write the Claimant's first and last name and date of birth (as entered in **Part 1A** of this Claim Form) clearly on every page of each copy you include. This will ensure that all documentation is matched to the correct Claim Form. Please make sure all copies are clear and easy to read.

Federal Indian Hospitals Class Action Settlement Claim Form

Claimant full
name (required):Claimant date of birth
(required) (DD/MM/YYYY):**Appendix E | Individual Legal Counsel**

As Individual Legal Counsel, you must enclose the Retainer Agreement signed and dated by you and the Claimant or the Estate/Personal Representative applying on the Claimant's behalf. Please refer to the [Individual Legal Fees Protocol](#) for further details related to the processing of payment of legal fees.

Your Retainer must indicate that the legal services provided are for the purpose of assisting the Claimant with their Claim under the Settlement Agreement for the Federal Indian Hospitals Class Action.

Important:

- Individual Legal Counsel must have submitted a valid Retainer Agreement in line with the [Individual Legal Fees Protocol](#) and be a practising lawyer in good standing in a Canadian province or territory.
- If you move, change your email address or phone number, please provide your new contact information to the Claims Administrator at [1-888-592-9101](tel:1-888-592-9101).
- **Note:** In order to receive payment of prescribed legal fees, you will also need to complete and return the [Individual Legal Counsel Payment Request Form](#).

Your name (required)

Your name must match the name associated with your Law Society Number / Barreau du Québec member number.

First name:

Middle name
(if applicable):

Last name:

Organization information (required)

Your law organization/firm

Province/Territory

Law Society Number / Barreau du Québec member number

Class Counsel disclosure

Aside from your capacity as Individual Legal Counsel for the Claimant or the person applying on their behalf, are you Class Counsel?

 No Yes

If yes, which firm?

 Koskie Minsky LLP Cooper Regel LLP Merchant Law Group LLP Klein Lawyers LLP

Federal Indian Hospitals Class Action Settlement Claim Form

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Claimant full
name (required):Claimant date of birth
(required) (DD/MM/YYYY):→ **Appendix E | Individual Legal Counsel****Your mailing address (required)**

Street number

Street name

Unit

P.O. Box (if applicable)

City / Town / Community

Postal Code

Province / Territory

Country

C/O Name (if applicable)

**Your email address
(required):****Your telephone number
(required):**

→ Appendix F | Completed Claim Form Checklist

Review this checklist and complete all the steps to help ensure that your Claim is processed as efficiently as possible.

Please complete these final steps before submitting your Claim

Step	What is needed from you
Step 1	<p>Gather your information</p> <ul style="list-style-type: none"> Have your government-issued ID available. Collect all supporting documents that apply to your role (see Step 3). If your contact information (including your name) changes after you submit your Claim you must contact the Claims Administrator to update your contact information.
Step 2	<p>Complete the Claim Form</p> <ul style="list-style-type: none"> Fill out the Claim Form fully. Answer all required questions clearly and completely.
Step 3	<p>Attach required supporting documents (do not send originals – only clear copies)</p> <ul style="list-style-type: none"> Government-issued ID. Proof of legal name change, if applicable. Federal Indian Hospital documents (e.g., referrals, confirmations, hospital records). All documents relevant to your Claim: <ul style="list-style-type: none"> If the Claimant is deceased: <ul style="list-style-type: none"> Death Certificate, plus one of the following: Valid Will (signed and witnessed) or Grant of Authority or Québec Succession Documents or proof of relationship/attestation (if Heir); If Heir, confirm no Will or Grant of Authority exists and specify your relationship to the Deceased Claimant. If Claimant is a Person Under Disability with a Personal Representative: <ul style="list-style-type: none"> POA Document, Court Order or Appointment Letters. Legal Counsel: <ul style="list-style-type: none"> Retainer Agreement; Full Legal Counsel details (name, firm, law society number, province/territory);
Step 4	<p>Review the Claim Form and supporting documents</p> <ul style="list-style-type: none"> Double-check that all sections of the Claim Form are complete. Confirm that clear copies of all required supporting documents are attached.
Step 5	<p>Make copies</p> <ul style="list-style-type: none"> Make and retain copies of the completed Claim Form and all documents for your records.

SCHEDULE “F”

HARDY CLASS ACTION/FEDERAL INDIAN HOSPITALS CLAIMANT SUPPORT PROGRAM

1. INTRODUCTION

- a. This plan outlines the Claimant Support Program (the Program), developed in accordance with section 3.02(2) of the Settlement Agreement to assist Claimants (including Heir Claimants) and Representatives during the Claims Process. The Program describes how trauma-informed and culturally safe support will be provided, the roles and responsibilities of the organizations involved, the safeguards in place to maintain separation from adjudication and legal advice, and the processes for accessibility, inclusion, and program evaluation. Its purpose is to ensure that Claimants and Representatives have clear information and appropriate assistance and supports to participate in the Settlement.
- b. The Program will be established to ensure that individuals are not required to navigate the Indian Hospitals Settlement process on their own and is founded on principles of compassion, cultural safety, and trauma-informed practice. It will provide Claimants with clear and accessible information, as well as individualized assistance, to support their participation in the Settlement process.
- c. In recognition that the claims process may be inherently re-traumatizing, the Program seeks to support Claimants in a manner that minimizes harm, respects and honours their lived experiences, and supports their pursuit of justice and healing.
- d. While the Phase II Notice Plan provides general awareness and information about the Settlement, the Claims Process and the resources and supports available, this Program is intended to provide direct, trauma-informed, culturally safe assistance to Claimants. This includes:
 - i. the Settlement Agreement and their rights to receive compensation under it;
 - ii. the criteria for eligibility to receive compensation;

- iii. the Claims Process and timeline;
- iv. direct notice through community information and claim sessions;
- v. direct assistance in completing their Claim Form;
- vi. support in responding to requests from the Claims Administrator for additional information;
- vii. how to access individual legal support for assistance with their Claim; and
- viii. how to access available mental health and wellness resources and supports.

2. OBJECTIVES

- a. The Program is designed to ensure that Primary Class Members, Heir Claimants and their Representatives (Estate Representatives and Personal Representatives for Persons Under Disability or for Heir Claimants who are Minors or Persons Under Disability) receive respectful, accessible, and culturally appropriate support throughout the Claims Process through the following objectives:
- b. **Increase access to information.** In addition to the Notice Plan, ensure Claimants and Representatives have clear and culturally appropriate access to accurate information about the Settlement Agreement, eligibility, the Claims Process, and available supports.
- c. **Support completion of the Claim Form.** Provide direct, individualized assistance to Claimants and Representatives in understanding and completing the Claim Form. This includes reducing barriers to submission, supporting navigation of required information, and offering assistance with status checks or follow-up requests from the Claims Administrator. This includes providing clear guidance for Estate Representatives, Heir Claimants, and Personal Representatives about their role and the documents required.

- d. **Promote community engagement and trust.** Facilitate community-based engagement activities, including information sessions and outreach efforts, to promote understanding of the Claims Process and to strengthen trust among Claimants and Representatives, communities, and support personnel involved in the implementation of the Settlement Agreement.
- e. **Offer flexible and inclusive support options.** Ensure that a range of support methods are available to meet the diverse needs and preferences of Claimants and Representatives. These may include in-person sessions, phone support, virtual appointments, and assistance in Indigenous languages or through bilingual staff, where available.
- f. **Uphold cultural safety and minimize harm.** All support provided must reflect the principles of cultural safety, compassion, and respect. Claims Helpers and related personnel will work to minimize the emotional burden associated with participation in a legal process by recognizing the varied experiences of harm, trauma, and systemic barriers that Claimants and Representatives may carry.

3. ABOUT THE CLASS

- a. Detailed information about the Class and factors impacting the delivery of notice can be found in the Notice Plan. In providing direct assistance to Claimants and Representatives, additional considerations include:
 - i. **Reaching the Class.** Given the span of years and geographic spread of Federal Indian Hospitals, Claimants and Representatives may be located across Canada and internationally. Many Class Members may not live near the Federal Indian Hospital where they were admitted, and in some cases may not have shared their experience with their families or communities, adding further sensitivity to engagement.
 - ii. **Community engagement and permission.** It is important to work with communities before services are offered. Supports must be grounded in gaining permission from leadership, Elders and/or community representatives.

- iii. **Historical context and predatory practices.** Class Members who experienced harm at Federal Indian Hospitals may have had similar experiences at other institutions creating a backdrop of trauma and mistrust. Predatory practices have also emerged in other Settlements with lawyer and consultants charging fees for services that should be free. Communications must be designed to ensure that Claimants and Representatives recognize that the Claimant Support Program is safe and trustworthy by leveraging community connections, distinguishing the Program from predatory practices, emphasizing that Claimant Supports are free and that they are a part of the Settlement.
- iv. **Community protocols and local priorities.** Protocols vary across communities and must be respected. Engagement and support activities should avoid conflicts with ceremonies, funerals, elections, seasonal practices and other community events. Flexibility in scheduling and responsiveness to community direction is critical.
- v. **Access and infrastructure.** Many Claimants and Representatives live in rural and remote areas where access to information and services is most difficult, yet most needed. Barriers include limited transportation, unreliable utilities, and poor Internet and phone connectivity.
- vi. **Language and cultural requirements.** Claimant support must be provided in English and French, with Indigenous languages available as needed in the correct dialect. Plain language and trauma-informed communication must be used to overcome barriers and reduce retraumatization.
- vii. **Modes of support.** To reduce barriers to participation, Claimant support should be designed to meet Claimants and Representatives where they are and feel most comfortable. This includes offering multiple avenues for receiving information, asking questions, and getting help with their Claims in one session or call. Supports will be flexible, recognizing that some people may prefer to connect over the phone or virtually, while others need in-person approaches

- viii. **Generational and emotional impacts.** Some Claimants may never have shared their experiences in Federal Indian Hospitals with others. Claimant support will need to include referrals to appropriate mental health, wellness and cultural supports as well as appropriate escalation protocols.
- ix. **Removing barriers to participation.** Barriers such as language, literacy levels, lack of awareness, technology gaps, and mistrust must be proactively addressed. Supports must be trauma informed, culturally appropriate, accessible, free of charge and confidential.
- x. **Unique challenges for Representatives.** At times, Claims may be submitted by an Estate Representative, an Heir Claimant, or a Personal Representative. These individuals may face unique barriers in accessing documents, confirming their authority, or navigating the Claims Process, and may require tailored assistance.

4. APPROACH

- a. The Program will be delivered throughout the Claims Period to ensure that Claimants and Representatives are not required to navigate the Claims Process on their own. The purpose of the Program is to provide respectful, trauma-informed, and culturally grounded assistance, recognizing the emotional and logistical challenges many Claimants and Representatives may face in engaging with a legal process. Supports are designed to minimize the risk of retraumatization, enhance access to accurate information, and provide appropriate information, support and referral to mental health, wellness and cultural supports at each stage of the process.
- b. In addition to serving Primary Class Members, the Claimant Support Program provides assistance to Estate Representatives, Heir Claimants, and Personal Representatives supporting a Person Under Disability or an Heir Claimant who is a Person Under Disability or a Minor. These Representatives have distinct responsibilities under the Settlement Agreement, the Estates Protocol, and the Claims Protocol, and may require guidance to gather documents, understand

required steps, and respond to follow-up requests. Claims Helpers will offer clear, culturally grounded, trauma-informed support to help Representatives and Heir Claimants complete and submit the Claim Form, understand what information is required, and access mental health and wellness resources as needed. This ensures these Representatives, Heir Claimants and Class Members who cannot act for themselves continue to receive respectful, accessible support.

- c. Assistance will be available through a national network of trained Claims Helpers who will support Claimants and Representatives in completing Claim Forms, understanding the eligibility criteria, and navigating the Claims Process. Support will be offered in multiple formats, including in-person assistance, virtual and telephone-based guidance, outreach and information sessions, and targeted supports for individuals facing barriers to access. All services will be delivered in a manner that prioritizes emotional safety, plain-language communication, and cultural relevance.
- d. The Program will include structured pathways for wellness referrals, including access to the Hope for Wellness Helpline and other culturally appropriate services funded through Indigenous Services Canada. Where a Claim is submitted by an Estate Representative, Heir Claimant, or Personal Representative, wellness supports will also be available to them as needed. In-community sessions will incorporate Elder and mental health support where appropriate, and all Claimant-facing staff will be trained in trauma-informed practice and cultural safety. Urgent wellness concerns will be addressed through established crisis response protocols..
- e. The Program will be managed by a multidisciplinary support team with expertise in training, recruitment, logistics, wellness, human resources, evaluation, and compliance. This includes a core team of Claims Helpers with national coverage, supported by surge staff and special populations personnel. Staff will be equipped with the necessary tools, supervision, and wellness supports to deliver services responsibly and sustainably. Many members of the delivery team will have lived or relational experience with Indigenous settlements or institutional harms.

- f. Delivery will be continuously monitored through a structured evaluation framework. Both quantitative and qualitative data will be collected to assess service quality, reach, and responsiveness. Evaluation will be guided by trauma-informed principles and Indigenous data sovereignty, including the OCAP® standards of Ownership, Control, Access, and Possession.
- g. In recognition of the diverse needs of the Class, the Program will include tailored approaches for Elders, individuals with language or literacy needs, urban residents, persons in custody or institutions, and others experiencing systemic or structural barriers. Priority populations and community session locations will be identified through engagement with Indigenous communities, service providers, and historical connections to the Federal Indian Hospitals listed in Schedule D of the Settlement Agreement.

5. DELIVERY

a. Telephone support with mobile teams

- i. The Claimant Support Program will launch with a bilingual, trauma-informed information line and telephone Claimant Support available from the outset of the Claims Period. In-person services would be introduced early in the Claims Period through the deployment of mobile Claimant Support teams. These teams would travel to approximately 43 communities to be determined through collaboration with Canada. Each mobile team would remain in the community for approximately one to two weeks, during which they would conduct information sessions, provide direct claims form assistance, and respond to claimant inquiries.
- ii. Community engagement would be undertaken during the planning phase and would continue throughout the project to confirm community priorities, maintain open communication, and build trust. Relationship-building with local leadership and organizations would be emphasized during each visit. In addition, outreach would include targeted engagement with local Facebook community groups to share updates and information.

iii. Benefits

1. Efficient use of program budget, concentrating in-person resources in a planned and predictable manner.
2. Provides extended in-community presence (one week per community) that allows for sustained relationship- and trust-building.
3. Ensures consistent delivery of information and assistance at each visited site.

iv. Challenges

1. In-person support is limited to selected communities, leaving Claimants in other areas reliant on information available online, shared with community leaders and organizations and through the Claimant Support Line.
2. Communities not selected may perceive inequity in access to in-person services, which could undermine trust.
3. Lower overall reach, which may limit the program's ability to fully address barriers for populations with specific needs.

b. The following series of tactics and activities would be used to deliver the Program. Additional tactics and approaches may be recommended as required.

- i. **Website.** The Settlement website will include specific sections for Claimant Support, providing information and resources, interactive tools (such as eligibility information tool, webchat), calendar of events with registration, past presentation recordings, and requests for Claimant Support (in line with service delivery types noted within).
- ii. The **Claimant Support Line** will be accessible toll-free through the primary information number (1-888-592-9101) IVR menu. This line is a

central access point for Claimants and Representatives to receive assistance related to the Settlement. Claimants and Representatives will be able to select to speak to the Claims Administrator or the Claimant Support Line.

- iii. The dedicated Claimant Support Line will:
 1. Operate **Monday to Friday, from 8:00 a.m. to 8:00 p.m. Eastern Time**, excluding statutory holidays;
 2. Be staffed by trained personnel providing **bilingual (English and French)** support;
 3. Respond to inquiries about:
 - a. The Claims Process and how to complete the Claim Form
 - b. Eligibility definitions as outlined in the Settlement Agreement
 - c. Specific requirements for Estate Representatives, Heir Claimants and Personal Representatives
 - d. Warm transfer to the Claims Administrator for Claim status information
 - e. Where and how to obtain ID and other documents required for Representatives and Heir Claimants
 - f. Accessing health and wellness support
 4. Referrals to available information on how to hire a Lawyer or obtain legal advice; and
 5. Arranging additional support (e.g. call-backs in Indigenous languages where available).

6. Where additional support is required, callers may be offered a warm transfer to a **Virtual Claims Helper** or scheduled for a follow-up call based on their needs and preferences.
- iv. **Virtual Claims Helpers**, staffing the Claimant Support Line will provide one-on-one support to Claimants and Representatives across Canada. This service ensures that Claimants can receive direct assistance without needing to travel, and is especially important for individuals living in rural, remote, or urban areas where in-person services may not be available.
Virtual Claims Helpers will:
 1. Be available by phone or video, based on the Claimant's preference and comfort;
 2. Aid in both English and French, with arrangements for call-backs in Indigenous languages where possible;
 3. Support Claimants in completing the Claim Form, including explaining each section, reviewing the information provided, and ensuring it is ready for submission;
 4. Answer questions about the Claims Process and definitions of eligibility, based on information contained in the Settlement Agreement;
 5. Support Representatives and Heir Claimants in understanding the documentation and submission requirements according to their role
 6. Facilitate access and referrals, or warm transfers to legal, wellness, or additional support services as needed; and
 7. Facilitate warm transfer to the Claims Administrator for Claimants who are seeking updates or status checks.

v. **Community relations and engagement.** Community engagement activities will be carried out as part of the Program to foster trust, strengthen awareness of available supports, and identify specific needs among Claimants and Representatives. These activities are grounded in a trauma-informed, culturally respectful approach that recognizes the diversity of experiences, histories, and access barriers faced by Claimants. Engagement will focus on reaching Claimants and Representatives who may benefit from tailored support, including but not limited to: Elders; individuals with limited literacy; those who require services in Indigenous languages, Claimants and Representatives living in remote or urban locations with limited access to services; and individuals experiencing housing insecurity or institutionalization. Planned engagement activities may include:

1. Outreach to local and regional organizations trusted by community members;
2. Dialogue with community leaders, Elders, and knowledge holders;
3. Partnerships with health, wellness, and service organizations to support shared delivery of information and assistance; and
4. Participation in community events, gatherings, or public information sessions where appropriate.

vi. **Information sessions** will provide Claimants and Representatives with accurate, plain-language information about the Settlement Agreement, the Claims Process, the Claim Form (for Class Members, Heir Claimants and Representatives) and available supports. Sessions will be delivered in two ways:

- a. As part of a planned outreach strategy, targeting key populations and regions with identified needs; and
- b. In response to specific community requests, subject to operational capacity and budget availability.

2. Both virtual and in-community formats will be offered, ensuring flexibility and accessibility for diverse Claimant and Representative groups, including those in remote or urban areas, Elders, and individuals with language or literacy needs.
3. Sessions will be capped annually based on budgeted allocations and available personnel. A yearly delivery plan will be developed to ensure equitable access while managing resources responsibly. Session data will also contribute to the broader notice strategy, ensuring that outreach continues to reach underserved communities and supports Claimants and Representatives in accessing their rights under the Settlement Agreement.

vii. **In community Claims Assistance sessions.** Up to 43 in-community Claims Assistance sessions may be offered across Canada over the duration of the Claims Period. These sessions are designed to provide Claimants and Representatives with safe, in-person support in completing their Claim Forms, understanding the Claims Process, and accessing legal and wellness-related referrals.

1. All sessions will be coordinated in partnership with the communities in which they are held, including meaningful engagement with community leadership, service providers, Elders, and knowledge holders. Planning will be informed by local priorities, with attention to cultural protocols, preferred venues, and language needs.
2. Locations for these sessions will be collaboratively identified based on:
 - a. The historical location and surrounding regions of the former Federal Indian Hospitals listed in Schedule D of the Settlement Agreement;

- b. Areas where Class Members are likely to reside in significant numbers;
 - c. Known barriers to access for virtual or phone-based supports, including lack of internet, low literacy, or housing instability; and
 - d. Requests from communities or organizations, subject to available resources and operational capacity.
- 3. Selection of communities will be confirmed with Canada and Class Counsel and focus on those areas with potential high population of Class Members or areas experiencing barriers to participation.
- 4. Each in-community session will:
 - a. Be planned with the involvement of local leadership, Elders, and service partners;
 - b. Be staffed by trained Claims Helpers providing trauma-informed, one-on-one support;
 - c. Include the presence of Elders, cultural support persons, and mental health supports appropriate to the region;
 - d. Provide plain-language explanations of the Settlement Agreement, Class definitions, and Claims Process;
 - e. Offer assistance with completing and reviewing Claim Forms for Claimants and Representatives;
 - f. Facilitate warm referrals to Class Counsel and wellness services, including the Hope for Wellness Helpline;
 - g. Be delivered in a culturally respectful and emotionally safe manner, with attention to the trauma that may be resurfaced through participation; and

- h. Respect and accommodate local language needs, including bilingual service or interpretation where possible.
- viii. **Community Events, Fairs, and Exhibits.** The Program may include participation in select national and regional events that are expected to reach significant numbers of Claimants and Representatives. These may include, but are not limited to:
 1. The Assembly of First Nations Annual General Assembly and Special Chiefs Assemblies;
 2. Métis Governments' annual meetings or gatherings;
 3. Inuit Tapiriit Kanatami and Inuit Treaty Group gatherings;
 4. Major events hosted by the National Association of Friendship Centres (NAFC) and its affiliates; and
 5. Other high-attendance Indigenous-led forums or community gatherings identified in consultation with Indigenous partners such as Indigenous health professional associations.
- ix. **Event-Specific Promotion and Outreach.** For events where the Claimant Support Program is present, either in person or virtually, targeted communications efforts will be undertaken to promote awareness, encourage attendance, and support engagement. All efforts will be made to coordinate these activities with the implementation of the Notice Plan; however additional activities may include:
 1. Tailored digital and print advertisements in advance of specific events;
 2. Targeted community outreach to service providers and Indigenous organizations in the host region;

3. Use of local radio, newsletters, and posters where appropriate; and
4. Follow-up outreach after the event to respond to questions or requests for more support.

c. **Community-Based Facebook Outreach.** In addition to the national digital notice campaign, the Program will implement a Facebook outreach initiative to reach Indigenous audiences where they already gather for news, updates, and community connection. This outreach channel is particularly important for reaching Indigenous adults over 40, who are more likely to use Facebook than other digital platforms. It also supports two-way communication, allowing for real-time clarification and community-specific adaptation of messaging. This activity will be monitored for reach and impact and will complement, not replace, formal notice and other communications efforts. This involves:

- i. Identifying and connecting with administrators of local and community-run Facebook groups;
- ii. Requesting permission to share approved posts or updates related to the Claims Process and available supports;
- iii. Sharing referral information for Claims Helpers, legal supports, and wellness services; and
- iv. Responding to questions in a respectful and non-directive manner, and referring individuals to the Claims Administrator as appropriate.

6. CLAIMS HELPERS

- a. Claims Helpers are individuals who provide direct support Claimants and Representatives during the Claims Process established under the Federal Indian Hospitals Settlement. Their role is grounded in trauma-informed and culturally safe practices, with a focus on reducing barriers to participation for Claimants and Representatives. Claims Helpers may assist by:

- i. Providing information about the Claims Process in a manner that is trauma-informed, culturally appropriate, and respectful of individual experience;
- ii. Assisting Claimants and their representatives to understand the structure and purpose of the Settlement Agreement, including the definitions of Primary Class Members and Family Class Members;
- iii. Offering guidance on how to locate or prepare basic materials needed to complete a Claim Form;
- iv. Explaining the steps to complete and submit a Claim Form and, where appropriate, assisting Claimants in filling out their Claim Form;
- v. Helping Representatives and Heir Claimants understand their role in the Claims Process on behalf of a deceased Class Member, a Minor or a Person Under Disability;
- vi. Facilitation of warm transfers to the Claims Administrator for status checks on submitted Claims;
- vii. Referrals to available information on how to hire a Lawyer or obtain legal advice as well as available mental health, wellness and cultural ; and
- viii. Providing information to Claimants and Representatives regarding their rights to retain an individual lawyer should they choose that option.

b. Claims Helpers are not authorized to:

- i. Determine whether a person is eligible to receive compensation;
- ii. Submit Claim Forms on behalf of a Claimant;
- iii. Offer legal advice or opinions;
- iv. Offer information on outcomes or decisions of submitted Claims;

- v. Offer clinical or therapeutic support; and
- vi. Support Claimants in other class actions beyond sharing general information (such as website or phone number).

c. Claims Helpers work within specific following principles:

- i. Cultural safety and humility, recognizing the histories, languages, and perspectives of Indigenous Peoples;
- ii. Compassion and empathy, with awareness of the ongoing impact of institutional abuse;
- iii. Person-centred support, emphasizing dignity, choice, and informed decision-making;
- iv. Relationship-building, rooted in trust, transparency, and respect; and
- v. Trauma-informed practice, designed to reduce harm and avoid re-traumatization.

d. Types of Claims Helpers include:

- i. **Claimant Support Line Helper.** A toll-free phone line (1-888-592-9101) available to all Claimants and Representatives. Staffed by trained personnel who offer bilingual, trauma-informed assistance, answer questions, arrange warm transfers to the Claims Administrator, and refer callers to Virtual Claims Helpers, Class Counsel and mental health and wellness supports as needed.
- ii. **Telephone Claims Helpers.** Provide one-on-one support by phone. Help Claimants and Representatives across Canada complete their Claim Form, understand their eligibility, receive guided support for status checks, and access referrals, without needing to travel.
- iii. **Special Populations Claims Helpers.** Specially trained to support Claimants and Representatives facing barriers such as incarceration,

housing instability, or institutional settings. They provide adapted Claim support and outreach in contexts where standard delivery may not be accessible.

- iv. **In-Person Claims Helpers.** Deliver face-to-face support during community-based Claims Assistance Sessions or other in-person outreach. Help with form completion, answer questions, provide referrals, and support Claimants in a safe, culturally grounded setting.
- v. **Senior Claims Helper Leaders.** Provide oversight, supervision, and mentorship to the Claims Helpers team. Ensure quality of support, consistency of information, staff wellness, and alignment with trauma-informed and cultural safety principles across all channels.

e. Training is essential to ensuring consistent, trauma-informed delivery of the Program. Claims Helpers will participate in a comprehensive, four-stage training program designed to ensure they deliver safe, accurate, and culturally grounded assistance to Claimants and Representatives.

- i. The first stage focuses on foundational learning, including trauma-informed practice, cultural safety, and the historical and ongoing impacts of colonialism and systemic harm. Claims Helpers will also gain a general understanding of class actions and the emotional weight many Claimants may carry as they come forward.
- ii. The second stage provides Settlement-specific training, including a detailed overview of the Settlement Agreement, compensation categories, eligibility criteria, and the history of the Indian Hospitals system. This stage ensures that every Claims Helper understands not only the technical components of the process, but also the lived experience behind the class proceeding.
- iii. The third stage focuses on the Claim Form itself, training Claims Helpers to provide clear, compassionate support in completing forms, understanding procedural steps, and requirements for Claimants and

Representatives and offering warm referrals to legal, wellness, or administrative supports as needed.

- iv. The fourth stage centres on continuous learning. Claims Helpers will participate in regular team debriefs, refresher sessions, and peer-led learning opportunities. This ongoing development will help address emerging issues, improve Claimant experiences, and strengthen the emotional and professional resilience of Claims Helpers over time.
- f. The Claimant Support Program will include structured wellness supports for Claimants, Representatives and Claims Helpers.
 - i. Class Members, Heir Claimants and Representatives will have access to trauma-informed, culturally grounded assistance, including referrals to existing wellness services such as the Hope for Wellness Helpline, as well as Elder and cultural support during in-community sessions. In addition, Class Members and their family members may access the health and cultural supports funded through Indigenous Services Canada under the terms of the Settlement Agreement.
 - ii. Claims Helpers will receive training on vicarious trauma, access to mental health resources, regular wellness check-ins, and supervision to help manage the emotional impact of their role. These measures are in place to help ensure a safe, respectful, and sustainable environment for all individuals involved in the delivery of the Settlement.

7. ACCESSIBILITY AND INCLUSION

- a. The Program will be designed to ensure barrier-free participation for all Claimants and Representatives, in keeping with the principles of section 3.02(2) of the Settlement Agreement, which requires a trauma-informed and culturally safe process for assisting Claimants and Representatives during the Claims Process. The Program also reflects the standards established under the Accessible Canada Act and the Government of Canada's inclusion policy, which

emphasize dignity, equality of opportunity, full participation, and the removal of barriers.

- b. **Persons with Disabilities.** Services will be adapted for Claimants and Representatives with physical, sensory, or cognitive disabilities. Alternative formats such as large print, plain language, and accessible digital documents will be provided upon request. In-person sessions will be held in physically accessible venues and accommodations such as assistive technologies or interpretation will be arranged where required.
- c. **Accessible information and communication.** Settlement materials and resources referenced in the Claimant Support Program, including information on eligibility and the Claim Form, will be provided in plain language to support Claimants with varying literacy levels. Digital tools used under the Program will meet recognized accessibility standards and be compatible with screen readers and other assistive technologies.
- d. **Cultural and linguistic inclusion.** Consistent with section 3.02(2) of the Settlement Agreement, supports will be trauma-informed and culturally safe. Services will be available in English and French, with interpretation in Indigenous languages provided if needed. In-community sessions will respect local cultural protocols and may include Elders, Knowledge Keepers, or mental health supports, as appropriate to the community.
- e. **Diverse identities and family roles.** The Program will be inclusive of Claimants and Representatives with diverse identities, including Two-Spirit, LGBTQIA+, and gender-diverse individuals, and will ensure that staff are trained to provide safe and respectful support. Recognizing that family members often assist Claimants, the Program will accommodate intergenerational support while preserving the autonomy and confidentiality of the Claimant.
- f. **Urban, rural, remote, and northern access.** The Settlement Agreement requires that assistance be accessible through in-person, virtual, and hybrid sessions. The Program will therefore be delivered through multiple modes to reach Claimants and Representatives in urban centres, rural areas, and remote

and northern communities. Partnerships with trusted local organizations will be used to reduce barriers in communities with limited infrastructure, transportation, or connectivity.

- g. **Feedback and continuous improvement.** Mechanisms will be established for Claimants to identify barriers encountered in accessing support services. Accessibility will be reviewed regularly and adjustments made to remove barriers, in line with both the Settlement Agreement and the principles of the Accessible Canada Act.

8. PLANNING, DELIVERY, LOGISTICS

- a. The Program will be supported by a coordinated set of services to ensure safe, accessible, and culturally grounded assistance is available to Claimants and Representatives across all streams of delivery. Planning and design activities will be informed by trauma-informed principles, Indigenous engagement, and the historical context of the Federal Indian Hospitals. Recruitment and onboarding processes will be in place to engage qualified staff, including bilingual and culturally grounded Claims Helpers, Elders, and wellness supports.
- b. Digital systems, including a secure Client Relationship Management (CRM) platform, will be used to track service delivery, referrals, and follow-up, while protecting privacy and supporting accountability. Evaluation and reporting tools will allow for continuous improvement based on Claimant feedback and program data. Compliance measures are embedded throughout, including protocols for confidentiality, privacy, accessibility, IT security, and risk management. Together, these components ensure the program will be delivered in alignment with the Settlement Agreement and the needs of Claimants and Representatives.

9. MEASUREMENT AND EVALUATION

- a. The Program will include a structured framework for monitoring and evaluation to ensure that services are delivered in accordance with section 3.02(2) of the Settlement Agreement and remain trauma-informed, culturally safe, and accessible. The framework is designed to assess both the reach and the quality

of services, while respecting the dignity and privacy of Claimants and Representatives, and includes:

- i. **Service Reach.** Data will be collected on the number and distribution of Claimants served across in-person, virtual, and telephone channels, with particular attention to access in rural, remote, and northern communities.
- ii. **Service Quality.** Claimant feedback, staff observations, and community input will be used to evaluate the clarity, cultural safety, and trauma-informed nature of the support provided.
- iii. **Accessibility and Inclusion.** Monitoring will include the identification and removal of barriers consistent with the Accessible Canada Act, including those affecting persons with disabilities, linguistic minorities, and individuals with diverse identities.
- iv. **Methods.** Quantitative and qualitative data will be gathered in a way that avoids retraumatization and ensures voluntary participation. Indigenous data sovereignty will be respected, including adherence to OCAP® principles of Ownership, Control, Access, and Possession where applicable. Feedback mechanisms will allow Claimants and Representatives to raise concerns or accessibility issues directly and confidentially.
- v. **Reporting.** Regular reports will be provided to the Parties and, where required, to the Court, detailing program reach, service quality, accessibility efforts, and emerging needs. An annual evaluation summary will identify outcomes achieved, recommend improvements, and demonstrate ongoing compliance with section 3.02(2) of the Settlement Agreement.

10. GOVERNANCE

- a. The Program will be administered by **Castlemain**. Castlemain is responsible for the design, management, and delivery of the Claimant Support Program in

alignment with the Settlement Agreement and under the oversight of the Parties and the Court.

- b. Planning and delivery will be carried out by a multidisciplinary team of Claims Helpers, program managers, and wellness support staff recruited and trained by Castlemain. All services will be provided in a manner consistent with trauma-informed and culturally safe principles. Castlemain will ensure that support services remain entirely distinct from the adjudicative role of the Claims Administrator and the legal advisory role of Class Counsel or other legal counsel.

c. **Roles and Responsibilities**

- i. **Castlemain.** Responsible for the recruitment, hiring, training, and supervision of Claims Helpers and related staff, as well as the coordination of all Claimant Support services. Castlemain will:
 1. Provide accurate, plain-language information about the Settlement Agreement, eligibility definitions, and the Claims Process In English and French with Indigenous languages available as needed.
 2. Assist Claimants and Representatives in completing Claim Forms and in responding to requests from the Claims Administrator.
 3. Facilitate referrals and warm transfers to the Claims Administrator.
 4. Provide information on accessing legal supports or hiring a lawyer as well as referral to mental health, wellness and cultural supports available.
 5. Ensure compliance with privacy, confidentiality, and security requirements.
 6. Monitor, evaluate, and report on Program delivery.

7. *Limitations:* Castlemain and its Claims Helpers will not provide legal advice, adjudicate eligibility, determine compensation outcomes, give information about outcomes, or submit Claim Forms on behalf of Claimants.
- ii. **Claims Administrator:** The Claims Administrator remains solely responsible for the receipt and adjudication of Claim Forms, including determining eligibility and compensation, issuing decisions, and maintaining secure records of all Claims. Claimants seeking information or decisions about eligibility or outcomes will be referred directly to the Claims Administrator.
- iii. **Class Counsel:** Class Counsel is responsible for facilitating the Claimant Support process. Where Claimants raise legal questions, Castlemain will facilitate a referral or warm transfer to Class Counsel.
- iv. **Canada will approve annual budgets and provide relevant information to inform the development of the Claimant Support Program as well as forward specific requests for supports to Castlemain.**

11. RISK MANAGEMENT

- a. The Program incorporates structured safeguards to protect Claimants and Representatives, maintain the integrity of the Settlement, and support the wellness of those delivering services. These safeguards address risks related to fraud, privacy, boundaries of authority, and the emotional impact of participation.
- b. **Fraud Prevention and Identity Protection**
 - i. Claims Helpers will not handle or collect original identity documents; instead, they will provide guidance on how to obtain or submit identification directly to the Claims Administrator.
 - ii. Clear communication will be provided to Claimants and Representatives that all Claimant Support services are free of charge. This is intended to

prevent predatory practices such as unauthorized consultants charging fees for services.

- iii. Standardized scripts, checklists, and protocols will be used to ensure consistent and accurate information is provided.
- iv. Any suspected fraudulent activity will be reported immediately to the Claims Administrator in accordance with established protocols.

c. Privacy and Confidentiality

- i. All staff will be trained in privacy obligations and will operate under strict confidentiality protocols.
- ii. A secure Client Relationship Management (CRM) platform will be used to track service interactions, with access limited to authorized personnel and subject to privacy and security safeguards.
- iii. Information will be transferred to the Claims Administrator and/or Class Counsel only with the informed consent of the Claimant and in compliance with applicable privacy laws and the Settlement Agreement.

d. Boundaries of Authority

- i. To avoid confusion between support, adjudication, and legal functions, Claims Helpers will operate under strict role definitions. They will not provide legal advice, adjudicate eligibility, or submit Claim Forms on behalf of Claimants.
- ii. Protocols for referrals and warm transfers will ensure that questions requiring legal or adjudicative determination are directed to Class Counsel or the Claims Administrator without delay.

e. Wellness and Trauma Safeguards

- i. Claims Helpers will receive training on trauma-informed practice, vicarious trauma, and cultural safety.

- ii. Regular supervision, debriefs, and wellness check-ins will be provided to staff to mitigate the emotional impact of assisting Claimants who may disclose traumatic experiences.
- iii. In-community sessions will include access to Elders, cultural supports, or mental health professionals where appropriate.
- iv. Crisis response protocols will be in place for situations where a Claimant presents with urgent wellness needs, including referral to the Hope for Wellness Helpline and other emergency supports.

12. CAPACITY

- a. Castlemain has demonstrated capacity to design and deliver large-scale, trauma-informed support services in the context of Indigenous settlement agreements across Canada. The company has provided advisory, communications, and implementation services in connection with several national class actions and settlements, including: the Sixties Scoop, Federal Indian Day Schools, Day Scholars, First Nations Child and Family Services and Jordan's Principle, First Nations Drinking Water, and the Federal Indian Hospitals Settlement Notice Plan.
- b. Castlemain has extensive experience working in both urban and remote Indigenous communities, including Canada's northern regions. In addition to southern Canadian Indigenous outreach and engagement, the firm has supported outreach and engagement in northern First Nations, Inuit and Métis communities, where service delivery requires adaptation to geographic distance, limited infrastructure, and unique community protocols. This experience demonstrates Castlemain's ability to operate effectively in diverse environments, including areas where barriers to access are most significant.
- c. Program delivery is supported by a multidisciplinary team with expertise in trauma-informed engagement, cultural safety, Indigenous community relations, training, logistics, and evaluation. Castlemain maintains national reach and established relationships with Indigenous governments, organizations, and

service providers, which will support the effective and culturally appropriate delivery of the Program.

13. CONCLUSION

- a. The Claimant Support Program has been developed to fulfill the requirements of section 3.02(2) of the Settlement Agreement. It sets out a framework to provide Claimants and Representatives with access to trauma-informed and culturally safe assistance throughout the Claims Process. The Program includes measures for accessibility and inclusion, aligns with federal policy, and maintains separation between support, adjudication, and legal functions.
- b. Governance, delivery, and evaluation processes are defined to support accountability to the Parties and the Court. The Program is structured to provide clear information, individualized assistance, and appropriate referrals, while respecting privacy, cultural protocols, and the authority of the Claims Administrator and Class Counsel.

SCHEDULE “G”

HARDY CLASS ACTION/FEDERAL INDIAN HOSPITALS SETTLEMENT IMPLEMENTATION NOTICE PLAN

1. INTRODUCTION

- a. Phase I Notice addressed the Notice of Certification and Settlement Approval Hearing and was completed by disseminating court-approved notices announcing that the Action was certified pursuant to the Federal Court’s certification order. The notices advised Class Members of their legal rights as a result of certification, including the binding nature of the Action on all Class Members who did not opt out of the Settlement. Further, the notices advised of the procedures and deadlines whereby those who wished to opt out of the Settlement could do so. This phase also described the proposed Final Settlement Agreement, the dates and location for the Settlement Approval Hearing, where and how to access information about the Settlement, as well as providing information on how to object, if desired. These activities continued after the Settlement Approval Hearing to ensure that Class Members were aware of the approval of the Settlement and their right to opt out of the Settlement by August 25, 2025.
- b. This Notice Plan outlines the communication and outreach strategy for providing notice to the Class Members of Settlement Approval and the Claims Process, and overall implementation of the Settlement, pursuant to the Settlement Agreement approved by the Federal Court on June 24, 2025. This Notice Plan describes how Class Members will be informed through each phase of the Claims Process, through to the winding down of the Settlement, including:
 - a. Settlement Approval
 - b. Launch of the Claims Process
 - c. Ongoing communications and awareness initiatives
 - d. Post-Claims Period communications
 - e. Final Settlement close out

- c. This multi-phased approach to noticing will ensure Class Members are informed and have multiple methods by which to receive notice and are provided with numerous opportunities to engage with the Settlement within the principles provided under s 4.02 of the Settlement Agreement:
 - a. Notice shall be continuous and ongoing throughout the entirety of the Claims Period;
 - b. Notice shall be Class Member centred;
 - c. Notice shall be culturally sensitive;
 - d. Notice shall be trauma informed;
 - e. Notice shall include community focused elements; and
 - f. Notice shall be direct, whenever possible.

2. COMMUNICATIONS OBJECTIVES

- a. Objective: Notify and engage the greatest practicable number of Class Members, so they are aware of the Settlement and understand:
 - a. The criteria for eligibility to receive compensation;
 - b. how to access the Claim Form, information, resources and support to complete their Claim throughout the Claims Process;
 - c. the Settlement Agreement and their rights to receive compensation under it;
 - d. the Claims Process and timeline; and,
 - e. available mental health and wellness resources and supports.

3. ABOUT THE CLASS

- a. The Settlement includes two Classes:
 - a. Primary Class: all persons who were admitted to a Federal Indian Hospital during the Class Period; and,
 - b. Family Class: all persons who are spouses or former spouses, children, grandchildren or siblings of the members of the Primary Class and the spouses of the children, grandchildren, or siblings of the Primary Class Members, or any other individual with a derivative claim in accordance with the applicable family law legislation arising from a relationship with a Primary Class Member.

- b. The Class Period is the period from, and including, the date on which Canada assumed management and control of a Federal Indian Hospital listed in Schedule D, beginning January 1, 1936 and ending on the earlier of:
 - a. The date of closure of any Federal Indian Hospital; or
 - b. The date on which management and control of any Federal Indian Hospital was effectively transferred from Canada; or,
 - c. December 31, 1981.
- c. Both Parties engaged experts to estimate the size of the Class. One expert estimated that the number of Primary Class Members alive as of January 2016 likely ranged from 96,800 – 167,100. Another expert estimated that the number of Primary Class Members alive as of January 2016 was approximately 131,031. One expert estimated that 47% of Primary Class Members were under the age of 18 at the time of admission and 54% over the age of 18 at the time of admission.
- d. *Based on these parameters, Class Counsel estimates the following:*
 - a. *Expected number of Claims: 87,120 – 150,390*
 - b. *Expected number of Claims per compensation grid category:*
 1. *Level 1: 69,696 – 120,312*
 2. *Level 2: 3,990 – 6,888*
 3. *Level 3: 1,120 – 1,934*
 4. *Level 4: 7,961 – 13,743*
 5. *Level 5: 4,353 – 7,513*

4. FACTORS IMPACTING THE DELIVERY OF NOTICE

- a. According to the 2021 Census, there are 1,807,250 Indigenous people living in Canada.¹

¹ Statistics Canada. (2021). *Indigenous population continues to grow and is much younger than the non-Indigenous population, although the pace of growth has slowed.* <https://www150.statcan.gc.ca/n1/daily-quotidien/220921/dq220921a-eng.htm?indid=32990-2&indgeo=0>

- b. Class Members are located throughout Canada, including on reserve, within Indigenous communities/settlements, outside of Indigenous communities/settlements. Those residing outside of an Indigenous community are located in both rural and urban areas. 2021 Census data indicates that approximately 60% of First Nations people do not reside on Reserves.² In addition, there may be Class Members no longer residing in Canada.
- c. Some Class Members may be currently housed in correctional facilities or detention centres. According to the [Office of the Correctional Investigator Annual Report 2021-2022](#), 32% of the incarcerated population is made up of Indigenous peoples. This limits access to information and support.
- d. Class Members are located throughout Canada, and due to the fact that many Class Members were transported to Federal Indian Hospitals far from their communities, they may not necessarily be located in close proximity to the Federal Indian Hospitals listed in [Schedule D](#). Consideration will be required for Class Members located in rural, urban and remote areas of Canada, including Inuit populations, as well as those who may be incarcerated and/or no longer residing within Canada.
- e. According to the 2021 Census, [189,000 people reported speaking at least one Indigenous language](#). Heritage Canada points out that the [most spoken Indigenous languages in Canada are](#): Cree, Ojibway, Oji-Cree, and Dene. Communications for the purposes of Notice will include English and French with some materials available in Innu, Cree, Anishinaabemowin, Atikamekw, Inuktitut, Dene, Mi'kmaq, Oji-Cree. Where possible, consideration should be given for ASL/LSQ for certain communications efforts.
- f. Many Class Members will hear about the Settlement through in-direct communications. Multi-media approaches, extensive community engagement and regular communications at all stages of the Claims Process will be important to ensure awareness.
- g. The youngest Primary Class Members will be around 45 years old, making this an older Class with varied access to communications channels, specifically social

² Statistics Canada. (2021). *Indigenous population continues to grow and is much younger than the non-Indigenous population, although the pace of growth has slowed.* <https://www150.statcan.gc.ca/n1/daily-quotidien/220921/dq220921a-eng.htm?indid=32990-2&indgeo=0>.

media, and requiring an approach that includes radio and print as well as digital and direct methods.

- h. An older Class may lead to a higher level of Estate Claims, which can be complex for families to navigate, requiring specific communications efforts, tools and resources.
- i. There may be confusion amongst individuals who may have received treatment at other institutions outside of the Federal Indian Hospitals.
- j. Connectivity is a consideration both for those Class Members living in rural or remote areas with lower accessibility to Internet and digital communications. Further, older audiences may not use the Internet, requiring specific focus on radio, television, in-community and outreach activities.
- k. Creating materials that enables family members and friends of Class Members to help raise awareness of the Settlement.
- l. Many Class Members and their family members have experienced at least one, and typically more, Adverse Childhood Experiences (ACEs), which are traumatic events that occur in childhood, between the ages of 0 and 17. Experiencing adversity during childhood can disrupt typical developmental pathways and consequently affect health outcomes throughout the lifespan. These experiences can last for decades and have an impact on subsequent generations in a family.
- m. The announcement of the Settlement Approval and the launch of the Claims Period may be welcome news for some but can also raise strong emotion in others. This may be compounded by the nature of the Settlement which includes compensation for psychological, verbal, physical and/or sexual abuse/harms experienced at Federal Indian Hospitals. Communications must be trauma-informed, culturally appropriate and ensure Class Members are directed to mental health and wellness supports.
- n. Efforts will be required to ensure Class Members understand that this Settlement does not provide compensation for medical malpractice or other claims connected to medical treatment at a Federal Indian Hospital.

- o. Community outreach will be important, especially with an older Class, and given the nature of the Class and the issues in the Action, outreach should expand beyond the areas around the hospital locations.
- p. Canada's Anti-Spam Legislation (CASL) and the protections for the collection and use of personal information under the Privacy Act requires a multi-faceted approach to providing notice that includes direct outreach, paid advertising, and outreach to communities and partners to reach as many Class Members as possible.
- q. Settlements are, by their nature, complex and often technical. Varied literacy, education levels and cumulative traumatic experiences may impact the ability of Class Members to respond to highly technical and legal language. Negative experiences with other court processes and institutions may add to these challenges. Plain, trauma-informed language is important to ensure understanding and engagement.

5. APPROACH

- a. The Notice Plan provides simple, clear, multilingual communications that reach as many Class Members as possible, including those living in urban areas, on reserve, in Canada's rural and remote communities, as well as those incarcerated or residing outside of Canada. The unique circumstances of audiences, including age and geographical range, their lived experiences, generational communication differences, diversity of languages and cultures, literacy levels, and uneven access to reliable internet are taken into consideration. To that end, the Notice Provider will develop communications strategies, campaigns and tactics for several phases of Settlement Implementation:
 - a. Phase 1: Notice of Settlement Approval and Opening of the Claims Process (0–6 months)
 - b. Phase 2: Ongoing Communications and Outreach (6–18 months)
 - c. Phase 3: Countdown Period (18–30 months)
 - d. Phase 4: Post-Claims Period (0–18 months after deadline)
 - e. Phase 5: Close-Out of Settlement

- b. The Notice Provider will implement a program for issues management, including traditional and social media monitoring, and feedback from communities to address issues of misinformation, disinformation, confusion and/or instances of individuals or organizations falsely representing the Settlement, and ensure appropriate responses are put into place to protect the interests of Class Members.

6. STRATEGIC CONSIDERATIONS

- a. Ensure that certain court documents (e.g., Short- and Long-Form Notices) and other pertinent information are developed in plain, clear language, in highly visual and accessible formats (including large print) and provided in languages appropriate for communicating with those affected (English and French with some materials available in Innu, Cree, Anishinaabemowin, Atikamekw, Inuktitut, Dene, Mi'kmaq, Oji-Cree). Where appropriate, ASL/LSQ will be incorporated for those with hearing difficulties.
- b. Develop communications in multiple formats (written, visual, audio) and with consideration for different language and accessibility needs and literacy levels to accommodate diverse learning styles and linguistic backgrounds.
- c. Create messaging guided by the Settlement Approval Notice and subsequent Notices that is clear and concise, trauma-informed and culturally grounded.
- d. Develop a distinct and culturally appropriate look and feel for communications around this Settlement, using colour, visual and other high-profile and accessible cues, to create clarity around who this Settlement is for and what it means for Class Members.
- e. Anticipate and prepare for questions Class Members may have regarding the Settlement, and develop clear, accessible and sensitive answers in conjunction with the Claims Administrator and other parties.
- f. Provide direct notice to as many Class Members as practicable, understanding the limitations related to obtaining contact information, using means including letters, email messages, unaddressed mail-drops, call campaigns, in-person third-party organizations, engagement and outreach efforts as well as through the Settlement website.

- g. Use a combination of online (social and digital), traditional earned and paid media, out-of-home advertising, and direct communication tactics to reach individuals through the channels they frequent and trust as sources of information and direct them to the supports and resources available.
- h. Mitigate the risk of misinformation through issues management, media relations, and proactive and responsive engagement in social and traditional media channels.
- i. Ensure those providing direct supports to Class Members have access to communications resources, wellness and other supports to raise awareness.
- j. Leverage local and regional trusted community channels, such as newsletters, radio, and community organizations, when possible, to spread awareness and share supports available for Class Members.
- k. Develop a communications approach specifically for incarcerated Class Members to ensure all Class Members are aware of the Claims Process and eligibility criteria and have an opportunity to submit a Claim.

7. SPECIFIC NOTICING TACTICS

- a. The following series of tactics and activities would be used to implement the Notice Plan. Additional tactics and approaches may be recommended as required.
 - a. Website. The current Settlement website will be expanded to serve as a key “source of truth” for Class Members regarding the Settlement Agreement, as well as a hub for any resources developed to support people in navigating the Claims Process. This website will house copies of the Settlement Agreement, Court documents, Notices, Claims Form and other Claims Process documents, FAQs, interactive videos, instructional resources, and other informational resources. Web chat options will support Class Members in accessing information quickly and efficiently.

Website to be referenced in all notice materials and advertisements. The website will be designed to comply with accessibility standards (WCAG 2.1 Level AA), will be responsive and ensure that information

can be accessed in a variety of formats and environments, including areas with low connectivity. Notices will be prominently and proactively displayed to website visitors, providing readability and audio options to improve access to information.

- b. An online Eligibility Information Tool and navigation aid will be made available to support the Class Members in understanding eligibility and direct them to resources and supports available to submit a Claim.
- c. Class Members will be able to subscribe to marketing and communications lists on the website to receive news and updates.
- d. The Claimant Info Line (1-888-592-9101) will be managed by the Claims Administrator, providing bilingual, toll-free assistance to Class Members, their families, their representatives, and others who make inquiries about the Settlement Agreement, or who request assistance in making Claims. The Info Line will provide support to Class Members by phone in a prompt, thoughtful manner, clarifying information and directing individuals to appropriate resources for Claimant support, mental health and wellness services. Callers will be provided the option of:
 1. Pressing 1 to speak to the Claims Administrator
 2. Pressing 2 to be connected to a Claims Helper for direct support
 3. Pressing 3 to be directly connected to the Hope for Wellness Helpline
 4. Class Members who do not make a choice and stay on the line will be directed to the Claims Administrator automatically
- e. Direct Notice: Print notices and communication materials, including communication toolkits with hard-copy and digital promotional materials (notice documents, brochures, postcards, social media posts and posters) shall be sent (in hard copy or digital formats) at various times during Settlement implementation to each of the following:
 - First Nations, Inuit and Métis organizations and communities (starting with communities near the Federal Indian Hospitals and

spreading out to include all communities in Canada as appropriate);

- Community, resource and service organizations who are known to interact or provide support to Class Members and their families;
- Community members who reach out to the Administrator and/or the Notice Provider requesting communication materials such as Notice Plans, Claim Forms, or other informational materials regarding the Settlement;
- Class Members who have registered to receive updates on the Settlement, either through the Settlement website or by registering with Class Counsel; and
- Via unaddressed mail drops to Indigenous communities with a specific focus on areas surrounding and/or associated with the 33 Federal Indian Hospitals listed on [Schedule D](#).

f. Regular emails, SMS and call campaigns: subscribers to the Settlement list will receive regular updates (via the channel of their preference) to raise awareness and encourage engagement.

g. Mailed postcard: Grassroots level awareness will be boosted through a targeted postcard mail drop, in addition to direct notice, at regular intervals to various communities with a specific focus on areas surrounding and/or associated with the 33 Federal Indian Hospitals listed on [Schedule D](#), with the potential for additional mail drops in remote communities to increase awareness, respond to issues/concerns, or address misinformation.

h. National press release(s): A series of press releases will be created and distributed through a national wire distribution service and/or NationTalk at various stages of the Claims Process such as, but not limited to, Settlement Approval, Claims Launch Period, and reminder campaigns. The objective is to bring awareness of the Settlement, share details of Notice, explain eligibility, and introduce the Claims Process and resources and supports available, as well as pertinent deadlines. The press release will be translated into French and Indigenous languages

for distribution and posting on the website: Innu, Cree, Anishinaabemowin, Atikamekw, Inuktitut, Dene, Mi'kmaq, Oji-Cree.

- i. Media outreach: To complement the distribution of the press releases and drive more awareness, a proactive media outreach strategy will be prepared for each release. The strategy will include proactive outreach to national and regional journalists/outlets that cover Indigenous issues and serve Indigenous audiences. Journalists/media outlets will be identified and monitored for their ability to reach target audiences and will be reviewed regularly and updated to best reflect communications trends and preferences of Class Members.
- j. Organic social media: An organic social media strategy will be created and implemented to ensure that Class Members can access accurate and accessible information through the social channels they frequent. This will likely include the creation and set up of at least one "official" social media channel on Meta (Facebook and Instagram) for Settlement information, as well as the regular creation and posting of informative content. This will include community guidelines and management for all social channels, responding to questions about the Settlement (using pre-approved messaging) and correcting misinformation where appropriate.
- k. Paid media: To reach key audiences through their preferred platform, a multi-channel digital advertising approach will be implemented. These efforts are key in reaching Class Members who may not receive direct notice, and are not aware of the website, or engaged on social media. Paid media will be concentrated to support the launch the Claims Process and specific reminder campaigns and in addition to regular baseline digital paid advertising in between campaign periods to maintain awareness and engagement. Paid media will seek to improve awareness and understanding of the Settlement and ensure Class Members can exercise their rights and participate. This will include:
 - a. Google search advertising: Google search advertising will ensure that anyone actively looking for information on more than 30 search terms related to Federal Indian

Hospitals. Results will immediately direct to the Settlement website.

- b. Digital display: A combination of display ads on appropriate premium Indigenous publishers will reach those visiting the sites. Contextual targeting on other news content publishers with specific attention to Indigenous news, in combination with additional opportunities for audio and video advertising based on research and monitoring of the most effective opportunities to reach Class Members.
- c. Social media advertising: Paid advertising on Meta (Facebook and Instagram) will offer considerable reach and penetration for our key audiences. This will include geographic and context-based advertising on Facebook and Instagram and may include other social media platforms as needed to effectively reach Class Members.
- d. Print: A combination of print advertising in key Indigenous and other publications across Canada. The designed ads will include relevant information for Class Members, using culturally appropriate and trauma-informed visuals and plain language messaging to direct Class Members to the dedicated website to learn about the Settlement, their options and to access and fill out the Claim Form(s). Efforts will be made to ensure national and regional reach in appropriate mainstream and Indigenous publications. Print promotions will include bi-weekly or monthly placements for a campaign duration of 6-8 weeks at regular intervals throughout the Claims Period. Additional online advertising (banners) will be placed on publication websites where available. Potential publications for placement include (but are not limited to):
 - i. Ha-Shilth-Sa (BC)
 - ii. Alberta Native News (AB)

- iii. Saskatchewan Indigenous News (SK)
- iv. Wawatay News (ON)
- v. Turtle Island News (Nat./ON)
- vi. The Nation (QC)
- vii. Mi'kmaq Maliseet Nations News (Atl)
- viii. Yellowknifer (NWT)
- ix. Yukon News (YT)
- x. Nunatsiaq News (Nunavut)

e. Radio: Radio will be an important tactic given the age and potential location of the Class. Ads will be aired on Canadian urban, rural, and Indigenous radio networks across the country for national, regional, and local coverage. These radio ads will consist of 30-second radio spots that will run in several rounds during national campaigns with additional radio advertising as required in specific communities to support awareness, engagement and address issues and misinformation. In addition, community outreach efforts will attempt to secure radio public service announcements in smaller communities with smaller radio stations or channels. Stations will include (but are not limited to):

- i. CFWE/CJWE/Raven (AB)
- ii. CJNY (Vancouver, BC)
- iii. CJRR-FM (Vancouver, BC)
- iv. CKCC-FM (Campbell River, BC)
- v. CIRX-FM (BC)
- vi. CFVB-FM (BC)
- vii. CFNR Network (North & Central BC,)
- viii. CHUT-FM (Lac Simon, BC)

- ix. CJLJ-FM – (Williams Lake, BC)
- x. Nuxalk Radio - (Bella Coola, BC)
- xi. Tsilhqot'in Rado (Williams Lake, BC)
- xii. NCI Network – 40+ stations (MB)
- xiii. Wawatay Radio (Sioux Lookout, ON)
- xiv. CKRZ-FM (ON)
- xv. CKIQ-FM (NU) – Iqualuit
- xvi. CFAN-FM (Miramichi, NB)
- xvii. CKHJ (Fredericton, NB)
- xviii. CFQM-FM (Moncton, NB)
- xix. CKOH-FM/CKOK-FM (NLFD)
- xx. CHOZ (St. John's, NFLD)
- xxi. CKTY-FM (Truro, NS)
- xxii. CHFX-FM (Halifax, NS)
- xxiii. AVR99.7 (Digby, NS)
- xxiv. CHER & CKPE (Sydney, NS)
- xxv. AVR & MAGIC (Kentville, NS)
- xxvi. CKLB-FM (NWT)
- xxvii. CFYK-FM (Yellowknife, NWT)
- xxviii. CKQK-FM (Charlottetown, PEI)
- xxix. MBC Network – 30+ stations (SK)
- xxx. CITK-FM (Opitciwan, QC)
- xxxi. CIMB-FM (Pessamit, QC)
- xxxii. CKAU-FM (Mani Utenam, QC) - Sept-Îles

- f. TV: Television advertisements will run in campaign intervals on national networks and those focused on Indigenous audiences (during periods of high viewership). 30-second broadcast spots using contextual targeting (Indigenous content) and regional targeting.
- g. Out of Home (OOH): OOH advertisements in the form of posters, banners, billboards and/or transit advertising will be created for community centres, senior centres, convenience stores in rural and remote areas, and street-level advertisements in large urban areas to help capture a broad audience base, specifically those who are harder-to-reach with other proposed channels. These vulnerable communities might have limited access to other paid channels.
- I. Webinars: A series of live or pre-recorded informational webinars will be developed to cover key aspects of the Claims Process. These webinars will be conducted in both English and French and posted on the website for Class Members to view on demand. Subtitled versions of the webinars in other Indigenous languages may be produced and made available online.
- m. Outreach may be conducted through multiple channels, including but not limited to, direct emails, phone calls and posts in community Facebook groups. The network of communities and cultural hubs will be regularly updated and expanded.
- n. To connect with the most vulnerable, grass-roots outreach programs will be used in urban centres that usually have a strong connection with the unhoused population, cultural programs provided to incarcerated individuals across the country, local shelter organizations, local food banks, local addiction centres and community health centres and local missions that have a strong connection to transitional homes and individuals experiencing homelessness.

- o. Educational videos and interactive modules: Educational videos and interactive modules will be created to support Class Members by providing information about the Claims Process with a focus on Estate Claims as well as supports and resources available. These resources will be put on a USB, to be shared with correctional institutions or communities that have connectivity issues.
- p. Additional outreach/communications efforts as identified by the Notice Provider or other parties: Opportunities to further provide Class Members with information about the Settlement Agreement and the Claims Process may arise throughout the implementation of the Notice Plan.
- b. Media, social media monitoring and response to Class Member questions will inform the development of materials designed to address confusion, misinformation or disinformation and potential predatory actions that Class Members may face.
- c. Regular reporting, with recommendations: The Notice Provider will monitor campaign performance and provide regular reports with insights and recommendations for improvement.

8. ROLE OF THE NOTICE PROVIDER

- a. The Notice Provider plays a key role in making sure that information about the Federal Indian Hospitals Class Action is shared clearly, respectfully, and in ways that reach as many Class Members as possible. Their work is guided by the terms of the Settlement Agreement and focuses on communication, outreach and community awareness.
- b. The Notice Provider is responsible for:
 - a. Distributing official public notices: This includes the Long-Form and Short-Form Notices that explain who may be eligible, what the proposed compensation is for, and how to learn more. These notices are published in multiple languages and formats.

- b. Maintaining the official website: Working with the parties, the Notice Provider manages content on the Settlement website, ensuring it is up to date, accurate and meets all accessibility and privacy standards.
- c. Working with the Claims Administrator, ensure Class Members have access to a toll-free information line to respond to questions, provide direct support in completing Claim Forms and direct to mental health and wellness supports.
- d. Managing social media and public communication: This includes maintaining the official Facebook and Instagram pages, sharing approved posts, and monitoring for misinformation, hurtful comments, or disclosures of trauma.
- e. Producing and running outreach campaigns: The Notice Provider plans and delivers public education efforts beyond notices, such as radio announcements or elder-focused outreach. These campaigns are especially important for reaching Class Members in northern, rural, or remote areas.
- f. Monitoring and responding to misinformation: The Notice Provider is responsible for monitoring, analyzing and, where appropriate, addressing instances of false or misleading information shared outside official channels, particularly when it may confuse or harm Class Members.
- g. Providing translated and accessible materials: The Notice Provider ensures that all public-facing materials are available in approved languages, including Indigenous languages where possible, and that they meet plain-language and trauma-informed standards.
- h. Sharing public progress updates: The Notice Provider is also expected to communicate overall progress back to communities. This may include updates on the Claims Process, key dates.
- i. In all of this, the Notice Provider is not responsible for assessing Claims or making decisions about compensation, nor for notifying Claimants of decisions or providing updates on their Claims. That work belongs to the Claims Administrator. The Notice Provider's role is to support

understanding, reduce confusion, and honour the experiences of Class Members by making information as clear, and accessible as possible.

SCHEDULE "H"



FEDERAL INDIAN HOSPITALS CLASS ACTION SETTLEMENT¹

If you were admitted to a Federal Indian Hospital, you can submit a Claim for compensation starting January 27, 2026. Free resources and supports are available to help you.

This Notice refers to sensitive issues, including physical and sexual abuse, which individuals may find triggering or traumatic. This content has been included to provide information about the Settlement. If you or someone you are assisting experiences symptoms of trauma and/or needs to speak to someone, support is available from the Hope for Wellness Helpline: 1-855-242-3310 or www.HopeForWellness.ca. From 1936 to 1981, the Federal Government operated hospitals referred to as 'Federal Indian Hospitals'. In the class action, *Ann Cecile Hardy v. The Attorney General of Canada* (Court File No. T-143-18), individuals who were admitted to 'Federal Indian Hospitals' sought damages or monetary compensation from Canada for abuses, including psychological, verbal, physical and/or sexual abuse, they experienced while admitted. On June 24, 2025, the Federal Court approved the Settlement Agreement. This Settlement recognizes the harms experienced in these Hospitals and provides compensation, wellness supports, and long-term investments in healing, education, research, and commemoration.

The Claims Period will open on January 27, 2026. Class Members have until July 27, 2028, to submit a Claim for compensation.

WHAT THE SETTLEMENT PROVIDES

Individual Compensation for Eligible Primary Class Members

Only Primary Class Members are eligible for individual compensation from the Settlement. To be eligible, the Primary Class Member must have:

- been admitted to a Federal Indian Hospital during the dates the Federal Indian Hospital was operated by the Federal government, and,
- experienced abuse, including psychological, verbal, physical and/or sexual abuse, while admitted to a Federal Indian Hospital.

Compensation ranges from \$10,000 to \$200,000, depending on the experience of the Primary Class Member.

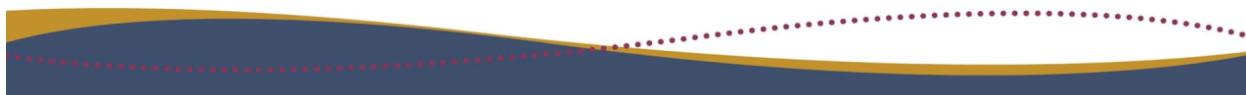
Primary Class Members who passed away on or after January 25, 2016, may be eligible through the Estates process.

Family Class Members, such as spouses, children, grandchildren or siblings of Primary Class Members, are not eligible for individual compensation under the Settlement.

The Settlement does not include compensation for medical malpractice or claims connected to medical treatment.

In addition to individual compensation for eligible

¹ The documents for this class action use some words now recognized as inaccurate, insensitive, and offensive. These words come from a period of Crown-Indigenous relations not grounded in reconciliation. These words are only used when necessary for legal accuracy, or when referring to historical sources.



Primary Class Members, all Class Members will benefit from the additional supports, including:

- A Healing Fund that will provide \$150,000,000 to support healing, wellness, reconciliation, protection of languages, education and commemoration activities;
- A Research and Commemoration Fund that will provide \$235,500,000 to support research and education regarding Federal Indian Hospitals; and,
- A \$150,000,000 funding increase to Indigenous Services Canada, under existing programming, to support Class Members' health and wellness throughout the implementation of the Settlement Agreement.

WHO IS ELIGIBLE FOR COMPENSATION?

You may be eligible if:

- You were admitted to one of the 33 Federal Indian Hospitals during the years it was operated by the Government of Canada, and
- You experienced psychological, verbal, physical and or sexual abuse (not connected to medical treatment) while admitted.

A full list of the Hospitals and the years they were operated is available at www.IHSettlement.ca.

Family Class Members are not eligible for individual compensation. They will benefit from the Healing Fund, the Research and Commemoration Fund, and wellness supports.

WHEN CAN I SUBMIT A CLAIM?

The Claims Period will open on January 27, 2026. Primary Class Members have until July 27, 2028, to submit a Claim for compensation.

WHAT INFORMATION WILL I NEED TO SUBMIT A CLAIM?

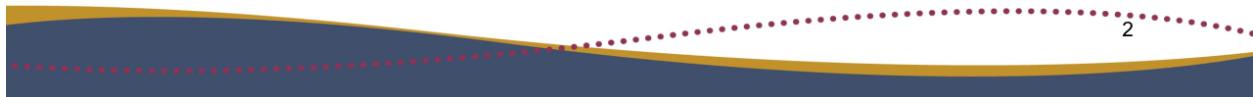
The Claim Form asks for information that helps confirm your identity, your admission, and details about your experience at a Federal Indian Hospital. You will need to provide:

- Government-issued identification
- Your name and contact information
- The Federal Indian Hospital where you were admitted
- Approximate dates of admission
- Information about the harm you experienced, in your own words.
- If you are submitting a Claim for someone who passed away, or for someone who is a Person Under Disability, you will need to provide additional documents.

FREE SUPPORTS FOR CLASS MEMBERS

Free resources and supports are available for Class Members:

- Claims Helpers are available to help you complete your Claim Form and answer your questions about the process.
- Class Counsel is available, free of charge, to answer your legal questions about the Settlement and the Claims Process.
- You can hire a lawyer to assist you. If you are awarded compensation, the lawyer who assisted you can request their legal fees be paid by the Government of Canada. Mental health and wellness supports are available 24 hours a day through the Hope for Wellness Helpline at 1-855-242-3310 or www.HopeForWellness.ca. Counselling is available in English, French, Cree, Ojibway and Inuktitut upon request.



WHERE CAN I GET MORE INFORMATION?

For more information and for a copy of the Claim Form, visit the Federal Indian Hospitals Settlement website at www.IHSettlement.ca.

You can also call the Info Line at 1-888-592-9101 (open weekdays from 8 a.m.- 8 p.m. Eastern Time, except for holidays) for information and help:

- Press 1 to speak to the Administrator, check the status of your Claim, or ask questions about the online portal
- Press 2 to be connected with a Claims Helper
- Press 3 to be transferred to the Hope for Wellness Helpline

You may also contact Class Counsel with legal questions about the Settlement or the Claims Process using the contact information below. There is no cost for speaking with Class Counsel.

EASTERN CANADA (ONT, NB, NFLD, NS, PEI, QC)

WESTERN CANADA (AB, BC, MB, NT, NU, SK, YK)

Cooper Regel LLP 77 Chippewa Road
Sherwood Park, AB T8A 6J7
Email: Info@CooperRegel.ca
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Merchant Law Group LLP 2710 17th Avenue SE
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Email: Hospitals@MerchantLaw.com
Phone: 1-888-652-7020

