

SECTION III: IDENTIFICATION OF CLASS

You are included in the Class if you are or were:

- (a) employees and former employees of municipalities or service providers associated with municipalities (hereinafter referred to as "municipal providers") whose employment was transferred from the municipal providers to newly-established Community Care Access Centres ("CCACs") and who were members of CUPE at the time of the transfer and who did not subsequently become members of the Ontario Nurses Association ("ONA") or the Ontario Public Service Employees Union ("OPSEU") and for greater certainty, those who became enrolled in the Healthcare of Ontario Pension Plan, formerly known as the Hospitals of Ontario Pension Plan, ("HOOP") and were previously enrolled in the Ontario Municipal Employees Retirement System or the VON Canada Pension Plan ("Former Plans"); and
- (b) employees of the municipal providers whose employment was transferred from the municipal providers to CCACs who subsequently became members of CUPE and who were not members of CUPE, ONA, or OPSEU at the time of the transfer.

You are excluded from the Class if you previously received a settlement through class actions which benefited ONA/OPSEU employees whose employment was transferred into newly established CCACs (Court File Nos. 02-CV-236588CP and 06-CV-324475PD3).

SECTION IV: FACTS CONCERNING CLASS MEMBER'S EMPLOYMENT

Please fill in as much information as possible.

1. Which Community Care Access Centre(s) ("CCAC") were you employed at from 1996/1997 onwards and what were the dates of such employment?¹

	Employer	Date employed from:	Date employed to:	Position:	Name of union you belonged to:
1.					
2.					
3.					

2. Which home care service provider, municipality or other predecessor employer were you employed by immediately prior to your CCAC employment and what were the dates of such employment?²

	Employer	Date employed from:	Date employed to:	Position:	Name of union you belonged to:
1.					
2.					
3.					

3. Was your employment transferred from the predecessor employer to the CCAC between 1996 and 1998?

Yes No

4. Did this transfer occur without a break in your service?

Yes No

5. Which union did you belong to at the time of transfer?

OPSEU ONA AAHPQ SEIU
 CIPP CUPE COPE OTHER _____

6. Were you a full time employee of the predecessor employer?

Yes No

7. What was the name of the pension plan you belonged to with your employer immediately prior to the transfer of your employment to the CCAC (eg. your "predecessor employer")

OMERS VON FSA OTHER _____

8. Were you a member of the Hospitals of Ontario Pension Plan after the transfer to the CCAC?

Yes No

1 Please provide the most accurate information possible about your dates of employment.
 2 Please provide the most accurate information possible about your dates of employment.

9. Did you receive any payment as a result of the settlement of class actions brought on behalf of CCAC employees represented by ONA and/or OPSEU as a result of their membership in two pension plans following the transfer of employment to CCACs.

Yes

No

SECTION V: REQUIRED DOCUMENTATION

IN ORDER TO VERIFY YOUR CLAIM STATUS AS A POTENTIAL CLASS MEMBER
WE WILL REQUIRE YOUR ASSISTANCE IN PROVIDING COPIES OF DOCUMENTS IN YOUR
POSSESSION OR THAT YOU MAY HAVE ACCESS TO. THESE DOCUMENTS MAY BE SUBJECT TO THIRD PARTY
VERIFICATION.

YOU MUST PROVIDE THE FOLLOWING PROOF OF ENROLLMENT IN PENSION PLANS:

1. At least one pension statement from HOOPP; AND
2. At least one pension statement from the pension plan that you were enrolled in by your predecessor employer (OMERS, VON or FSA).

YOU MUST PROVIDE ONE OF THE FOLLOWING DOCUMENTS DEMONSTRATING PROOF OF EMPLOYMENT WITH A
CCAC:

1. copies of one or more T4 slips from an employer CCAC in the period between 1996 and the present; AND/OR
2. copies of one or more pay record(s) (eg. a pay stub, pay invoice or online printout of compensation) from your employer CCAC in the period between 1996 to the present; AND/OR
3. any other documentation personally addressed to you such as an offer of employment from the CCAC, or other correspondence from your employer CCAC to you.

IF AVAILABLE, THE FOLLOWING DOCUMENTS SHOWING PROOF OF EMPLOYMENT WITH A PREDECESSOR
EMPLOYER WILL ASSIST US IN PROCESSING YOUR CLAIM:

1. copies of one or more T4 slips from your predecessor employer prior to 1997; AND/OR
2. copies of one or more pay record(s) from your predecessor employer prior to 1997;
3. any other documentation demonstrating an employment relationship, such as an offer of employment from your predecessor employer, or other correspondence from your predecessor employer to you, containing either your mailing address or email address.

IF AVAILABLE, THE FOLLOWING DOCUMENTATION SHOWING PROOF OF UNION MEMBERSHIP WHILE EMPLOYED
WITH YOUR CCAC EMPLOYER(S):

1. a union membership card; AND/OR
2. a union seniority list for your employment with a CCAC, containing your name and date of seniority, AND/OR
3. a copy of any correspondence addressed to you from your union(s) between 1997 and the present (such as a newsletter), containing either your mailing address or email address.¹

IF AVAILABLE, THE FOLLOWING DOCUMENTATION SHOWING PROOF OF UNION MEMBERSHIP WHILE EMPLOYED
WITH YOUR PREDECESSOR EMPLOYER:

1. a union membership card; AND/OR
2. a union seniority list, containing your name and date of seniority; AND/OR
3. a copy of any correspondence addressed to you from your union prior to 1997.

**DEADLINE: YOUR CLAIM AND REQUISITE DOCUMENTATION MUST BE POSTMARKED NO LATER THAN [150 DAYS
AFTER THE PUBLICATION OF THE NOTICE]**

¹ Your local union may be able to provide you with proof of union membership but cannot guarantee it will do so.

SECTION VI: DISTRIBUTION

1. You will receive a cheque in the amount of \$2,500.00 less withholding taxes, which will be mailed to you.

Only complete this Section if you acting as a Personal Representative (executor or administrator) of an estate.

2. If the Claimant is deceased and you are the Court appointed executor or administrator of the Estate, you will receive payment in cash, less withholding taxes. Please complete the information requested below:

Estate of: _____

Date of Death: _____

