

Schedule "G"

ONTARIO LONG-TERM CARE HOMES COVID-19 CLASS ACTIONS OPT-OUT FORM

This Form **EXCLUDES** you and members of your family from the Certified Ontario Long-Term Care Homes Class Actions. **DO NOT** use this Opt-Out Form if you wish to remain a Class Member and participate in one of the Certified Actions.

This Opt-Out Form **must** be read together with the Long-Form Notice of Certification and Discontinuance Against Certain Defendants, which is available at www.LTCCClassActions.com or by mail from Class Counsel or the Notice Administrator upon request. Website and other contact information for Class Counsel and the Notice Administrator is provided below.

To be effective as an election to opt out of one of the Certified Actions, this Opt-Out Form must be completed, signed and **sent to** the Notice Administrator through the online portal submission at www.LTCCClassActions.com or by mail to P.O Box 3355, London, Ontario, Canada (N6A 4K3) by no later than **November 27, 2025**. Please note that you **cannot** deliver an Opt-Out Form by email.

PLEASE NOTE: Opt-Out Forms will only be deemed valid if they are received or post-marked by the Opt-Out Deadline, November 27, 2025. If you wish to submit an Opt Out Form electronically through the Notice Administrator's portal, it will only be considered valid if you receive a Notice of Acknowledgment from the Notice Administrator by e-mail. If you do NOT receive a Notice of Acknowledgment, please resubmit your Opt-Out Form.

DATE: _____

PRIVACY STATEMENT

Personal information¹ provided on this form by Resident and/or Visitor Class Members who wish to Opt Out of one of the Certified Actions is collected, used, and retained by Class Counsel and Defendants' Counsel pursuant to the *Personal Information Protection and Electronics Documents Act*, S.C. 2000, c.5 (PIPEDA):

- To identify and maintain a record of those Resident and Visitor Class Members who elect to Opt Out of one of the Certified Actions in accordance with the terms of the Certification Order of Justice E.M. Morgan dated March 7, 2024.

Information collected on this form will be maintained private and confidential and will not be disclosed without express written consent except as provided for herein or as may be required by law.

Please read the entire form and follow the instructions carefully.

I. Personal Information: Please provide the following information about yourself, or, if you are

¹ As defined in PIPEDA.

filing this Opt-Out Form as the duly authorized representative of a Resident or Visitor Class Member, please provide the following information about that Class Member.

First Name	Middle Initial	Last Name
Street Address		Apt. No.
City	Province/Territory	Postal Code
Daytime Phone Number () -	Evening Phone Number () -	
Date of Birth Day / Month / Year	Date of Death (if applicable) Day / Month /Year	

II. Class Member Representative Information (if applicable): If you are completing this Opt-Out Form as the duly authorized representative of a Resident or Visitor Class Member under a legal disability or a Resident or Visitor Class Member's estate, please provide the following information about **yourself** and attach a copy of your court approval or other authorization to represent the Resident or Visitor Class Member identified in Section I. above.

First Name	Middle Initial	Last Name
Street Address		Apt. No.
City	Province/Territory	Postal Code
Daytime Phone Number () -	Evening Phone Number () -	Relationship to Class Member

Please attach a copy of a court order or other official document(s) demonstrating that you are the duly authorized representative of the Resident or Visitor Class Member and check the box below describing the Resident or Visitor Class Member's status:

- _____ a mentally incapable person (copy of a continuing power of attorney for property, or a Certificate of statutory guardianship);
- _____ the estate of a deceased person (Letters Probate, Letters of Administration or Certificate of Appointment as Estate Trustee).

III. Lawyer Information (if applicable): If you (or the Resident or Visitor Class Member, as applicable) have hired a lawyer in connection with a claim arising from the Resident or Visitor Class Member's infection with COVID-19 at an included LTC Home, please provide the following information about the lawyer:

Law Firm Name	
Lawyer's First Name	Lawyer's Last Name
Lawyer's Phone Number	

V. Acceptance and Acknowledgement

I have read the foregoing and understand that by opting out, I will never be eligible to participate as a Resident or Visitor Class Member in the Certified Actions and will not be eligible to seek any future compensation pursuant to any favourable judgment or settlement reached in the Certified Actions.

I further understand that by opting out, all personal representatives and all family members who might otherwise make a claim for compensation (i.e. Family Class Members) are deemed to have opted out as well.

 Date signed Signature
 (Resident or Visitor Class Member or Executor, Administrator, or Personal Representative)

To be effective as an election to Opt Out of the Certified Actions, this Form must be completed and signed **by the Resident or Visitor Class Member** or, where the Resident or Visitor Class Member is under a legal disability, by the Resident or Visitor Class Member's duly appointed representative. An Opt Out form **may not** be signed by a legally competent Resident or Visitor Class Member's lawyer.

You can opt out by submitting an Opt-Out Form electronically through www.LTCClassActions.com by **November 27, 2025**. Please note that your Opt-Out will only be considered valid if you receive an e-mail confirmation from the Notice Administrator. If you do not receive an e-mail confirmation from the Notice Administrator, your Opt-Out was not received and is not valid.

You may also opt out by downloading and mailing an Opt-Out Form to the Notice Administrator at P.O. Box 3355, London, Ontario, Canada (N6A 4K3). All such Opt-Out Forms must be postmarked by **November 27, 2025**.

If you have questions about using or completing this Opt Out Form, please contact your lawyer or call Class Counsel at one of the telephone numbers listed below:

ROCHON GENOVA 1-800-462-3864 contact@rochongenova.com	HIMELFARB PROSZANSKI 1-855-297-5522 info@himpro.ca	CERISE LATIBEAUDIERE LAW 416-504-6055 info@cllaw.ca	DIAMOND & DIAMOND LAWYERS LLP 1-800-567-4878 mathura@diamondlaw.ca
WILL TRIAL LAWYERS Tel: 905-337-9568 contact@willtriallawyers.com	NEINSTEIN LLP 1-866-271-9764 lrc@neinstein.com	THOMSON ROGERS 1-888-223-0448 mhosseini@trlaw.com	TYR LLP 416-477-5525 info@tyrllp.com

This Opt Out Form was authorized by the Ontario Superior Court of Justice. Please do not contact the Court.