

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

This Opt-Out Form is to be used to **EXCLUDE** the claims of Class Members who were residents in Ontario long-term care (“LTC”) homes during the COVID-19 pandemic from the Ontario Government LTC Homes COVID-19 Class Action.

PLEASE NOTE: Family members of LTC home resident Class Members **do not** have independent claims in the Class Action and **cannot personally opt out** of the Class Action. This form can **only** be used by Class Members who were residents of Ontario’s LTC homes during the COVID-19 pandemic or their legal representatives.

DO NOT use this Opt-Out Form if you are an LTC resident Class Member (or their legal representative) and wish to participate in the Class Action.

This Opt-Out Form **must** be read together with the Long-Form Notice of Certification, which is available at www.LTCClassActions.com, on the websites of Class Counsel, or by mail from Class Counsel or the Notice Administrator upon request. The 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 the Class Action, this Opt-Out Form must be completed, signed and **sent to** the Notice Administrator through the online portal at www.LTCClassActions.com or by mail to P.O Box 3355, London, Ontario, Canada (N6A 4K3) by no later than **November 27, 2025 (the “Opt-Out Deadline”)**. Please note that you **cannot** deliver an Opt-Out Form by email.

Opt-Out Forms will only be deemed valid if they are received or post-marked by the Opt-Out Deadline. 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.

PRIVACY STATEMENT

Personal information¹ provided on this form by Class Members who wish to opt out of the Class Action 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 Class Members who elect to opt out of the Class Action.

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.

¹ As defined in PIPEDA.

I. Personal Information: Please provide the following information about yourself, or, if you are filing this Opt-Out Form as the duly authorized representative of a living or deceased resident 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 Class Member under a legal disability or a 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 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 Class Member and check the box below describing the 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 Class Member, as applicable) have hired a lawyer in connection with a claim arising from the Class Member's residence in or care received at an Ontario LTC home during the COVID-19 pandemic, please provide the following information about the lawyer:

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

IV. Acceptance and Acknowledgement

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

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 Class Member or Executor, Administrator, or Personal Representative)

To be effective as an election to opt out of the Class Action, this Opt-Out Form must be completed and signed **by the Class Member** or, where the Class Member is under a legal disability or deceased, by the Class Member's duly appointed legal representative as set out above. An Opt-Out Form **may not** be signed by a Class Member's lawyer.

You can opt out by submitting an Opt-Out Form electronically through www.LTCClassActions.com by **the Opt-Out Deadline, November 27, 2025**. Please note that if you submit your Opt-Out Form electronically, it 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 Form 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 **the Opt-Out Deadline, November 27, 2025**.

If you have questions about using or completing this Opt-Out Form, please contact your lawyer or call Class Counsel 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
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This Opt-Out Form was authorized by the Ontario Superior Court of Justice. Please do not contact the Court.