

**SMUCKERS/ARDENT MILLS CLASS ACTION GLOBAL SETTLEMENT  
BODILY INJURY CLAIM FORM**

**Section 1 - Class Member Identification**

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Class Member Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Birth Date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Provincial Health Care Number \_\_\_\_\_

Date of Death (if applicable) Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Please attach the official death certificate

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Section 2 - Representative Claimant Identification**

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**This section is to be completed only if you are submitting a claim as the Representative of a Class Member. You **MUST** provide proof of your authority to act as the representative of a Class Member.**

I am applying on behalf of a Class Member who is:

- A minor (under 18 years of age)**

Please enclose: (1) a copy of your authority to act (i.e. long-form birth certificate, baptismal certificate, court order or other proof of guardianship); and (2) a completed Acknowledgement of Responsibility (see Schedule A).

- A person under legal disability**

Please enclose a copy of your authority to act (i.e. power of attorney, etc.)

- Deceased**

Please enclose a copy of your authority to act (i.e. will, court order, etc.)

Representative Claimant Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone Work Phone \_\_\_\_\_

### Section 3 - Legal Representative Identification

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This Section is to be completed **ONLY** If a lawyer or agent is representing the Claimant. If you complete this section, all correspondence will be sent to your legal representative.

Name of Law Firm or Agency \_\_\_\_\_

Lawyer's or Agent's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Section 4 - Bodily Injury Claim

#### Section 4(A) — Description of Symptoms

I, \_\_\_\_\_, hereby declare under penalty and perjury that the Class Member consumed Recalled Flour and suffered the following injury or illness as a result:

**Please check all symptoms that the Class Member experienced:**

- diarrhea (watery or bloody).
- moderate to severe stomach cramps or tenderness
- nausea
- vomiting
- other gastrointestinal symptoms. Please specify: \_\_\_\_\_

**Please Indicate duration of symptoms:**

- up to 6 days
- greater than 6 days. Please specify duration of symptoms: \_\_\_\_\_
- between 3 and 12 months: Please specify how many months: \_\_\_\_\_
- over 12 months: Please specify how many months: \_\_\_\_\_

**Was the class member admitted overnight into a hospital?**

- yes. Please specify name of hospital and duration of hospitalization:

Name of Hospital: \_\_\_\_\_

Number of Days: \_\_\_\_\_

- no

**If the class member was hospitalized, was his or her illness treated with any of the following methods?**

- intravenous rehydration
- blood transfusion \_\_\_\_\_
- kidney dialysis \_\_\_\_\_

**If the class member was treated with one or more of the above methods, for how many days or months was her or she treated?**

Duration of treatment \_\_\_\_\_

**Did the class member experience minor, moderate OR serious complications as described below?**

- experienced **minor** complications. Minor complications include complications that were resolved without surgical intervention or invasive medical procedures, did not require admission into an ICU, and did not require ongoing medical intervention. Please describe:
  
- experienced **moderate** complications. Moderate complications include complications that were resolved without surgical intervention or highly invasive medical procedures, did not require admission into an ICU, but required ongoing medical intervention for a period greater than 30 days, or involved impaired organ function for up to 90 days. Please describe:
  
- experienced **serious** complications. Serious complications include complications that required surgical intervention, blood transfusion or kidney dialysis or involved serious complications that lasted more than 12 months or impaired organ function over 90 days or death. Please describe:

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**Did the class member experience impaired organ function?**

yes

Please describe \_\_\_\_\_  
\_\_\_\_\_

For how many days or months? \_\_\_\_\_

no

**Did the class member require organ removal/transplantation?**

yes

Please describe \_\_\_\_\_

no

**Did the class member undergo surgery to treat his or her illness?**

yes

Please describe \_\_\_\_\_

no

**Was the class member diagnosed with haemolytic uremic syndrome (HUS)?**

yes

no

**Did the class member die as result of his or her illness?**

yes

no

**Section 4(B) Supporting Medical Documentation**

Supporting medical documentation is as follows:

- (a) Statutory Declaration that the Class Member consumed Recalled Flour and suffered illness or injury as a result (the “Statutory Declaration”); and
- (b) Physician’s notes, hospital admission records, or other medical documents created during or soon after illness by a physician, hospital or other medical professional recording symptoms consistent with *E. coli* O121 infection

And where applicable:

- i. Test results from a cultured stool sample obtained and tested within 45 days of the onset of illness confirming the presence of *E. coli* O121 bacteria;
- ii. Test results from a blood sample obtained and tested confirming the presence of antibodies keyed to at least one antigen of *E. coli* O121 bacteria; or
- iii. Test results from a urine sample obtained and tested within 14 days of the onset of illness, confirming the presence of *E. coli* O121 bacteria

**Section 5 — Release of Claims**

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I verify that I have  / have not  received compensation through other proceedings or private out-of-class settlements and/or provided a release in respect of the recall. If you have received compensation or released claims, please provide the details here:

Compensation: \$ \_\_\_\_\_

Details of Claims Released: \_\_\_\_\_

\_\_\_\_\_

**Section 6 - Claimant Declaration and Authorization**

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The undersigned hereby consents to the disclosure of the information contained herein to the extent necessary to process this claim for benefits. The undersigned acknowledges and understands that this Claim Form is an official Court document sanctioned by the Court that presides over the Settlement and submitting this Claim Form to the Claims Administrator is equivalent to filing it with a Court.

The undersigned hereby authorizes the Claims Administrator to contact the Class Member as required in order to administer the claim.

After reviewing the information that has been supplied on this Claim Form, the undersigned declares under penalty of perjury that the information provided in this Claim Form is true and correct to the best of his/her knowledge, information and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature (or Claimant's Representative)

\_\_\_\_\_  
Printed Name of Claimant (or Claimant's Representative)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant's Lawyer (if any)

\_\_\_\_\_  
Printed Name of Claimant's Lawyer

**SCHEDULE A - GUARDIAN'S ACKNOWLEDGMENT OF RESPONSIBILITY**

*(Minors' Property Act (Section 8))*

This acknowledgment of responsibility is given by:

Name (name of guardian): \_\_\_\_\_

Address: \_\_\_\_\_

1. This acknowledgment of responsibility relates to the minor, \_\_\_\_\_  
(name of minor); who was born on \_\_\_\_\_ (day, month, year:).
2. I am the minor's guardian because I am:
  - the minor's mother or father
  - appointed guardian by the deed or will of the minor's parent,  
\_\_\_\_\_ (name of parent) who is now deceased
  - appointed guardian by a court order dated \_\_\_\_\_ (date of  
guardianship order).
3. I have the power and responsibility to make day-to-day decisions affecting the minor.
4. I request the Claims Administrator to deliver to me, to hold as trustee for the minor, money payable to the minor pursuant to the Settlement.
5. I will use or expend the money only for the minor's benefit.
6. When the minor reaches the age of 18 years I will account to the minor and transfer the balance of the money remaining at that time to the minor.

Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_

Witness \_\_\_\_\_