

Manoir du Lac - Class Action Settlement
McPhillamey vs Integrated Life Care (McLennan) Inc. et al.
Court of King's Bench of Alberta, Action No. 2003 10571

On May 29, 2023, the Court of King's Bench of Alberta, approved the Settlement Agreement in the above class action. Please refer to our website for further details: www.mnp.ca/integratedlifeselement.

Each class member seeking compensation pursuant to the Settlement Agreement is considered a potential Claimant. All Claimants must submit a claim form with supporting documentation in order to partake in the settlement distribution.

A CLASS OR CLASS MEMBER REFERS TO THE FOLLOWING:

- a) Current or former residents of Manoir du Lac who tested positive for COVID-19 between the dates March 20, 2020 and April 22, 2020 (inclusive) while residing at Manoir du Lac and became ill or died from COVID-19 by May 22, 2020 (the "**Resident Class**"); and
- b) Spouses, adult interdependent partners or biological children of the Resident Class (the "**Family Class**").

Claimants are only able to make **ONE** claim per resident from the following types of claims:

1. **RESIDENT CLASS** - Current or former residents of Manoir du Lac who tested positive for COVID-19 between the dates March 20, 2020 and April 22, 2020 (inclusive) while residing at Manoir du Lac and became ill or died from COVID-19 by May 22, 2020. The Resident Class is entitled to compensation from the Bodily Injury Claims category.
2. **FAMILY CLASS** - Spouses, adult interdependent partners or biological children ONLY of the Resident Class who died by May 22, 2020 as a result of COVID-19 contracted between March 20, 2020 and April 22, 2020 (inclusive). The Family Class is entitled to compensation from the Dependent Claims category.

DOCUMENTS REQUIRED FOR CLAIMS:

RESIDENT CLASS

- a) Completed and signed claim form – complete *Resident Class Claim Form* (Page 3 and 4);
- b) Documentation confirming the date upon which the claimant tested positive for COVID-19;
- c) Date upon which they fell ill due to COVID-19; and
- d) Letter from a medical doctor to verify the dates above in b and c.

FAMILY CLASS

- a) Completed and signed claim form – complete *Family Class Claim Form* (Page 5 to 7);
- b) Statutory declaration testifying to basic details regarding relationship with Resident;
- c) Documentary proof of relationship with Resident by way of birth certificate, marriage certificate or statutory declaration; and

- d) Medical documentation confirming that the Resident Class member tested positive for COVID-19, the date of the positive test, and the date of death confirming death due to COVID-19.

Claimants must submit completed claim forms and accompanying documentation to the Claims Administrator by **October 4, 2023** (“**Claims Deadline**”).

Claims postmarked or received after the Claims Deadline will not be accepted.

MNP Ltd., Claims Administrator
2000, 112 – 4 Avenue S.W.
Calgary, AB T2P 0H3

Email: integratedlifeselement@mnt.ca

Fax: 403-537-8437

The Claims Administrator will review each claim to determine whether each Claimant qualifies as a Class Member and the level of compensation to which each is entitled. The decision of the Claims Administrator is final and binding and there shall be no right of appeal or other recourse to any court or tribunal from the decision.

RELEASE

All class members agree to the terms of the Settlement Agreement and will have no further recourse to pursue any action, suit, cause of action, claim, proceeding or complaint against the Defendants (Integrated Life Care (McLennan) Inc. et. al.) for this matter. Refer to the Settlement Agreement, Section 5 for full details of the release.

If there are any discrepancies noted between this document, the Claim Forms and the Settlement Agreement, the Settlement Agreement shall be deemed correct.

If you have any questions with respect to the class action, claims procedure or completing your claim forms, please reach out to the Claims Administrator via email at integratedlifeselement@mnt.ca or call 1-833-608-2361.

MNP Ltd., Claims Administrator
www.mnt.ca/integratedlifeselement

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Resident Class Claim Form

RESIDENT CLASS - Current or former residents of Manoir du Lac who tested positive for COVID-19 between the dates March 20, 2020 and April 22, 2020 (inclusive) while residing at Manoir du Lac and became ill or died from COVID-19 by May 22, 2020.

Resident Class Claims can be completed by a third party for the resident, but any distribution payments made will be issued to the current or former resident.

Refer to Paragraph 9(6) of the Settlement Agreement for further details.

This claim form must be completed and returned to the Claims Administrator with the proper supporting documentation by **October 4, 2023**.

Class Member Information

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City/Municipality	Province/Territory/ State	Postal Code /Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number	Email Address
<input type="text"/>	<input type="text"/>

Name of Third Party (if completing on behalf of Resident)

Date of positive COVID-19 test
(DD/MM/YY)

Date fell ill due to COVID-19
(DD/MM/YY)

The following supporting documentation **MUST** be submitted with your claim:

- Letter from Medical Doctor verifying the date of the positive COVID-19 test and the date fell ill due to COVID-19

Claimant Authorization and Release

I authorize the Claims Administrator to contact me, as required, in order to administer my claim.

I consent to the disclosure of the information contained herein to the extent necessary to process this claim for benefits.

I verify, under the penalty of perjury, that the information submitted in the Claim Form and the attached supporting documentation is true and correct and that I have read the terms of the Settlement Agreement and other applicable schedules found in the Approval Order.

The Releasors shall not now or hereafter threaten, institute, prosecute, continue, maintain or assert, either directly or indirectly, whether in Canada or elsewhere, on their own behalf or on behalf of any other class or any other Persons, any action, suit, cause of action, claim, proceeding, complaint or demand against or collect or seek to recover from any Releasee or any other Persons, who will or could bring or commence or continue any claim, crossclaim, claim over or any claim for contribution, indemnity, or other relief against any Releasee in respect of any Released Claim, and are permanently barred and enjoined from doing so.

Dated at _____, this _____ day of _____ 2023.
(City, Province)

Print Name

Signature

Witness (Print Name)

Witness (Signature)

Please submit the completed claim form and supporting documentation to the Claims Administrator by **October 4, 2023** (“**Claims Deadline**”).

Claims postmarked or received after the Claims Deadline will not be accepted.

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Calgary, AB T2P 0H3
Email: integratedlifeselement@mnp.ca

Fax: 403-537-8437 / Telephone: 1-833-608-2361

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Family Class Claim Form

FAMILY CLASS - Spouses, adult interdependent partners or biological children **ONLY** of the Resident Class who died on or before May 22, 2020 as a result of COVID-19 contracted between March 20, 2020 and April 22, 2020 (inclusive). The Family Class is entitled to compensation from the Dependent Claims category.

Refer to Paragraph 9(7) of the Settlement Agreement for further details.

This claim form must be completed and returned to the Claims Administrator with the proper supporting documentation by **October 4, 2023**.

Class Member Information

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City/Municipality	Province/Territory/ State	Postal Code /Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number	Email Address
<input type="text"/>	<input type="text"/>

Resident Name	Date of Birth (DD/MM/YY)
<input type="text"/>	<input type="text"/>

Date of Positive COVID-19 Test
(DD/MM/YY)

Date of Death
(DD/MM/YY)

The following supporting documentation **MUST** be submitted with your claim:

- Statutory declaration testifying to basic details regarding relationship with the Resident. Claimants must fill out the statutory declaration below and attach it to their claim.
- Documentary proof of relationship with Resident by way of birth certificate, marriage certificate or statutory declaration.
- Documentation the Resident Class member tested positive for COVID-19; and
- Death Certificate and documentation confirming death due to COVID-19.

Claimant Authorization and Release

I authorize the Claims Administrator to contact me, as required, in order to administer my claim.

I consent to the disclosure of the information contained herein to the extent necessary to process this claim for benefits.

I verify, under the penalty of perjury, that the information submitted in the Claim Form and the attached supporting documentation is true and correct and that I have read the terms of the Settlement Agreement and other applicable schedules found in the Approval Order.

The Releasors shall not now or hereafter threaten, institute, prosecute, continue, maintain or assert, either directly or indirectly, whether in Canada or elsewhere, on their own behalf or on behalf of any other class or any other Persons, any action, suit, cause of action, claim, proceeding, complaint or demand against or collect or seek to recover from any Releasee or any other Persons, who will or could bring or commence or continue any claim, crossclaim, claim over or any claim for contribution, indemnity, or other relief against any Releasee in respect of any Released Claim, and are permanently barred and enjoined from doing so.

Dated at _____, this _____ day of _____ 2023.
(City, Province)

Print Name

Signature

Witness (Print Name)

Witness (Signature)

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STATUTORY DECLARATION

I _____, solemnly declare that I am the _____
(Print Name) (Spouse, partner, son, daughter)

of _____.
(Resident Name)

I make this solemn declaration in relation to Action No. 2003 10571 conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Commissioner for Oaths/Notary Public

SWORN (or SOLEMNLY DECLARED) before me)
in the City/Town of _____ in the)
Province of _____, this _____)
day of _____, 2023.)

Signature of Claimant

A Commissioner for Oaths/Notary Public
for the Province of _____.

Please submit the completed claim form and supporting documentation to the Claims Administrator by **October 4, 2023** (“Claims Deadline”).

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