

To: **Federal Indian Hospitals Notice Administrator**  
410-220 12 Avenue SW, Building C  
Calgary, Alberta T2R 0E9  
[Info-IH@IHClassAction.ca](mailto:Info-IH@IHClassAction.ca)

This is **NOT** a claim form.

Completing this **OPT OUT FORM** will exclude you from receiving any compensation available under the proposed Settlement Agreement in the class proceeding named below. Information about the proposed Settlement Agreement is available here: <https://ihclassaction.ca/>

Do NOT complete this form if you wish to make a claim for compensation under this Settlement.

Court File No.: T-143-18

**FEDERAL COURT**  
**CERTIFIED CLASS PROCEEDING**

Between:

**ANN CECILE HARDY and CECIL HARDY**

Plaintiffs

and

**THE ATTORNEY GENERAL OF CANADA**

Defendant

Brought pursuant to the *Federal Courts Rules*, SOR/98-106

**I understand that by opting out of the proposed Settlement Agreement, I am confirming that I do NOT wish to participate in this class proceeding. I do NOT wish to receive any money or benefit that may be obtained from the proposed Settlement Agreement in this proceeding.**

I understand that I must email or mail this Opt Out Form to the address indicated above within 60 days of any order approving the Settlement Agreement in this case, or else it will *not* be valid. When this deadline is available, it will be posted on <https://ihclassaction.ca/>.

I understand that if the proposed Settlement Agreement is approved, I do not need to opt out to commence a claim against the Defendant connected to medical treatment received at a Federal Indian<sup>1</sup> Hospital.

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<sup>1</sup> The Parties periodically use terminology now recognized as antiquated and rooted in a period of Crown-Indigenous relations not grounded in reconciliation. The Parties only do so when required to do so for legal accuracy, or when referring to historical sources.

I understand that any individual claim I may have must be commenced within a specified limitation period included in the proposed Settlement Agreement, or else it will be legally barred. I understand that the filing of this class proceeding suspended the running of the limitation period from the time the class proceeding was filed. The limitation period will **resume running against me** if I opt out of this class proceeding.

I understand that by opting out, I take full responsibility for the resumption of the running of any relevant limitation period and for taking all necessary legal steps to protect any claim I may have, including retaining my own lawyer at my own expense.

\_\_\_\_\_  
Name of Class Member Opting Out  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Class Member Opting Out  
or of Guardian of Property (if applicable)  
Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Witness  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness  
Date: \_\_\_\_\_