

INDIVIDUAL APPLICATION (CLAIM) FORM

LGBT PURGE CLASS ACTION SETTLEMENT

COMPENSATION CLAIM FORM

NOTE TO CLAIMANTS

This Claim Form is for current or former: members of the Canadian Armed Forces, members of the Royal Canadian Mounted Police and employees of the Federal Public Service who were affected by the LGBT Purge. The Claim Form and claims process are part of an out-of-court dispute resolution process arising out of a Final Settlement Agreement reached by the parties in class action litigation regarding the LGBT Purge. The Final Settlement Agreement explains who is eligible to receive compensation. A copy of the Final Settlement Agreement is available at www.lgbtpurgesettlement.ca.

The “**LGBT Purge**” refers to actions taken by the Federal Government of Canada to identify, investigate, sanction, and in some cases, terminate the employment of or discharge or release LGBT members of the Canadian Armed Forces, members of the Royal Canadian Mounted Police and employees of the Federal Public Service pursuant to certain historical policies and directives.

Claims for compensation will be received and assessed by an independent Administrator and/or an independent Assessor who will consider the information that is provided to them in order to decide whether you are eligible for compensation, and if so, how much.

Please read all of the instructions and complete the Claim Form carefully and completely in order to ensure that your claim can be assessed as efficiently as possible.

If you have any questions regarding this Claim Form or the Independent Claims Process, please contact the LGBT Class Action Claims Administrator by telephone at 1-833-346-6178 or email your questions to lgbtpurge@deloitte.ca.

Getting counseling, support or legal assistance

Throughout this claims process, you will be asked information about the LGBT Purge-related treatment you encountered while a Canadian Forces member, RCMP member or a Public Service employee. This Claim Form asks you to describe in detail these events and how they have affected you. Responding to questions contained in this Claim Form may be disturbing and trigger painful memories. We suggest that you proceed slowly and that you read and complete this form in a safe place. If you feel anxious or unwell when you think about your experience, or while you are filling out this Claim Form, we encourage you to seek support from someone, such as a family member, counselor, treating health care professional, friend, or someone else.

You can obtain free assistance in completing your claim form from any of the lawyers listed here:

Quebec: 514-935-4460 lgbtpurge@imk.ca

Atlantic Canada: 1-877-423-2050 lgbtpurge@mckigganhebert.com

Rest of Canada: 1-877-675-7318 lgbtpurge@cambridgellp.com OR 1-888-723-4305
militaryclassaction@kmlaw.ca

If you decide to consult another lawyer, you will be responsible for any fees they may charge and that lawyer may need permission from the Court to act on your behalf

PROVIDING COMPLETED CLAIM FORMS

Supporting documents

When you provide your Claim Form, please also provide any relevant documents currently in your possession that support your claim. We recognize that you may not have any documentation relating to the LGBT Purge and the submission of supporting documents is not required in all cases. To be clear, nothing prevents the Administrator from relying solely on your completed Claim Form in determining whether you are eligible for compensation. Although you are entitled to make an Access to Information and Privacy (ATIP) request at any time, please note you are not required to file an ATIP request under the federal *Access to Information Act* or the *Privacy Act* in order to file a claim. As part of this process, the Government of Canada will also locate relevant documents, where they exist, to verify information and respond to the Administrator, and the Assessor if applicable.

Please provide as much information as possible through your accounts and any supporting documents in your possession that may be of assistance in assessing your claim. Of particular assistance may be documents that:

- provide details of employment or membership with Canadian Armed Forces, Royal Canadian Mounted Police and the Federal Public Service (postings, job titles, positions);
- confirm the details of the LGBT Purge-related events you experienced;
- provide names of witnesses to any relevant incidents;
- detail the injuries or harm you experienced (like physical or psychological medical records if you are claiming compensation under Level 4(a) or 4(b));
- confirm any complaints you made or grievances you filed; and/or
- provide information regarding impacts of your experiences and efforts to recover from those impacts.

Providing consent to release information

You are required to provide written consent to allow the Administrator and the Assessor access to documents and records possessed by the Federal Government to provide more information about your claim. These documents will be kept strictly confidential.

Categories of compensation

The Final Settlement Agreement provides for four categories of compensation. Qualifying claimants are entitled to compensation pursuant to Levels 1 through 4 as follows:

Level 1 includes claimants who have experienced: minimally intrusive questioning of short duration e.g., a single interview and/or incident of being questioned or followed; a lack of promotions; a lack of access to training courses; a prohibition on attending social events or other forms of entertainment; and/or targeted harassment by one or more superiors.

Level 2 includes claimants who have experienced: extensive investigation and/or sanctioning; moderate to severely intrusive questioning or questioning of significant duration; Special Investigations Unit or Military Police interrogation; use of polygraph in the course of investigation into sexual orientation; interviews of family members or friends relating to sexual orientation in the course of investigation; criminal charges; incarceration; removal of badge, credentials or weapon, including loss of security clearance; suspension from employment; significant disruption of career progression or demotion; transfer; order to move off military base; extreme and targeted harassment, e.g., threats of death or physical harm.

Level 3 refers to claimants who were discharged or terminated, who resigned or who were forced to resign by reason of experiences in Level 1 or 2.

Level 4 Claimants who are entitled to compensation under Levels 1 or 2 or 3 may also be entitled to compensation for exceptional harm under Level 4. Exceptional harm means lasting and severe physical or psychological harm, including in relation to addiction or substance abuse, attributable to the experiences described in Levels 1 and/or 2 and/or 3 OR lasting and severe physical or psychological harm, attributable to physical or sexual assault(s) together with the experience described in Levels 1 and/or 2 and/or 3. If you have received disability or other benefits from Veterans Affairs, or are eligible to receive payments, you may not be entitled to receive compensation under Level 4. Additional information is available from the Administrator.

Determinations for Levels 1-3 will be made by the Administrator on the basis of your Claim Form, submitted documents and/or verification with government records by the Administrator. Assessments under Level 4 will be made by the Assessor on the basis of the Claim Form, any additional questions the Assessor may require you to answer, documents submitted, verification with government records, and at the discretion of the Assessor, you may be asked for an interview with the Assessor.

Submission of the Claim Form

Completed Claim Form,
along with a photocopy of a government issued piece of photo identification,
any additional sheets of paper and all supporting documents

must be sent to the Administrator on or before **April 25, 2019** at LGBT Class Action, c/o Deloitte, Bay Adelaide East, 8 Adelaide Street West, Suite 200, Toronto ON, M5H 0A9 or by email at lgbtpurge@deloitte.ca.

In exceptional circumstances or where there has been undue hardship, the Administrator may consider a claim received up to 60 days after the deadline referred to above.

Additional information

The Assessor may consult with a medical expert to assist in making a decision about your complaint.

CLAIM FORM INSTRUCTIONS

Complete all sections of the Claim Form that apply to you by providing as much information and detail as possible. If you have supporting documents in your possession like emails, pictures, or anything else you consider relevant to your claim, please submit them with your Claim Form. If you do not have any documents in your possession, your completed Claim Form is sufficient to initiate the claims process.

If your Claim Form itself is incomplete or does not contain all required information, you will be asked to provide more details; this may delay the processing of your claim. The information you provide in your Claim Form is a very important part of what will be considered when deciding whether or not to award you compensation, and if so, the amount of the compensation.

When filling out the Claim Form, remember to:

- Read all questions and requests for information carefully before answering.
- Write clearly and legibly.
- Provide as much detail as possible.
- Answer all the sections of the Claim Form that apply to you. If you cannot remember an exact date or precise detail, provide as much information as possible.
- If a section or a question does not apply to you or if you do not know an answer, please write “Not Applicable” or “Don’t Know”. Do not try to guess the answers.
- Use as many extra sheets of paper as you need to provide complete and detailed information about your claim while making sure to submit those extra sheets with your Claim Form.
- If you use extra sheets, please write the question number the extra sheets relate to at the top of each page, and write “see attached extra sheets” in the space provided to answer the question in the Claim Form.
- Make sure you have read and signed the Consent to Release Records and Certification portions of the Claim Form.

After completing the Claim Form, also remember to:

- Review all of your answers to make sure they are as complete as possible.
- Make a copy of your Claim Form for your records.

Submit the Claim Form along with all extra sheets used to complete answers, a photocopy of a government issued piece of photo identification and all supporting documents in your possession to the Administrator at LGBT Class Action, c/o Deloitte, Bay Adelaide East, 8 Adelaide Street West, Suite 200, Toronto ON, M5H 0A9 or by email at lgbtpurge@deloitte.ca.

- If you need to make changes to any information in your Claim Form after you have sent it to the Administrator, please do so as soon as possible. Examples of important changes include a change of address or any new information about your claim.

Again, if you have any questions, please contact the LGBT Class Action Claims Administrator at 1-833-346-6178 or lgbtpurge@deloitte.ca.

CLAIM FORM

Part I: Name and Contact Information

Any communication from the Claims Administrator and any cheque for compensation will be sent to the contact information provided below.

Full name (Given name, surname):	
Other names: Please also provide any previous name, maiden names, nickname, or name while a member of the Canadian Armed Forces or RCMP or an employee of the Federal Public Service.	
Date of birth:	
Social insurance number:	
Personal record identifier (PRI) (if available):	
CAF Service Number (if available):	
If you are making a claim on behalf of a claimant as their legal representative, check this box:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative name:	
Representative's relationship to claimant:	
If the claimant has died, check this box:	<input type="checkbox"/>
If the claimant has died, what is their date of death?	
Note: Legal representatives must complete Part X below.	
Mailing address:	
City/Town:	
Province/Territory:	

Country:	
Postal Code:	
Daytime telephone number:	
Evening telephone number:	
Email address:	
Part II: Are you a Current or Former Member of the Canadian Armed Forces, the Royal Canadian Mounted Police or an Employee of the Federal Public Service?	
Are you a current or former member of the Canadian Armed Forces?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a current or former member of the Royal Canadian Mounted Police?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a current or former employee of the Federal Public Service? Federal Public Service means the organizations listed in Schedule "D" to the Final Settlement Agreement. You may be entitled to benefits from this settlement if you are a current or former employee of the Federal Public Service that is not listed in Schedule "D" to the Final Settlement Agreement. If this is the case, contact the Claims Administrator.	Yes <input type="checkbox"/> No <input type="checkbox"/>
In which years were you a member of the Canadian Armed Forces and/or the Royal Canadian Mounted Police and/or an employee of the Federal Public Service?	
Please describe the positions, titles and/or ranks, you held as a member of the Canadian Armed Forces or Royal Canadian Mounted Police or an employee of the Federal Public Service, as well as the units, departments, agencies or sub-organizations you provided service for.	

Provide as much detail as possible including start and end dates, and location of each posting, position or assignment, and rank or title held at those times along with any supporting documentation in your possession.

Part III: Class Member or Deemed Class Member as Defined in s. 1.01 of the Final Settlement Agreement

I am applying as a Class Member	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>I am applying for consideration as a Deemed Class Member.</p> <p>A Deemed Class Member is a person who was investigated by, faced threat of sanction, was sanctioned by, or was discharged, released or resigned from the CAF, RCMP or Federal Public Service prior to December 1, 1955 by reason of the LGBT Purge. A Deemed Class Member may also be a person who was employed by Canada during the Class Period but does not fall within the Class Definition solely by reason that the department, agency or organization with which the individual was employed is not listed in Schedule "D" to the Final Settlement Agreement. Deemed Class Members may still be entitled to compensation or benefits.</p> <p>For more information about what a Deemed Class Member is, please review sections 4.03(a) and 4.03(b) of the Final Settlement Agreement.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
For Deemed Class Members:	
Harm occurring before December 1, 1955	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment in Departments not listed in Schedule "D" of the Final Settlement Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Harm resulting from being perceived as LGBT	Yes <input type="checkbox"/> No <input type="checkbox"/>
Discharged or resigned after June 20, 1996	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part IV: Claim For Individual Reconciliation Measures

You may be entitled to individual reconciliation measures as set out in the Final Settlement Agreement, even if you only faced threat of sanction. Indicate below which individual reconciliation measures you would like to claim.

If the claimant is deceased, any one of a personal representative, heir-at-law, spouse, or individual who was cohabitating with the claimant for a period of at least one year at the time of the claimant's death is entitled to claim the Canada Pride Citation and a personal apology on behalf of the deceased claimant.

Canada Pride Citation:

Yes No

Personal apology letter:

Yes No

Access to certain records:

The Final Settlement Agreement provides access to the following types of records as an Individual Reconciliation Measure, where such records still exist.

- Military service/personnel records
- Military medical files
- Military Police investigation files
- RCMP service records
- RCMP security screening records
- Departmental personnel files.

If you wish to receive copies of one or more of these records, please indicate which records you wish to receive.

Please select the relevant boxes below:

- Military service/personnel records
- Military medical files
- Military Police investigation files
- RCMP service records
- RCMP security screening records
- Departmental personnel files.

Inclusion of a notation in your records, if your records still exist:

Yes No

The notation is only available in certain circumstances described in the Final Settlement Agreement.

Part V: Description of Your Experience (Levels 1-3)

To be eligible for compensation under the Final Settlement Agreement, you must have been investigated or sanctioned, and/or discharged or released from the Canadian Armed Forces or Royal Canadian Mounted Police, or terminated or have resigned from the Federal Public Service in connection with the LGBT Purge, by reason of your sexual orientation, gender identity, or gender expression.

Check the boxes and provide detailed descriptions for all the experiences that apply to you.

Level 1: Investigated or Sanctioned

Minimally intrusive questioning of short duration, i.e. single interview or incident of being questioned or followed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Lack of promotions:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Lack of access to training courses:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Prohibition on attending social events or other forms of entertainment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Targeted harassment by superior(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Level 1: Investigated or Sanctioned Description

Please describe the experiences identified above in the space provided below or in a separate document and attach it to this Claim Form. Provide as many details as possible to describe the experiences and the harm suffered, which may include:

- What happened;
- When it happened (with dates as specific as possible);
- Where it happened;
- How often it happened;
- Who did this to you; and
- Who may have been involved or observed or been aware of what happened.

Please note that you are not required to provide the names of people involved or witnesses if you are not comfortable doing so.

Level 2: Extensively Investigated or Sanctioned	
Moderate to severely intrusive questioning and/or questioning of significant duration, i.e.: Special Investigations Unit or Military Police interrogation:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use of polygraph in the course of investigation into sexual orientation:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interviews of family members or friends or colleagues relating to sexual orientation in the course of investigation:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Criminal charges:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Incarceration:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Removal of badge, credentials or weapon, including loss of security clearance:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suspension from employment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Significant disruption of career progression or demotion:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transfer:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Order to move off military base:	Yes <input type="checkbox"/> No <input type="checkbox"/>

In addition, if you wish to also claim amounts for exceptional harm, please complete Part VI. If you are not claiming for exceptional harm, please skip Part VI and Part IX of this form.

Part VI - Description of Experience (Level 4) (complete only if seeking additional amounts)

The decision of the Assessor on compensation will be made having regard to, but not limited to the following factors:

- (a) the relative severity of the incidents giving rise to the injury or harm;
- (b) the relative severity of the physical or psychological injury;
- (c) the duration of the physical or psychological impact on the individual;
- (d) the nature and duration of any financial impacts occasioned by the harm or injury;
- and
- (e) medical or other treatment costs arising from the injury or harm.

Level 4: Exceptional Harm

<p>A. Lasting and severe physical or psychological harm, including in relation to addiction or substance abuse, attributable to the experiences described in Levels 1,2 and/or 3.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>B. Lasting and severe physical or psychological harm, attributable to physical or sexual assault(s) together with the experiences described in Levels 1, 2 and/or 3.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Level 4: Exceptional Harm Description

Please describe the experiences of exceptional harm identified above in the space provided below or in a separate document and attach it to this Claim Form. For Level 4, you must identify specific injuries caused as a result of the LGBT Purge. Provide as many details and supporting documentation that is in your possession which describes the harm suffered, which may include:

(a) Description of the incidents:

- What happened - Description of the physical or psychological injury, please indicate whether the description already provided for Level 1, 2 or 3 is complete or provide additional description if necessary;
- Description of any additional experience in relation to LGBT Purge (e.g. physical assault, harassment, sexual assault (if sexual assault, please provide description) etc.);
- Description as to whether it was isolated or recurring. If recurring, how many times the incident occurred;
- Date at which each incident occurred and at which they ended if the incidents occurred on a continued basis;
- Where the incidents occurred; and
- Who was involved in or who observed the incidents.

(b) Description of the harm:

- Description of the consequence/symptoms (e.g. if loss of employment, description of the duration of subsequent unemployment, depression, nightmares, sexual dysfunction, self-inflicted harm, suicide attempts; if addiction, describe the extent of the use of alcohol, drug or other substance, etc; if work-related issues, describe difficulties with concentration, employability, etc.);
- Description of the circumstances that prompted recurrence of symptoms and/or whether they still do;
- Description of individuals (family members, etc.) who are impacted by harm you are suffering;
- Description of the examinations undergone in relation to the harm suffered;
- Identification of diagnosis;
- Identification of treatment;
- Duration of treatment;
- List of medications – past, if possible and current – in relation with the harm suffered (ex: Ativan, Cipralex, etc.); and
- Description of any lasting physical or psychological effects.

(c) Relationship between the LGBT Purge and the harm suffered

- description of the connection between the LGBT Purge and the harm suffered.

- confirm the details of the treatment you experienced and its connection to the LGBT Purge;
- provide names of witnesses to any relevant incidents (though please note that you are not required to provide the names of witnesses if you are not comfortable doing so);
- detail the injuries or harm you experienced (like physical or psychological medical records); and
- provide information regarding impacts of your experiences and efforts to recover from those impacts.

Such documents might include:

- reports of LGBT Purge-related events you prepared at the time of the events, and related outcomes;
- evidence of injuries sustained as a result of the LGBT Purge (including but not limited to physical and psychological medical records);
- documents from your personnel file;
- documents from any military police file;
- any complaint or grievance file in relation to the matters in question; or
- any other document, letter, report, memo, email, chart, diagram, photograph, video, or recording that may support, confirm, clarify or augment the descriptions and claims set out in this Claim Form.

Attached are the following relevant documents:

Part VIII: Have You Received Compensation For The Harm Already?

Indicate below if you have received or are eligible to receive a payment of damages or other compensation through a judgment, settlement or award in civil or administrative proceedings, including without limiting the generality of the foregoing, an action for damages, a grievance or harassment complaint, a Canadian Human Rights Tribunal complaint, Federal Public Sector Labour Relations and Employment Board (or its predecessors) proceedings, commenced by you or on your behalf in respect of the same or a related incident or injury identified above.

Provide as much detail as possible including: the type and nature of proceedings, whether there has been an award, whether there is a decision or proceeding pending, and the details any settlement, including the amount and whether a release was executed.

Attach additional pages if necessary.

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Part IX: Veterans Affairs Disability Award/Pension or similar benefit

If you are seeking compensation under Level 4, indicate if you have received, are receiving, or have applied to receive a Veterans Affairs disability pension, benefit or award, other benefits through VAC, a payment from provincial workers' compensation via the *Government Employees Compensation Act*, or an insurance plan or other similar monetary benefits in respect of the same or a related incident or injury identified above. If you need assistance to find out if you have received VAC benefits, please call 1-800-487-7797.

If you have received such benefit(s), please identify the nature of the benefit and if applicable, the amount of the payment below.

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Part X: Claims by Representatives on Behalf of Claimants

Are you making a claim on behalf of a claimant as their legal representative?	
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If so, in what capacity are you acting as their legal representative?	
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Name:	
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Street Address:	
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City:	
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Province:	
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Postal Code:	
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Telephone:	
Fax:	
Email:	

If you are acting on behalf of a claimant as their legal representative, you must attach documentation to verify your eligibility to act on the claimant's behalf, such as a will or Order appointing you as the Estate administrator.

Attached are the following documents verifying my eligibility to act on behalf of the claimant:

Part XI: Consent to Release of Records

I understand that in order to process my claim it will be necessary for my personal information that is in the possession of the Government of Canada to be disclosed to any of the following: the LGBT Purge Class Action Administrator; the Assessor (if applicable); the Exceptions Committee (if applicable); and/or my representative who is making my claim on my behalf (if applicable). I also understand that it may be necessary for other entities, including the above, to disclose my personal information to the Government of Canada for the purpose of verifying my claim. I understand that by signing this application and submitting it to the claims process that I am consenting to the disclosure of my personal information to be used and disclosed in accordance with the Final Settlement Agreement.

Signature:	
Date:	

Part XII: Certification/Attestation

By completing this Claim Form and signing below I certify that the information provided in this Claim Form is true to the best of my knowledge.

Administrator and Assessor

I recognize that the Administrator and Assessor do not represent the Canadian Armed Forces, the Royal Canadian Mounted Police or the Government of Canada and are not acting as agent or legal counsel for any party, and that they do not offer legal advice or have any duty to assert or protect legal rights of any party, or to raise an issue not raised by any party.

Veracity of Information in Claim Form

I confirm that all of the information provided in this Claim Form is true, whether made by me or on my behalf. Where someone has helped me with this Claim Form that person has read to me everything they wrote and included with this Claim Form, if necessary to allow me to understand the content of this completed Claim Form and any attachments to it, and I confirm that this information is true.

I further understand that the Administrator or the Assessor can verify the truthfulness of my statements by seeking information necessary to properly determine the claim from the Canadian Armed Forces, the Royal Canadian Mounted Police and/or the Government of Canada.

Claimant Signature:	
Date:	
Witness Name:	
Witness Signature:	
Date:	

Deadline To Submit Claims: April 25, 2019 (must be postmarked)

TO SUBMIT:

Send your Form to: LGBT Class Action, c/o Deloitte, Bay Adelaide East, 8 Adelaide Street West, Suite 200, Toronto ON, M5H 0A9.

OR

SUBMIT ONLINE AT lgbtpurge@deloitte.ca.