REQUEST FOR RECONSIDERATION OF A LEVEL 2 CLAIM

NOTE TO CLAIMANTS

This Request for Reconsideration of a Level 2 Claim Form is part of the out-of-court settlement. At the Claim Form stage, the Independent Assessor¹ considered the information that you provided in order to decide how much compensation to award you.

This settlement provided for compensation based on levels. For those claims where it was clear that the claim was a Level 1 claim or a Level 2 claim, the Independent Assessor dealt with the claim without an interview.

However, claimants whose claims are assessed as Level 2 claims can ask the Independent Assessor to reconsider his or her decision. The Claimant must show two things:

- 1. There are reasonable grounds showing there should be an interview to decide the Claim;
- 2. There are more documents or information that were not reasonably available to the Claimant prior to the expiry of 60 days following the submission of her Claim Form.

You have only 30 days from the day you received the Independent Assessor's decision telling you that you have a Level 2 claim to apply for reconsideration. Please provide any new documents when you provide this Reconsideration Form.

There will be no right to appeal or seek judicial review of the Independent Assessor's reconsideration decision.

If you have any questions regarding this form or the Independent Claims Process, please call 1-844-965-0088 or email your request to rcmpsettlement@deloitte.ca.

This form must be completed and sent to the Administrator, along with any additional sheets of paper and supporting documents, as well as a photocopy of a government-issued piece of identification. If you choose to complete it by hand, please send it back by mail and **NOT** by email. If the form was sent to you by mail, please use the prepaid self-addressed envelope that was provided with it. If you do not have a prepaid self-addressed envelope, please place the form along with the rest of the required material in an envelope addressed to:

Confidential Letter - RCMP Class Action Office of the Administrator, c/o Deloitte 8 Adelaide Street West, Suite 200 Toronto, ON, Canada, M5H 0A9

ALL CLAIMS ARE CONFIDENTIAL.

¹ Additional Assessors have be appointed to assist with the interview process and make decisions regarding level 3 to 6 claims. Where reference is made to the Independent Assessor, this includes any Additional Assessor who is appointed.

REQUEST FOR RECONSIDERATION OF A LEVEL 2 CLAIM

SECTION A PERSONAL INFORMATION		
You may check all relevant boxes that apply to you:		
☐ Municipal Employee		
☐ Regional District Employee		
☐ Employee of a Non-Profit Organization		
☐ Volunteer		
☐ Commissionaire		
☐ Supernumerary Special Constable		
☐ Consultant		
☐ Contractor		
\square Public service employee (not covered in Merlo/Davidson)		
☐ Student		
$\hfill \square$ Member of an integrated policing unit or an outside agency or police force	9	
$\hfill \Box$ Other role while working or volunteering with the RCMP (state role here:)
Position(s)		
1 YOUR NAME		
First Name(s)	Last Name	
T iist Name(s)	Last Name	
Other names you are known by (for example, maiden name, nicknames)		
Name while working or volunteering with the RCMP		
2 YOUR MAILING ADDRESS		
Street name and number	Apartment number, P.O. Box or RR#	
City/Village	Province/Territory Postal Code	

3 CONTACT INFORMATION			
() Home Phone Number	Can we leave a message at this number? ☐ Yes ☐ No		
(Cellular Phone Number	Can we leave a message at this number? ☐ Yes ☐ No		
	Can we send you a message at this email address? ☐ Yes ☐ No		
Email address			
What is the best way to contact you?	☐ Home Phone ☐ Cell Phone ☐ Mail ☐ Email		
4 DO YOU HAVE A PERSONAL RE	PRESENTATIVE OR A GUARDIAN?		
☐ Yes ☐ No If you have a personal representative or a guardian, please provide the following information:			
Name of personal representative or guardian			
Street name and number	Apartment number, P.O. Box RR#		
City/Village	Province/Territory Postal Code		
()			
Phone Number	Email		
5 ARE YOU REPRESENTED BY A	LAWYER?		
☐ Yes ☐ No If you have a lawyer, please provide the following information:			
Name of lawyer			
Street name and number	Office Number		
City/Village	Province/Territory Postal Code		
()			
Phone Number Fax Number	Email		
☐ Yes ☐ No If you have a lawyer, indicate if a Note that if you are represented by a lawyer, all commun	a Direction to Pay is included with your Claim Form nication going forward will be through your lawyer.		

SECTION B - REASONABLE GROUNDS REQUIRING THE LEVEL 3 TO LEVEL 6 PROCEDURE

Please tell us why your claim should be reconsidered. Using the space provided below, please provide as much detail as possible to tell the Independent Assessor why your claim should be considered in the Level 3 to Level 6 process:	
Please attach as many sheets of paper as necessary to fully answer the question.	

SECTION C - ADDITIONAL DOCUMENTS OR INFORMATION

Please provide us with additional documents or information. Using the space provided below, please tell us what additional documents or information you would like the Independent Assessor to consider. Please attach any additional documents to this reconsideration request:	
Using the space below, please tell us why these documents or information were not reasonably available to you prior to the expiry of 60 days following the submission of your Claim Form:	
Please attach as many sheets of paper as necessary to fully answer the questions.	

DECLARATION	
Ι,	, from the City/Town/Village of
	, in the Province/Territory of
SOLEMNLY DECLARE:	
and allegations by seeking information necessar from third parties, including my employer, the o	ent Assessor can verify the truthfulness of my statements ary to properly determine my request for reconsideration organization for which I volunteered, or the RCMP. The ant any information that may be unfavourable to the hity to respond.
is true, whether made by me or on my behalf. Reconsideration of a Level 2 Claim Form, that powith this Request for Reconsideration of a Level	nis Request for Reconsideration of a Level 2 Claim Form Where someone has helped me with this Request fo erson has read to me everything they wrote and included 2 Claim Form, if necessary to allow me to understand insideration of a Level 2 Claim Form and any attachments
HAS THE SAME EFFECT AS IF I HAD STATED	OR RECONSIDERATION OF A LEVEL 2 CLAIM FORM O THE INFORMATION CONTAINED IN THE REQUEST AIM FORM AND ACCOMPANYING THE CLAIM FORM
Witness Signature	Claimant (or guardian) Signature
(The witness must be a Commissioner for taking affidavits or someone you personally know. The witness must see you sign the form but is not required to read the form.)	
Print name of the witness	
Date (day/month/year)	Date (day/month/year)