

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.

¹Additional Assessors have been 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.

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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
- Public service employee (not covered in Merlo/Davidson)
- Student
- Member of an integrated policing unit or an outside agency or police force
- Other role while working or volunteering with the RCMP (state role here: _____)

Position(s)

1 YOUR NAME

First 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



DECLARATION

I, _____, from the City/Town/Village of _____, in the Province/Territory of _____,

SOLEMNLY DECLARE:

I understand that the Administrator or Independent Assessor can verify the truthfulness of my statements and allegations by seeking information necessary to properly determine my request for reconsideration from third parties, including my employer, the organization for which I volunteered, or the RCMP. The Independent Assessor shall put to the claimant any information that may be unfavourable to the claimant's allegations and give her the opportunity to respond.

I confirm that all of the information provided in this Request for Reconsideration of a Level 2 Claim Form is true, whether made by me or on my behalf. Where someone has helped me with this Request for Reconsideration of a Level 2 Claim Form, that person has read to me everything they wrote and included with this Request for Reconsideration of a Level 2 Claim Form, if necessary to allow me to understand the content of this completed Request for Reconsideration of a Level 2 Claim Form and any attachments to it, and I confirm that this information is true.

I ACCEPT THAT SIGNING THIS REQUEST FOR RECONSIDERATION OF A LEVEL 2 CLAIM FORM HAS THE SAME EFFECT AS IF I HAD STATED THE INFORMATION CONTAINED IN THE REQUEST FOR RECONSIDERATION OF A LEVEL 2 CLAIM FORM AND ACCOMPANYING THE CLAIM FORM UNDER OATH (OR AFFIRMATION) IN COURT.

Witness 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.)

Claimant (or guardian) Signature

Print name of the witness

Date (day/month/year)

Date (day/month/year)