

CLASS ACTION CLAIM FORM

Pre-1993 Memorial University Pensioners

Claimant Information:

First Name: _____ Last name: _____

Street Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Email Address: _____

Phone Number: _____

Please Check one of the Following:

____ I am a former employee of Memorial University who retired or terminated employment prior to January 1, 1993 and, upon my retirement or termination of employment, retained my Memorial University group insurance coverage at no cost to me ("Pre-1993 Pensioner").

____ I am a survivor of a Pre-1993 Memorial University Pensioner who, upon the death of the Pre-1993 Pensioner, retained Memorial University group insurance coverage at no cost to me ("Survivor of Pre-1993 Pensioner").

____ I am the representative of the estate or the beneficiaries of a deceased Pre-1993 Pensioner or deceased Survivor of a Pre-1993 Pensioner ("Representative of Deceased Pre-1993 Pensioner or Survivor"). The full name of the deceased Pre-1993 Pensioner or deceased Survivor of Pre-1993 Pensioner whom I represent is:

_____*

If you have checked one of the above, then you are a class member.

Confirmation of Claim:

I am a class member who did not opt out of the class action and I wish to claim my share of the settlement funds.

I declare that the information contained herein is true, that it is of the same force and effect as if made under oath, and acknowledge that it is an offence to make false statements under oath.

Signature _____