
**Must Be Postmarked
No Later Than
July 17, 2018**

Claim Form

First Name									M.I.	Last Name																		
Primary Address																												
Primary Address Continued																												
City																	Province		Postal Code									

The Deadline to Submit this Claim in Order to be Eligible for Payment(s) is: July 17, 2018



FOR CLAIMS PROCESSING ONLY	OB		CB		<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B

A). Please complete your personal information below. *Please print neatly in blue or black ink.*

Date of Birth

First Nation Membership

Telephone numberEmail Address

B). Are You Completing This Claim Form For Yourself, An ESTATE or for a MINOR (under the age of 18 years)?

- ## If Applying for a MINOR,

Name of MinorDate of Birth of MinorFirst Nation Membership of Minor

Your Relationship to the Minor

Address of MinorCityProvincePostal Code

If Applying for an ESTATE, as the Legal Representative,

Name of Deceased

First Nation Membership of Deceased

Your Relationship with the Deceased (*i.e. spouse or child*)

Date of Death

Address of Deceased in Spring of 2011

CityProvincePostal Code

Are you the legal representative of the Estate? ☐ YES (If yes, attach proof) ☐ NO

C). Legal Representation

If you have retained a lawyer to assist you with the completion/filing of this Claim for compensation in the Manitoba Flood Settlement, please provide their contact information. *Please note that if you complete this section, all future correspondence will be directed to your lawyer.*

Name of Law FirmName of Lawyer

Law Firm Address			

CityProvincePostal Code

Telephone number

Fax numberEmail Address

PART 2: CLASS MEMBERSHIP

Are You (the MINOR or ESTATE) a Class Member?

In order to be eligible to participate in the Settlement, you **MUST** satisfy **BOTH** of the eligibility criteria: (i) being a member of one of the Four First Nations (identified below) and (ii) resident in Manitoba at the time of the 2011 Flooding Event.

A). Which First Nation are you (the MINOR or ESTATE) a member of?

- ☐ Lake St. Martin
- ☐ Dauphin River
- ☐ Little Saskatchewan
- ☐ Pinaymootang

B). Were you (the MINOR or ESTATE) ordinarily resident/living in Manitoba, either on reserve or off reserve, during the 2011 Flood?

- ☐ Yes (If YES, attach proof of residency in Manitoba)
- ☐ No

PART 3: DISRUPTION PAYMENT CLAIM

A). Check the box next to the category that describes you (or the MINOR or ESTATE for whom you are making this claim):

- ☐ In the spring of 2011, resided **on reserve** and was **evacuated** from the reserve.
- ☐ In the spring of 2011, resided **on reserve** but was **not evacuated** from the reserve.
- ☐ In the spring of 2011, resided **off reserve** but in Manitoba.



☐ I was evacuated from the reserve for three (3) or more years.

☐ I was evacuated from the reserve for less than three (3) years.

☐ I remained on the flooded reserve for three (3) or more years.

☐ I remained on the flooded reserve for less than three (3) years.

[illegible][illegible][illegible]

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Province

Proof of Residency (i.e. utility bill or banking or tax documents showing address as of the Spring of 2011), Attached: ☐ YES ☐ NO

1. Amount Claiming \$

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If yes, Amount Received? \$

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☐ Income Loss.

1. Amount Claiming	\$.	
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2. Any Reimbursement Received? ☐ Yes ☒ No If yes, Amount Received? \$

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○ Personal Injury/Health Care Costs.

1. Amount Claiming	\$.		
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2. Any Reimbursement Received? ☐ Yes ☒ No If yes, Amount Received? \$

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B). Describe your Claim:

[illegible]

PART 5: SIGNATURE AND DECLARATION

By signing and submitting this Claim Form, I certify and declare under penalty of perjury that all of the foregoing information is true and correct and all documents submitted are true, complete and correct copies. I acknowledge that any false information or documentation may result in my entire claim being denied, in which case I would not receive any compensation in this settlement.

I hold the Claims Administrators, its officers, officials, employees and volunteers harmless from any and all liabilities, claims, or suits arising out of or in connection with their assistance with the completion of this Claim Form.

Signature: _____ Dated: _____

Signature of Claimant's Lawyer (if any): _____

[illegible]

Name of Lawyer

[illegible]

Name of Law Firm

You can mail your Claim Form to the Claims Administrator at the following address:

First Nations Flood Class Action
PO Box 4454, Toronto Station A
25 The Esplanade
Toronto, ON M5W 2B1

You must submit this completed and signed CLAIM FORM so that it is postmarked by July 17, 2018 in order to make a valid claim.

Please keep a copy of this CLAIM FORM and any accompanying documents for your records.



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