

PARAMED CLASS ACTION SETTLEMENT: OBJECTION FORM

ONLY COMPLETE AND SUBMIT THIS FORM IF YOU WISH TO OBJECT TO THE PROPOSED SETTLEMENT.

Instructions: Complete, sign and submit this Objection Form by mail or email **ONLY IF YOU WISH TO OBJECT** to the proposed Settlement.

1. Objector Identification

Provide the following information about the person (i.e., the Settlement Class Member) submitting this Objection Form, or, if applicable, on whose behalf you are submitting this Objection Form:

| | | |
|-----------------|---------------------|-----------------|
| First Name: | | Middle Initial: |
| Last Name: | | |
| Street Address: | | Suite Number: |
| City: | Province/Territory: | Postal Code: |
| Phone Number: | | Email Address: |

2. Representative Identification (if you are submitting this Objection Form on behalf of a Settlement Class Member who is deceased or a minor or for another reason)

If you are submitting this Objection Form as a representative on behalf of a Settlement Class Member, please provide the following personal identification information **and attach a copy of the Certificate of Appointment of Estate Trustee, Power of Attorney or other document establishing your authority to act on this person's behalf:**

| |
|---|
| YOU ARE SUBMITTING THIS OBJECTION FORM ON BEHALF OF SOMEONE WHO IS: <input type="checkbox"/> DECEASED <input type="checkbox"/> A MINOR <input type="checkbox"/> OTHER REASON (Identify): |
|---|

| | | |
|---|---------------------|---------------------------------|
| Representative's Full Name: | | |
| Representative's Relationship to Settlement Class Member: | | |
| Representative's Street Address: | | Suite Number: |
| City: | Province/Territory: | Postal Code: |
| Representative's Phone Number: | | Representative's Email Address: |
| Representative's Law Firm Name (if applicable): | | |

3. The Objector's Membership in the Settlement Class

Check the box below if the statement below is correct.

- The Objector is a Settlement Class Member, meaning a person who (1) received wound care involving the use of medical instruments at one or more of ParaMed Inc.'s clinics located at 124 Barker Street, 1340 Huron Street, and 148 Fullarton Street, Suite 200 in London, Ontario between January 1, 2008 and July 27, 2018, (2) was contacted by ParaMed and advised that they may have been exposed to infection and should be tested for hepatitis B, hepatitis C, and HIV, and (3) tested positive for hepatitis B, hepatitis C, or HIV, or where such person is deceased, the personal representative of the estate of the deceased person.

4. Information Regarding the Objector's Wound-Care History at ParaMed Inc.'s Clinics

(a) By checking one or more of the boxes below, indicate the ParaMed Inc. wound-care clinic(s) you attended for wound care involving the use of medical instruments between January 1, 2008 and July 27, 2018:

- 124 Barker Street
- 1340 Huron Street
- 148 Fullarton Street, Suite 200

(b) To the best of your recollection, in the space below, provide the dates, between January 1, 2008 and July 27, 2018, on which you received wound care at the above ParaMed Inc. wound care clinic(s):

5. Objection

In the space below or in an attachment, provide a written statement of all factual and legal grounds for your objection to the proposed Settlement accompanied by any legal support for such objection. Please attach copies of any papers, briefs, or other documents upon which your objection is based.

6. The Approval Hearing

The Ontario Superior Court of Justice will hold the Approval Hearing on Friday, September 29, 2023 at 2:30 pm EST by video conference at the London Courthouse, 80 Dundas Street, London, ON N6A 6A3.

Do you intend to participate in the Approval Hearing? Yes No

If “yes,” will you be participating through a lawyer? Yes No

If you will be participating in the Approval Hearing through a lawyer, please provide the following personal identification information for your lawyer. If more than one lawyer represents you, please provide the following information for the other lawyers in an attachment.

| | | |
|---------------------|---------------------|----------------|
| Law Firm Name: | | |
| Lawyer’s Full Name: | | |
| Street Address: | | Suite Number: |
| City: | Province/Territory: | Postal Code: |
| Phone Number: | | Email Address: |
| Law Society Number: | | |

7. Signature & Date

Date

Signature of Objector (or Representative)

Printed Name of Objector (or Representative)

If you wish to object to the proposed Settlement, you **MUST** submit your **signed and completed** Objection Form and any attachments to the Claims Administrator by mail, courier or email **on or before Tuesday, September 5, 2023.**

Attn: ParaMed Class Action Settlement Claims Administrator
McKenzie Lake Lawyers LLP
140 Fullarton Street, Suite 1800
London, ON N6A 5P2
Email: christina.noble@mckenzielake.com