

INDIVIDUAL APPLICATION/CLAIM FORM

NOTES AND INSTRUCTIONS

NOTE TO CLAIMANTS

This Claim Form is for current or former members of the Canadian Armed Forces (CAF) and current or former employees of the Department of National Defence (DND) or the Staff of the Non-Public Funds, Canadian Forces, (SNPF) who experienced sexual assault, sexual harassment and discrimination based on sex, gender, gender identity or sexual orientation ("Sexual Misconduct") while serving in the CAF or while employed for DND or the SNPF.

The Claim Form and claims process are part of an out-of-court Settlement reached by the parties in class action litigation. The Settlement Agreement explains who is eligible to receive financial compensation and participate in a Restorative Engagement program. You can find a copy of the Settlement Agreement at www.caf-dndsexualmisconductclassaction.ca

We will keep all the information you provide in this Claim Form confidential. Your privacy is important. We will not disclose your information to any of your co-workers, your supervisor or DND/CAF/SNPF leadership.

Claims for compensation will be received and assessed by an independent Administrator and/or Assessors. They will consider your information and decide whether you are eligible for compensation, and if so, how much.

Please read all the instructions and carefully complete the Claim Form so that your claim can be assessed as easily as possible.

If you have any questions regarding this Claim Form or the Claims Process, please contact the CAF/DND Sexual Misconduct Class Action Administrator by telephone at **1-888-626-2611** or email your questions to info@caf-dndsexualmisconductclassaction.ca

What if I want counselling and support through this process?

Throughout this claims process, you will be asked information about gender, gender identity, and sexual orientation-based discrimination and sexual misconduct. This Claim Form asks you to describe these events and how they have affected you. Responding to questions contained in this Claim Form may be disturbing and may trigger painful memories. We suggest that you proceed slowly and that you read and complete this form in a safe place. If you feel anxious or unwell when you think about your experience, or while you are filling out this Claim Form, we encourage you to seek support from someone, such as a family member, counselor, health care professional, friend, or someone else.

Should you need any support to help you deal with situations related to sexual misconduct, please contact any of the following support resources:

NOTE: You do not need to use any of these resources to be eligible for compensation under the Settlement

Confidential support lines for the Canadian Armed Forces (CAF)

Sexual Misconduct Response Centre: 1-844-750-1648
Family Information Line: 1-800-866-4546
CAF Member Assistance Program: 1-800-268-7708
VAC Assistance Service 1-800-268-7708

Current members:

- You can seek advice from the Sexual Misconduct Response Centre, which offers confidential and bilingual assistance, 24/7 at 1-844-750-1648. The Sexual Misconduct Response Centre is independent from the chain of command.
- Download the Respect in the Canadian Armed Forces mobile application. The app is interactive and provides support and guidance if you are a victim of sexual misconduct, a bystander, or someone supporting a victim. This is a free download from your mobile device's app store – Android, iOS or BlackBerry. Go to your app store or visit the CAF mobile app page at <http://www.forces.gc.ca/en/stay-connected/mobile-apps.page>
- You should consider informing the chain of command as soon as possible. This will trigger additional support and protection. The chain of command is responsible for ensuring the wellbeing of their subordinates and for responding promptly and decisively to all incidents of sexual misconduct. Your leadership can provide support and guidance on how to proceed.
- If you have concerns about the chain of command, you can contact the SMRC and you can bring your complaint to someone you trust outside of your direct chain of command, or to a Chaplain.
- Inappropriate sexual behaviour can also be reported through the Integrated Complaint and Conflict Management system (ICCM). This is a system which combines the harassment, grievance and alternative dispute resolution systems in a streamlined fashion, and is accessible online, at <https://www.canada.ca/en/department-national-defence/services/benefits-military/conflict-misconduct/integrated-conflict-complaint-management.html>, or at local offices and select CAF bases.

Former members:

- There are local community resources available to you for support, assistance or reporting. Download the Respect in the Canadian Armed Forces mobile application and use the location guide for resources in your area. The app is interactive and provides support and guidance if you are a victim of sexual misconduct, a bystander, or someone supporting a victim. This is a free download from your mobile device's app store – Android, iOS or BlackBerry. Go to your app store or visit the CAF mobile app page at <http://www.forces.gc.ca/en/stay-connected/mobile-apps.page>
- Former members can also call Veterans Assistance Service at 1-800-268-7708 even if you are not registered with VAC.
- If you have not already contacted Veterans Affairs Canada, you may wish to do so to obtain information regarding what benefits you may be entitled to. General information regarding these benefits is available on the Veterans Affairs Canada website, at <http://www.veterans.gc.ca/eng/services/after-injury/disability-benefits>. You can also contact Veterans Affairs Canada by phone at 1-866-522-2122 (toll-free), Monday to Friday, 8:30 to 4:30, local time.

Current employees of DND:

- You can seek assistance from the Employment Assistance Program, which provides short-term counselling to employees and their eligible family members who are experiencing personal or professional difficulties that may have an adverse effect on their personal well-being and/or work performance. This service is available 24 hours a day, 7 days a week, at 1-800-268-7708 or 1-800-567-5803 for people with hearing impairments, and additional information can be found at : <http://hrciv-rhciv.mil.ca/en/e-employee-how-can-i-access-help.page>

Current employees of SNPF:

- You can seek assistance from Shepell-fgi service provider for the NPF Employee and Family Assistance Plan (EFAP) at <https://www.cfmws.com/en/AboutUs/CFPFSS/HR/Pages/Employee-Assistance-Program.aspx>

Former employees of DND or SNPF:

- Health Canada's Employee Assistance Services (EAS) provides support services (counselling, crisis and referral) to public servants across the country, in both official languages. **To note, the program has been expanded to provide support to former DND public servants.**
 - For immediate 24/7 assistance, call 1-800-268-7708 TTY 1-800-567-5803
 - Toll-free Crisis and Referral Center staffed with bilingual counsellors trained in crisis and suicide prevention
 - calls answered by mental health professionals free of charge
- The Sexual Misconduct Response Centre can assist you to identify resource options in your community and provide support until you have connected with those services. Call 1-844-750-1648
- Local community resources are available on the **Respect in the CAF** mobile app that can be downloaded at: <http://www.forces.gc.ca/en/caf-community-support-services/download-respect-caf.page> or <http://www.forces.gc.ca/en/stay-connected/mobile-apps.page>
- Information on community based civilian resources including:
 - 24/7 crisis lines
 - hospitals
 - sexual assault centres
 - shelters
 - local police
 - provincial health lines, and
 - provincial 211-listed organizations

is available at: <https://www.canada.ca/en/department-national-defence/services/benefits-military/conflict-misconduct/operation-honour/resources/resources-near-you.html>

- Crisis Services Canada has a national line for individuals in crisis and at risk of suicide: 1.833.456.4566 <https://www.crisisservicescanada.ca/en/>
- Former DND and SNPF Employees who were previously CAF members, can access can access [VAC Assistance Service](#) by calling 1-800-268-7708. This service is a 24-hour toll-free help line that provides military and RCMP Veterans, and their families, immediate short-term mental health counseling, along with referral services, including support for mental and emotional health concerns.

What if I wish to submit a formal criminal complaint?

If you wish to proceed with a formal criminal complaint, you have the option of reporting to a local Military Police unit, to civilian police, or directly to the Canadian Forces National Investigation Service (CFNIS). CFNIS has specially trained teams who deal exclusively with offenses of a sexual or sensitive nature and also provide Victim Assistance. Regional contact information for the CFNIS is available at <https://www.canada.ca/en/department-national-defence/services/contact-us/canadian-forces-military-police-group.html#cfnis>

What if I need help completing this form?

If you are unable to complete this form and need help, you can contact a member of the Administrator's team to discuss alternative methods to submit a claim. If you require accommodation, you may request a personal interview

with a member of the Administrator's team. For more information, call **1-888-626-2611**, email info@caf-dndsexualmisconductclassaction.ca, or visit www.caf-dndsexualmisconductclassaction.ca

If you require legal advice as you complete the form, have any further questions which cannot be answered by the Administrator, Class Counsel are also available to help you free of charge. You can reach Class Counsel by calling **the numbers below** or visiting www.caf-dndsexualmisconductclassaction.ca

Ontario, Manitoba,

Saskatchewan, Alberta: 1 (888) 502-7455 or (613) 567-2901

Quebec: 1 (844) 532-7136.

Atlantic Canada: 1 (800) 465-8794

Rest of Canada: 1 (877) 275-8766

If you decide to consult another lawyer, they are not allowed to charge you in relation to assisting you with your claim without prior approval of the Federal Court.

What if I have other questions?

If you have any other questions, please contact the Administrator: call **1-888-626-2611**, email: info@caf-dndsexualmisconductclassaction.ca, or visit: www.caf-dndsexualmisconductclassaction.ca

How do I submit the Claim Form?

Completed Claim Forms, along with a photocopy or scanned copy of a government-issued piece of photo identification, any additional sheets of paper or electronic attachments and all supporting documents **must** be sent to the Administrator **on or before November 24, 2021** at CAF/DND Sexual Misconduct Class Action c/o Epiq Class Action Services Canada Inc. P.O. Box 507 STN B Ottawa ON K1P 5P6 or by email at: info@caf-dndsexualmisconductclassaction.ca

In exceptional circumstances or where required to accommodate a Claimant's disability, the Administrator may consider a claim received up to 60 days after the deadline referred to above.

INSTRUCTIONS

Please indicate in section 1.0 of the Claim Form whether you wish to apply for Financial Compensation through this claims process as well as whether you are interested in participating in the Restorative Engagement program. **Please ensure that you complete all sections of the Claim Form that apply to you.**

Financial Compensation: You can apply for one (1), two (2) or all three (3) Categories of compensation. You can be awarded compensation from all three (3) Categories of compensation for the same incident(s) if you meet the criteria for each Category of compensation (A+B+C).

Restorative Engagement: You can request to participate in the Restorative Engagement program, a program administered by the Sexual Misconduct Response Centre. Restorative Engagement provides a safe opportunity for those who have experienced Sexual Misconduct to share their experiences directly or indirectly with current or

former senior representatives of the CAF or DND with the support of specially-trained restorative practitioners who are not part of the CAF. This process aims to allow survivors to explain the impact these experiences have had on them – to be heard, acknowledged and responded to – and to assist the CAF in preventing and responding effectively to Sexual Misconduct in the future.

It is your choice whether you participate in Restorative Engagement. Doing so – or not – will not impact your claim for financial compensation. You can also request Restorative Engagement without applying for financial compensation. If you indicate on the Claim Form that you are interested in participating in Restorative Engagement, you will be contacted by the Sexual Misconduct Response Centre directly to provide you with more information on this process. Further information on Restorative Engagement is also available here: canada.ca/restorative-engagement

When filling out the Claim Form, remember to:

- Read all questions and requests for information carefully before answering.
- Write clearly and legibly.
- Answer all the sections of the Claim Form that apply to you. Depending on your circumstances, you may be entitled to compensation under all three Categories (A, B1 or B2, and C).
- If you cannot remember an exact date or precise details, provide as much information as possible.
- You are not required to provide the names of people involved or witnesses if you are not comfortable doing so. Any witness you identify will not be contacted or questioned as to why the witness may have failed to report the incident.
- If a section or a question does not apply to you or if you do not know an answer, please write “Not Applicable” or “Don’t Know”. Do not try to guess the answers.
- Use as many extra sheets of paper as you need to provide complete and detailed information about your claim while making sure to submit those extra sheets with your Claim Form.
- If you use extra sheets, please write the question number that the extra sheets relate to at the top of each page, and write “see attached extra sheets” in the space provided to answer the question in the Claim Form.
- Make sure you have read and signed the Consent to Disclosure and Release of Records and Certification/Attestation portions of the Claim Form.

After completing the Claim Form, also remember to:

- Review all of your answers to make sure they are as complete as possible.
- Make a copy of your Claim Form for your records.

If you need to make changes to any information in your Claim Form after you have sent it to the Administrator, please do so as soon as possible. Examples of important changes include a change of address, corrections to any information provided, or any new information about your claim.

If your Claim Form is incomplete or does not contain all of the required information, you will be asked to provide more details. This may delay the processing of your claim. The information you provide in your Claim Form is a very important part of what will be considered when deciding whether to award you financial compensation, and if so, the amount of the compensation.

Again, if you have any questions, please contact the CAF/DND Sexual Misconduct Class Action Administrator at **1-888-626-2611**, email: info@caf-dndsexualmisconductclassaction.ca, or visit www.caf-dndsexualmisconductclassaction.ca

Communications and Awareness

In order to assist the parties in determining the effectiveness of their campaign to get notice of the settlement out to the class members the parties request that you provide information about how you found out about this settlement below. **You are under no obligation to provide this information and there will be no consequences should you choose not to do so.**

I found out about this settlement because (please check all that apply):

- I read or heard about it in the news.
- I received a copy the notice from or information about the settlement from someone.
- I saw the notice or ads through social media.
- I received an e-mail or other internal communication from the CAF, DND, or the SNPF.
- Other (please describe in the space below).

CLAIM FORM

- I am a current or former CAF member or employee of DND or SNPF who has experienced sexual assault, sexual harassment or discrimination based on sex, gender, gender identity or sexual orientation while serving in the CAF or while employed for DND or SNPF. Yes No

- I wish to apply for compensation Yes No

- I am interested in Restorative Engagement and wish to be contacted by the Sexual Misconduct Response Centre for more information about the program. Yes No

If you are only requesting information regarding Restorative Engagement, and not applying for compensation, you need only complete Section I and III.

Section I: Name and Contact Information

Any communication from the Administrator and any cheque for compensation will be sent to you in accordance with the contact information you provide below.

Full name (Given name, surname):	
Other names: Please also provide all previous names, pre-married names, nicknames, or names used while a member of the Canadian Armed Forces or while employed by the DND or SNPF.	
Preferred name:	
Preferred title (Mr. Ms., etc.)	
Date of birth:	
Gender:	
Social insurance number:	
CAF Service Number (if available), PRI or other employment identification number	
Are you currently serving in the CAF?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently employed by DND?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you currently employed by SNPF?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you formerly a member of the CAF or employed by the DND or SNPF? If yes, please indicate former membership or employment.	
Highest rank in the CAF:	
Highest position with DND or the SNPF:	
Last/current CAF unit:	
Military Occupations(s) or Classification(s)	
Regular Force Service (dates of service and environment: i.e., Navy, Air, Army):	
Reserve Force Service (dates of service)	
Reserve Force Subcomponent(s) and dates of service	
Date(s) you joined CAF:	
Date(s) you joined DND or SNPF:	
Date(s) you released from CAF (if applicable):	
Date(s) you ceased employment for DND or SNPF (if applicable):	
Mailing address:	
City/Town:	
Province/Territory/State:	
Country:	
Postal Code/Zip Code:	

Daytime telephone number:	
Evening telephone number:	
Email address:	
Preferred method of contact:	<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Mail
Consent to receive decisions by: (Please select at least one (1) method of delivery)	Email Yes <input type="checkbox"/> No <input type="checkbox"/> Regular Mail Yes <input type="checkbox"/> No <input type="checkbox"/>
Claim by Legal Representative if Claimant is Deceased or Otherwise Incapable of Submitting Claim	
If you are making a claim on behalf of a claimant as their legal representative, check this box:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative name:	
Representative's relationship to claimant:	
If the claimant has died, check this box:	Yes <input type="checkbox"/>
If the claimant has died, what is the date of death?	
If you are acting on behalf of a claimant as their legal representative, you must attach documentation to verify your eligibility to act on the claimant's behalf, such as a will or Order appointing you as the Estate Executor.	
Attached are the following documents verifying my eligibility to act on behalf of the claimant:	
Section II: Have You Already Received Compensation for the Harm or Incidents Reported in this Claim Form?	
Under the Settlement, you cannot receive compensation if you have already been compensated by Canada for the same incident(s) and the injury(ies) that resulted therefrom for which claims are or could have been made in this Settlement. This includes a payment from:	
<ul style="list-style-type: none"> • a judgment; • a consent judgment; • an award; 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

- a settlement of a civil proceeding; or Yes No
- a settlement of an administrative proceeding. Yes No

Note: You are not precluded from recovering compensation, except in relation to Category C under this settlement if you have received or continue to receive VAC benefits. You are not precluded from recovering compensation in relation to any category if you have received or continue to receive workers' compensation benefits under the *Government Employees Compensation Act (GECA)*.

In addition, no claimant who has received or is eligible to receive payment under the settlement from the "LGBT Purge" class action for the same or related conduct or the same or related injuries shall be eligible for compensation in this settlement. The LGBT Purge Settlement provided compensation for members of the CAF, members of the RCMP and public servants arising from actions taken by the Federal Government of Canada to identify, investigate, sanction, and in some cases, terminate the employment of or discharge LGBTQ2 members prior to June 20, 1996.

Have you already been compensated by Canada for any incident or event, and injury or injuries, for which claims are made in this Settlement, including any payments you have received or are eligible to receive under the "LGBT Purge" class action settlement?

If so, please indicate below. Provide as much detail as possible including: the type and nature of proceedings, whether there has been an award, whether there is a decision or proceeding pending, and the details of any settlement, including the amount and whether a release was executed, and the details of the incidents and the injuries covered by that settlement.

If you need more room, please attach additional sheets which indicate which Section they correspond to and check this box .

Section III: Consent to Disclosure and Release of Records

- I understand that in order to process my claim it will be necessary for my personal information that is in the possession of the Government of Canada to be disclosed to any of the CAF/DND Sexual Misconduct Class Action Administrators and/or Assessor(s) or to a representative who is assisting me in making the claim (if applicable).
- I also understand that it may be necessary for other entities, including the above, to disclose my personal information to the Government of Canada for the purpose of verifying my claim or for my participation in the restorative engagement process. I understand that by signing this application and submitting it to the claims process that I am consenting to the disclosure of my personal information to be used and disclosed by Canada, the Administrator, and the Assessors in accordance with the Settlement.

NOTE: The Information you provide will not be disclosed, except with the consent of the Class member or as required by law, to your co-workers, supervisors or DND/CAF/SNPF leadership, or in any manner that will trigger a Duty to Report.

I understand that if I requested information about Restorative Engagement, this claim form will be provided to the Sexual Misconduct Response Centre. The information it contains will allow the Centre to contact me directly and to better tailor their response.

However, if you are also applying for compensation, and would prefer that Section IV of the form *not* be provided to the Sexual Misconduct Response Centre, please check this box .

Signature:

Date:

Section IV: COMPENSATION

COMPENSATION CATEGORIES

The Settlement has three categories of compensation, Category A, Category B and Category C. Compensation under these categories is cumulative. This means that, you can apply for one, two or three (3) Categories of compensation and can be awarded compensation from all three (3) Categories of compensation for the same incident or injuries if you meet the criteria for each Category of compensation (A+B+C). The criteria to qualify under each Category are set out in the Settlement Agreement and are explained below.

You are only permitted to include incidents that were **connected with your military service or employment for DND or SNPF**. This includes incidents that you experienced in the military workplace. A military workplace is anywhere in a defence establishment, on a base, wing, or ship where military members may conduct business or access services, including Non-Public Fund facilities and outlets, barracks and messes. The military workplace also includes locations where you were on deployment, temporary duty (TD)/attached posting, and training courses, as well as participating in sanctioned events approved by the Chain of Command or someone in authority within a unit, such as parades, mess dinners, unit parties, unit sports activities, adventure training, or course parties.

Military Service or employment may also include incidents outside of the military workplace which involved military members (CAF or foreign), Department of National Defence employees or DND/CAF contractors depending on the context.

Compensation Category A

To be eligible for compensation under **Category A**:

Yes No you must have been a woman, identify as a woman, or be a person who identifies as LGBTQ2+; **and**

Yes No you must have experienced a harmful effect from having personally seen, heard and experienced sexual harassment or gender-based or LGBTQ2+-based discrimination that is connected to your military service or your employment with DND/SNPF; **and**

Yes No these experiences must have occurred between April 17, 1985 and November 25, 2019.

I have experienced (check all of the boxes that apply to you):				
REPEATED INCIDENTS	YES		NO	
Repeated sexual jokes or repeated inappropriate sexual comments about my appearance or body, or someone's appearance or body				
Repeated unwanted sexual attention				
Repeated pressure from the same person for dates or sexual relationships				
OTHER INCIDENTS	Once		More than once	
Inappropriate discussion about my sex life, or someone else's sex life	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Being sent or shown sexually explicit messages or materials like photos or videos, or being directed to view those materials online	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indecent exposure or inappropriate display of body parts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unwelcome physical contact of a sexual nature	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Suggestions that a man doesn't act the way a man is "supposed" to act and a "woman" doesn't act the way a woman is supposed to act, i.e., that you are not normal for acting in a way that does not accord with your gender	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Myself or someone else being insulted, mistreated, ignored, or excluded because they are a woman, or because they are a person who identifies as LGBTQ2+	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments that people are either not good at a particular job or should be prevented from having that job because they are a woman, or because they are a person who identifies as LGBTQ2+	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Being prevented from having a particular job or an opportunity because I am a woman or a person that identifies as LGBTQ2+	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other forms of sexual harassment, gender-based discrimination, and/or discrimination against a person who identifies as LGBTQ2+ (If yes to the question in this box, please describe the incident in the box below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Description of the Harm Caused by the Incidents Described Above:

In order to qualify for compensation under **Category A**, you must have been harmed by the acts identified above. This harm may include such things as:

- Yes No avoiding or wanting to avoid specific people at work;
- Yes No staying or wanting to stay away from specific locations on the base, wing, or formation;
- Yes No feeling offended, demeaned or undervalued;
- Yes No made to feel mentally or physically threatened; or
- Yes No a violation of your dignity or personal autonomy.

In the space below, please describe how these incidents affected you. This is meant to be a short description. For example, it is sufficient to write that you were offended by the above-noted conduct, or that it was a violation of your dignity. Please note that you are not required to provide the names of people involved or witnesses if you are not comfortable doing so. It is not necessary to describe the incidents that took place under Category A.

If you need more room, please attach additional sheets which indicate which Section they correspond to and check this box .

Compensation Category B

Category B provides compensation for:

- Targeted, ongoing or severe sexual harassment;
- Sexual assault in the form of unwanted sexual touching;
- Sexual activity where no consent or unable to consent; **or**
- Sexual attack.

You may apply under this section even if you have also applied under Category A.

1. Sexual harassment means:

A. Inappropriate verbal or non-verbal sexual communication, including but not limited to: sexual jokes, unwanted sexual attention, inappropriate sexual comments, or inappropriate discussions about sex life; or

B. Exposure to sexually explicit materials, including but not limited to: having sexually explicit materials displayed, showed or sent to the claimant, or taking and/or posting inappropriate or sexually suggestive photos or videos of the claimant without consent; or

C. Physical contact or sexual relations, including but not limited to: indecent exposure or inappropriate display of body parts, pressure from the same person for dates or sexual relationships, unwelcome physical contact or getting too close, or offering workplace benefits for engaging in sexual activity or being mistreated for not engaging in sexual activity.

For Category B, the sexual harassment must be either targeted, ongoing or severe.

A. **Targeted** sexual harassment means sexual harassment that is directed, or perceived to be directed, at the claimant.

B. **Ongoing** sexual harassment means sexual harassment that is repeated overtime, rather than a single, isolated incident.

C. **Severe** sexual harassment means sexual harassment that has a lasting impact, or significant short-term impact, on the claimant.

2. **Sexual assault in the form of unwanted sexual touching** means where you have been touched against your will in any sexual way. This includes unwanted sexual touching or grabbing, kissing and fondling.

3. **Sexual activity where no consent or unable to consent** means where someone has subjected you to a sexual activity to which you did not, or were not able to, consent. Situations where you were unable to consent may include where you were intoxicated, drugged, manipulated, coerced or forced in other ways.

4. **Sexual attack** means where someone has forced you or attempted to force you into any unwanted sexual activity, by threatening you, holding you down, or hurting you in some way.

Please indicate if you experienced any of the below conduct.

<p>Inappropriate verbal or non-verbal sexual communication, including but not limited to: sexual jokes, unwanted sexual attention, inappropriate sexual comments, or inappropriate discussions about sex life.</p>			<p>Yes <input type="checkbox"/></p> <p>Targeted <input type="checkbox"/></p> <p>Ongoing <input type="checkbox"/></p> <p>Severe <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Exposure to sexually explicit materials, including but not limited to: having sexually explicit materials displayed, showed or sent to the claimant, or taking and/or posting inappropriate or sexually suggestive photos or videos of the claimant without consent.</p>			<p>Yes <input type="checkbox"/></p> <p>Targeted <input type="checkbox"/></p> <p>Ongoing <input type="checkbox"/></p> <p>Severe <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

<p>Physical contact or sexual relations, including but not limited to: indecent exposure or inappropriate display of body parts, pressure from the same person for dates or sexual relationships, unwelcome physical contact or getting too close, or offering workplace benefits for engaging in sexual activity or being mistreated for not engaging in sexual activity.</p>			<p>Yes <input type="checkbox"/></p> <p>Targeted <input type="checkbox"/></p> <p>Ongoing <input type="checkbox"/></p> <p>Severe <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Sexual assault in the form of unwanted sexual touching</p> <p>Has anyone touched you against your will in a sexual way? This includes unwanted sexual touching or grabbing, kissing and fondling.</p>			<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Sexual activity where no consent or unable to consent</p> <p>Has anyone subjected you to a sexual activity to which you did not, or were not able to, consent?</p>			<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Sexual Attack</p> <p>Has anyone forced you or attempted to force you into any unwanted sexual activity, by threatening you, holding you down, or hurting you in some way?</p>			<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

Description of the Incidents Identified Above:

In order to receive compensation under the Settlement, you must describe how your experience(s) meet the criteria identified above. Provide as many details as possible to describe the experience(s), which may include:

- what happened;
- when it happened (with dates as specific as possible);
- where it happened; and
- how often it happened.

Please note that you are not required to provide the names of the perpetrator(s) or witnesses if you are not comfortable doing so.

If you need more room, please attach additional sheets or electronic documents and indicate to which Section they correspond and check this box .

Description of the Harm Caused by the Incidents Described Above:

The amount of compensation you may receive for Category B depends on the type of sexual harassment or assault you sustained and the level of harm you experienced. For Category B, the settlement groups harm into three levels:

1. Low Level Harm: Violation of Dignity or Personal Autonomy

Physical, emotional or psychological harm which may manifest through distress, embarrassment, humiliation, degradation, anxious or depressive symptoms, loss of self-esteem, mistrust, difficulty sleeping, or self-imposed isolation or comparable indicia.

2. Medium Harm: Emotional Disturbance Arising from Violation or Dignity of Personal Autonomy

Moderate physical, emotional or psychological harm which may manifest itself through any of the indicia listed under Low Harm (above) experienced over a sustained period or any of the following indicia: insomnia, impaired ability to maintain or engage in social or romantic relationships, short term abuse of alcohol or drugs, cognitive impairments such as concentration, attention or memory deficiency, or under-employability or comparable indicia.

3. High Harm: Significant Emotional Disturbance Arising from Violation of Dignity or Personal Autonomy

Significant physical, emotional or psychological harm extending over a period of at least one (1) year which may manifest itself through two or more of the indicia listed under Low or Medium Harm (above) or any of the following indicia: through long term abuse of alcohol and/or drugs, suicidal ideation or a suicide attempt, homelessness, petty criminality, under-employability or psychiatric care or comparable indicia.

In the space below please describe the harm caused by the experiences identified above. Provide as many details as possible to describe the experiences, which may include:

- the impact these incidents have had on your personal dignity, emotional health/well-being, daily living, individual relationships and sense of self-worth;
- the nature, duration, and severity of the physical or psychological injury;
- the nature and duration of any financial impacts occasioned by the harm or injury;
- medical or other treatment arising from the injury or harm, and the costs of that treatment.

If you need more room, please attach additional sheets which indicate to which Section they correspond and check this box .

Compensation Category C

Category C provides for additional compensation (an "**Enhanced Payment**") for claimants who experience(d) PTSD or other diagnosed mental injuries or physical injuries directly from sexual assault or sexual harassment for which, for Class Members who have served or are serving in the CAF, VAC benefits have been applied for and denied, and where required and available, departmental review has been sought, and has been denied. You can submit this claim form while you wait for your application for VAC disability benefits, or your departmental review, to be completed.

In order to qualify for an Enhanced Payment:

Yes No you must have experienced an act that qualified under Category B;

Yes No you must have experienced a diagnosed mental injury (in accordance with the DSM-5 or prior DSM diagnosis) or physical injury and a medical record confirming your diagnosis; and

Yes No you must have applied for VAC benefits and been denied, or if such denial was received prior to
Pending April 3, 2017, you must have sought departmental review, where available, and been denied.

Monetary awards made under the GECA or through the grievance process in respect of the same incident(s), and any injury(ies) that resulted therefrom, will reduce the award under C by the same amount. Please indicate if you have received an award from:

Yes No workers' compensation

Yes No a grievance process

You may apply under this section even if you also applied under Category A and/or Category B.

The amount of compensation you may receive for Category C depends on the type and level of harm you experienced. For Category C, the settlement groups harm into three levels:

1. **Significant physical or psychological harm**, extending over a period of six months or more, including but not limited to a mild mental disorder which may manifest itself through the following: anxious or depressive symptoms, loss of self-esteem, mistrust, insomnia, nightmares, self-imposed isolation, short term periods (months) of abuse of alcohol and/or drugs and/or impaired ability to maintain or engage in social or romantic relationships or comparable indicia.

2. **Significant and lasting physical or psychological harm**, extending over a period of at least a year, including but not limited to a moderate mental disorder that may or may not be medically monitored and which may manifest itself through any of the symptoms listed under Low Harm (above) and/or through long term abuse of alcohol or drugs (years), suicidal ideation or a single suicide attempt, paranoia, cognitive impairments such as concentration,

attention or memory deficiency, brief episode of homelessness, petty criminality, under-employability, psychiatric care or hospitalization of short duration (days) or comparable indicia.

3. Significant and lasting physical or psychological harm, extending over several years, including but not limited to a severe mental disorder which may manifest itself through any of the symptoms listed under Medium harm (above) and/or through several years of abuse of alcohol and/or drugs, two or more suicide attempts, psychotic symptoms such as hallucinations or delirium, prolonged homelessness, criminality, unemployability or prolonged under-employability, psychiatric care or hospitalization of extended duration (weeks or months) or comparable indicia.

To determine if you qualify for an Enhanced Payment, an independent Assessor will review your information provided for Category B describing the act and harm you sustained. If there is any additional information, you would like to submit, please do so below.

If you need more room, please attach additional sheets which indicate which Section they correspond to and check this box .

Category C Medical Records

To qualify for compensation under Category C, you are required to submit a medical record that shows that you experienced a diagnosed mental injury (in accordance with the DSM-5 or prior DSM diagnosis) or physical injury.

Attached are the following relevant documents:

If you need more room to list the relevant documents please add additional sheets and clearly identify that they are being submitted in response to "Category C - Medical Records" and check this box.

Categories B and C: Do You Have Any Other Relevant Records?

We know that you may not have any documentation or records relating to military sexual misconduct, and such documents are not necessary to support your claim. You are not required to file an Access to Information Request to obtain documents.

However, if you are claiming compensation under Categories B and/or C and you do have documents in your possession relevant to the harms identified in this Claims Form, you can attach copies of the documents to this Claim Form. Relevant documents may:

- provide details of relevant employment or membership in the Canadian Armed Forces;
- confirm the details of the treatment you experienced;
- provide name(s) of the perpetrator and any witnesses to any relevant incidents (though please note that you are not required to provide the names of perpetrator(s) or any witnesses if you are not comfortable doing so);
- detail the injuries or harm you experienced;
- confirm any complaints you made or grievances you filed; and/or
- provide information regarding impacts of your experiences and efforts to recover from those impacts.

Such documents might include:

- reports of military sexual misconduct that you prepared at the time of the events, and related outcomes (note that a report is not necessary for you to obtain compensation under this Settlement);
- evidence of injuries sustained as a result of military sexual misconduct (including but not limited to physical and psychological medical records);
- documents from your personnel file;
- documents from any military police file;
- any complaint or grievance file in relation to the matters in question; or
- any other document, letter, report, memo, email, chart, diagram, photograph, video, or recording that may support, confirm, clarify or augment the descriptions and claims set out in this Claim Form.

Attached are the following relevant documents: (if you have no documents, write "Not Applicable").

If you need more room to list the relevant documents please add additional sheets or electronic records and clearly identify that they are being submitted in response to "Category C - Additional Relevant Records" and check this box.

Veterans Affairs Canada Disability Benefits or Similar Benefit

IF YOU ARE RECEIVING OR HAVE RECEIVED VAC BENEFITS

If you are serving or have served in the CAF and are seeking compensation under Category C, you must indicate below if you are in receipt or have received VAC disability benefits (Disability Pension, Disability Award or Pain and Suffering Compensation) or other benefits through VAC in relation to sexual assault or sexual harassment including in respect of the same incidents or injury(ies) identified above.

IF YOU HAVE NOT RECEIVED VAC BENEFITS

If you have not applied for VAC disability benefits, you have to apply for Pain and Suffering Compensation or Disability Pension with VAC indicating your diagnosed medical condition related to the incident(s) of sexual assault or sexual harassment claimed above. If you were denied VAC disability benefits before April 3, 2017 you have to request departmental review of this decision, where available. See below for further instructions on how to apply

or seek departmental review. You can submit this claim form while you wait for your application for VAC disability benefits, or your departmental review, to be completed.

Upon receipt and initial screening of this Individual Application/Claim Form, the Administrator will identify that you are applying for Enhanced Payment and will communicate your name to VAC to ensure that your application is directed to VAC's Dedicated Unit for processing.

Please contact VAC at 1-800-487-7797:

- to find out if you have received VAC benefits;
- to find out if you are required to seek Departmental Review;
- if you have already submitted an application for VAC disability benefits; or
- if you would like to submit an application for VAC disability benefits before returning this Individual Application/Claim Form.

When contacting VAC please indicate that you are a Class Member of the CAF-DND Sexual Misconduct Class Action who is seeking to qualify for an Enhanced Payment. This will ensure that your application is directed to VAC's Dedicated Unit.

If you have already applied for VAC disability benefits, please identify below your applications for VAC benefits and their results, and the amount of the payment below, if applicable.

Instructions for VAC Disability Application Form

If you are applying for VAC benefits using the Disability Benefits Application Form (PEN923e), please indicate under "Section F" of your application that you are a class member of the CAF-DND Sexual Misconduct Class Action who is seeking to qualify for an Enhanced Payment. If you are applying through My VAC Account, please include that same information under the section "How is this condition related to your service". This will ensure that your application is directed to VAC's Dedicated Unit.

Instructions for Departmental Review Application Form

If you are applying using the Departmental Review Application Form (PEN6205APe), please indicate under the section "Condition to be Reviewed" of your application that you are a class member of the CAF-DND Sexual Misconduct Class Action who is seeking to qualify for an Enhanced Payment. This will ensure that your application is directed to VAC's Dedicated Unit. If you are already working with a representative from the Bureau of Pension Advocates on a departmental review submission, please inform them that you are seeking Enhanced Payment through the Class Action.

If you need more room to list the relevant documents please add additional sheets and clearly identify that they are being submitted in response to "Category C - Relevant VAC Records" and check this box.

Certification/Attestation
[This section must be completed for all Categories]

CERTIFICATION OF INFORMATION IN CLAIM FORM

If you are making a claim for compensation under CATEGORY A ONLY

I am a woman, and/or a person who identifies as LGBTQ2+.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have only considered incidents which occurred after April 17, 1985 and up to November 25, 2019.	Yes <input type="checkbox"/> No <input type="checkbox"/>
You must certify/attest all of the below information for ALL CATEGORIES	
<p>I have included behaviours that were connected with my military service or my employment for DND/SNPF. This includes incidents that I experienced in the “military workplace”.</p> <p>The military workplace is defined as: anywhere in a defence establishment, on a base, wing, or ship where military members may conduct business or access services, including Non-Public Fund facilities and outlets, barracks and messes. It also includes locations where Class Members are on deployment, temporary duty (TD)/attached posting, and training courses, as well as participating in sanctioned events approved by the Chain of Command or someone in authority within a unit, such as parades, mess dinners, unit parties, unit sports activities, adventure training, or course parties.</p> <p>Military Service or employment may also include incidents outside of the military workplace which involved military members (CAF or foreign), Department of National Defence employees or DND/CAF contractors, depending on the context.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Administrator and Assessors</p> <p>I recognize that the Administrator and the Assessors do not represent the Canadian Armed Forces and are not acting as agent or legal counsel for any party, and that they do not offer legal advice or have any duty to assert or protect legal rights of any party, or to raise an issue not raised by any party.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Legal Advice</p> <p>I understand that I have access to legal advice through Class Counsel and that I may contact them to seek assistance with submitting a claim.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Certification that Information is true</p> <p>By completing this Claim Form and signing below I certify that the information provided in this Claim Form is true to the best of my knowledge.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I further confirm that all of the information provided in this Claim Form is true, whether made by me or on my behalf. Where someone has helped me with this Claim	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Form, that person has read to me everything they wrote and included with this Claim Form, if necessary to allow me to understand the content of this completed Claim Form and any attachments to it, and I confirm that this information is true.</p>	
<p>Verification by Administrator</p> <p>I further understand that the Administrator or the Assessors can seek additional information from the Canadian Armed Forces to verify the truthfulness of my statements.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Disclosure of Prior Compensation</p> <p>I have previously received compensation in respect of the incident(s), and the injurie(s) that resulted from the incidents, for which I am making a claim for compensation here.</p> <p>**You may still be entitled to compensation under Category A and/or B even if you have received VAC benefits in relation to the incidents and injuries.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I have received or I was eligible to receive a payment under the settlement in the “LGBT Purge” Class Actions for the same or related conduct or injuries.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Claimant Signature:</p>	
<p>Date:</p>	
<p>Did Class Counsel assist you with preparing this claim submission?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Claimant’s Signature:</p>
<p>Deadline To Submit Claims: ● (must be postmarked no later than November 24, 2021)</p>	
<p>TO SUBMIT:</p> <p>Send your Form to: CAF/DND Sexual Misconduct Class Action Administrator, c/o Epiq Class Action Services Canada Inc. P.O. Box 507 STN B Ottawa ON K1P 5P6</p> <p>OR</p> <p>SUBMIT ONLINE AT www.caf-dndsexualmisconductclassaction.ca</p>	