

Request for Reconsideration

CAF-DND SEXUAL MISCONDUCT CLASS ACTION SETTLEMENT

PLEASE READ THE INFORMATION AND INSTRUCTIONS BELOW CAREFULLY

Complete this form if you wish to request reconsideration of the Administrator's Decision of a Category **A** claim or the Assessor's Decision of a Category **B** and/or **C** claim.

All requests for reconsideration must be submitted or post-marked within 30 days of the date of each decision.

INSTRUCTIONS FOR COMPLETING THIS FORM

You may only request **one (1)** reconsideration of each disputed decision.

When completing this Request for Reconsideration, remember the following:

- Read all sections carefully
- Write clearly and legibly
- You are not required to provide the names of people involved or witnesses. Any persons or witness identified will not be contacted or questioned.
- You may use extra sheets of paper to provide details or information. Please write your Claim ID and number on each additional sheet and remember to include the additional sheets when submitting your Request for Reconsideration
- Make sure that you have included all written information and all additional documentation (if any) you wish to provide

Once completed, please return your Request for Reconsideration, with any new information and/or documentation to the Administrator. The Request for Reconsideration must be submitted or post-marked **no later than 30 days from the date of the Decision**. There are three (3) ways you may submit your Request for Reconsideration:

- **Email:** info@caf-dndsexualmisconductclassaction.ca
- **Fax:** 1-866-262-0816
- **Mail** to the following address listed below:

Attention: CAF-DND Sexual Misconduct Class Action Settlement
P.O. Box 507 STN B
Ottawa, Ontario
K1P 5P6

RECONSIDERATION PROCESS

1. If your Request for Reconsideration is submitted or post-marked within 30 days of the date of the decision, you will receive an acknowledgement of receipt from the Administrator.
2. The Administrator will give Canada a copy of the Request for Reconsideration and any documentation you submitted.
3. Canada will then review the information submitted and may:
 - (i) Provide a written response **within 60 days**;
 - OR
 - (ii) Confirm they will not be submitting any additional information.

Request for Reconsideration

CAF-DND SEXUAL MISCONDUCT CLASS ACTION SETTLEMENT

4. If Canada provides a written response, you will receive a copy. You may reply to Canada's response by submitting documents and/or a written submission (**no longer than one (1) page**) **within 30 days** of being notified of Canada's response
5. The Lead Assessor may ask to interview you, but only where (a) the Assessor's denial of your claim for compensation under Categories B and/or C was based on the information provided by Canada; and (b) the Lead Assessor is considering denying your claim on reconsideration.
6. The Lead Assessor will issue a decision ("**Reconsideration Decision**") within 120 days of receiving your Request for Reconsideration.
7. The Administrator will promptly inform you of the Reconsideration Decision and provide you with a copy of the Reconsideration Decision. Canada (and Class Counsel if the Individual Application indicates that Class Counsel assisted you in submitting the claim) will also be provided with a copy of the Reconsideration Decision.

If you are unable to provide your response within these timeframes you may ask the Lead Assessor to grant an extension of time based on exceptional circumstances. Exceptional circumstances include a situation where you are deployed overseas, have a disability which hinders your ability to provide the response in a timely manner, or if, despite reasonable efforts, you are unable to obtain necessary documents from third parties within the 30 day timeframes.

Reconsideration Decisions are **final and binding** and cannot be appealed or reviewed by a court or other tribunal.

QUESTIONS?

If you have any questions regarding this Request for Reconsideration or any other questions, please contact the CAF-DND Sexual Misconduct Class Action Administrator by telephone at **1-888-626-2611** or by email at info@caf-dndsexualmisconductclassaction.ca.

You may also visit the dedicated website www.caf-dndsexualmisconductclassaction.ca for new updates and more information regarding the Settlement.

If you have legal questions and require assistance from a lawyer, you may contact Class Counsel in the applicable region who can assist you free of charge:

Koskie Minsky LLP

Attention: CAF-DND Sexual Misconduct Class Action Settlement
900–20 Queen Street West
Toronto ON M5H 3R3
Tel: 1-888-502-7455
Email: militaryassaultclassaction@kmlaw.ca

Raven, Cameron, Ballantyne & Yazbeck LLP

Attention: CAF-DND Sexual Misconduct Class Action Settlement
220 Laurier Ave West Suite 1600
Ottawa ON K1P 5Z9
Tel: 613-567-2901
Email: armedforcesclassaction@ravenlaw.com

Request for Reconsideration

CAF-DND SEXUAL MISCONDUCT CLASS ACTION SETTLEMENT

Wagners of Halifax, Nova Scotia

Attention: CAF-DND Sexual Misconduct Class Action Settlement
1869 Upper Water St, Suite PH 301 3rd Floor, Pontac House Historic Properties
Halifax NS B3J 1S9
Tel: 902-425-7330
Email: ClassAction@wagners.co

Acheson Sweeney Foley Sahota LLP of Victoria, British Columbia

Attention: CAF-DND Sexual Misconduct Class Action Settlement
300-376 Harbour Road
Victoria BC V9A 3S1
Tel: 250-384-6262
Email: info@achesonlaw.ca

Quessy Henry St-Hilaire, avocats of Quebec City, Quebec.

Attention: CAF-DND Sexual Misconduct Class Action Settlement
1415 Frank-Carrel Street Office 201
Québec QC G1N 4N7
Tel: 418-682-8924 ext. 224
Email: jd@quessyavocats.ca

Complete pages 4 to 6 in order to complete your Request for Reconsideration

Request for Reconsideration

CAF-DND SEXUAL MISCONDUCT CLASS ACTION SETTLEMENT

NEW INFORMATION AND/OR DOCUMENTATION

Please check this box if you are attaching any **NEW** information and/or documentation, in support of your Request for Reconsideration (i.e. information that was not provided with the claim you submitted).

You may add more pages with your Request for Reconsideration or type your answers if you need more space. Kindly number any additional pages, **write your Claim ID** and make sure to submit these with your Request for Reconsideration).

Please list the **NEW** information and/or documentation that you are attaching to this form below:

1	
2	
3	
4	
5	
6	

Request for Reconsideration

CAF-DND SEXUAL MISCONDUCT CLASS ACTION SETTLEMENT

CLAIMANT CONSENT AND DECLARATION

- By completing this Request for Reconsideration and signing below I certify that the information provided in the Claim Form and the Request for Reconsideration is true to the best of my knowledge. If someone has assisted me in preparing this form, I confirm that I have read its contents, understand what is written and confirm that the information is true to the best of my knowledge.
- I recognize that the Administrator and the Assessors do not represent the Canadian Armed Forces or the Government of Canada 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.
- I understand that in order to review the Administrator's or Assessor's Decision(s) it will be necessary for my personal information that is in the possession of the Government of Canada to be disclosed to the Lead Assessor and/or her designate, or to a representative who is assisting me in making my claim.
- 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 reconsidering the Administrator's or Assessor's Decisions(s). I understand that by signing this Request for Reconsideration and submitting it to the Lead Assessor 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.

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.

Claimant Signature:

Claimant Name:

Date: