Federal Court



Cour fédérale

Date: 20220228

Manitoba Court of Queen's Bench File No.: CI-19-01-24661

Federal Court File No.: T-1673-19

Ottawa, Ontario, February 28, 2022

PRESENT: The Honourable Mr. Justice Favel

BETWEEN:

Docket: CI-19-01-24661

TATASKWEYAK CREE NATION AND CHIEF DOREEN SPENCE ON HER OWN BEHALF AND ON BEHALF OF ALL MEMBERS OF TATASKWEYAK CREE NATION

Plaintiffs

and

ATTORNEY GENERAL OF CANADA

Defendant

(Class Proceeding commenced under *The Class Proceedings Act*, CCSM c C 130)

AND BETWEEN:

Docket: T-1673-19

CURVE LAKE FIRST NATION AND
CHIEF EMILY WHETUNG ON HER OWN
BEHALF AND ON BEHALF OF ALL MEMBERS
OF CURVE LAKE FIRST NATION AND
NESKANTAGA FIRST NATION AND
CHIEF CHRISTOPHER MOONIAS ON HIS OWN
BEHALF AND ON BEHALF OF ALL MEMBERS
OF NESKANTAGA FIRST NATION

Plaintiffs

and

ATTORNEY GENERAL OF CANADA

Defendant

(Class Proceeding commenced under Part 5.1 of the Federal Courts Rules, SOR/98-106)

ORDER

THIS MOTION for an Order in respect of certain administrative matters under the settlement agreement between the Plaintiffs and the Defendant dated September 15, 2021 (the "Settlement Agreement"), was heard in writing.

ON READING the motion record of the Representative Plaintiffs and the Defendants (together, the "Parties");

THIS COURT ORDERS that:

- (a) Unless expressly defined herein, capitalized terms shall have the same meaning as they do in the Settlement Agreement;
- (b) Michael Rosenberg, Eric Block, and Bryce Edwards are appointed to the Joint Committee under Article 15.01 of the Settlement Agreement;
- (c) Michael Rosenberg, Bryce Edwards, Catharine Moore, and Devon Rutherford are appointed to the Settlement Implementation Committee under Article 14.01 of the Settlement Agreement;

- (d) the revised forms of Settlement Approval Notice attached as Schedule "A", or substantially equivalent forms, shall replace the Settlement Approval Notice at Schedule N to the Settlement Agreement;
- (e) the revised Claims Form attached as Schedule "B" or a substantially equivalent form, or an online equivalent thereof approved by the Administrator and the Parties to the Settlement Agreement, shall replace the Claims Form at Schedule I to the Settlement Agreement;
- (f) the Claims Deadline under the Settlement Agreement shall be March 7, 2023 unless otherwise amended by Order of the Courts;
- (g) the Acceptance Deadline under the Settlement Agreement shall be December 2, 2022, unless otherwise amended by agreement between the Joint Committee and Canada;
- (h) the Bank of Nova Scotia Trust Company is appointed as the Trustee under Article 16.02 of the Settlement Agreement; and
- (i) PricewaterhouseCoopers LLP is appointed as the Auditor under Article 17.01 of the Settlement Agreement.

There shall be no costs of the within motion.

"Paul Favel"
Judge

Short Form Notice of Settlement Approval

Settlement of First Nation Drinking Water Advisory Class Actions

Did you live on First Nations Lands that were subject to a drinking water advisory between 1995 and 2021? If so, you might be eligible for compensation.

Please read this notice carefully.

Pour lire cet avis en français: www.firstnationsdrinkingwater.ca

The courts have approved a settlement between Canada and certain First Nations and their members who were subjected to long-term drinking water advisories from 1995 to 2021.

Who is included?

Individuals are included in the Class if:

- 1. they were alive on November 20, 2017;
- they are members of a band, as defined in the *Indian Act*, or Aboriginal peoples of Canada, other than the Inuit or Métis Aboriginal peoples of Canada, who are parties to a modern treaty (a "First Nation"), the disposition of whose lands is subject to that Act, the First Nations Land Management Act, or a modern treaty ("First Nations Lands"); and
- 3. for at least one year between November 20, 1995, and June 20, 2021, they ordinarily resided on First Nations Lands that were subject to a drinking water advisory (whether a boil water, do not consume, or do not use advisory, or the like) that lasted at least one year between November 20, 1995, and June 20, 2021, ("Impacted First Nations") while such a drinking water advisory of at least one year was in effect.

Impacted First Nations are included if they accept the settlement by [•date]. Impacted First Nations who do not accept the settlement by this date will not be compensated.

Eligible individuals can receive compensation even if their First Nation, or the First Nation on whose lands they resided, does not accept the settlement.

Eligible Individuals born before November 20, 1995, will be compensated if they ordinarily resided on an Impacted First Nation for over a year during a long-term drinking water advisory that lasted for a year or longer, anytime between November 20, 2013, and June 20, 2021. There are exceptions in place for those who may have been incapable because of their physical, mental, or psychological condition.

Eligible Individuals born on or after November 20, 1995, will be compensated if they ordinarily resided on an Impacted First Nation for over a year during a long-term drinking water advisory that lasted for a year or longer, anytime between November 20, 1995, and June 20, 2021.

What does the settlement provide?

Eligible individuals will receive a payment for each year they ordinarily resided on First Nations Lands while under a drinking water advisory. The per-year amount is expected to vary for eligible years, depending on the type of advisory and the remoteness of the First Nation Lands.

These amounts are subject to limitation periods, for example if you were born before November 20, 1995. Details are available at www.firstnationsdrinkingwater.ca. Individuals with specified injuries may be eligible for additional compensation.

Impacted First Nations who accept the settlement will receive \$500,000 plus an amount equal to 50% of the amounts paid to individuals for drinking water advisories on their reserves.

Canada must take other steps to lift long-term drinking water advisories and help individuals get regular access to safe drinking water in their homes. Canada will spend at least \$6 billion on water and wastewater infrastructure on reserves. There is an alternative dispute resolution process available where Impacted First Nations are unhappy with Canada's efforts.

How do I claim money?

Individuals can submit an individual claim form, or their Band Council can submit a Band Council Confirmation List, confirming which individuals were ordinarily resident on that First Nations' Lands during a long-term drinking water advisory.

However, the Band Council Confirmation List does not include specified injuries. If you are an individual submitting a claim for specified injuries, you must submit ONE claim form.

To view and submit claim forms please visit www.firstnationsdrinkingwater.ca.

First Nations must accept the settlement by submitting a Band Council Acceptance Resolution which is available from the Administrator.

What am I giving up in the settlement?

Individual Class members are giving up their right to sue Canada for the claims resolved by the settlement. First Nations that do not accept the settlement will not be bound by it, although Individual Band members can still submit a claim.

For more information, please visit <u>www.firstnationsdrinkingwater.ca</u> or call 1-833-252-4220.

Long Form Notice of Settlement Approval

Settlement of First Nation Drinking Water Advisory Class Actions

Did you live on First Nations Lands that were subject to a drinking water advisory between 1995 and 2021? If so, you might be eligible for compensation.

Please read this notice carefully.
Pour lire cet avis en français: www.firstnationsdrinkingwater.ca

The courts have approved a settlement between Canada and certain First Nations and their members who were subjected to long-term drinking water advisories from 1995 to 2021.

First Nations and their members affected by drinking water advisories since November 20, 1995, sued Canada for compensation in two class actions. The Court of Queen's Bench of Manitoba and the Federal Court of Canada approved a settlement in the class actions. The settlement compensates eligible First Nations and their members.

This notice explains who is eligible for compensation and how to claim it. Individuals who do not claim compensation by [•date] and First Nations who do not accept the settlement by [•date] will not be compensated.

BASIC INFORMATION

WHY DID I GET NOTICE OF THE SETTLEMENT?

The Court of Queen's Bench of Manitoba and the Federal Court of Canada approved the settlement on December 22, 2021. They also approved this notice to let you know about the settlement and how to claim compensation.

WHO IS INCLUDED IN THE SETTLEMENT?

WHICH INDIVIDUALS ARE INCLUDED?

Individuals are included in the Class if:

- 1. they were alive on November 20, 2017:
- they are members of a band, as defined in the *Indian Act*, or Aboriginal peoples of Canada, other than the Inuit or Métis Aboriginal peoples of Canada, who are parties to a modern treaty (a "First Nation"), the disposition of whose lands is subject to that Act, the First Nations Land Management Act or a modern treaty ("First Nations Lands"); and
- 3. for at least one year between November 20, 1995, and June 20, 2021, they ordinarily resided on First Nations Lands that were subject to a drinking water advisory (whether a boil water, do not consume, or do not use advisory, or the like) that lasted at least one year between November 20, 1995, and June 20, 2021 ("Impacted First Nations") while such a drinking water advisory of at least one year was in effect.

Impacted First Nations are included if they accept the settlement by [•date]. Impacted First Nations who do not accept the settlement by this date will not be compensated.

Eligible individuals can receive compensation even if their First Nation, or the First

Nation on whose lands they resided, does not accept the settlement.

Eligible Individuals born before November 20, 1995, will be compensated if they ordinarily resided on an Impacted First Nation for over a year during a long-term drinking water advisory that lasted for a year or longer, anytime between November 20, 2013, and June 20, 2021. There are exceptions in place for those who may have been incapable because of their physical, mental, or psychological condition.

Eligible Individual born on or after November 20, 1995, will be compensated if they ordinarily resided on an Impacted First Nation for over a year during a long-term drinking water advisory that lasted for a year or longer, anytime between November 20, 1995, and June 20, 2021.

WHO SHOULD INDIVIDUALS OR FIRST NATIONS WITH QUESTIONS CONTACT?

To speak to a lawyer, contact counsel@firstnationsdrinkingwater.ca

If you have questions about the claim forms or the claim process, contact the Administrator at 1-833-252-4220.

WHICH FIRST NATIONS ARE INCLUDED?

Impacted First Nations (see list at www.firstnationsdrinkingwater.ca) must accept the Settlement to be eligible for compensation.

To accept the Settlement, Impacted First Nations must submit a Band Council Acceptance Resolution to the Administrator at firstnationswater@deloitte.ca or First Nations Drinking Water Settlement, PO Box 160 Stn Adelaide, Toronto, ON Canada M5C 2J2.

The Band Council Acceptance Resolution must be submitted in the approved format, available from the Administrator.

Impacted First Nations must accept the settlement by [•date] to participate.

HOW DO I GET COMPENSATION?

WHAT CAN CLASS MEMBERS GET?

Individuals may receive a payment for each year they ordinarily resided on First Nations Lands while under a long-term drinking water advisory.

These amounts are subject to limitation periods. For example, if you were born before November 20, 1995, you may only be eligible for compensation going back to November 20, 2013, unless you experienced certain physical, mental, or psychological conditions.

It is expected that the payment amounts will vary for each eligible year, depending on the type of advisory and the remoteness of the First Nation Lands. The eligible years are subject to agerelated limitation periods:

Individuals with a date of birth before November 20, 1995 can claim for all the years and
portions of the 7.6-year period between November 20, 2013, and June 20, 2021 while
they were ordinarily resident on reserve during a drinking water advisory that lasted a year
or more. There are exceptions in place for those who may have been incapable because of
their physical, mental, or psychological condition.

Individuals with a date of birth on or after November 20, 1995, can claim for all the years
and portions of the 25.6-year period between November 20, 1995, and June 20, 2021,
while they were ordinarily resident on reserve during a drinking water advisory that lasted a
year or more.

Individuals with specified injuries may be eligible for additional compensation.

Impacted First Nations who accept the settlement will receive \$500,000 plus an amount equal to 50% of the amounts paid to individuals for drinking water advisories on their reserves.

WHEN WILL INDIVIDUALS AND FIRST NATIONS RECEIVE COMPENSATION?

Individuals can submit claim forms until [• date]. After the claims period ends, the Administrator will pay valid claims for compensation.

First Nations will be paid the \$500,000 base payment within 90 days of their acceptance or the date the Courts' approval of the settlement agreement becomes final, whichever comes first.

Every six months, each First Nation will receive an installment in an amount equal to 50% of the amounts paid to eligible individuals who ordinarily resided on that First Nation's reserve during a long-term drinking water advisory. These payments will begin after the claims period ends.

HOW WILL INDIVIDUALS AND FIRST NATIONS RECEIVE COMPENSATION?

Individuals can submit an individual claim form, or their Band Council can submit a Band Council Confirmation List, confirming which individuals were ordinarily resident on that First Nation's Lands during a long-term drinking water advisory. But if you are an individual submitting a claim for specified injuries, you must submit your own claim form. The Band Council Confirmation List does not include specified injuries.

In the case of multiple submissions, an individual claim form will take precedence over Band Council Confirmation Lists. If you have experienced injury or are unsure if you have been included in a Band Council Confirmation List, please complete an Individual Claim Form or contact the Administrator.

To view and submit claims forms please visit www.firstnationsdrinkingwater.ca.

First Nations must accept the settlement by submitting a Band Council Acceptance Resolution which is available from the Administrator.

Eligible individuals can receive compensation even if their First Nation, or the First Nation on whoseFirst Nation Lands they resided, does not accept the settlement agreement.

Claim Forms may be submitted to the Administrator by completing the online Claim Form electronically at www.firstnationsdrinkingwater.ca, or by emailing a Claim Form to firstnationswater@deloitte.ca or by faxing to 647-738-5206, or by mailing to First Nations Drinking Water Settlement, PO Box 160 Stn Adelaide, Toronto, ON Canada M5C 2J2.

It is very important that a Claimant submits only one Claim Form to the Administrator, using

one of the above methods.

DO I NEED MY OWN LAWYER TO MAKE A CLAIM?

No. Class Counsel represents you. You may contact class counsel at counsel@firstnationsdrinkingwater.ca.

HOW WILL THE LAWYERS BE PAID?

Canada, (not class members), will pay the Class Counsel's fees for prosecuting the class actions and continuing to assist individuals and First Nations. The courts have approved the lawyers' fees and you do not have to pay any money to make a claim.

WHAT AM I GIVING UP IN THE SETTLEMENT?

Class members are giving up their right to sue Canada for the claims resolved by the settlement. That means you will not be able to sue Canada for damages incurred before June 20, 2021, that were caused by Canada's failure to provide safe drinking water on your reserve.

First Nations that do not accept the settlement will not be bound by it, although Individual Band members can still submit a claim.

CAN I REMOVE MYSELF FROM THE SETTLEMENT?

Individuals cannot remove themselves from the settlement without court approval. Class Counsel are not able to help individuals remove themselves from the settlement. Individuals who want to seek leave of the Courts to remove themselves from the settlement should consult a different lawyer.

First Nations do not need to agree to the settlement. If a First Nation does not accept the settlement, the settlement will not resolve the collective or communal claims of that First Nation.

You are not required to submit a claim, but if you do not remove yourself from the settlement and do not submit a claim, and aband does not provide the Administrator with confirmation of your residence, you willnot receive compensation and you will still give up your right to sue Canada.

WHAT ARE THE OTHER BENEFITS FOR FIRST NATIONS AND THEIR MEMBERS IN THE SETTLEMENT?

- Canada has agreed to make all reasonable efforts to support the removal of long-term drinking water advisories that affect the Class.
- Canada has agreed to make all reasonable efforts to ensure that class members living on reserves have regular access to drinking water in their homes. Canada will spend at least \$6 billion by March 31, 2030, to implement that commitment by funding the actual cost of construction, upgrading, operation, and maintenance of water infrastructure on
- Canada has agreed to an alternative dispute resolution framework to decide what additional measures are reasonably required to help individuals get regular access to safe drinking water in their homes.
- Canada has agreed to make all reasonable efforts to repeal the Safe Drinking Water for First Nations Act, S.C. 2013, c. 21 by March 31, 2022, and replace it with legislation that improves drinking water on First Nations reserves.

- Canada has agreed to provide \$20 million to create the First Nations Advisory Committee on Safe Drinking Water.
- Canada has agreed to make available \$9 million to fund First Nations governance initiatives and by-law developments.

WHO REPRESENTS ME?

WHO ARE THE LAWYERS REPRESENTING ME?

The Representative Plaintiffs and the Class are represented by McCarthy Tétrault LLP and Olthuis Kleer Townshend LLP ("Class Counsel"). You may contact Class Counsel at counsel@firstnationsdrinkingwater.ca.

DO I HAVE TO PAY CLASS COUNSEL?

No. The courts approved Class Counsel's fees.

WHAT IF I WANT MY OWN LAWYER?

If you want to hire your own lawyer, you may do so at your own expense.

HOW DO FIRST NATIONS ACCEPT THE SETTLEMENT?

First Nations who are eligible for the settlement must accept it in a Band Council Acceptance Resolution and provide a copy to the Administrator by [•date].

More information, visit <u>www.firstnationsdrinkingwater.ca</u> or contact the Administrator at 1-833-252-4220.

You may also direct questions to Class Counsel at counsel@firstnationsdrinkingwater.ca.

WHO DO FIRST NATIONS CONTACT TO ACCEPT THE SETTLEMENT?

First Nations with questions should contact Class Counsel at counsel@firstnationsdrinkingwater.ca.

First Nations who have a Band Council Acceptance Resolution accepting the settlement agreement should provide a copy to the Administrator by [•date] by emailing to firstnationswater@deloitte.ca or mailing to First Nations Drinking Water Settlement, PO Box 160 Stn Adelaide, Toronto, ON Canada M5C 2J2.

WHO DO I CONTACT FOR MORE INFORMATION?

You may contact the Administrator at 1-833-252-4220.

You may also contact Class Counsel at counsel@firstnationsdrinkingwater.ca.

Schedule "B"



Claim Form for Individuals

The First Nations Drinking Water Settlement will compensate members of First Nations that experienced longterm drinking water advisories while living on an Impacted First Nation.*

You might not need to fill out this form. Please check www.firstnationsdrinkingwater.ca first, to see if your First Nation has filed a claim on behalf of its members. If it has, then please call the Administrator and they'll help you check if you're already on our list. If you are, then you only need to fill out this form if you're claiming for Specified Injuries.

This is the form to claim compensation for yourself. If you want to make a claim for someone else (for example a minor child, a person under a disability, or a person who has passed away) then please fill out the 'Claim Form on Behalf of Another Person' found at www.firstnationsdrinkingwater.ca

To qualify for compensation, you must...



Be a member of a First Nation, have been alive on November 20, 2017, and...

If born before November 20, 1995



ordinarily resided / lived on an Impacted First Nation during a longterm drinking water advisory that lasted continuously for a year or longer, anytime between November 20, 2013 and June 20, 2021

If born on or after November 20, 1995



ordinarily resided / lived on an Impacted First Nation during a longterm drinking water advisory that lasted continuously for a year or longer, anytime between November 20, 1995 and June 20, 2021

*For a list of Impacted First Nations and dates of long-term advisories, please see below at pages 6 to 11. Also, please note that Tsuu T'ina, Sucker Creek, Ermineskin Cree, the Blood Tribe, and the Okanagan Indian Band are bringing their claims in a different way, so their members aren't eligible for compensation under this settlement



Filling out this form might be confusing, emotionally difficult, or even traumatic. But you are not alone. There are three teams of people available to help.



The Hope for Wellness Team offers comfort and emotional support.

They can help you if you are experiencing emotional distress.

You can reach them toll-free on our Wellness Help Line at 1-855-242-3310 or online at www.hopeforwellness.ca



The Administrator handles claim applications and payments.

They can help you with the claims process, including with filling in this Claim Form.

Start with these folks if you have a question and don't know who to ask.

You can reach them toll-free on our Administrator Help Line at 1-833-252-4220



The Class Counsel Team are your lawyers. They work for you, calls are confidential, and there's no charge to talk with them.

They can help you with claims for Specified Injuries Compensation or legal questions about the class action settlement.

You can reach them toll-free on our Class Counsel Help Line at 1-833-265-7589



There is a deadline! If your First Nation has not already submitted a form for you, then you must submit one for yourself by DATE

This form has three parts you must fill out, and two parts that are optional. The three parts you must fill out are...

-	Part 1: Your Name and Key Details	This is where you share key details like your name and birthday, your address and contact numbers, payment info, and a copy of your ID. This allows us to create a file for you.
	Part 2: Where You Lived	Here, you'll tell us about the place (or places) where you lived. We use this information to figure out how long you suffered under long-term drinking water advisories.
	Part 3: Authorization	This is where you agree to the terms and conditions, promise the information you gave us is correct, and give us permission to review and decide your application.

The next two parts are <u>optional</u>. You do not have to fill them out unless you want to make a claim for additional compensation for Specified Injuries, or you do not have any identification.

Part 4: Specified Injuries	This section is where you can claim for additional compensation if you suffered serious, long-lasting injuries that were caused either by using water in accordance with the long-term drinking water advisory, or because you didn't have access to clean safe water because of a long-term drinking water advisory. Please note that you must have been using the treated or tap water. Using untreated water from surface water sources such as lakes, pond, or rivers is not covered.
Part 5: Sworn/ Affirmed Declaration	This is where you sign your name, promise the information you've given us is correct, and give us permission to review and decide your application for Specified Injuries compensation. Because the Specified Injuries compensation is additional to what everyone who suffered under a long-term drinking water advisory will get, an approved guarantor, such as a community leader, also needs to sign this section as your witness. This Part is also required if you do not have any identification.

Tips and Pointers

- If you're unsure about anything, the Frequently Asked Questions (FAQ) page is a great place to start. It is available online at www.firstnationsdrinkingwater.ca
- If you're still unsure after looking at the FAQ page, please call the Administrator. Their contact info is on page 1.
- You should only submit this form <u>once</u>, so please make sure you gather all the info you need first. After you've submitted, please call the Administrator if you need to make a change or have any questions or concerns.
- ✓ There's a checklist at the end of this form to help you make sure you've filled out all the right sections. Instructions on how to submit this form are at page 13.
- Once the Administrator has sent a decision to you about your claim, no more changes to your form can be made.
- This process is governed by the Settlement Agreement and related documents, which are at www.firstnationsdrinkingwater.ca



If you want to make a Specified Injuries claim (Part 4) then you <u>must</u> fill out this form!



PART 1: YOU	JR NAME AND KEY DETAILS
	Please fill in all you can here, so we can process your claim . What you write down should match what is on your government-issued ID. If a box doesn't apply to you, please just leave it blank.
First Name (required)	
Middle Name(s) (if applicable)	
Last Name (required)	
Other Name(s) known by (if applicable)	
Date of Birth (required)	Day Month Year
Please attach a <u>copy</u> of a government-issued ID to this Claim Form (required)	☐ I have attached a copy of my government-issued ID
	We understand that you might not have all this information, but please fill in all you can. Note that you must provide the Province and the name of your Band, and either your Indian Status Card Number and/or your Band Registration Number
Social Insurance Number (if available)	
Indian Status Card Number	
Your Band Registration Number	
Name of the Band you are a Member of	
Province Where Your Band is Located	
	What we need here is your current mailing address or an address where you can be reached. We also ask for your phone number and email, but if you don't have those that's fine, please just leave those boxes blank.
Street Name and Number	
Unit Number (if applicable)	
City / Town / Community	
PO Box (if applicable)	
Province/Territory	
Postal Code	
Country	
Home Telephone	
Mobile Telephone (if applicable)	
Email address (if applicable)	
If this address is in a First Nation, please indicate the name of the nation	
C/O Name (if applicable)	
<mark>Draft</mark> - First Nations Drinking W	Vater Settlement – Individual Class Member Claim Form – Page 3 of 19

\$ Payment Information

- Payments will be assessed and issued to eligible claimants after the end of the claims period
- The claims period ends on [DATE], so payments will be in mid-2023 or later
- Compensation will depend on the total amount of funding available, and number of eligible claims received

If your claim is approved, we can pay you by cheque or by direct deposit. Which would you prefer?

☐ Please **mail** me a cheque at the address I provided above



☐ I have attached a completed direct deposit form or void cheque and would like you to pay me by direct deposit ☐





Tips and Pointers for Direct Deposits

- If you'd like a direct deposit, you must attach a void cheque or direct deposit form to this claim form, so we know where to send the money.
- The bank account needs to be in your name. We can't send money to someone else's account. If your account changes, please contact the Administrator.
- We can only deposit to Canadian bank accounts.
- Please make sure the information you give us is correct. Once the money is deposited, we can't get it back or make replacement payments. For example, if you provide a family member's banking information instead of your own, we can't get that money back for you.
- If the void cheque or direct deposit form are invalid, we will mail your cheque instead.



If you move after you send us this Claim Form, please make sure you contact the Administrator at 1-833-252-4220 and give us your new address!

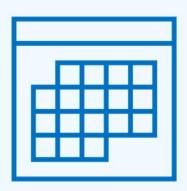
Draft - First Nations Drinking Water Settlement – Individual Class Member Claim Form – Page 4 of 19

PART 2: WHERE YOU LIVED

In this section, you'll **tell us about what reserve** (or reserves) you lived on, and when. We will use that information to figure out how much compensation you are eligible for.

There's a long table below, listing all the First Nations that had known long-term drinking water advisories in the timeframes covered by the settlement. As a reminder, a 'long-term drinking water advisory' means one that lasted for a year or longer.





Beside the name of each First Nation, there are date boxes. Please fill in the date boxes next to the First Nation where you lived, starting with the month and year you began living there, and ending with the month and year you stopped living there (if applicable).

If you were born before November 20, 1995, then please share with us where you lived from November 20, 2013 to June 20, 2021.

If you were born on or after November 20, 1995, then please share with us where you lived from November 20, 1995 to June 20, 2021.



Tips and Pointers for Part 2

- You only need to share the times and locations that you were living on any of the First Nations listed below. You don't need to share information about other times and locations.
- If you were under 18 when you lived on reserve and moved away from your community to attend school, that time should be treated as time spent living on reserve and included in the table below.
- If you lived in more than one First Nation on the list below, that's fine. Please complete the date information for all the listed First Nations that you lived in.
- If you have questions about why we're only asking for certain timeframes based on when you were born, please see the 'Limitations Periods' section of the online FAQ page. You can find it at www.firstnationsdrinkingwater.ca
- If you think your First Nation had a drinking water advisory that lasted a year or more, but you can't find it on the list below, please call the Administrator at 1-833-252-4220, or include the information in the 'Other First Nation(s)' section at the bottom.



Draft - First Nations Drinking Water Settlement – Individual Class Member Claim Form – Page 5 of 19

Alberta First Nation	First Nation / Band	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation <u>UNTIL:</u> Month, Year
Alexis Nakota Sioux Nation	437	TBC	Month, Year	Month, Year
Anishinabe Tallcree First Nation	446		Month, Year	Month, Year
Beaver First Nation	445		Month, Year	Month, Year
Cold Lake First Nation	464		Month, Year	Month, Year
Dene Tha' First Nation	448		Month, Year	Month, Year
Driftpile First Nation	450		Month, Year	Month, Year
Enoch Cree Nation	440		Month, Year	Month, Year
Frog Lake First Nation	465		Month, Year	Month, Year
Kapawe'no First Nation	452		Month, Year	Month, Year
Kehewin Cree Nation	466		Month, Year	Month, Year
Little Red River Cree Nation	447		Month, Year	Month, Year
Mikisew Cree First Nation	461		Month, Year	Month, Year
O'Chiese First Nation	431		Month, Year	Month, Year
Paul First Nation	441		Month, Year	Month, Year
Saddle Lake First Nation	462		Month, Year	Month, Year
Samson Cree First Nation	444		Month, Year	Month, Year
Siksika Nation	430		Month, Year	Month, Year
Stoney Nakoda First Nation	471		Month, Year	Month, Year
Sturgeon Lake Cree Nation	455		Month, Year	Month, Year
Sunchild First Nation	434		Month, Year	Month, Year
Whitefish Lake First Nation #459	459		Month, Year	Month, Year

British Columbia	First Nation / Band	Dates of	I lived on this Impacted First Nation	I lived on this Impacted First Nation
First Nation	Number	Water Advisory	FROM: Month, Year	UNTIL: Month, Year
?Akisq'nuk First Nation	604		Month, Year	Month, Year
Pagam (also known as St. Mary's Indian Band)	602		Month, Year	Month, Year
?Esdilagh First Nation	709		Month, Year	Month, Year
Adams Lake Indian Band	684		Month, Year	Month, Year
Ashcroft First Nation	685		Month, Year	Month, Year
Bonaparte First Nation (formerly Bonaparte Indian Band)	686		Month, Year	Month, Year
Boothroyd Indian Band	700		Month, Year	Month, Year
Canim Lake Band	713		Month, Year	Month, Year
Cheam First Nation	584		Month, Year	Month, Year
Coldwater Indian Band	693		Month, Year	Month, Year
Cook's Ferry Indian Band	694		Month, Year	Month, Year
Cowichan Tribes Ts'uuvaa-asatx (formerly known as Lake Cowichan First Nation)	642		Month, Year	Month, Year
Douglas First Nation (also known as Xa'xtsa Nation or Douglas Indian Band)	561		Month, Year	Month, Year
Dzawada'enuxw First Nation	636		Month, Year	Month, Year
Ehattesaht First Nation	634		Month, Year	Month, Year
Esk'etemc	711		Month, Year	Month, Year
Fort Nelson First Nation	543		Month, Year	Month, Year
Halfway River First Nation	546		Month, Year	Month, Year
Hupačasath First Nation	664		Month, Year	Month, Year
Huu-ay-aht First Nation	663		Month, Year	Month, Year
Kanaka Bar Indian Band (T'eqt'aqtn'mux)	704		Month, Year	Month, Year
Kitasoo (Xai'xais) Nation	540		Month, Year	Month, Year
Kitsumkalum Band	681		Month, Year	Month, Year
Kwadacha Nation	610		Month, Year	Month, Year
Kwakiutl First Nation	626		Month, Year	Month, Year
Kwikwasut'inxw Haxwa'mis First Nation	625		Month, Year	Month, Year
Lake Babine Nation	607		Month, Year	Month, Year
Leq'á:mel First Nation (formerly Lakahahmen First Nation)	579		Month, Year	Month, Year
Lhoosk'uz Dené Nation	721		Month, Year	Month, Year
Lhtako Dené Nation	715		Month, Year	Month, Year
Little Shuswap Lake Band	689		Month, Year	Month, Year

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British Columbia	First Nation / Band	Dates of	I lived on this Impacted First Nation	I lived on this Impacted First Nation
First Nation	Number	Water Advisory	FROM: Month, Year	UNTIL: Month, Year
Lower Nicola Indian Band	695		Month, Year	Month, Year
Lower Similkameen Indian Band (Smelqmix)	598		Month , Year	Month , Year
Lytton First Nation	705		Month , Year	Month , Year
McLeod Lake Indian Band	618		Month , Year	Month , Year
Nadleh Whut'en First Nation	612		Month, Year	Month, Year
Nazko First Nation	720		Month , Year	Month , Year
Neskonlith First Nation	690		Month , Year	Month , Year
Nicomen Indian Band	696		Month , Year	Month , Year
Nisga'a Village of Gitwinksihlkw	679		Month, Year	Month , Year
Nooaitch Indian Band	699		Month , Year	Month , Year
N'Quatqua	556		Month , Year	Month , Year
Osoyoos Indian Band	596		Month , Year	Month , Year
Pacheedaht First Nation (formerly Pacheena or Pacheenaht)	658		Month , Year	Month , Year
Penticton Indian Band	597		Month , Year	Month , Year
Qualicum First Nation	651		Month , Year	Month , Year
Saulteau First Nations	542		Month , Year	Month , Year
Sekw'el'was (also known as Cayoose Creek Band)	591		Month , Year	Month , Year
Semiahmoo First Nation	569		Month , Year	Month , Year
Shackan First Nation	698		Month , Year	Month , Year
Shishalh Nation (also known as Sechlet First Nation)	551		Month , Year	Month , Year
Shuswap First Nation	605		Month , Year	Month , Year
Simpcw First Nation	691		Month, Year	Month , Year
Siska First Nation	706		Month , Year	Month , Year
Skeetchestn Indian Band	687		Month , Year	Month , Year
Skidegate Band Council	670		Month , Year	Month , Year
Skuppah Indian Band	707		Month, Year	Month, Year
Skwxwú7mesh Úxwumixw (Squamish Nation)	555		Month , Year	Month , Year
Snuneymuxw First Nation	648		Month , Year	Month , Year
Soowahlie First Nation (also known as Soowahile Band)	572		Month , Year	Month , Year
Splatsin First Nation	600		Month , Year	Month , Year
Spuzzum First Nation	708		Month , Year	Month , Year
Sq'ewá:lxw (also known as Skawahlook First Nation)	582		Month , Year	Month , Year
Sq'éwlets First Nation (also known as Scowlitz First Nation)	568		Month , Year	Month , Year
Stellat'en First Nation	613		Month , Year	Month , Year
Sts'ailes Nation (also known as Chehalis Indian Band)	559		Month , Year	Month , Year
Stswecem'C Xgat'tem First Nation (formerly Canoe Creek)	723		Month , Year	Month , Year
T'l'esqox First Nation (Toosey First Nation)	718		Month , Year	Month , Year
T'la'tlasikwala First Nation	632		Month , Year	Month , Year
T'It'q'et First Nation (formerly known as Lillooet Indian Band)	593		Month, Year	Month, Year
Takla Lake First Nation (formerly known as Takla Land Band)	608		Month , Year	Month , Year
Tk'emlúps te Secwèpemc (formerly Kamloops Indian Band)	688		Month , Year	Month , Year
Tl'azt'en First Nation	617		Month , Year	Month , Year
Tl'etingox-t'In Government	712		Month, Year	Month , Year
Tobacco Plains Indian Band (Yaqit ?a-knuqti 'it First Nation)	603		Month , Year	Month , Year
Toquaht Nation	666		Month , Year	Month , Year
Tsal'alh (also known as Seton Lake Indian Band)			Month , Year	Month , Year
Tsay Keh Dene First Nation	609		Month , Year	Month , Year
Ts'kw'aylaxw First Nation (also known as Pavilion Indian	594			
Band)			Month, Year	Month, Year
Tŝideldel First Nation (formerly known as Alexis Creek)	710		Month, Year	Month, Year
Ucluelet First Nation (Yuulu?if?ath Government)	668		Month Year	Month, Year
Upper Nicola First Nation	697		Month, Year	Month, Year
Upper Similkameen First Nation	599		Month, Year	Month, Year
Westbank First Nation	601		Month, Year	Month, Year
Wet'Suwet'En First Nation	725		Month, Year	Month, Year
Whispering Pines/Clinton Indian Band	702		Month, Year	Month, Year
Williams Lake First Nation	719		Month , Year	Month , Year
Xatśūll First Nation (formerly known as Soda Creek Indian	716			
Band)			Month, Year	Month, Year
Xaxli'p (also known as Fountain Indian Band)	592		Month, Year	Month, Year
Xeni Gwet'in First Nation Government	714		Month Year	Month, Year
Xwisten (also known as Bridge River Indian Band)	590		Month, Year	Month, Year
Yunesit'in First Nation	717	1	Month, Year	Month, Year

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Manitoba			I lived on this	I lived on this
First Nation	First Nation / Band Number	Dates of Water Advisory	Impacted First Nation FROM: Month, Year	Impacted First Nation <u>UNTIL:</u> Month, Year
Beren's River First Nation	266		Month, Year	Month, Year
Canupawakpa Dakota Nation	289		Month, Year	Month, Year
Fox Lake Cree Nation	305		Month, Year	Month, Year
God's Lake Narrows First Nation	296		Month, Year	Month, Year
Hollow Water First Nation	263		Month, Year	Month, Year
Kinonjeoshtegon First Nation (also known as Jackhead First Nation)	268		Month, Year	Month, Year
Lake Manitoba First Nation	271		Month, Year	Month, Year
Little Grand Rapids First Nation	270		Month, Year	Month, Year
Long Plain First Nation	287		Month, Year	Month, Year
Pauingassi First Nation	327		Month, Year	Month, Year
Pinaymootang First Nation (formerly known as Fairford First Nation)	272		Month, Year	Month, Year
Pine Creek First Nation	282		Month, Year	Month, Year
Sapotaweyak Cree Nation	314		Month, Year	Month, Year
Sasgkeeng First Nation (also known as Fort Alexander Indian	262			
Band)			Month, Year	Month, Year
Shamattawa First Nation	307		Month, Year	Month, Year
Tataskweyak Cree Nation	306		Month, Year	Month, Year
Wuskwi Sipihk First Nation	324		Month, Year	Month, Year
New Brunswick	First Nation / Band	Dates of	I lived on this Impacted First Nation	I lived on this Impacted First Nation
First Nation	Number	Water Advisory	FROM: Month, Year	UNTIL: Month, Year
Buctouche Mic Mac Band (also known as Cayoose Creek Indian Band)	4		Month, Year	Month, Year
Eel Ground First Nation	7		Month , Year	Month , Year
Fort Folly First Nation	9		Month, Year	Month, Year
Indian Island First Nation	10		Month, Year	Month, Year
Pabineau First Nation	13		Month, Year	Month, Year
Tobique First Nation (Neqotkuk)	16		Month, Year	Month, Year
Welamukotuk First Nation (also known as Oromocto First Nation)	12		Month, Year	Month, Year
Woodstock First Nation	17		Month, Year	Month, Year
			Control of the Contro	200000000000000000000000000000000000000
Newfoundland and Labrador	Siret Nation / Rand	Pates of	I lived on this	I lived on this
Newfoundland and Labrador	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
First Nation	Number		Impacted First Nation FROM: Month, Year	Impacted First Nation <u>UNTIL:</u> Month, Year
			Impacted First Nation	Impacted First Nation
First Nation	Number 47	Water Advisory	Impacted First Nation FROM: Month, Year Month, Year	Impacted First Nation UNTIL: Month, Year Month, Year
First Nation	A47 First Nation / Band	Water Advisory	Impacted First Nation FROM: Month, Year Month Year I lived on this	Impacted First Nation UNTIL: Month, Year Month, Year
First Nation Miawpukek First Nation	Number 47	Water Advisory	Impacted First Nation FROM: Month, Year Month, Year	Impacted First Nation UNTIL: Month, Year Month, Year
Visit Nation Nova Scotia	A47 First Nation / Band	Water Advisory Dates of	Impacted First Nation FROM: Month Year I lived on this Impacted First Nation FROM: Month, Year	Impacted First Nation UNTIL: Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year
Vova Scotia irst Nation Allibrook First Nation	47 First Nation / Band Number	Water Advisory Dates of	Impacted First Nation FROM: Month, Year Month, Year I lived on this Impacted First Nation FROM: Month, Year Month, Year	Impacted First Nation UNTIL: Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year Month, Year
Miawpukek First Nation Nova Scotia Irst Nation	A7 First Nation / Band Number 27	Water Advisory Dates of	Impacted First Nation FROM: Month Year I lived on this Impacted First Nation FROM: Month, Year	Impacted First Nation UNTIL: Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year
Miawpukek First Nation Jova Scotia irst Nation Millbrook First Nation otlotek First Nation (formerly known as Chapel Island)	A7 First Nation / Band Number 27	Water Advisory Dates of	Impacted First Nation FROM: Month, Year Month, Year I lived on this Impacted First Nation FROM: Month, Year Month, Year Month, Year	Impacted First Nation UNTIL: Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year Month, Year Month, Year
Vova Scotia irst Nation Allibrook First Nation	A7 First Nation / Band Number 27	Dates of Water Advisory	Impacted First Nation FROM: Month, Year Month, Year I lived on this Impacted First Nation FROM: Month, Year Month, Year	Impacted First Nation UNTIL: Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year Month, Year
Miawpukek First Nation Jova Scotia irst Nation Millbrook First Nation otlotek First Nation (formerly known as Chapel Island)	Number 47 First Nation / Band Number 27 22	Dates of Water Advisory	Impacted First Nation FROM: Month, Year Month Year I lived on this Impacted First Nation FROM: Month, Year Month Year Month Year I lived on this	Impacted First Nation UNTIL: Month, Year Month, Year I lived on this Impacted First Natio UNTIL: Month, Year Month, Year Month, Year 1 lived on this
Miawpukek First Nation Mova Scotia irst Nation Millbrook First Nation otlotek First Nation (formerly known as Chapel Island) Ontario	A7 First Nation / Band Number 27 22 First Nation / Band A	Dates of Water Advisory Dates of Object of Water Advisory Dates of	Impacted First Nation FROM: Month, Year Month, Year I lived on this Impacted First Nation FROM: Month, Year Month, Year Month, Year I lived on this Impacted First Nation	Impacted First Nation UNTIL: Month, Year Month, Year I lived on this Impacted First Natio UNTIL: Month, Year Month, Year Month, Year I lived on this Impacted First Nation
Miawpukek First Nation Mova Scotia Irst Nation Millbrook First Nation otlotek First Nation (formerly known as Chapel Island) Ontario First Nation	Number 47 First Nation / Band Number 27 22 First Nation / Band Number	Dates of Water Advisory Dates of Object of Water Advisory Dates of	Impacted First Nation FROM: Month, Year Month, Year I lived on this Impacted First Nation FROM: Month, Year Month, Year Month, Year I lived on this Impacted First Nation FROM: Month, Year	Impacted First Nation UNTIL: Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year
Miawpukek First Nation Mova Scotia Irst Nation Millbrook First Nation otlotek First Nation (formerly known as Chapel Island) Ontario First Nation Alderville First Nation Algonquins of Pikwàkanagàn First Nation	A7 First Nation / Band Number 27 22 First Nation / Band Number 160	Dates of Water Advisory Dates of Object of Water Advisory Dates of	Impacted First Nation FROM: Month, Year Month, Year I lived on this Impacted First Nation FROM: Month, Year Month, Year Llived on this Impacted First Nation FROM: Month, Year Month, Year Month, Year Month, Year Month, Year	Impacted First Nation UNTIL: Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year Month, Year Month, Year Month, Year Month, Year
Miawpukek First Nation Mova Scotia Mistrict Nation Millbrook First Nation Otlotek First Nation (formerly known as Chapel Island) Ontario First Nation Alderville First Nation Algonquins Of Pikwakanagan First Nation Animakee Wa Zhing #37 (formerly known as Northwest Angle 37)	First Nation / Band Number 27 22 First Nation / Band Number 160 163 152	Dates of Water Advisory Dates of Object of Water Advisory Dates of	Impacted First Nation FROM: Month, Year Month Year I lived on this Impacted First Nation FROM: Month, Year Month Year Month Year I lived on this Impacted First Nation FROM: Month, Year Month Year Month Year Month Year Month Year Month Year	Impacted First Nation UNTIL: Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year Month, Year Month, Year Month, Year Month, Year Month, Year
Miawpukek First Nation Mova Scotia Irst Nation Millbrook First Nation otlotek First Nation (formerly known as Chapel Island) Ontario First Nation Alderville First Nation Algonquins of Pikwàkanagàn First Nation	First Nation / Band Number 27 22 First Nation / Band Number 160 163	Dates of Water Advisory Dates of Object of Water Advisory Dates of	Impacted First Nation FROM: Month, Year Month, Year I lived on this Impacted First Nation FROM: Month, Year Month, Year Month, Year I lived on this Impacted First Nation FROM: Month, Year Month, Year Month, Year Month, Year Month, Year Month, Year	Impacted First Nation UNTIL: Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year Month, Year Month, Year I lived on this Impacted First Nation UNTIL: Month, Year Month, Year Month, Year Month, Year Month, Year

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Ontario	CAR CARACT CARE	200	I lived on this	I lived on this
First Nation	First Nation / Band	Dates of Water Advisory	Impacted First Nation FROM: Month, Year	Impacted First Nation
ALONG DESCRIPTION	Number	Water Advisory	A Company of the Comp	UNTIL: Month, Year
Attawapiskat First Nation	143		Month, Year	Month, Year
Bearskin Lake First Nation	207		Month Year	Month Year
Big Grassy First Nation Biinjitiwaabik Zaaging Anishinaabek (also known as Rocky Bay	124 197		Month, Year	Month Year
First Nation)	157		Month , Year	Month , Year
Cat Lake First Nation	216		Month , Year	Month , Year
Chippewas of Georgina Island First Nation	138		Month , Year	Month , Year
Chippewas of Nawash Unceded First Nation	122		Month, Year	Month, Year
Constance Lake First Nation	182		Month, Year	Month, Year
Couchiching First Nation	126		Month, Year	Month, Year
Curve Lake First Nation	161		Month, Year	Month, Year
Deer Lake First Nation	237		Month, Year	Month, Year
Eabametoong First Nation	183		Month, Year	Month, Year
Eagle Lake First Nation	148		Month, Year	Month, Year
Fort Severn First Nation	215		Month, Year	Month, Year
Hiawatha First Nation	162		Month, Year	Month, Year
Kashechewan Cree First Nation	243		Month, Year	Month, Year
Kee-way-win First Nation	325		Month, Year	Month, Year
Kiashke Zaaging Anishinaabek (also known as Gull Bay First Nation)	188		Month, Year	Month, Year
Kingfisher First Nation	212		Month, Year	Month, Year
Kitchenuhmaykoosib Inninuway First Nation (Big Trout First	209			
Nation)			Month, Year	Month, Year
Koocheching First Nation	N/A		Month, Year	Month, Year
Lac La Croix First Nation	127		Month, Year	Month, Year
Lac Seul First Nation	205		Month, Year	Month, Year
Marten Falls First Nation	186		Month, Year	Month, Year
Mishkeegogamang Ojibway Nation	203		Month, Year	Month, Year
Mississaugas Of Scugog Island First Nation	140		Month, Year	Month, Year
Mitaanjigamiing First Nation	133		Month, Year	Month, Year
Mohawks Of The Bay Of Quinte	164		Month, Year	Month, Year
Moose Deer Point First Nation	135		Month, Year	Month, Year
Muskrat Dam First Nation	213		Month, Year	Month, Year
Namaygoosisagagun First Nation	N/A		Month, Year	Month, Year
Naotkamegwanning First Nation	158		Month, Year	Month, Year
Neskantaga First Nation	239		Month, Year	Month, Year
Nibinamik First Nation	241		Month, Year	Month, Year
Nigigoonsiminikaaning First Nation (formerly known as	129		Month Year	Month Voor
Nicickousemenecaning First Nation and Red Gut First Nation)	220		Month , Year	Month , Year
Nipissing First Nation North Caribou Lake First Nation (also known as Weagamow Lake	204		Month, Year	Month, Year
and Round Lake)	204		Month , Year	Month , Year
North Spirit Lake First Nation	238		Month , Year	Month, Year
Northwest Angle #33 First Nation	151		Month , Year	Month , Year
Netmizaaggamig Nishnaabeg (formerly known as Pic Mobert First	195			
Nation)			Month, Year	Month, Year
Niisaachewan Anishinaabe Nation (formerly Ochiichagwe'	147		1949 py 1 1 1 1 1 1	- 2026 - 5040 - 6067:
Babigo'Ining Ojibway Nation)			Month, Year	Month, Year
Ojibway Nation Of Saugeen	258		Month, Year	Month, Year
Oneida Nation Of The Thames	246		Month, Year	Month, Year
Pikangikum First Nation	208		Month, Year	Month, Year
Poplar Hill First Nation	236		Month, Year	Month, Year
Red Rock Indian Band (Lake Helen Reserve)	193		Month, Year	Month, Year
Sachigo Lake First Nation	214		Month Year	Month Year
Sandy Lake First Nation	211		Month Year	Month Year
Serpent River First Nation	201		Month Year	Month Year
Shoal Lake No 40 First Nation	155		Month Year	Month Year
Slate Falls Nation	259		Month Year	Month Year
Taykwa Tagamou Nation	145		Month Year	Month Year
Wabaseemoong Independent Nations	150		Month Year	Month Year
Wabigoon Lake Oilhway Nation	156		Month, Year	Month Year
Wabigoon Lake Ojibway Nation Wahta Mohawk	157			Month Year
Wanta Monawk Wapekeka First Nation	134		Month Year	Month Year
AND A STATE OF THE	206		Month Year	Month Year
Wasauksing First Nation	136		Month , Year	Month , Year

Ontario	_ First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation <u>UNTIL:</u> Month, Year
First Nation				
Washagamis Bay First Nation (also known as Obashkaandagaang Bay First Nation)	235		Month, Year	Month, Year
Wauzhushk Onigum First Nation	153		Month, Year	Month, Year
Wawakapewin First Nation	234		Month, Year	Month, Year
Webequie First Nation	240		Month, Year	Month, Year
Weenusk First Nation	146		Month Year	Month, Year
Wunnumin Lake First Nation	217		Month, Year	Month, Year
Zhiibaahaasing First Nation	173		Month , Year	Month, Year

Prince Edward Island	First Nation / Band	Dates of	I lived on this Impacted First Nation	I lived on this Impacted First Nation	
First Nation	Number	Water Advisory	FROM: Month, Year	UNTIL: Month, Year	
Abegweit First Nation	1		Month, Year	Month, Year	

Quebec	- First Nation / Band	Dates of	I lived on this	I lived on this Impacted First Nation	
First Nation	Number	Water Advisory	FROM: Month, Year	UNTIL: Month, Year	
Communauté Anicinape de Kitcisakik	62		Month, Year	Month, Year	
Conseil des Innus de Pakua Shipu	88		Month, Year	Month, Year	
Conseil des Innus de Pessamit (also known as Pessamit Indian Reserve)	85		Month, Year	Month, Year	
Kitigan Zibi Anishinabeg	73		Month, Year	Month, Year	

Saskatchewan	First Nation / Band	Dates of	I lived on this Impacted First Nation	I lived on this Impacted First Nation
First Nation	Number	Water Advisory	FROM: Month, Year	UNTIL: Month, Year
Beardy's & Okemasis' Cree Nation	369		Month, Year	Month, Year
Big Island Lake Cree Nation	399		Month, Year	Month, Year
Black Lake Denesuline First Nation	317		Month, Year	Month, Year
Buffalo River Dene Nation	398		Month, Year	Month, Year
Clearwater River Dene Nation	401		Month, Year	Month, Year
Cote First Nation	366		Month, Year	Month, Year
Cowessess First Nation	361		Month, Year	Month, Year
Cumberland House Cree Nation	350		Month, Year	Month, Year
Day Star First Nation	389		Month, Year	Month, Year
Fishing Lake First Nation	390		Month, Year	Month, Year
Fond Du Lac Denesuline First Nation	351		Month, Year	Month, Year
George Gordon First Nation	391		Month, Year	Month, Year
Hatchet Lake Denesuline First Nation	352		Month, Year	Month, Year
Kahkewistahaw First Nation	362		Month, Year	Month, Year
Kawacatoose First Nation	393		Month, Year	Month, Year
Keeseekoose First Nation	367		Month, Year	Month, Year
Little Pine First Nation	340		Month, Year	Month, Year
Muscowpetung First Nation	381		Month, Year	Month, Year
Muskowekwan First Nation	392		Month, Year	Month, Year
Pasqua First Nation #79	383		Month, Year	Month, Year
Piapot First Nation	385		Month, Year	Month, Year
Ministikwan Lake Cree Nation	397		Month, Year	Month, Year
Montreal Lake Cree Nation	354		Month, Year	Month, Year
Moosomin First Nation	342		Month, Year	Month, Year
Nekaneet First Nation	380		Month, Year	Month, Year
Okanese First Nation	382		Month, Year	Month, Year
Peepeekisis Cree Nation	384		Month, Year	Month, Year
Peter Ballantyne Cree Nation	355		Month, Year	Month, Year
Poundmaker Cree Nation	345		Month, Year	Month, Year
Red Earth Cree Nation	356		Month, Year	Month, Year
Saulteaux First Nation	347		Month, Year	Month, Year

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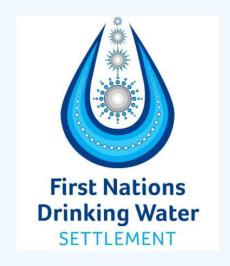
Saskatchewan First Nation	First Nation / Band Number	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Shoal Lake Cree Nation	357		Month, Year	Month, Year
Standing Buffalo Dakota First Nation	386	16	Month, Year	Month, Year
Star Blanket Cree Nation	387		Month, Year	Month, Year
Sturgeon Lake First Nation	360		Month, Year	Month, Year
Sweetgrass First Nation	348		Month, Year	Month, Year
Wahpeton Dakota Nation	358		Month, Year	Month, Year
White Bear First Nation	365		Month , Year	Month, Year

Other First Nation(s)/Periods of Residence

If you think a First Nation you lived on had a drinking water advisory that lasted a year or more anytime between November 20, 1995, to June 20, 2021, but you can't find that First Nation on the list above, then you can call us, or you can include that information here. We will investigate it and may need to ask you for additional information.

You can also use this section if you lived on a First Nation listed above for two or more separate periods of time

First Nation	Province	First Nation / Band Number (Optional)	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation <u>UNTIL:</u> Month, Year
				Month, Year	Month, Year
				Month, Year	Month, Year



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PART 3: AUTHORIZATION

In this section, we make sure that you acknowledge and agree to the following key terms and conditions as part of submitting your claim:



The Administrator handles claims applications, like the one you're making by submitting this form.

- The Administrator's job is to process applications carefully, fairly, and efficiently, based on the instructions they are given and the information they are sent. They don't represent Canada, the First Nations, or First Nations members. They are not lawyers, and they don't offer legal advice.
- Because the Administrator just administers the claims, it is not their job to identify or
 protect the legal rights of Canada, First Nations or First Nations members, or to raise
 issues that Canada, First Nations or First Nations members didn't raise.
- Free legal advice is available to you from your lawyers. You can reach them toll-free on the Class Counsel Help Line at 1-833-265-7589.
- As part of this claims process, the Administrator may contact you to ask for further information.
- 5. The Administrator, as part of this claims process, may disclose the information you provide and/or your amount of compensation, to any of the following groups: the First Nation where you are a member, the First Nation(s) where you lived, Canada, Class Counsel, the Third-Party Assessor, the Joint Committee, the Settlement Implementation Committee, and/or the First Nations Advisory Committee on Safe Drinking Water.



Privacy is important. The information you submit will be kept confidential except where we need to share it with others as part of this process.

6. Canada, as part of this process, may disclose information in its possession to any of the following groups: the Administrator, Class Counsel, the Third-Party Assessor, the Joint Committee, the Settlement Implementation Committee, and/or the First Nations Advisory Committee on Safe Drinking Water

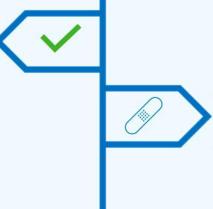


You can find out more about the roles and memberships of these groups in the FAQ page available online at www.firstnationsdrinkingwater.ca

7. We will be relying on the information you provide, and by signing and submitting this form you are confirming that all the information you've provided is true to the best of your knowledge. Where someone has helped you fill out this form, you are also confirming that they read you everything they wrote on this form and everything they included with it or attached to it.

Your Declaration and Signature	"Everything in this form is true to the best of my knowledge. I acknowledge, understand and agree to the key terms and conditions, and consent to the disclosure and use of my personal information in accordance with the above and the Settlement." You sign here
Print Your Full Name (First, Last)	
Date You Signed This Form	Day Month Year
	ne to witness you signing this Claim Form. The witness does NOT need to read what form or verify that what you have written is true. Anyone over the age of 18 can be
Declaration and Signature of Witness	"I witnessed the person above sign this form." Your witness signs here
Print the Full Name of the Witness (First, Last)	
Date the Witness Signed this Form	Day Month Year
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If you have filled out everything above, attached a copy of your ID, and are NOT claiming for Specified Injuries, then you're nearly done. Please use the Checklist on the last page to double-check everything, and then go ahead and submit your claim. Please choose one of the following ways to submit:



If you are claiming for Specified Injuries please continue to Parts 4 and 5, or if you don't have ID please continue to Part 5

By Regular Mail
Drinking Water Class Action
Claims Administrator, c/o Deloitte
PO BOX 160 STN Adelaide
Toronto, ON, M5C 2J2, Canada

-or-

By Email firstnationswater@deloitte.ca

-or-

By Fax 647-738-5206

Mail, email, or fax all work for us, so please choose whichever one is easiest for you



After you submit your claim, the Administrator will get in touch to confirm they've received your claim. If you have questions at any point, you can call us at 1-833-252-4220

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PART 4: SPECIFIED INJURIES

(This section is optional)

This part is optional. You don't have to fill it out. The intention of this settlement is to offer recognition and comfort to those that have suffered. Unclean and unsafe drinking water leads to suffering for everyone, but some people suffered additional harms: serious and specific injuries directly caused by unclean water. If that happened to you, then you can fill out this part and make a claim for additional compensation.





It is often difficult to talk about suffering. We don't want to re-traumatize anyone, so we've tried to keep this form as simple and matter of fact as we can. If emotional support would be helpful, please connect with the Hope for Wellness Help Line at 1-855-242-3310 or online at www.hopeforwellness.ca.

There are two levels of additional compensation. Here are the rules for making a claim:

Harm Level 1 is for serious harms that lasted more than a month but less than a year. To be eligible you must meet all the following criteria:

- 1. You must have suffered significant and prolonged health problems that harmed your quality of life and disrupted your wellbeing and/or daily activities.
- 2. The injuries must have been directly caused by the Long-Term Drinking Water Advisory, either because you used treated or tap water in accordance with the advisory but still got sick, or because you didn't have proper access to treated or tap water.



This means you must have followed the advisory instructions. For example, if a boil water advisory was in place, you must have followed the instructions and always boiled your tap water beforehand. This also means you must have been using the treated or tap water. Using untreated water from surface water sources such as lakes, pond, or rivers is not covered

- The health symptoms must have persisted for a minimum of one month of consecutive days, up to/under one year.
- You must have tried to get treatment for your injuries.



In many First Nations it can be difficult to access health care, so if you were not able to get treatment you can still make a claim, as long as you tried to get help from someone, such as an elder, community health leader, shaman, knowledge-keeper, traditional healer, medicine-person, nurse, or doctor.



Harm Level 2 is for serious harms that lasted more than one year. To be eligible you must meet all the following criteria:

- You must have suffered significant and prolonged health problems that harmed your quality of life and disrupted your well-being and/or daily activities.
- 2. The injuries must have been directly caused by the Long-Term Drinking Water Advisory, either because you used treated or tap water in accordance with the advisory but still got sick, or because you didn't have proper access to treated or tap water.



This means you must have followed the advisory instructions. For example, if a boil water advisory was in place, you must have followed the instructions and always boiled your tap water beforehand. This also means you must have been using the treated or tap water. Using untreated water from surface water sources such as lakes, pond, or rivers is not covered.

- 3. The health symptoms must have persisted for at least one year of consecutive days.
- You must have gotten treatment for your injuries from a health-care practitioner.



A health-care practitioner can be any of the following: a traditional healer, a medicine person, or a doctor

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- Compensation amounts for Specified Injuries will depend on how many eligible claims are made by Class Members. If you are eligible, your compensation will be based on the total number of eligible claims, the type of harm you suffered, and the level of that harm.
- ✓ You can choose <u>more than one of the nine types</u> of harm in the list below, but you can only choose <u>one level</u> of harm for each type. Please identify all that apply to you. If you choose several types of harm, the Administrator may contact you for additional clarification.
- ✓ You do not have to provide supporting documents or testimony to make a claim. But if you want to, when you submit your claim you can include things like (a) medical records of the injury and its cause; (b) other records, including written records, photographs, and videos, of the injury and its cause; (c) a written statement; or (d) oral testimony.

Type of Harm	Specified Injuries (Medical Diagnosis)	Symptoms & Health Care Provider(s)	Harm Level 1	Harm Level 2
	Select (✓) any that apply	Please provide the name of health care practitioner(s) from whom you sought or received medical treatment for this injury	More than 1 month, but less than 1 year	1 year or more
1. Digestive	☐ Ingestion of Bacteria	Symptoms may include stomach cramps, nausea, diarrhea, abdominal pain, dehydration, constipation		
(Gastroenterological) (disorders affecting the	☐ Viral infection		10 10	
stomach, intestines and associated organs)	Ingestion of chemicals in quantities harmful to human health	Name of Health Care Practitioner: Type of Practitioner:		
	Stomach ulcers			
Respiratory/ Breathing	Chlorine toxicity	Symptoms may include significant trouble breathing, painfully irritated airways or lungs, significant chest pain, shortness of breath, blue skin		
	Ingestion of chemicals in quantities harmful to human health, resulting in respiratory or breathing injuries	Name of Health Care Practitioner: Type of Practitioner:		
3. Dermatological	Skin Infections	Symptoms may include cellulitis (bacterial infection, swelling, redness),		
(condition involving skin, hair, and nails)	Dermal (Skin) lesions	boils, dermal lesions, skin pigmentation, blisters, skin discoloration and fever)	oration	
	Chlorine toxicity	Name of Health Care Practitioner: Type of Practitioner:		
4. Liver	☐ Viral Infection (Hepatitis A)	Symptoms may include discoloration of eyes and skin, swelling in legs and ankles, chronic fatigue, loss of appetite, abdominal pain, liver inflammation, liver failure		
	Ingestion of Bacteria	Name of Health Care Practitioner:		
	Liver damage (cysts, lesions, toxicity)	Type of Practitioner:		
	Ingestion of chemicals in quantities harmful to human health, resulting in liver injuries			
5. Neurological (Brain/Nervous System)	☐ Ingestion of chemicals in	Symptoms may include irritability, poor attention span, headache, insomnia, dizziness, memory loss, IQ deficits, behavioural effects in		
(B) diny rervous systemy	quantities harmful to human health,	children		
	resulting in neurological injuries	Name of Health Care Practitioner: Type of Practitioner:		
6. Bloodstream Infections	□ Infections contracted from using water for injections/ syringes/needles, including endocarditis	Symptoms may include: aching joints and muscles, chest pain, fatigue, flu-like symptoms, night sweats, shortness of breath, lower body swelling, heart murmurs Name of Health Care Practitioner:		
	- Charlette	Type of Practitioner:		
7. Kidney	Ingestion of chemicals in quantities harmful to human health, resulting in kidney injuries	Symptoms may include: kidney damage, kidney lesions, kidney failure Name of Health Care Practitioner: Type of Practitioner:		
8. Tumors or Cancer	Ingestion of chemicals in quantities harmful to human health, resulting in tumors or cancer	Symptoms may include: tumors, cancer Name of Health Care Practitioner: Type of Practitioner:		

Type of Harm	Specified Injuries (Medical Diagnosis)	Symptoms & Health Care Provider(s)	Harm Level 1	Harm Level 2
	Select (✓) any that apply	Please provide the name of health care practitioner(s) from whom you sought or received medical treatment for this injury	More than 1 month, but less than 1 year	1 year o more
Mental Health	Depression (Major depressive disorder or Persistent depressive disorder)	Symptoms may include: Depressed Mood, Diminished Interest or Pleasure, Significant Weight Loss or Weight Gain, Insomnia or trouble with sleep, Agitation, Fatigue, loss of energy, inability to distinguish between what is real and what only seems to be real, Diminished ability to think or concentrate, or indecisiveness, Recurrent thoughts of death, suicide attempt Name of Health Care Practitioner:		
	☐ Panic Disorder (an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes)	Type of Practitioner: Symptoms may include: Palpitations, pounding heart, or accelerated heart rate, Sweating, Trembling or shaking, Shortness of breath or smothering, Feelings of choking, Chest pain/discomfort, Nausea, Dizzy, lightheaded or faint, Chills or heat sensations, Numbness or tingling sensations, feelings of unreality, or being detached from oneself, Fear of losing control, Fear of dying Name of Health Care Practitioner: Type of Practitioner:		
	Use Disorders Any one of the following: - Alcohol Use Disorder - Cannabis Use Disorder - Tobacco Use Disorder - Sedative, Hypnotic, Anxiolytic Use Disorder	Symptoms may include: Consumption of large amounts substances or over long period of time, Cannot cut down or control use, Time spent to obtain, use, or recover from consumption, Strong desire/urge to use, Unable to fulfil obligations at work, school or home due to use, Social, occupational, or recreational activities given up because of use, Using even if physically hazardous, A need for increased amounts to achieve intoxication or desired effect, Taken to relieve or avoid withdrawal symptoms Name of Health Care Practitioner: Type of Practitioner:		
	Post-traumatic Stress Disorder (PTSD) (Exposure to actual or threatened death, serious injury)	Symptoms may include: Experiencing repeated or extreme exposure to aversive details of the traumatic event(s), Experiencing repeated or extreme exposure to details of the traumatic events, Avoidance of distressing memories, thoughts, or feelings about traumatic event(s), Negative changes in brain functioning (thinking) and mood associated with the traumatic event(s), Marked changes in behaviour, typically expressed as verbal or physical acting out toward people or objects, Duration of disturbance is more than 1 month, Behavioural problems that have such a negative impact on daily life that help was needed from the healthcare system Name of Health Care Practitioner:		_
Specific Phobia (Fear or anxiety about a specific object or situation e.g., flying, heights, animals, seeing blood, etc. Adjustment Disorder	(Fear or anxiety about a specific	Type of Practitioner: Symptoms may include: The phobic object/situation provokes immediate fear or anxiety, actively avoided or endured with intense fear or anxiety, is out of proportion to the actual danger posed, is persistent, typically lasting for 6 months or more, causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. Symptoms are not explained by another mental disorder. Name of Health Care Practitioner: Type of Practitioner:		
	Adjustment Disorder	Symptoms may include: Marked distress that is out of proportion to the severity or intensity of the stressor, significant impairment in social, occupational, or other important areas of functioning Name of Health Care Practitioner: Type of Practitioner:		
	☐ Generalized Anxiety Disorder	Symptoms may include: Excessive anxiety and worry, Difficulty controlling worry, Restlessness or feeling on edge, being easily fatigued, Difficulty concentrating or mind going blank, Irritability, Muscle tension, Difficulty falling or staying asleep, or restless/ unsatisfying sleep, Causes clinically significant distress or impairment in social, occupational, or other important areas of functioning Name of Health Care Practitioner: Type of Practitioner:		





PART 5: SWORN/AFFIRMED DECLARATION

You DO NOT need to complete this part UNLESS...



you are making a claim in Part 4 for Specified Injuries compensation because you suffered serious and specific injuries that were directly caused by the Long-Term Drinking Water Advisory, either because you used treated or tap water in accordance with the advisory but still got sick, or because you didn't have proper access to treated or tap water, **Or**



you don't have a copy of your Personal ID



If either of the above apply to you, please complete this part

- This part of the Claim Form contains a "sworn declaration" where you swear or solemnly affirm, in front of a guarantor, that everything you have told us about your injuries in Part 4, or your identity in Part 1, is true
- If you are claiming for injuries, in this section you will also swear or solemnly affirm in front of your guarantor that those injuries were directly caused by the Long-Term Drinking Water Advisory, either because you used treated or tap water in accordance with the advisory but still got sick, or because you didn't have proper access to treated or tap water
- ✓ Your guarantor must be one of the following...
 - a community leader such as your Chief or a member of council
 - any other elected official
 - a Notary Public
 - a Commissioner of Oaths
 - a lawyer (including Class Counsel), doctor, or accountant
 - a police officer
 - any other person listed in the 'Guarantor' section of the FAQ page at www.firstnationsdrinkingwater.ca
- ✓ Your guarantor must witness you signing this section of the Claim Form. They do NOT need to read what you've written in this Claim Form but they DO need to confirm that the name you have provided is accurate
- Your guarantor also needs to describe their office and provide their contact information

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PART 5 (CONTINUED): DECLARATION REGARDING SPECIFIED INJURIES AND/OR IDENTITY If you are claiming for Specified Injuries in Part 4, or do not have ID, then you must fill in this section and sign it in front of your guarantor... "By signing this Declaration in front of my guarantor, I am swearing or solemnly affirming that the following statements are true, to the best of my knowledge: 1. I accurately and fairly described any specified injury or injuries I claimed in Part 4. 2. Any specified injury or injuries that I claimed in Part 4 were directly caused by using treated or tap water in accordance with the Long-Term Drinking Water Advisory, or by restricted access to treated or tap water caused by the Long-Term Drinking Water Advisory. Your Declaration and Signature 3. Any specified injury or injuries that I claimed in Part 4 had commenced during the Long-Term Drinking Water Advisory period I have claimed. 4. I have correctly and accurately identified myself, and if I have not provided a copy of a piece of government issued ID, it is because I do not have one." You sign here 1 Print Your Full Name (First, Last) **Date You Signed This Form** Day Month ...and your Guarantor must fill in this section and sign it Guarantor Full Name (First, Last) Guarantor Type (e.g. Chief, Councillor, etc.) Guarantor Organization/Affiliation Guarantor's Address and Contact details Street Name and Number Unit Number (if applicable) City/Town/Community Postal Code Province/Territory Country **Guarantor Telephone Number** Guarantor Email Address (if applicable) "I witnessed the person above sign this form, and confirm that the name they have provided is accurate. I consent to the disclosure and use of my personal information to contact me on these matters if necessary." Declaration and Signature of Guarantor Your guarantor signs here

___ Month _

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Year_

Date Your Guarantor Signed this Form

CLAIM FORM - SUBMISSION CHECKLIST 4554



Before submitting this Claim Form, please use this checklist to make sure your submission is complete.

•	Part 1: Your Name and Key Details	Please make sure that you have: Filled in all the key details (name, date of birth, ID numbers, band, mailing address and phone number, etc.) Told us how you'd like to be paid if your claim is approved Once you've done that, please also make sure you: Attach a copy of your government-issued ID, and If you chose the 'direct deposit' option, attach a void cheque or direct deposit form for your bank account
	Part 2: Where You Lived	Please make sure that you have: Filled in the dates and locations according to the instructions
<u> </u>	Part 3: Authorization	Please make sure that you have: Very Read and understood the key terms and conditions Read and understood the declaration Very Signed the declaration in front of a witness, and had the witness sign too Printed your name and the name of the witness, and the date you signed

	Part 4: Specified Injuries (Optional)	This section is optional. If you decided to fill it out, please make sure you have: Volly claimed additional compensation for serious and long-lasting injuries directly caused by the water or a lack of water Completed the checklists for the type of injury and the level of harm you suffered Attached any documents and records you want (note that you aren't required to include these; they are optional)
	Part 5: Sworn/ Affirmed Declaration	If you are claiming Specified Injuries compensation in Part 4, or you don't have government ID, then please make sure you have: Signed the declaration in front of a guarantor, and had the guarantor sign too
-×	(Only if you are claiming in Part 4 or do not have ID)	Printed your name and the date you signed Printed the guarantor's name and contact information, and the date the guarantor signed

Please make a copy of your form for your records before submitting. And that's it. Information on how to submit your claim is on page 13. Thanks!





Representative Claim Form

(Claim Form for a Personal Representative Claiming on Behalf of Another Person)

The First Nations Drinking Water Settlement will compensate members of First Nations that experienced longterm drinking water advisories while living on an Impacted First Nation.*

NOTICE: This is the form to claim compensation on behalf of someone else, such as a minor child, a person under a disability, or a person who has passed away. If you want to claim compensation for yourself, please fill out the 'Claim Form for Individuals' instead. It is found at www.firstnationsdrinkingwater.ca

You might not need to fill out this form. Please check www.firstnationsdrinkingwater.ca first, to see if the First Nation has already filed a claim on behalf of its members. If it has, then please call the Administrator and they'll help you check if the person you're claiming on behalf of is already on our list. If they are, then you only need to fill out this form if you're claiming for Specified Injuries for them.

To qualify for compensation, the person you're claiming on behalf of must...



➤ Be a member of a First Nation, have been alive on November 20, 2017, and...

If born before November 20, 1995



ordinarily resided / lived on an Impacted First Nation during a longterm drinking water advisory that lasted continuously for a year or longer, anytime between November 20, 2013 and June 20, 2021

If born on or after November 20, 1995



ordinarily resided / lived on an Impacted First Nation during a longterm drinking water advisory that lasted continuously for a year or longer, anytime between November 20, 1995 and June 20, 2021

*For a list of Impacted First Nations and dates of long-term advisories, please see below at pages 6 to 11. Also, please note that Tsuu T'ina, Sucker Creek, Ermineskin Cree, the Blood Tribe, and the Okanagan Indian Band are bringing their claims in a different way, so their members aren't eligible for compensation under this settlement.



Filling out this form might be confusing, emotionally difficult, or even traumatic. But you are not alone. There are three teams of people available to help.



The Hope for Wellness Team offers comfort and emotional support.

They can help you if you are experiencing emotional distress.

You can reach them toll-free on our Wellness Help Line at 1-855-242-3310 or online at

www.hopeforwellness.ca



The Administrator handles claim applications and payments.

They can help you with the claims process, including with filling in this Claim Form.

Start with these folks if you have a question and don't know who to ask.

You can reach them toll-free on our Administrator Help Line at 1-833-252-4220



The Class Counsel Team are your lawyers. They work for you, calls are confidential, and there's no charge to talk with them.

They can help you with claims for Specified Injuries Compensation or legal questions about the class action settlement.

You can reach them toll-free on our Class Counsel Help Line at 1-833-265-7589



There is a deadline! If the person's First Nation has not already submitted a form for them, then you must submit one by DATE

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This form has various parts. Here's how to fill it out.

Parts 1-3 are REQUIRED. You must fill out these parts.	•	Part 1: Name and Key Details	This is where you share key details of the person on whose behalf you are claiming, like THEIR name, birthday, band membership, etc. In this part you will also provide us with YOUR address, contact numbers, and payment info. This allows us to create a file on behalf of the person you're claiming for, and link that file to you as their representative.
\bigcirc		Part 2: Where They Lived	Here, you'll tell us about the place (or places) where the person you're claiming for lived. We use this information to figure out how long they suffered under long-term drinking water advisories.
	<u> </u>	Part 3: Authorization	This is where you agree to the terms and conditions, promise the information you gave us is correct, and give us permission to review and decide the application you're making on behalf of another person.

Parts 4-5 are OPTIONAL. Only fill these out if they apply to your situation.	Part 4: Specified Injuries	This section is where you can claim for additional compensation if the person suffered serious, long-lasting injuries that were caused either by using water in accordance with the long-term drinking water advisory, or because they didn't have access to clean safe water because of a long-term drinking water advisory. Please note that they must have been using the treated or tap water. Using untreated water from surface water sources such as lakes, pond, or rivers is not covered.
?	Part 5: Sworn/ Affirmed Declaration	This is where you sign your name, promise the information you've given us is correct, and give us permission to review and decide the application for Specified Injuries compensation. Because the Specified Injuries compensation is additional to what everyone who suffered under a long-term drinking water advisory will get, an approved guarantor, such as a community leader, also needs to sign this section as your witness. This Part is also required if you do not have any identification

Choose ONE of Parts 6-9 to fill out, based on who you are making a claim for. (For example, if you're	े	Part 6: Person Under Disability	You should fill out this part if you are making a claim on behalf of a Person Under Disability. A 'Person Under Disability' is defined as someone who is unable to manage or make reasonable judgments or decisions in respect of their affairs by reason of mental incapacity AND for whom a personal representative has been appointed pursuant to the applicable provincial or federal legislation to manage property/finances.
making a claim on behalf of a minor child, you would choose Part 7)		Part 7: Minor Child	You should fill out this part if you are making a claim on behalf of a Minor Child. A minor child is defined by the legislation of the province or territory of residence. In most cases, it means someone under the age of 18 years. If you're making a claim on a minor child's behalf, you are considered that minor child's "personal representative".
100		Part 8: Deceased Person With Estate	You should fill out this part if you are making a claim on behalf of a person who has died with an estate which you have been appointed to represent. 'With an estate' means the person either had a will, or someone has been appointed to represent their estate.
		Part 9: Deceased Person With No Estate	You should fill out this part if you are making a claim on behalf of a person who has died without an estate. 'Without an estate' means that the person did not have a will, and nobody has been appointed to represent their estate.

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Tips and Pointers for Filling Out This Claim Form

- If you're unsure about anything, the Frequently Asked Questions (FAQ) page is a great place to start. It is available online at www.firstnationsdrinkingwater.ca
- If you're still unsure after looking at the FAQ page, please call the Administrator. Their contact info is on page 1.
- You should only submit this form once, so please make sure you gather all the info you need first. After you've submitted, please call the Administrator if you need to make a change or have any questions or concerns.

- There's a checklist at the end of this form to help you make sure you've filled out all the right sections.
- Once the Administrator has sent a decision to you about a claim, no more changes to the form can be made.
- This process is governed by the Settlement Agreement and related documents, which are at www.firstnationsdrinkingwater.ca
- Instructions on how to submit this form are at page 14



If you want to make a Specified Injuries claim (Part 4) then you must fill out this form!



_

PART 1: THEIR NAME AND KEY DETAILS and YOUR ADDRESS Please fill in all you can here, so we can process the claim. In these boxes, please write down THEIR information - that is, the information of the person you're claiming for. What you write down should $match\ what\ is\ on\ their\ government-is sued\ ID.\ If\ a\ box\ doesn't\ apply\ to\ them,\ please\ just\ leave\ it\ blank.$ First Name of the Person You're Claiming For (required) Middle Name(s) of the Person You're Claiming For (if applicable) Last Name of the Person You're Claiming For (required) Other Name(s) They Were Known By (if applicable) Date of Birth of the Person You're Claiming For (required) Please attach a copy of a government-issued ID of the ☐ I have attached a copy of their government-issued ID person you're claiming for to this claim form (required) Again, in these boxes, please write down THEIR information We understand that you might not have all of it, but please fill in all you can. Note that you must provide the Province and the name of their Band, and either their Indian Status Card Number and/or their Band Registration Number Social Insurance Number of the Person You're Claiming For Indian Status Number of the Person You're Claiming For Band Registration Number of the Person You're Claiming For Name of the Band the Person You're Claiming For Was a Member Of Province Where Their Band is Located In these boxes, please write down YOUR information! This is so we can contact YOU about the claim you're making on behalf of the person above. We ask for your phone number and email, but if you don't have those that's fine, please just leave those boxes blank. Your Name (First, Last) Your Street Name and Number Your Unit Number (if applicable) Your City / Town / Community Your PO Box (if applicable) Your Province/Territory Your Postal Code Your Country Your Home Telephone Your Mobile Telephone (if applicable) Your Email address (if applicable) If this address is in a First Nation, please indicate the name of the nation C/O Name (if applicable) Draft - First Nations Drinking Water Settlement – Personal Representative of an Individual Class Member Claim Form – Page 4 of 26

\$ Payment Information

- ✓ Payments will be assessed and issued to eligible claimants after the end of the claims period
- ✓ The claims period ends on [DATE], so payments will be in mid-2023 or later
- ✓ Compensation will depend on the total amount of funding available, and number of eligible claims received
- ✓ If we get more than one personal representative claiming on behalf of the same person (for example if two people make claims on behalf of the same minor child, or two people claim on behalf of the same estate) then we will contact everyone and ask you to sort things out amongst yourselves. If that isn't possible, you may need to ask the court to provide us all with direction before payment can be made.

If your claim on behalf of another person is approved, we can pay you by cheque or by direct deposit. Which would you prefer?

☐ Please **mail** me a cheque at the address I provided above

☐ I have attached a completed direct deposit form or void cheque and would like you 盦 to pay me by direct deposit



Tips and Pointers for Direct Deposits

- If you'd like a direct deposit, you must attach a void cheque or direct deposit form to this claim form, so we know where to send the money.
- The bank account needs to be in your name. We can't send money to someone else's account. If your account changes, please contact the Administrator. For claims for a deceased person with an estate, payment will be made to "The Estate of" the deceased person.
- We can only deposit to Canadian bank accounts.
- Please make sure the information you give us is correct. Once the money is deposited, we can't get it back or make replacement payments. For example, if you provide a family member's banking information instead of your own, we can't get that money back for you.
- If the void cheque or direct deposit form are invalid, we will mail your cheque instead.



If you move after you send us this Claim Form, please make sure you contact the Administrator at 1-833-252-4220 and give us your new address!

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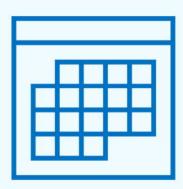


PART 2: WHERE THEY LIVED

In this section, you'll **tell us about what reserve** (or reserves) the person you're claiming for lived on, and when. We will use that information to figure out how much compensation they are eligible for.

There's a long table below, listing all the First Nations that had known long-term drinking water advisories in the timeframes covered by the settlement. As a reminder, a 'long-term drinking water advisory' means one that lasted for a year or longer.





Beside the name of each First Nation, there are date boxes. Please fill in the date boxes next to the First Nation where they lived, starting with the month and year they began living there, and ending with the month and year they stopped living there (if applicable).

If they were born before November 20, 1995, then please share with us where they lived from November 20, 2013 to June 20, 2021.

If you were born on or after November 20, 1995, then please share with us where they lived from November 20, 1995 to June 20, 2021.



Tips and Pointers for Part 2

- You only need to share the times and locations that they were living on any of the First Nations listed below. You don't need to share information about other times and locations.
- If they were under 18 when they lived on reserve and moved away from their community to attend school, that time should be treated as time spent living on reserve and included in the table below.
- ✓ If they lived in more than one First Nation on the list below, that's fine. Please complete the date information for all the listed First Nations that they lived in.
- If you have questions about why we're only asking for certain timeframes based on when they were born, please see the 'Limitations Periods' section of the online FAQ page. You can find it at www.firstnationsdrinkingwater.ca
- If you think their First Nation had a drinking water advisory that lasted a year or more, but you can't find it on the list below, please call the Administrator at 1-833-252-4220, or include the information in the 'Other First Nation(s)' section at the bottom.



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Alberta First Nation	First Nation / Band	Dates of Water Advisory	They lived on this Impacted First Nation FROM: Month, Year	They lived on this Impacted First Nation UNTIL: Month, Year
Alexis Nakota Sioux Nation	437	TBC	Month, Year	Month, Year
Anishinabe Tallcree First Nation	446		Month, Year	Month, Year
Beaver First Nation	445		Month, Year	Month, Year
Cold Lake First Nation	464		Month, Year	Month, Year
Dene Tha' First Nation	448		Month, Year	Month, Year
Driftpile First Nation	450		Month, Year	Month, Year
Enoch Cree Nation	440		Month, Year	Month, Year
Frog Lake First Nation	465		Month, Year	Month, Year
Kapawe'no First Nation	452		Month, Year	Month, Year
Kehewin Cree Nation	466		Month, Year	Month, Year
Little Red River Cree Nation	447		Month, Year	Month, Year
Mikisew Cree First Nation	461		Month, Year	Month, Year
O'Chiese First Nation	431		Month, Year	Month, Year
Paul First Nation	441		Month, Year	Month, Year
Saddle Lake First Nation	462		Month, Year	Month, Year
Samson Cree First Nation	444		Month, Year	Month, Year
Siksika Nation	430		Month, Year	Month, Year
Stoney Nakoda First Nation	471		Month, Year	Month, Year
Sturgeon Lake Cree Nation	455		Month, Year	Month, Year
Sunchild First Nation	434		Month, Year	Month, Year
Whitefish Lake First Nation #459	459		Month, Year	Month, Year
Woodland Cree First Nation	474		Month, Year	Month, Year

British Columbia	First Nation / Band Number 604	Dates of Water Advisory	They lived on this Impacted First Nation FROM: Month, Year Month, Year	They lived on this Impacted First Nation UNTIL: Month, Year Month Year
First Nation				
?Akisq'nuk First Nation				
Pagam (also known as St. Mary's Indian Band)	602		Month, Year	Month, Year
?Esdilagh First Nation	709		Month, Year	Month, Year
Adams Lake Indian Band	684	i	Month, Year	Month, Year
Ashcroft First Nation	685		Month, Year	Month, Year
Bonaparte First Nation (formerly Bonaparte Indian Band)	686		Month, Year	Month, Year
Boothroyd Indian Band	700		Month, Year	Month, Year
Canim Lake Band	713		Month Year	Month, Year
Cheam First Nation	584		Month, Year	Month, Year
Coldwater Indian Band	693		Month, Year	Month, Year
Cook's Ferry Indian Band	694		Month Year	Month, Year
Cowichan Tribes Ts'uuvaa-asatx (formerly known as Lake Cowichan First Nation)	642		Month, Year	Month, Year
Douglas First Nation (also known as Xa'xtsa Nation or Douglas Indian Band)	561		Month, Year	Month, Year
Dzawada'enuxw First Nation	636		Month, Year	Month , Year
Ehattesaht First Nation	634		Month, Year	Month, Year
Esk'etemc	711		Month, Year	Month, Year
Fort Nelson First Nation	543		Month, Year	Month, Year
Halfway River First Nation	546		Month, Year	Month, Year
Hupačasath First Nation	664		Month, Year	Month, Year
Huu-ay-aht First Nation	663		Month, Year	Month, Year
Kanaka Bar Indian Band (T'eqt'aqtn'mux)	704		Month, Year	Month, Year
Kitasoo (Xai'xais) Nation	540		Month, Year	Month, Year
Kitsumkalum Band	681		Month, Year	Month, Year
Kwadacha Nation	610		Month, Year	Month, Year
Kwakiutl First Nation	626		Month, Year	Month, Year
Kwikwasut'inxw Haxwa'mis First Nation	625		Month, Year	Month, Year
Lake Babine Nation	607		Month, Year	Month, Year
Leq'á:mel First Nation (formerly Lakahahmen First Nation)	579		Month, Year	Month, Year
Lhoosk'uz Dené Nation	721		Month, Year	Month, Year
Lhtako Dené Nation	715		Month, Year	Month, Year
Little Shuswap Lake Band	689		Month, Year	Month, Year

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British Columbia			They lived on this	They lived on this
First Nation	First Nation / Band Number	Dates of Water Advisory	Impacted First Nation FROM: Month, Year	Impacted First Nation UNTIL: Month, Year
Lower Nicola Indian Band	695		Month, Year	Month , Year
Lower Similkameen Indian Band (Smelgmix)	598		Month , Year	Month , Year
Lytton First Nation	705		Month , Year	Month , Year
McLeod Lake Indian Band	618		Month , Year	Month , Year
Nadleh Whut'en First Nation	612		Month, Year	Month , Year
Nazko First Nation	720		Month , Year	Month , Year
Neskonlith First Nation	690		Month , Year	Month , Year
Nicomen Indian Band	696		Month , Year	Month , Year
Nisga'a Village of Gitwinksihlkw	679		Month , Year	Month , Year
Nooaitch Indian Band	699		Month , Year	Month , Year
N'Quatqua	556		Month , Year	Month , Year
Osoyoos Indian Band	596		Month, Year	Month , Year
Pacheedaht First Nation (formerly Pacheena or Pacheenaht)	658		Month , Year	Month , Year
Penticton Indian Band	597		Month , Year	Month , Year
Qualicum First Nation	651		Month , Year	Month , Year
Saulteau First Nations	542		Month , Year	Month , Year
Sekw'el'was (also known as Cayoose Creek Band)	591		Month , Year	Month , Year
Semiahmoo First Nation	569		Month , Year	Month , Year
Shackan First Nation	698		Month , Year	Month , Year
Shishalh Nation (also known as Sechlet First Nation)	551		Month , Year	Month , Year
Shuswap First Nation	605		Month , Year	Month , Year
Simpow First Nation	691		Month , Year	Month , Year
Siska First Nation	706		Month , Year	Month , Year
Skeetchestn Indian Band	687		Month , Year	Month , Year
Skidegate Band Council	670			Month , Year
Skuppah Indian Band	707		Month, Year	Month, Year
	555		The same of the sa	
Skwxwú7mesh Úxwumixw (Squamish Nation) Snuneymuxw First Nation	648		Month , Year	
Soowahlie First Nation (also known as Soowahile Band)	572		Month , Year	Month, Year Month , Year
Splatsin First Nation	600		Month , Year	Month , Year
Spuzzum First Nation	708			Month , Year
Sq'ewá:lxw (also known as Skawahlook First Nation)	582		Month , Year Month _ , Year	Month , Year
Sq'éwlets First Nation (also known as Scowlitz First Nation)	568		Month , Year	Month , Year
Stellat'en First Nation	613		Month , Year	Month , Year
Sts'ailes Nation (also known as Chehalis Indian Band)	559		Month , Year	Month , Year
Stswecem'C Xgat'tem First Nation (formerly Canoe Creek)	723		Month , Year	Month , Year
T'l'esqox First Nation (Toosey First Nation)	718		Month , Year	Month , Year
T'la'tlasikwala First Nation	632		Month , Year	Month , Year
T'It'q'et First Nation (formerly known as Lillooet Indian Band)	593		Month , Year	Month , Year
Takla Lake First Nation (formerly known as Takla Land Band)	608		Month , Year	Month , Year
Tk'emlúps te Secwépemc (formerly Kamloops Indian Band)	688		Month, Year	Month, Year
Tl'azt'en First Nation	617		Month , Year	Month , Year
	712			
Tl'etinqox-t'In Government Tobacco Plains Indian Band (Yaqit ?a·knuq‡i 'it First Nation)	603		Month , Year	Month, Year
Toquaht Nation	666		Month , Year	Month , Year
Tsal'alh (also known as Seton Lake Indian Band)	000		Month , Year	Month , Year
Tsay Keh Dene First Nation	609		Month , Year	Month , Year
	594		World Teal	iwonun, real
Ts'kw'aylaxw First Nation (also known as Pavilion Indian Band)	334		Month , Year	Month , Year
Tŝideldel First Nation (formerly known as Alexis Creek)	710		Month , Year	Month , Year
Ucluelet First Nation (Yuulu?il?ath Government)	668		Month , Year	Month , Year
Upper Nicola First Nation	697		Month, Year	Month , Year
Upper Similkameen First Nation	599		Month , Year	Month , Year
Westbank First Nation	601		Month , Year	Month , Year
Wet'Suwet'En First Nation	725		Month , Year	Month , Year
Whispering Pines/Clinton Indian Band	702		Month, Year	Month , Year
Williams Lake First Nation	719		Month , Year	Month, Year
Xatsûll First Nation (formerly known as Soda Creek Indian	716			month
Band)	. 20		Month, Year	Month, Year
Xaxli'p (also known as Fountain Indian Band)	592		Month , Year	Month , Year
Xeni Gwet'in First Nation Government	714		Month , Year	Month , Year
Xwisten (also known as Bridge River Indian Band)	590		Month, Year	Month, Year
, , , , , , , , , , , , , , , , , , , ,				

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Manitolia			They lived on this	They lived on this
Manitoba First Nation	First Nation / Band Number	Dates of	Impacted First Nation	Impacted First Nation
First Nation		Water Advisory	FROM: Month, Year	UNTIL: Month, Year
Beren's River First Nation	266 289		Month, Year	Month, Year
Canupawakpa Dakota Nation			Month, Year	Month, Year
Fox Lake Cree Nation	305		Month, Year	Month, Year
God's Lake Narrows First Nation	296		Month, Year	Month, Year
Hollow Water First Nation	263		Month, Year	Month, Year
Kinonjeoshtegon First Nation (also known as Jackhead First Nation)	268		Month, Year	Month, Year
Lake Manitoba First Nation	271		Month, Year	Month, Year
Little Grand Rapids First Nation	270		Month , Year	Month , Year
Long Plain First Nation	287		Month, Year	Month, Year
Pauingassi First Nation	327		Month , Year	Month , Year
Pinaymootang First Nation (formerly known as Fairford First	272			
Nation)			Month, Year	Month, Year
Pine Creek First Nation	282		Month, Year	Month, Year
	314		Month, Year	Month, Year
Sapotaweyak Cree Nation			To the same of the	Politice
Sasgkeeng First Nation (also known as Fort Alexander Indian Band)	262		Month Vear	Month , Year
Shamattawa First Nation	307		Month, Year	Month , Year
Tataskweyak Cree Nation	306		Month , Year	Month , Year
Wuskwi Sipihk First Nation	324		Month , Year	Month , Year
				Total Control of the
New Brunswick	The Marian / Band		They lived on this	They lived on this
First Nation	First Nation / Band Number	Dates of Water Advisory	Impacted First Nation FROM: Month, Year	Impacted First Nation UNTIL: Month, Year
Buctouche Mic Mac Band (also known as Cayoose Creek Indian	4	***************************************	I NOME THE	ONTIS
Band)	4		Month, Year	Month, Year
Eel Ground First Nation	7		Month, Year	Month, Year
Fort Folly First Nation	9		Month, Year	Month, Year
Indian Island First Nation	10		Month, Year	Month, Year
Pabineau First Nation	13		Month, Year	Month, Year
Tobique First Nation (Neqotkuk)	16		Month, Year	Month, Year
Welamukotuk First Nation (also known as Oromocto First Nation)	12		Month, Year	Month, Year
Woodstock First Nation	17		Month, Year	Month, Year
Newfoundland and Labrador			They lived on this	They lived on this
	First Nation / Band	Dates of	Impacted First Nation	Impacted First Nation
First Nation	Number	Water Advisory	FROM: Month, Year	<u>UNTIL:</u> Month, Year
Miawpukek First Nation	47		Month, Year	Month, Year
Nova Scotia	First Nation / Band		They lived on this	They lived on this
Nova Scotia	Number	Dates of	Impacted First Nation	Impacted First Nation
	Number			Control of the Contro
irst Nation		Water Advisory	FROM: Month, Year	UNTIL: Month, Year
irst Nation Allibrook First Nation	27		FROM: Month, Year Month, Year	Month, Year
Aillbrook First Nation			Month, Year	Month, Year
BANK WALL WAS A STATE OF THE ST	27		The state of the s	
Aillbrook First Nation	27 22	Water Advisory	Month, Year Month, Year They lived on this	Month, Year Month, Year They lived on this
Aillbrook First Nation forthotek First Nation (formerly known as Chapel Island) Ontario	27 22 First Nation / Band	Water Advisory Dates of	Month Year Month Year They lived on this Impacted First Nation	Month _ , Year _ Month _ , Year _ They lived on this Impacted First Nation
Ontario First Nation	27 22 First Nation / Band Number	Water Advisory	Month, Year Month, Year They lived on this Impacted First Nation FROM: Month, Year	Month, Year Month, Year Month, Year They lived on this Impacted First Nation UNTIL: Month, Year
Ontario First Nation Alderville First Nation Alderville First Nation	27 22 First Nation / Band Number 160	Water Advisory Dates of	Month, Year Month, Year They lived on this Impacted First Nation FROM; Month, Year Month, Year	Month, Year Month, Year They lived on this Impacted First Nation UNTIL: Month, Year Month, Year
Ontario First Nation Ontario Alderville First Nation Algonquins Of Pikwàkanagàn First Nation	27 22 First Nation / Band Number 160 163	Water Advisory Dates of	Month, Year Month, Year They lived on this Impacted First Nation FROM; Month, Year Month, Year Month, Year	Month, Year Month, Year Month, Year They lived on this impacted First Nation UNTIL: Month, Year Month, Year Month, Year
Ontario First Nation Ontario First Nation Alderville First Nation Algonquins Of Pikwäkanagàn First Nation Animakee Wa Zhing #37 (formerly known as Northwest Angle 37)	27 22 First Nation / Band Number 160 163 152	Water Advisory Dates of	Month, Year Month, Year They lived on this Impacted First Nation FROM: Month, Year Month, Year Month, Year Month, Year	Month, Year Month, Year Month, Year They lived on this Impacted First Nation UNTIL: Month, Year Month, Year Month, Year Month, Year
Ontario First Nation Ontario Alderville First Nation Algonquins Of Pikwàkanagàn First Nation	27 22 First Nation / Band Number 160 163	Water Advisory Dates of	Month, Year Month, Year They lived on this Impacted First Nation FROM; Month, Year Month, Year Month, Year	Month, Year Month, Year Month, Year They lived on this impacted First Nation UNTIL: Month, Year Month, Year Month, Year

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Ontario		No. of the last	They lived on this	They lived on this
First Nation	First Nation / Band Number	Dates of Water Advisory	Impacted First Nation FROM: Month, Year	Impacted First Nation UNTIL: Month, Year
Attawapiskat First Nation	Number 143	Water Advisory		
				Month Year
Bearskin Lake First Nation	207		Month Year	Month Year
Big Grassy First Nation	124		Month, Year	Month, Year
Biinjitiwaabik Zaaging Anishinaabek (also known as Rocky Bay	197		Month Vear	Manth Voor
First Nation)	215		Month Year	Month Year
Cat Lake First Nation	216	4	Month Year	Month Year
Chippewas of Georgina Island First Nation	138		Month, Year	Month, Year
Chippewas of Nawash Unceded First Nation	122		Month, Year	Month, Year
Constance Lake First Nation	182		Month, Year	Month, Year
Couchiching First Nation	126		Month, Year	Month, Year
Curve Lake First Nation	161		Month, Year	Month, Year
Deer Lake First Nation	237		Month, Year	Month, Year
Eabametoong First Nation	183		Month, Year	Month, Year
Eagle Lake First Nation	148		Month, Year	Month, Year
Fort Severn First Nation	215		Month, Year	Month, Year
Hiawatha First Nation	162		Month, Year	Month, Year
Kashechewan Cree First Nation	243		Month, Year	Month, Year
Kee-way-win First Nation	325		Month, Year	Month, Year
Kiashke Zaaging Anishinaabek (also known as Gull Bay First Nation)	188		Month , Year	Month , Year
Kingfisher First Nation Kitchenuhmaykoosih Inninuway First Nation (Rig Trout First	212		Month, Year	Month, Year
Kitchenuhmaykoosib Inninuway First Nation (Big Trout First Nation)	209		Month , Year	Month , Year
Koocheching First Nation	NA		Month , Year	Month , Year
The state of the s	127			
Lac La Croix First Nation			Month Year	Month Year
Lac Seul First Nation	205		Month, Year	Month, Year
Marten Falls First Nation	186		Month, Year	Month, Year
Mishkeegogamang Ojibway Nation	203		Month, Year	Month, Year
Mississaugas Of Scugog Island First Nation	140		Month, Year	Month, Year
Mitaanjigamiing First Nation	133		Month, Year	Month, Year
Mohawks Of The Bay Of Quinte	164		Month, Year	Month, Year
Moose Deer Point First Nation	135		Month, Year	Month, Year
Muskrat Dam First Nation	213		Month, Year	Month, Year
Namaygoosisagagun First Nation	NA		Month, Year	Month, Year
Naotkamegwanning First Nation	158		Month, Year	Month, Year
Neskantaga First Nation	239		Month, Year	Month, Year
Nibinamik First Nation	241		Month, Year	Month, Year
Nigigoonsiminikaaning First Nation (formerly known as	129			
Nicickousemenecaning First Nation and Red Gut First Nation)			Month, Year	Month, Year
Nipissing First Nation	220		Month, Year	Month, Year
North Caribou Lake First Nation (also known as Weagamow Lake	204		83	e.
and Round Lake)			Month, Year	Month, Year
North Spirit Lake First Nation	238		Month, Year	Month, Year
Northwest Angle #33 First Nation	151		Month, Year	Month, Year
Netmizaaggamig Nishnaabeg (formerly known as Pic Mobert First Nation)	195		Month, Year	Month, Year
Niisaachewan Anishinaabe Nation (formerly Ochiichagwe' Babigo'lning Ojibway Nation)	147		Month, Year	Month, Year
Ojibway Nation Of Saugeen	258		Month, Year	Month, Year
Oneida Nation Of The Thames	246		Month, Year	Month, Year
Pikangikum First Nation	208		Month, Year	Month, Year
Poplar Hill First Nation	236		Month, Year	Month, Year
Red Rock Indian Band (Lake Helen Reserve)	193		Month, Year	Month, Year
Sachigo Lake First Nation	214		Month, Year	Month, Year
Sandy Lake First Nation	211		Month, Year	Month, Year
Serpent River First Nation	201		Month , Year	Month , Year
Shoal Lake No 40 First Nation	155		Month , Year	Month , Year
Slate Falls Nation	259	A Total	The second of th	Month, Year
	145		Month , Year	110
Taykwa Tagamou Nation Wabaseemoong Independent Nations				
	150		Month Year	Month Year
Wabauskang First Nation	156		Month, Year	Month, Year
Wabigoon Lake Ojibway Nation	157		Month, Year	Month, Year
Wahta Mohawk	134		Month, Year	Month, Year
Wapekeka First Nation	206		Month, Year	Month, Year
Wasauksing First Nation	136		Month, Year	Month, Year

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Ontario First Nation	First Nation / Band Number	Dates of Water Advisory	They lived on this Impacted First Nation FROM: Month, Year	They lived on this Impacted First Nation UNTIL: Month, Year
Washagamis Bay First Nation (also known as Obashkaandagaang Bay First Nation)	235		Month, Year	Month, Year
Wauzhushk Onigum First Nation	153		Month, Year	Month, Year
Wawakapewin First Nation	234		Month, Year	Month, Year
Webequie First Nation	240		Month, Year	Month, Year
Weenusk First Nation	146		Month, Year	Month, Year
Wunnumin Lake First Nation	217		Month, Year	Month, Year
Zhiibaahaasing First Nation	173		Month , Year	Month, Year

Prince Edward Island	First Nation / Band	Dates of	They lived on this Impacted First Nation	They lived on this Impacted First Nation
First Nation	Number	Water Advisory	FROM: Month, Year	UNTIL: Month, Year
Abegweit First Nation	1		Month, Year	Month, Year

Quebec First Nation	- First Nation / Band Number	Dates of Water Advisory	They lived on this Impacted First Nation FROM: Month, Year	They lived on this Impacted First Nation <u>UNTIL:</u> Month, Year
Communauté Anicinape de Kitcisakik	62		Month, Year	Month, Year
Conseil des Innus de Pakua Shipu	88		Month, Year	Month, Year
Conseil des Innus de Pessamit (also known as Pessamit Indian Reserve)	85		Month, Year	Month, Year
Kitigan Zibi Anishinabeg	73		Month, Year	Month, Year

Saskatchewan First Nation	_ First Nation / Band Number	Dates of Water Advisory	They lived on this Impacted First Nation FROM: Month, Year	They lived on this Impacted First Nation <u>UNTIL:</u> Month, Year
Beardy's & Okemasis' Cree Nation	369		Month, Year	Month, Year
Big Island Lake Cree Nation	399		Month, Year	Month, Year
Black Lake Denesuline First Nation	317		Month, Year	Month, Year
Buffalo River Dene Nation	398		Month, Year	Month, Year
Clearwater River Dene Nation	401		Month, Year	Month, Year
Cote First Nation	366		Month, Year	Month, Year
Cowessess First Nation	361		Month, Year	Month, Year
Cumberland House Cree Nation	350		Month, Year	Month, Year
Day Star First Nation	389		Month, Year	Month, Year
Fishing Lake First Nation	390		Month, Year	Month, Year
Fond Du Lac Denesuline First Nation	351		Month, Year	Month, Year
George Gordon First Nation	391		Month, Year	Month, Year
Hatchet Lake Denesuline First Nation	352		Month, Year	Month, Year
Kahkewistahaw First Nation	362		Month, Year	Month, Year
Kawacatoose First Nation	393		Month, Year	Month, Year
Keeseekoose First Nation	367		Month, Year	Month, Year
Little Pine First Nation	340		Month, Year	Month, Year
Muscowpetung First Nation	381		Month, Year	Month, Year
Muskowekwan First Nation	392		Month, Year	Month, Year
Pasqua First Nation #79	383		Month, Year	Month, Year
Piapot First Nation	385		Month, Year	Month, Year
Ministikwan Lake Cree Nation	397		Month, Year	Month, Year
Montreal Lake Cree Nation	354		Month, Year	Month, Year
Moosomin First Nation	342		Month, Year	Month, Year
Nekaneet First Nation	380		Month, Year	Month, Year
Okanese First Nation	382		Month, Year	Month, Year
Peepeekisis Cree Nation	384		Month, Year	Month, Year
Peter Ballantyne Cree Nation	355		Month, Year	Month, Year
Poundmaker Cree Nation	345		Month, Year	Month, Year
Red Earth Cree Nation	356		Month, Year	Month, Year
Saulteaux First Nation	347		Month, Year	Month, Year

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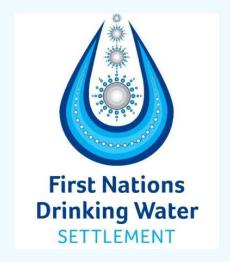
Saskatchewan First Nation	First Nation / Band	Dates of	They lived on this Impacted First Nation	They lived on this Impacted First Nation
First Nation	Number	Water Advisory	FROM: Month, Year	UNTIL: Month, Year
Shoal Lake Cree Nation	357		Month Year	Month, Year
Standing Buffalo Dakota First Nation	386		Month, Year	Month, Year
Star Blanket Cree Nation	387		Month, Year	Month, Year
Sturgeon Lake First Nation	360		Month, Year	Month, Year
Sweetgrass First Nation	348		Month, Year	Month, Year
Wahpeton Dakota Nation	358		Month, Year	Month, Year
White Bear First Nation	365		Month, Year	Month, Year

Other First Nation(s)/Periods of Residence

If you think a First Nation you lived on had a drinking water advisory that lasted a year or more anytime between November 20, 1995, to June 20, 2021, but you can't find that First Nation on the list above, then you can call us, or you can include that information here. We will investigate it and may need to ask you for additional information.

You can also use this section if you lived on a First Nation listed above for two or more separate periods of time

First Nation	Province -	First Nation / Band Number (Optional)	Dates of Water Advisory	They lived on this Impacted First Nation FROM: Month, Year	They lived on this Impacted First Nation <u>UNTIL:</u> Month, Year
				Month, Year	Month, Year
			Ĭ	Month, Year	Month, Year



PART 3: AUTHORIZATION

In this section, we make sure that you acknowledge and agree to the following key terms and conditions as part of submitting this claim as a personal representative:



The Administrator handles claims applications, like the one you're making by submitting this form.

- The Administrator's job is to process applications carefully, fairly, and efficiently, based on the instructions they are given and the information they are sent. They don't represent Canada, the First Nations, or First Nations members. They are not lawyers, and they don't offer legal advice.
- Because the Administrator just administers the claims, it is not their job to identify or protect the legal rights of Canada, First Nations or First Nations members, or to raise issues that Canada, First Nations or First Nations members didn't raise.
- Free legal advice is available to you from your lawyers. You can reach them toll-free on the Class Counsel Help Line at 1-833-265-7589.
- As part of this claims process, the Administrator may contact you to ask for further information.
- 5. The Administrator, as part of this claims process, may disclose the information you provide and/or the amount of compensation, to any of the following groups: the First Nation where the person is a member, the First Nation(s) where they lived, Canada, Class Counsel, the Third-Party Assessor, the Joint Committee, the Settlement Implementation Committee, and/or the First Nations Advisory Committee on Safe Drinking Water, as well as any other person(s) who filed a claim on behalf of the person you are representing.



Privacy is important. The information you submit will be kept confidential except where we need to share it with others as part of this process.

6. Canada, as part of this process, may disclose information in its possession to any of the following groups: the Administrator, Class Counsel, the Third-Party Assessor, the Joint Committee, the Settlement Implementation Committee, and/or the First Nations Advisory Committee on Safe Drinking Water

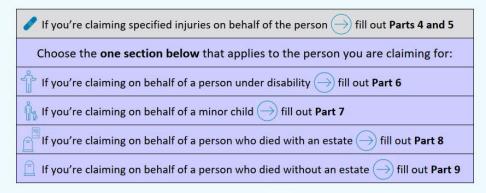


You can find out more about the roles and memberships of these groups in the FAQ page available online at www.firstnationsdrinkingwater.ca

7. We will be relying on the information you provide, and by signing and submitting this form you are confirming that all the information you've provided is true to the best of your knowledge. Where someone has helped you fill out this form, you are also confirming that they read you everything they wrote on this form and everything they included with it or attached to it.

Your Declaration and Signature	"Everything in this form is true to the best of my knowledge. I acknowledge, understand and agree to the key terms and conditions, and consent to the disclosure and use of all information I provided, including but not limited to my personal information, in accordance with the above and the Settlement." You sign here
Print Your Full Name (First, Last)	
Date You Signed This Form	Day Month Year
	ne to witness you signing this Claim Form. The witness does NOT need to read what form or verify that what you have written is true. Anyone over the age of 18 can be
Declaration and Signature of Witness	"I witnessed the person above sign this form." Your witness signs here
Print the Full Name of the Witness (First, Last)	
Date the Witness Signed this Form	Day Month Year
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You're making good progress! Here's what is left to do...





You ONLY need to complete the parts that apply to your situation. You can leave the others blank.

Once you've completed the steps above, please choose **one** of the following ways to submit the claim:

By Regular Mail **Drinking Water Class Action Claims** Administrator, c/o Deloitte PO BOX 160 STN Adelaide Toronto, ON, M5C 2J2, Canada

-or-

By Email firstnationswater@deloitte.ca

-or-

By Fax 647-738-5206 Mail, email, or fax all work for us, so please choose whichever one is easiest for you



After you submit your claim, the Administrator will get in touch to confirm they've received your claim. If you have questions at any point, you can call us at 1-833-252-4220

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PART 4: SPECIFIED INJURIES

(This section is optional)

This part is optional. You don't have to fill it out. The intention of this settlement is to offer recognition and comfort to those that have suffered. Unclean and unsafe drinking water leads to suffering for everyone, but some people suffered additional harms: serious and specific injuries directly caused by unclean water. If that happened to the person you're claiming for, then you can fill out this part and make a claim for additional compensation for them.



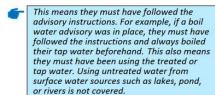


It is often difficult to talk about suffering. We don't want to re-traumatize anyone, so we've tried to keep this form as simple and matter of fact as we can. If emotional support would be helpful, please connect with the Hope for Wellness Help Line at 1-855-242-3310 or online at www.hopeforwellness.ca.

There are two levels of additional compensation. Here are the rules for making a claim:

Harm Level 1 is for serious harms that lasted more than a month but less than a year. To be eligible they must meet all the following criteria:

- 1. They must have suffered significant and prolonged health problems that harmed their quality of life and disrupted their wellbeing and/or daily activities.
- 2. The injuries must have been directly caused by the Long-Term Drinking Water Advisory, either because they used treated or tap water in accordance with the advisory but still got sick, or because they didn't have proper access to treated or tap water.



- The health symptoms must have persisted for a minimum of one month of consecutive days, up to/under one year.
- They must have tried to get treatment for their injuries.



In many First Nations it can be difficult to access health care, so if they were not able to get treatment they can still make a claim, as long as they <u>tried</u> to get help from someone, such as an elder, community health leader, shaman, knowledge-keeper, traditional healer, medicine-person, nurse, or doctor.



Harm Level 2 is for serious harms that lasted more than one year. To be eligible they must meet all the following criteria:

- 1. They must have suffered significant and prolonged health problems that harmed their quality of life and disrupted their well-being and/or daily activities.
- The injuries must have been directly caused by the Long-Term Drinking Water Advisory, either because they used treated or tap water in accordance with the advisory but still got sick, or because they didn't have proper access to treated or tap water.



This means they must have followed the advisory instructions. For example, if a boil water advisory was in place, they must have followed the instructions and always boiled their tap water beforehand. This also means they must have been using the treated or tap water. Using untreated water from surface water sources such as lakes, pond, or rivers is not covered.

- 3. The health symptoms must have persisted for at least one year of consecutive days.
- They must have gotten treatment for your injuries from a health-care practitioner.



A health-care practitioner can be any of the following: a traditional healer, a medicineperson, or a doctor

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- Compensation amounts for Specified Injuries will depend on how many eligible claims are made by Class Members. If they are eligible, their compensation will be based on the total number of eligible claims, the type of harm they suffered, and the level of that harm.
- ✓ You can choose <u>more than one of the nine types</u> of harm in the list below, but you can only choose <u>one level</u> of harm for each type. Please identify all that apply to them. If you choose several types of harm, the Administrator may contact you for additional clarification.
- ✓ You do not have to provide supporting documents or testimony to make a claim. But if you want to, when you submit their claim you can include things like (a) medical records of the injury and its cause; (b) other records, including written records, photographs, and videos, of the injury and its cause; (c) a written statement; or (d) oral testimony.

Type of Harm	Specified Injuries (Medical Diagnosis)	Symptoms & Health Care Provider(s)	Harm Level 1	Harm Level 2
	Select (✓) any that apply	Please provide the name of health care practitioner(s) from whom they sought or received medical treatment for this injury	More than 1 month, but less than 1 year	1 year or more
Digestive (Gastroenterological) (disorders affecting the stomach, intestines and associated organs)	☐ Ingestion of Bacteria ☐ Viral infection ☐ Ingestion of chemicals in quantities harmful to human health ☐ Stomach ulcers	Symptoms may include stomach cramps, nausea, diarrhea, abdominal pain, dehydration, constipation Name of Health Care Practitioner: Type of Practitioner:		
2. Respiratory/ Breathing	Chlorine toxicity Ingestion of chemicals in quantities harmful to human health, resulting in respiratory or breathing injuries	Symptoms may include significant trouble breathing, painfully irritated airways or lungs, significant chest pain, shortness of breath, blue skin Name of Health Care Practitioner: Type of Practitioner:		
3. Dermatological (condition involving skin, hair, and nails)	Skin Infections Dermal (Skin) lesions Chlorine toxicity	Symptoms may include cellulitis (bacterial infection, swelling, redness), boils, dermal lesions, skin pigmentation, blisters, skin discoloration and fever) Name of Health Care Practitioner: Type of Practitioner:		
4. Liver	☐ Viral Infection (Hepatitis A) ☐ Ingestion of Bacteria ☐ Liver damage (cysts, lesions, toxicity) ☐ Ingestion of chemicals in quantities harmful to human health, resulting in liver injuries	Symptoms may include discoloration of eyes and skin, swelling in legs and ankles, chronic fatigue, loss of appetite, abdominal pain, liver inflammation, liver failure Name of Health Care Practitioner: Type of Practitioner:		
5. Neurological (Brain/Nervous System)	Ingestion of chemicals in quantities harmful to human health, resulting in neurological injuries	Symptoms may include irritability, poor attention span, headache, insomnia, dizziness, memory loss, IQ deficits, behavioural effects in children Name of Health Care Practitioner: Type of Practitioner:		
6. Bloodstream Infections	Infections contracted from using water for injections/ syringes/needles, including endocarditis	Symptoms may include: aching joints and muscles, chest pain, fatigue, flu-like symptoms, night sweats, shortness of breath, lower body swelling, heart murmurs Name of Health Care Practitioner: Type of Practitioner:		
7. Kidney	Ingestion of chemicals in quantities harmful to human health, resulting in kidney injuries	Symptoms may include: kidney damage, kidney lesions, kidney failure Name of Health Care Practitioner: Type of Practitioner:		
8. Tumors or Cancer	Ingestion of chemicals in quantities harmful to human health, resulting in tumors or cancer	Symptoms may include: tumors, cancer Name of Health Care Practitioner: Type of Practitioner:		

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Type of Harm	Specified Injuries (Medical Diagnosis)	Symptoms & Health Care Provider(s)	Harm Level 1	Harm Level 2	
	Select (✓) any that apply	Please provide the name of health care practitioner(s) from whom they sought or received medical treatment for this injury	More than 1 month, but less than 1 year	1 year o	
Mental Health	Depression (Major depressive disorder or Persistent depressive disorder)	Symptoms may include: Depressed Mood, Diminished Interest or Pleasure, Significant Weight Loss or Weight Gain, Insomnia or trouble with sleep, Agitation, Fatigue, loss of energy, inability to distinguish between what is real and what only seems to be real, Diminished ability to think or concentrate, or indecisiveness, Recurrent thoughts of death, suicide attempt Name of Health Care Practitioner: Type of Practitioner:			
	Panic Disorder (an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes)	Symptoms may include: Palpitations, pounding heart, or accelerated heart rate, Sweating, Trembling or shaking, Shortness of breath or smothering, Feelings of choking, Chest pain/discomfort, Nausea, Dizzy, lightheaded or faint, Chills or heat sensations, Numbness or tingling sensations, feelings of unreality, or being detached from oneself, Fear of losing control, Fear of dying Name of Health Care Practitioner: Type of Practitioner:			
	Substance Addictions/ Use Disorders Any one of the following: - Alcohol Use Disorder - Cannabis Use Disorder - Tobacco Use Disorder - Sedative, Hypnotic, Anxiolytic Use Disorder	Symptoms may include: Consumption of large amounts substances or over long period of time, Cannot cut down or control use, Time spent to obtain, use, or recover from consumption, Strong desire/urge to use, Unable to fulfil obligations at work, school or home due to use, Social, occupational, or recreational activities given up because of use, Using even if physically hazardous, A need for increased amounts to achieve intoxication or desired effect, Taken to relieve or avoid withdrawal symptoms Name of Health Care Practitioner: Type of Practitioner:			
Post-traumatic Stress Disorder (PTSD) (Exposure to actual or threatened death, serious injury) Specific Phobia (Fear or anxiety about a specific object or situation e.g., flying, heights, animals, seeing blood, etc.) Adjustment Disorder	Symptoms may include: Experiencing repeated or extreme exposure to aversive details of the traumatic event(s), Experiencing repeated or extreme exposure to details of the traumatic events, Avoidance of distressing memories, thoughts, or feelings about traumatic event(s), Negative changes in brain functioning (thinking) and mood associated with the traumatic event(s), Marked changes in behaviour, typically expressed as verbal or physical acting out toward people or objects, Duration of disturbance is more than 1 month, Behavioural problems that have such a negative impact on daily life that help was needed from the healthcare system Name of Health Care Practitioner:				
	Type of Practitioner: Symptoms may include: The phobic object/situation provokes immediate fear or anxiety, actively avoided or endured with intense fear or anxiety, is out of proportion to the actual danger posed, is persistent, typically lasting for 6 months or more, causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. Symptoms are not explained by another mental disorder. Name of Health Care Practitioner: Type of Practitioner:				
	Symptoms may include: Marked distress that is out of proportion to the severity or intensity of the stressor, significant impairment in social, occupational, or other important areas of functioning Name of Health Care Practitioner: Type of Practitioner:				
	☐ Generalized Anxiety Disorder	Symptoms may include: Excessive anxiety and worry, Difficulty controlling worry, Restlessness or feeling on edge, being easily fatigued, Difficulty concentrating or mind going blank, Irritability, Muscle tension, Difficulty falling or staying asleep, or restless/ unsatisfying sleep, Causes clinically significant distress or impairment in social, occupational, or other important areas of functioning Name of Health Care Practitioner: Type of Practitioner:			





PART 5: SWORN/AFFIRMED DECLARATION

You DO NOT need to complete this part UNLESS...



you are making a claim in Part 4 for Specified Injuries compensation because you suffered serious and specific injuries that were directly caused by the Long-Term Drinking Water Advisory, either because you used treated or tap water in accordance with the advisory but still got sick, or because you didn't have proper access to treated or tap water, **or**



you don't have a copy of your Personal ID



If either of the above apply, please complete this part

- This part of the Claim Form contains a "sworn declaration" where you swear or solemnly affirm, in front of a guarantor, that everything you have told us about their injuries in Part 4, or their identity in Part 1, is true
- ✓ If you are claiming for their injuries, in this section you will also swear or solemnly affirm in front of your guarantor that those injuries were directly caused by the Long-Term Drinking Water Advisory, either because they used treated or tap water in accordance with the advisory but still got sick, or because they didn't have proper access to treated or tap water
- Your guarantor must be one of the following...
 - a community leader such as your Chief or a member of council
 - any other elected official
 - a Notary Public
 - a Commissioner of Oaths
 - a lawyer (including Class Counsel), doctor, or accountant
 - a police officer
 - any other person listed in the 'Guarantor' section of the FAQ page at www.firstnationsdrinkingwater.ca
- Your guarantor must witness you signing this section of the Claim Form. They do NOT need to read what you've written in this Claim Form but they DO need to confirm that the name you have provided is accurate
- ✓ Your guarantor also needs to describe their office and provide their contact information

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PART 5 (CONTINUED): DECLARATION REGARDING SPECIFIED INJURIES AND/OR IDENTITY



f you are claiming for Specified Injuries in Part 4, or do not have ID,



then you must fill in	this section	and sign it in front of your guarantor			
Your Declaration and Signature	 "By signing this Declaration in front of my guarantor, I am swearing or solemnly affirming that the following statements are true, to the best of my knowledge: 1. I accurately and fairly described any specified injury or injuries claimed in Part 4. 2. Any specified injury or injuries claimed in Part 4 were directly caused by using treated or tap water in accordance with the Long-Term Drinking Water Advisory, or by restricted access to treated or tap water caused by the Long-Term Drinking Water Advisory. 3. Any specified injury or injuries claimed in Part 4 had commenced during the Long-Term Drinking Water Advisory period I have claimed. 4. I have correctly and accurately identified the person on whose behalf I am claiming, and if I have not provided a copy of a piece of government issued ID, it is because I do not have one." 				
Print Your Full Name (First, Last)	You sign here				
		8			
Date You Signed This Form Day Month Year					
and your Guaranto	and your Guarantor must fill in this section and sign it				
Guarantor Full Name (First, Last)					
Guarantor Type (e.g. Chief, Councillor, etc.)					
Guarantor Organization/Affiliation					
Guarantor's Address and Contact details					
Street Name and Number		Unit Number (if applicable)	City/Town/Community		
Province/Territory		Postal Code	Country		
Guarantor Telephone Number		Guarantor Email Address (if applicable)			
Declaration and Signature of Guarantor		"I witnessed the person above sign this form, and confirm that the name they have provided is accurate. I consent to the disclosure and use of my personal information to contact me on these matters if necessary."			
		Your guarantor signs here 🖕			
Date Your Guarantor Signed this Form		Day Month Year			
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PART 6: CLAIMING FOR A PERSON UNDER DISABILITY

- Please use this part if you are making a claim on behalf of an Individual Class Member who is a Person Under Disability.
- A 'Person Under Disability' is defined as someone who is unable to manage or make reasonable judgments or decisions in respect of their affairs by reason of mental incapacity AND for whom a personal representative has been appointed pursuant to the applicable provincial or federal legislation to manage property/finances.
- You need to have been legally appointed as their personal representative to make a claim on their behalf.



To make a claim as the representative of a Person Under Disability, you must provide the following three items:

1. Information about yourself:				
First Name of Representative				
Last Name of Representative				
Relationship to the Claimant				
 Information about the person's incapacity, <u>only if</u> they were unable to commence a proceeding in respect of their Claim because of their physical, mental or psychological condition prior to November 20, 2013: 				
Date the Person's Incapacity Began		Month Year		

3. **The document(s)** that shows you have been legally appointed as their personal representative over property/finances. This must be either: (1) a signed power of attorney or protection mandate, or (2) a Provincial or Territorial court appointment order.

Then please...

- ✓ Fill out parts 1, 2, and 3 of this Claim Form
- ✓ Fill out parts 4 and 5 ONLY IF you are claiming Specified Injuries on their behalf
- ✓ Attach a copy of YOUR government-issued ID (you'll also attach a copy of their ID, in Part 1). Note that the names you give us on this Claim Form must match what's on your ID

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PART 7: CLAIMING FOR A MINOR CHILD

- Please use this part if you are making a claim on behalf of a Minor Child.
- A minor child is defined by the legislation of the province or territory of residence. In most cases, it means someone under the age of 18 years.



- If you're making a claim on a minor child's behalf, you are considered that minor child's "personal representative". Only certain people can do this, as explained below.
- If the minor child is eligible for the settlement and you're eligible to be their personal representative, we'll make payment to you on the minor child's behalf unless the rules require something different, such as paying it into trust. If you accept payment on the minor child's behalf, you are accepting responsibility to make sure the payment is preserved and used for the minor child's benefit.



There's a summary of the rules about who is a 'minor' and the rules for payments to them on the FAQ page at www.firstnationsdrinkingwater.ca

Please provide your full name as it appears on your government-issued ID					
First Name of Representative					
Last Name of Representative					
Your relationship to Minor Child					
To be eligible to be the minor child's personal representative, one of the following must be true. Please check (\checkmark) the one that applies.					
I am the parent, and the minor child resides with me.					
I am not the parent, but I have custody of the minor child.					
I am not the parent, but I have legal guardianship over the minor child's property.					
6	If more than one person files a claim as personal representative for the same minor child, additional information and/or documentation may be required. If there are multiple representatives which come to an agreement among themselves as to the representative of the minor child, then a signed agreement providing this direction to the Administrator may be provided. By making an application on heads of a				

minor child, you are consenting to our sharing your name and contact information with other claimants for the same minor child, if any. If there is a change in representation of the minor child before payment is made, please notify the Administrator.

If you have confirmed you are eligible as personal representative, then please...

- Fill out parts 1, 2, and 3 of this Claim Form
- Fill out parts 4 and 5 ONLY IF you are claiming Specified Injuries on behalf of the minor child
- Attach a copy of YOUR government-issued ID (you'll also attach a copy of their ID, in Part 1)
- ✓ Attach the document(s) that show you're eligible to be the minor child's personal representative, such as a copy of the Birth Certificate, legal documentation of guardianship such as custody or adoption records, or documents showing you to be guardian over minor child's property

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PART 8: CLAIMING FOR SOMEONE WHO HAS DIED (WITH AN ESTATE)

- Please use this part if you are making a claim on behalf of someone who died with an estate. It is important for us to know a few things:
 - 1. When did the person die? If they died on November 20, 2017 or afterwards, then their estate is eligible to make claim. But if they died before November 20, 2017, then unfortunately they are not eligible, because of limitation periods for claims on behalf of people who have died.
 - 2. Have you been appointed to represent their estate? You have been appointed to represent their estate if at least one of these things is true:
 - They had a will and you are named as an executor in it, or
 - ✓ You have been appointed to represent the estate by (1) a Provincial or Territorial court order, or (2) the Government of Canada by Administration Letter, or (3) the First Nation where the deceased person resided



If the person died without a will and you have not been appointed to represent the estate by a Provincial or Territorial court, the Government of Canada, or the First Nation where the deceased person resided, but you still want to make a claim for them, please fill out Part 9 instead.

If the person is eligible, and you've been appointed to represent their estate, then please provide your full name, and if there's more than one person appointed to represent the estate, please provide theirs as well

First Name of Estate Representative	
Last Name of Estate Representative	
If there is a 2 nd Estate Representative	
First Name of 2 nd Estate Representative	
Last Name of 2 nd Estate Representative	

And then please...

- Fill out parts 1, 2, and 3 of this Claim Form
- Fill out parts 4 and 5 ONLY IF you are claiming Specified Injuries on behalf of the person
- Attach a copy of YOUR government-issued ID (you'll also attach a copy of their ID, in Part 1)
- Attach a document showing the date the person died and the name of the deceased person, for example a death certificate, a funeral director's statement of death, or a burial certificate
- Attach a copy of the document that appoints you as their estate representative, specifically, the will, or a Provincial or Territorial court order, or a grant of administration letter from Canada, or a band council resolution from the First Nation where the deceased person resided

A few more tips and pointers regarding claims for estates...



If you aren't sure what document to attach showing you're able to make a claim, please call the Administrator Help Line at 1-833-252-4220.

If you're an alternative executor in the will – that is, if the will names someone else as primary executor, and you as the alternative in case that person can't do it - then you should also include proof of the primary executor's inability to act, for example a physician's letter or proof of death of the primary executor.

If we get more than one person claiming they've been appointed to act for an estate, we will contact everyone and ask you to sort things out amongst yourselves. If that isn't possible you will need to ask the Provincial or Territorial court to provide direction / Probate. By making an application on behalf of an estate, you are consenting to our sharing your name and contact information with other claimants for the same estate, if necessary. If the person resided in Quebec, they must have had a notarial will issued by a notary or by the Superior Court of Quebec.

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PART 9: CLAIMING FOR A PERSON WHO HAS DIED (<u>WITHOUT</u> AN ESTATE)							
Please fill in this par has died, and <u>no on</u>	e has beer		d to represert an estate by	sent their ender the security being named execute of Canada, or the Fire	estate. For in the will, or st Nation where		
Please check (🗸) the box if you agree with this declaration "I declare to the best of my knowledge and belief that the Deceased Individual Class Member named in this Claim Form: (1) did not have a valid will at the time of their death, (2) no estate Executor, Trustee, Administrator or Liquidator has been appointed for them by a Provincial or Territorial court, and (3) no estate representative has been appointed for them by the Government of Canada or their First Nation." Please check (🗸) the ONE box that indicates your relationship to the person (you must be one of the living family members below in order to file a claim) "I am the Individual Class Member's							
2. Common Law 1. Husband or or Wife de facto partner	3. Child	4. Grandchild	5. Parent	6. Sister or Brother	7. Niece or Nephew		
Please provide your name as it appears on your government-issued ID							
Your First Name							
Your Last Name							
On the next page, we will look at 'priority' to make a claim on behalf of the person who died							
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 ✓ For a person who dies without an estate, the Settlement Agreement provides 'priority' to their living family members, in this order: 1. Husband / Wife 2. Common Law or de facto partner 3. Child 4. Grandchild 5. Parent 6. Brother or Sister 7. Niece or Nephew 					
Based on the list above, is there anoth higher priority than you?	er living family member who has a				
Yes —— If the answer to this question is yes, the behalf of the person who died. Only the	en unfortunately you are not eligible to make a claim on highest priority living family member can make the claim.				
OR "No, I declare that to the best of my know members who have a higher priority than	vledge and belief there are no living family n me."				
If you are the highest priority relative, but there are other family members with equal priority to you (for example, you are the child of Deceased Individual Class Member and you have living siblings), please list them below. If there is not enough space, please attach a separate piece of paper with the requested information on it.					
Name(s) of Other Relatives How are they related to the Claimant? (Example: child of Deceased Individual Class Member)					
If you have completed the above and confirmed you are able to make the claim, then please					
Fill out parts 1, 2, and 3 of this Claim FormFill out parts 4 and 5 ONLY IF you are claiming Specified Injuries on behalf					
of the person					
 Attach a copy of YOUR government their ID, in Part 1) 	 Attach a copy of YOUR government-issued ID (you'll also attach a copy of their ID, in Part 1) 				
Attach a document showing the date the person died and the name of the deceased person, for example a death certificate, a funeral director's statement of death, or a burial certificate					
 Attach a copy of evidence showin person 	, assessed and a septimental a				
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CLAIM FORM - SUBMISSION CHECKLIST



Before submitting this Claim Form, please use this checklist to make sure your submission is complete.

Parts 1-3 were REQUIRED. You must have filled out these parts.	•	Part 1: Name and Key Details	Please make sure that you have: Filled in all their key details (name, date of birth, ID numbers, band) Filled in YOUR mailing address and phone number, etc. Told us how you'd like to be paid if the claim is approved Once you've done that, please also make sure you: Attach a copy of your government-issued ID, and If you chose the 'direct deposit' option, attach a void cheque or direct deposit form for your bank account (or for those with an estate, the estate's bank account)
		Part 2: Where They Lived	Please make sure that you have: Filled in the dates and locations according to the instructions
	== -×	Part 3: Authorization	Please make sure that you have: Very Read and understood the key terms and conditions Read and understood the declaration Very Signed the declaration in front of a witness, and had the witness sign too Printed your name and the name of the witness, and the date you signed
Parts 4-5 were OPTIONAL. You should only have filled these out if they apply to your situation.		Part 4: Specified Injuries (Optional)	 This section is optional. If you decided to fill it out, please make sure you have: Only claimed additional compensation for serious and long-lasting injuries directly caused by the water or a lack of water Completed the checklists for the type of injury and the level of harm they suffered Attached any documents and records you want (note that you aren't required to include these; they are optional)
?		Part 5: Sworn/ Affirmed Declaration (Only if you are claiming in Part 4 or do not have ID)	If you are claiming Specified Injuries compensation for them in Part 4, or you don't have government ID, then please make sure you have: Signed the declaration in front of a guarantor, and had the guarantor sign too Printed your name and the date you signed Printed the guarantor's name and contact information, and the date the guarantor signed

This checklist continues on the next page...



18			
You should have chosen <u>ONE</u> of Parts 6-9 to fill out, based on who you are making a claim for	्री च	Part 6: Person Under Disability	Please make sure that you have: Attached a copy of YOUR government-issued ID (you'll also attach a copy of the Person Under Disability's ID, in Part 1). Note that the names you give us on this Claim Form must match what's on your ID. Attached a copy of the document that shows you have been legally appointed as the Person Under Disability's personal representative over property/finances. This must be either: (1) a signed power of attorney or protection mandate, or (2) a Provincial or Territorial court appointment order.
100		Part 7: Minor Child	Please make sure that you have: Attached a copy of YOUR government-issued ID (you'll also attach a copy of the minor child's ID, in Part 1). Note that the names you give us on this Claim Form must match what's on your ID. Attached the document(s) that show you're eligible to be the minor child's personal representative, such as a copy of the Birth Certificate, legal documentation of guardianship such as custody or adoption records, or documents showing you to be guardian over minor child's property.
		Part 8: Person With Estate	Please make sure that you have: Attached a copy of YOUR government-issued ID (you'll also attach a copy of their ID, in Part 1). Attached a document showing the date the person died and the name of the deceased, for example a death certificate, a funeral director's statement of death, or a burial certificate. Attached a copy of the document that appoints you as the deceased person's estate representative, specifically the will, or a Provincial or Territorial court order, or a grant of administration letter from Canada (INAC/ISC/CIRNAC) or a First Nation's band council resolution.
		Part 9: Person With No Estate	Please make sure that you have: Attached a copy of YOUR government-issued ID (you'll also attach a copy of the deceased person's ID, in Part 1). Attached a document showing the date the deceased person died and the name of the deceased, for example a death certificate, a funeral director's statement of death, or a burial certificate. Attached a copy of a evidence showing your relationship to the deceased person.

Please make a copy of your form for your records before submitting. And that's it. Information on how to submit your claim is on page 14. Thanks!



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