

GENERAL DAMAGES CLAIM FORM

This form should be used if you believe that you are entitled to General Damages under the Settlement. These Damages are described generally in the official notices authorized by the Court and in the General Damages Grid, Exhibit F to the Settlement Agreement and Section 10 of the Settlement Notice.

- 1. If you are an individual who was a Resident or a Guest at 125 Parkway Forest Drive in Toronto, Ontario on December 11 and/or 12, 1998, and you believe you qualify for General Damages under the Settlement, provide your name and contact information, and complete the section below.**

If you are making this Claim as the guardian, executor, administrator, attorney under a power of attorney, or other legal representative of a living person or the estate of a deceased person who was a Resident or a Guest at 125 Parkway Forest Drive on December 11 and/or 12, 1998 and you believe he or she qualifies for General Damages, provide the name of the Resident or Guest, and complete the section below.

(Name of Resident or Guest)

Was the apartment unit at 125 Parkway Forest Drive leased/registered under the Resident's name?

Yes

No (If you checked "No", please indicate your relationship to the lease holder: _____)

(Birth Date MM/DD/YYYY)

(Health Card #)

(Street Address)

(City)

(Prov./Terr.)

(Postal Code)

(Daytime Phone Number)

(Evening Phone Number)

(Email address, if any)

If you do not currently reside at 125 Parkway Forest Drive, please indicate which unit you resided in or visited on December 11/12, 1998:

(Apt. # of 125 Parkway Forest Drive)

2. **If you are submitting this form as the Representative of the estate of the Resident or Guest, or on behalf of a Resident or Guest who has become incapacitated, complete the information below:**

(Name of Representative)

(Street Address)

(City)

(Prov./Terr.)

(Postal Code)

(Daytime Phone Number)

(Evening Phone Number)

(Email address, if any)

(Legal Relationship to Resident or Guest - i.e. executor, trustee, power of attorney, guardian, etc.)

Note – You must attach or include a copy of your court approval or other authorization to represent the Resident or Guest in this Settlement with your completed Claim Form.

3. **Check which General Damages level applies to the Class 1 Member:**

Level	Injuries
<input type="checkbox"/> I.	Inconvenience / trauma and/or claim for carbon monoxide induced sickness by visitors to the building with no supporting medical documentation.
<input type="checkbox"/> II.	Inconvenience / trauma and/or claim for carbon monoxide induced sickness by residents of the building with no supporting medical documentation.
<input type="checkbox"/> III.	Inconvenience / trauma and/or claim for carbon monoxide induced sickness lasting less than 7 days with supporting medical documentation.
<input type="checkbox"/> IV.	Inconvenience / trauma and/or claim for carbon monoxide induced sickness lasting 7 days to 3 months with supporting medical documentation.
<input type="checkbox"/> V.	Inconvenience / trauma and/or claim for carbon monoxide induced sickness lasting 3 months to 1 year with supporting medical documentation.
<input type="checkbox"/> VI.	Inconvenience / trauma and/or claim for carbon monoxide induced sickness lasting less than 3 months with overnight hospitalization / hospital admission (with supporting medical documentation).
<input type="checkbox"/> VII.	(i) Inconvenience / trauma and/or claim for carbon monoxide induced sickness lasting greater than 1 year with supporting medical documentation; or (ii) Inconvenience / trauma and/or claim for carbon monoxide induced sickness lasting greater than 3 months with overnight hospitalization / hospital admission (with supporting medical documentation); or (iii) Otherwise severe conditions related to this incident to merit individual assessment.

4. **If you are seeking General Damages for a Level II to Level VII claim, please make best efforts to provide documentation that would support your residence (or visitation) at 125 Parkway Forest Drive on December 11/12, 1998. If you are seeking General Damages for a Level III to Level VII condition, you must also provide medical documentation reflecting the treatment you received for such condition(s). In the space below, list the medical providers who have provided medical treatment related to your Claim. Please ensure that you include the relevant medical records from these medical providers when you submit your completed Claim Package. Failure to do so may result in no, or lesser compensation, being payable until such time as the supporting medical records are received.**

<u>Name of Physician, Clinic or Hospital</u>	<u>Address of Physician, Clinic or Hospital</u>	<u>Date(s) of Treatment Service or Admission</u>
_____	_____	_____ (MM/DD/YYYY)
_____	_____	_____ (MM/DD/YYYY)
_____	_____	_____ (MM/DD/YYYY)

If there are additional physicians, clinics or hospitals who provided medical treatment related to your Claim [check here](#) and use an additional sheet to list them. Remember to include that sheet with this form.

5. **The undersigned hereby consent(s) to the disclosure of the information contained herein to the extent necessary to process this Claim for General Damages. Each person signing below agrees to cooperate and to provide any necessary medical record authorizations and releases to gather information needed to substantiate or audit the Claim.**

(Signature of Resident or Guest, if living) (MM/DD/YYYY)

(Signature(s) of Legal Representative(s) of Resident or Guest, if any) (MM/DD/YYYY)

Claimant Declaration

Each person signing below acknowledges and understands that this form is an official Court document sanctioned by the Court that presides over the Settlement, and submitting it is equivalent to filing it with a Court. After reviewing the information which has been supplied on this form, each person declares under penalty of perjury that the information provided in this form is true and correct to the best of his/her knowledge, information and belief.

(Signature of Resident or Guest, if living)

(MM/DD/YYYY)

(Signature(s) of Legal Representative(s) of Resident or Guest, if any)

(MM/DD/YYYY)