

TO: INDIVIDUAL CANADIAN RESIDENTS (EXCEPT QUEBEC RESIDENTS) WHO BOOKED A VACATION PACKAGE WITH MY TRAVEL CANADA HOLIDAYS INC. AND STAYED AT THE RIU RESORTS IN PUERTO PLATA, DOMINICAN REPUBLIC FROM DECEMBER 20, 2004 TO MARCH 31, 2005

I. INSTRUCTIONS:

Submit one claim per hotel stay:

- (1) Read and complete CLAIM DETAILS below; and
- (2) Sign the CERTIFICATION (page 4) acknowledging that you have received, read and understand the Class Action Notice (accompanying this form), **that all the information you have provided is true, and that you agree to release the claims detailed therein**; and
- (3) Enclose any additional documentation requested in section III if applicable, and.
- (4) Complete, sign, and Mail this Claim Form by first-class mail, or the equivalent, postage paid, postmarked on or before **April 18, 2011**, and addressed as follows:

Lavier v. MyTravel Inc. Claims Administrator
NPT RicePoint Class Action Services
P.O. BOX 3355
London, Ontario N6A 4K3

If you move, please send the Claims Administrator your new address. It is your responsibility to keep a current address on file with the Claims Administrator.

II. CLAIM DETAILS

Please complete the following information:

Fill in the circle of the appropriate responses, (Please do not use RED INK or pencil.)

- A. Name of Hotel: Riu Bachata Riu Mambo Riu Menrengue

Booking Number _____

Check in Date at Hotel: _____ Check out Date at Hotel: _____

- B. During your stay, did YOU have physical symptoms consistent with norovirus including nausea vomiting, diarrhea and stomach cramps, low-grade fever, chills, headache, muscle aches, and fatigue?

- Yes No (If YOU did not have such symptoms for at least one day, but you were the traveling companion of someone who did experience these symptoms, and you spent part of the vacation caring for your travel companion, please skip to section IV of this Claim Form.)

- C. If yes, how long did these symptoms last:

- at least one day
 two days
 three days
 four or more days

- D. I did not previously receive compensation for illness at Riu Resorts.

- True False



E. Did you seek medical attention for these symptoms?

Yes No

F. If no, please indicate below why you did not seek medical attention for these symptoms. Once you have completed this section, do not complete section III or section IV of this Claim Form. Proceed to the Certification (Section V) at the bottom of this Claim Form.

III. SOUGHT MEDICAL ATTENTION

Under the circumstances described in the Notice and Compensation Grid, if you DID seek medical attention, you may be eligible for a greater award if you provide documentation of your loss to be reviewed by the Claims Administrator or the Arbitrator if you elect Arbitration.

A. I am attaching documentation showing the date of treatment, the nature or symptoms, and the cause of my symptoms.

Yes No

B. I am attaching proof of out-of pocket expenses or loss of income I am claiming, such as receipts and employment/income information.

Yes No

C. My travel companion(s) spent part of the vacation at Riu Resorts caring for me.

Yes No

1. Name of travel companion on this trip:	Relationship:	Booking number of Traveling Companions
<hr/>	<input type="radio"/> adult child <input type="radio"/> parent <input type="radio"/> grandparent <input type="radio"/> adult brother <input type="radio"/> adult sister	<hr/>

2. Name of travel companion on this trip:	Relationship:	Booking number of Traveling Companions
<hr/>	<input type="radio"/> adult child <input type="radio"/> parent <input type="radio"/> grandparent <input type="radio"/> adult brother <input type="radio"/> adult sister	<hr/>

I elect Arbitration.
 I do not elect Arbitration



IV. CAREGIVER

I was the travel companion of someone who did have physical symptoms consistent with norovirus including nausea vomiting, diarrhea and stomach cramps, low-grade fever, chills, headache, muscle aches, and fatigue and I spent part of the vacation at Riu Resorts caring for my traveling companion

Name of your travel companion on this trip:
(limit one)

Relationship:

- adult child
- parent
- grandparent
- adult brother
- adult sister

Booking number of
Traveling Companions

I am not eligible for compensation in connection with any class member.

- True
- False

V. CERTIFICATION

Under penalty of perjury, I declare that I am 18 or older and the statements made in this Claim Form are true and correct. I acknowledge that by participating in this Settlement, I am providing the Release described in the Class Notice to the Released Parties.

Class Member: _____

Signature: _____

Dated: / /
Year Month Day

You can submit a Claim Form by first class mail or email. Please include all requested documentation and submit no later than **April 18, 2011** to:

NPT RicePoint Class Action Services
P.O. BOX 3355
London, Ontario N6A 4K3
Phone: 1-866-432-5534
Email: mytravel@nptricepoint.com
www.npricepoint.com

