



THE HONOURABLE MICHEL BASTARACHE, C.C., Q.C.
INDEPENDENT ASSESSOR

CERTIFICATION OF NO PRIOR COMPENSATION

NOTE TO CLAIMANTS

This *Certification of No Prior Compensation* Form is part of the out-of-court settlement.

The RCMP and Merlo/Davidson Class Action Parties agreed that potential claimants who have already resolved a civil claim, grievance or harassment complaint for compensation for harassment, including a complaint to the Human Rights Tribunal against RCMP members and public services employees, as defined in the Settlement Agreement and who worked within the RCMP, will not be eligible to participate in this process. As such, you must certify that you have not been compensated from any source with respect to the same events and injuries for which you are making a claim under this Settlement.

Veterans' Affairs Canada (VAC) pension payments are not compensation for the purpose of this Settlement. Receipt of VAC pension payments does not preclude a Class Member from making a claim under this Settlement.

If you have any questions regarding this Form or the Independent Claims Process, please call 1 844-348-0776 or email your questions to info@merlodavidson.ca.

PROVIDING COMPLETED CERTIFICATION OF NO PRIOR COMPENSATION FORM

Your completed Certification of No Prior Compensation Form, along with a photocopy of a government issued piece of photo identification and all supporting documents, must be sent to the Independent Assessor within 180 days of the first publication of the Notice of Settlement Approval, that date being August 12, 2017. You do not need to send the Certification of No Prior Compensation Form in right away, but you must send the claim form before February 8, 2018 in order to be eligible for compensation.

AFTER FILLING THE CERTIFICATION OF NO PRIOR COMPENSATION FORM, ALSO REMEMBER TO:

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

This form must be completed and sent to the Independent Assessor, along with any additional sheets of paper, as well as a photocopy of a government issued piece of identification. If convenient, this form can be completed online on the secure server managed by the Independent Assessor. If you choose to complete it by hand, please send it back by mail and **NOT** by email. If the form was sent to you by mail, please use the prepaid self-addressed envelope that was provided with it. If you do not have a prepaid self-addressed envelope, please place the form along with the rest of the required material in an envelope addressed to:

Confidential Letter
Office of the Independent Assessor
130, Albert Street, Suite 1103
Ottawa (Ontario) K1P 5G4

ALL CLAIMS ARE CONFIDENTIAL.

CERTIFICATION OF NO PRIOR COMPENSATION

DECLARATION

I, _____, from the City of _____, in the province of _____,

SOLEMNLY DECLARE:

I HAVE NOT RESOLVED A CIVIL CLAIM, GRIEVANCE OR HARASSMENT COMPLAINT FOR COMPENSATION FOR HARASSMENT, INCLUDING A COMPLAINT TO THE HUMAN RIGHTS TRIBUNAL AGAINST RCMP MEMBERS AND PUBLIC SERVICE EMPLOYEES, AS DEFINED IN THE SETTLEMENT AGREEMENT AND WHO WORKED WITHIN THE RCMP, WITH RESPECT TO THE SAME EVENTS AND INJURIES FOR WHICH I AM MAKING A CLAIM UNDER THIS SETTLEMENT. (VAC PENSION PAYMENTS ARE NOT COMPENSATION FOR THE PURPOSE OF THIS SETTLEMENT. RECEIPT OF VAC PENSION PAYMENTS DOES NOT PRECLUDE A CLASS MEMBER FROM MAKING A CLAIM UNDER THIS SETTLEMENT.)

I understand that the Assessor can verify the truthfulness of my statements and allegations by seeking information necessary to properly determine my certification regarding no prior compensation from third parties, including the RCMP. The Assessor shall put to the claimant any information that may be unfavourable to the claimant's allegations and give her the opportunity to respond.

I confirm that all of the information provided in this No Prior Compensation Form is true, whether made by me or on my behalf. Where someone has helped me with this No Prior Compensation Form, that person has read to me everything they wrote and included with this *No Prior Compensation Form*, if necessary to allow me to understand the content of this completed No Prior Compensation Form and any attachments to it, and I confirm that this information is true.

I ACCEPT THAT SIGNING THIS CERTIFICATION OF NO PRIOR COMPENSATION FORM HAS THE SAME EFFECT AS IF I HAD STATED THE INFORMATION CONTAINED IN THE CERTIFICATION OF NO PRIOR COMPENSATION FORM AND ACCOMPANYING CLAIM FORM UNDER OATH (OR AFFIRMATION) IN COURT.

Witness Signature

(The witness must be a Commissioner for taking affidavits or someone you personally know. The witness must see you sign the form but is not required to read the form.)

Print name of the witness

Claimant (or guardian) Signature

Date (day/month/year)

Date (day/month/year)