

ST. JUDE ICD CLASS ACTION SETTLEMENT

OPT-OUT FORM

www.stjudeicdclaim.ca

This is NOT a claim form. Completing this OPT-OUT FORM will **exclude you** from the class action and you will not receive any compensation arising out of any settlement or judgment in the class action.

Opt-Out Forms must be submitted to the Claims Administrator **no later than July 19, 2019.**

You may also submit an Opt-Out Form by email at info@stjudeicdclaim.ca. Mailed Opt-Out Forms must be postmarked by Canada Post **no later than July 19, 2019.**

SECTION A – CLASS MEMBER IDENTIFICATION

You **must** check one (1) of the boxes below:

I am the **Person Implanted** with a Defibrillator (“Patient Class Member”)

OR

I am the **Next-of-Kin of a Deceased Person** who was Implanted with a Defibrillator (“Derivative Class Member”) - *e.g. spouse, child, parent*

Important: If you are a Derivative Class Member you **must** provide the following information:

Full Name of Patient Class Member

Date of Death of Patient Class Member

Was their death related to premature battery depletion with the Defibrillator? Yes / No

Please proceed to page 2.

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| SECTION B – CLASS MEMBER NAME AND CONTACT INFORMATION | | |
|--|--|--|
| | | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| First Name | Last Name | |
| | | |
| Complete Street Address | | |
| | | |
| <input style="width: 95%;" type="text"/> | <input style="width: 20%;" type="text"/> | <input style="width: 20%;" type="text"/> |
| City | Province | Country |
| | | |
| Postal Code | | |
| | | |
| Telephone Number | | |
| | | |
| Email | | |
| | | |

| SECTION C – REQUIRED PATIENT INFORMATION | | |
|--|--|---|
| | | |
| <input style="width: 95%;" type="text"/> | | |
| Provincial Health Insurance Number of Person Implanted with a Defibrillator | | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Make of the Defibrillator | Model of the Defibrillator | Serial Number of the Defibrillator |
| | | |
| Date and Location of Implant | | |
| | | |
| If applicable, Date and Location of when/where the Defibrillator was replaced or removed. | | |
| | | |

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SECTION D – REASON FOR OPTING OUT (*OPTIONAL*)

Please explain your reason(s) for opting-out.

SECTION E – OPT-OUT DECLARATION

I, _____ understand that by opting out, I am confirming that **I do not wish to participate** in the St. Jude ICD Class Action.

I understand that if I wish to commence my own action, it must be commenced within a specified limitation period or it will be legally barred, and that a recommendation has been made to me to seek independent legal advice about my rights in this respect.

I understand that the limitation period was stopped from the time the class proceeding was filed on March 30, 2017, but the limitation period will start running against me if I Opt Out of this class action.

I understand that by opting out, I take full responsibility for the resumption of the running of any relevant limitation period and for taking all necessary legal steps to protect any claim I may have against the Defendants.

I understand that by opting out, I will not be a part of this class action lawsuit and I will keep any rights that I may have to sue the Defendants myself. I understand that I will not be bound by any of the Court's orders or judgments in this class action lawsuit and will not get any compensation or benefits from this lawsuit or from any settlement.

Signature

Date

Witness Signature

Date

Opt-Out Forms must be received by the Claims Administrator **no later than July 19, 2019**.

Epiq Class Action Services
Attention: St. Jude ICD Class Action Settlement Claims Administrator
Nelson P.O. Box 20187 – 322 Rideau Street
Ottawa ON K1N 5Y5
Fax: 1-866-262-0816
Email: info@stjudeicdclaim.ca