

UBC SPERM BANK SETTLEMENT PROGRAM

This Claim Application Package contains:

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- Definition
- Claim Form
- Declaration form

Privacy Statement

Personal information is collected, used, and retained by the Settlement Administrator pursuant to the Personal Information Protection and Electronics Documents Act. S.C. 2000, c.5 (PIPEDA):

- For the purpose of operating and administering the UBC Andrology Lab Settlement Program;
- To evaluate and consider the claimant's eligibility under the Settlement; and
- Is strictly private and confidential and will not be disclosed without the express written consent of the claimant except as provided for in the Settlement.

Instructions

These instructions provide basic guidelines for submitting claims under the Settlement. In the case of contradiction between these instructions and the Settlement Agreement, the Settlement Agreement shall prevail. For more detailed information, please refer to the Settlement Agreement, which can be viewed or downloaded at www.UBCspermbankclaim.ca.

How to Contact the Administrator

Phone: 1-877-739-8940

Fax: 1-888-842-1332

UBCspermbankclaim@crawco.ca

www.UBCspermbankclaim.ca

The completed Claim Application Package must be submitted to the Settlement Administrator at the following address on or before October 9, 2015 at 5:00 pm EST:

UBC Sperm Bank Settlement Program
Suite 3-505, 133 Weber St. North
Waterloo, Ontario, N2J 3G9

If you require assistance regarding completion of the Claim Application Package or have any questions related to your claim, you may seek assistance from the Administrator or retain legal counsel at your own expense.

Claimants may contact the Settlement Administrator and to obtain a Claim Application Package. Claimants, Personal Representatives or their Legal Representatives should advise the Settlement Administrator, in writing, of any changes or corrections in address, name, phone number or legal representation.

Definitions

The terms herein have the following definitions:

“**Andrology Lab**” means the Andrology Lab operated by the Defendant;

“**Certification Order**” means the order of the Court in the Class Action made on July 6, 2011 certifying the proceedings as a class proceeding under the Class Proceedings Act, RSBC 1996, c. 50;

“**Class Action**” means Action No. S035269, Vancouver Registry, in the Supreme Court of British Columbia;

“**Claims Administrator**” means Crawford Class Action Services, Suite 3-505, 133 Weber St. North, Waterloo, Ontario, N2J 3G9;

“**Class Counsel**” means the law firm of Grant Kovacs Norell, 400 – 900 Howe St., Vancouver, B.C. V6Z 2M4;

“**Claims Limit Date**” means the date and time defined by paragraph 15 of this Agreement;

“**Class Members**” means members of the class as defined in the Certification Order issued in the Class Action and, for greater clarity, the representative plaintiff and all B.C. residents who did not opt out by December 9, 2011 and all non-B.C. residents who opted in by December 9, 2011;

“**Court**” means the Supreme Court of British Columbia and in particular, Mr. Justice Butler or such other Judge who is appointed to continue management of the Class Action;

“**Defendant**” means the University of British Columbia;

“**Defendant’s Counsel**” means the law firm of Farris, Vaughan, Wills & Murphy LLP, 25th floor, 700 W. Georgia St., Vancouver, B.C. V7Y 1B3;

“**Settlement Proceeds**” means the amount of \$6.2 million;

“**Settlement Fund**” means the funds delivered by Class Counsel to the Claims Administrator;

“**Third Parties**” means all of the third parties listed in paragraph 3 of the recital to the Settlement Agreement.

Point System

1. Class Members, except for those who have undergone a vasectomy,

- a. who were current in payment of their annual storage fees as of May 2002, and who do not have any motile sperm in their ejaculate or are unable to produce ejaculate are entitled to 100 points;
- b. who were not current in payment of their annual storage fees but who can prove that they did not receive the unpaid invoices, and who do not have any motile sperm in their ejaculate or are unable to produce ejaculate are entitled to 100 points;
- c. who had received annual invoices and who were less than 2 years in arrears in payment of their annual storage fees as of May 2002, and who do not have any motile sperm in their ejaculate or are unable to produce ejaculate are entitled to 65 points;

- d. who were current in payment of their annual storage fees as of May 2002, and who can produce ejaculate and who have motile sperm in their ejaculate and who can prove that they have been significantly impaired in their ability to have children that are biologically theirs because of the damage to their sperm samples in May 2002 are entitled to 60 points;
- e. who were not current in payment of their annual storage fees but who can produce ejaculate and who have motile sperm in their ejaculate and who can prove that they have been significantly impaired in their ability to have children that are biologically theirs because of the damage to their sperm samples in May 2002 are entitled to 60 points;
- f. who had received annual invoices and who were less than 2 years in arrears in payment of their annual storage fees as of May 2002, and who can produce ejaculate and who have motile sperm in their ejaculate and who can prove that they have been significantly impaired in their ability to have children that are biologically theirs because of the damage to their sperm samples in May 2002 are entitled to 40 points;
- g. who had received annual invoices and who were 2 or more years in arrears in payment of their annual storage fees as of May 2002, are not entitled to recover any money under the Settlement Agreement unless they were minors at the time that they stored their sperm samples at the Andrology Lab;
- h. who were minors at the time that they stored their sperm samples at the Andrology Lab and who do not have any motile sperm in their ejaculate or are unable to produce ejaculate are entitled to 100 points.

2. Class Members who have undergone a vasectomy

- a. who were current in payment of their annual storage fees as of May 2002, are entitled to 30 points;
- b. who were not current in payment of their annual storage fees but who can prove that they did not receive the unpaid invoices are entitled to 30 points;
- c. who had received annual invoices and who were less than 2 years in arrears in payment of their annual storage fees as of May 2002, are entitled to 15 points;
- d. who had received annual invoices and who were 2 or more years in arrears in payment of their annual storage fees as of May 2002, are not entitled to recover any money under the Settlement Agreement unless they were minors at the time that they stored their sperm samples at the Andrology Lab;
- e. who were minors at the time that they stored their sperm samples at the Andrology Lab are entitled to 30 points.

Administrator address

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Suite 3-505, 133 Weber St. North
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Phone: 1-877-739-8940

Fax: 1-888-842-1332

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UBC SPERM BANK SETTLEMENT PROGRAM CLAIM FORM

This Claim Application Package must be submitted to the Settlement Administrator on or before October 9, 2015 at 5:00 pm EST.

Section A: Claimant Information

Last Name

First Name

Address

City

Province/Territory

Postal Code

Country

Date of Birth

Email

Home Phone Number

Alternate Phone Number

If you change your address, please advise the Claims Administrator in writing.

Section B: Personal Representative

Please complete this section about yourself if you are a Personal Representative submitting a claim on behalf of a Claimant who is a minor or a mentally incompetent adult.

Last Name

First Name

Address

City

Province/Territory

Postal Code

Country

Email

Home Phone Number

Alternate Phone Number

Section C: Legal Representative

Last Name

First Name

Address

City

Province/Territory

Postal Code

Country

Email

Phone Number

Fax Number

UBC SPERM BANK SETTLEMENT PROGRAM

Part 1: Fertility

This Claim Application Package must be submitted to the Settlement Administrator on or before October 9, 2015 at 5:00 pm EST.

Instructions:

Please review Part 1 carefully and choose one of the following options.

If you check Yes for Option 1, Option 2, or Option 4 you must have the Physician Statement and Physician Information sections completed by your Physician.

If you check Yes for Option 3 or Option 4, a semen analysis test is required.

Option 1:

I have undergone a vasectomy after having provided my semen sample to the Andrology Lab for storage.

If Yes, please check

Option 2:

I am unable to ejaculate but have not undergone a vasectomy.

If Yes, please check

Option 3:

I have no motile sperm in my ejaculate but have not undergone a vasectomy.

If Yes, please check

If your answer to Question 3 is Yes, you are required to provide a semen analysis completed by a medical laboratory to the Claims Administrator. The semen analysis must have been conducted within 30 days of submitting this claim form.

Option 4:

I have not undergone a vasectomy. I do have motile sperm in my ejaculate but my ability to have biological children has been significantly impaired due to the damage to my sperm samples at Andrology Lab in May, 2002.

If Yes, please check

If your answer to Question 4 is Yes, you are required to provide a semen analysis completed by a medical laboratory to the Claims Administrator. The semen analysis must have been conducted within 30 days of submitting this claim form.

Physician Statement:

I have reviewed the Claimant's answers and to the best of my knowledge, his answer is correct.

Physician Signature

Physician Information

Last Name

First Name

Address

City

Province/Territory

Postal Code

Country

Specialty

Phone Number

Fax Number

UBC SPERM BANK SETTLEMENT PROGRAM

Part 2: Statutory Declaration Form

This Claim Application Package must be submitted to the Settlement Administrator on or before October 9, 2015 at 5:00 pm EST.

This portion of the Form must be completed by each claimant before a lawyer or a Notary Public.

You are not eligible to receive any payment if you did not pay the annual storage fee as required by invoices issued by the Andrology Lab and received by you for the year 2000 and prior unless you were under the age of 19 at the time you provided your sample to the Andrology Lab.

Section A: Claimant Information

Last Name(s)

First Name

Address

City

Province/Territory

Postal Code

Country

Date of Birth

Home Phone Number

Alternate Phone Number

Section B: Declarations

Complete line 1 if you paid all invoices received by you from the Andrology Lab.

1. I declare that I paid all of the invoices that I received from the Andrology Lab for storage of my semen samples.

True False

Complete line 2 if you paid all invoices received by you from the Andrology Lab for the calendar year 2000 and earlier but you had not paid invoices received by you from the Andrology Lab for the calendar year 2001 or later

2. I declare that I paid all of the invoices that I received from the Andrology Lab for storage of my semen samples for the calendar year 2000 and earlier but I had not paid the invoices that I received from the Andrology Lab for the storage of my semen samples for the calendar years 2001 or later.

True False

Complete line 3 if you were under the age of 19 years at the time you provided your sample to the Andrology Lab.

3. I declare that at the time that I provided my semen sample to the Andrology Lab for storage, I was under the age of 19 years.

True False

Complete line 4 if you have not undergone a vasectomy and you do have motile sperm in your ejaculate.

4. I have not undergone a vasectomy. I do have motile sperm in my ejaculate but my ability to have biological children has been significantly impaired due to the damage to my sperm samples at Andrology Lab in May, 2002.

True False

I solemnly declare that to the best of my knowledge answers to Part 1 are true and correct.

True False

Declared before me

at, _____ this _____ day of _____, 2015.

Signature of Claimant

Commissioner for taking affidavits

Please stamp/seal here, if applicable