Federal Indian Hospitals Class Action Settlement

Claims Protocol

GENERAL

*A. This is the Claims Protocol for the Settlement Agreement between Ann Cecile Hardy and Cecil Hardy and The Attorney General of Canada as approved by the Federal Court of Canada on June 24, 2025 ("**Settlement Agreement**" or "**SA**").*

B. Interpretation of this Claims Protocol: Capitalized terms are defined either in the Settlement Agreement or in this Claims Protocol.

*C. Apart from direct quotation, where the SA refers to "**Application**", it will be referred to as "**Claim**" in this Protocol.*

*D. "**Missing Information**" refers to any required information or required supporting documentation that is absent or incomplete in a submitted Claim Form package, including but not limited to forms, identification, certificates or other proof required under the Claims Process. Any Missing Information subject to this Protocol is noted as "required" on the Claim Form.*

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PHASE 1: CLAIM SUBMISSION AND INTAKE

1. The Claimant must file a complete Application (or "**Claim**" as noted elsewhere in this document) and provide all required supporting documentation to the Claims Administrator prior to the Claims Deadline (defined in SA 1.01), or any extension thereof in accordance with SA 3.05.

2. The Claimant may submit a Claim:

    a. through the online Claim portal; or

    b. by email; or

    c. by fax; or

    d. by mail.

3. The Claim includes two separate sections related to eligibility of a Claimant for compensation:

    a. Admission to a Federal Indian Hospital; and

    b. Compensation under the Compensation Grid for abuse/harm.

4. For a Claimant to be eligible for compensation they must have both:

    a. **Been admitted to one of the 33 Federal Indian Hospitals during the Class Period (during dates of operation under management and control by Canada) (SA Schedule D),** included in Part 2 and 2A of their Claim Form (SA 3.02 (4)), [See Phases 2 to 5 Below];

    AND

    b. **Suffered Abuse/Harm in accordance with the Compensation Grid (SA Schedule B) while admitted at one of the 33 Federal Indian Hospitals during the Class Period (SA Schedule D),** included in Part 2B of their Claim Form [See Phases 6-8 Below]**.**

5. A Claimant may submit only one Claim per Primary Class Member (SA 3.04 (5)). This includes any situation including, for example, where legal counsel is subsequently retained or a Personal or Estate Representative (referred throughout as "**Representative**" and defined in the SA) is required for the Primary Class Member.

6. Where the Claimant subsequently passes away or becomes a Person Under Disability, additional representative documents, appended to the Claim Form, must be provided to complete the Claim already in process.

7. Additional information or documentation may be submitted prior to the final adjudication of the Claim's Eligibility and Compensation; however, the Claimant may not request a different Level of Compensation once a Claim has been submitted (SA 3.04 (5)).

8. In the event of multiple Claim Form submissions, and where there are multiple different Levels provided, the Level of Compensation claimed within the first signed Claim Form will take precedence and may not be amended by the Claimant after submission.

9. For Claims received with complete contact details, the Claims Administrator will provide confirmation of receipt by letter or email, based on the method of submission.

10. Where legal counsel has been retained or an Estate Representative submitted a Claim, refer to separate respective Protocols:
    a. Individual Legal Fees Protocol; and
    b. Estates Protocol.

11. Where a Claimant has retained legal counsel, the Claims Administrator shall by default communicate directly with the Claimant's legal counsel with respect to the Claimant's Claim. However, the Claims Administrator may contact the Claimant directly, in any circumstance, even where a lawyer is retained.

Claim completeness requirement

12. The Claim Form will include instructions regarding the information and supporting documentation required to be provided for the Claims Administrator to commence its review.

13. After receipt of the Claim, the Claims Administrator will review the information and supporting documents provided in the Claim for completeness. The Claims Administrator may supplement or correct Claim omissions or errors (other than Level of Compensation claimed, which cannot be changed) to assist the Claimant if the information is made available to the Claims Administrator by the Claimant, Class Counsel, other legal counsel, or Canada prior to final adjudication.

14. Where applicable, the Claims Administrator will send a letter to the Claimant:

    a. Advising that there is missing information or clarification of information is required; or

    b. Denying eligibility, for example, if the Claimant is part of a Prior Settlement (has released Canada for abuses suffered at an Indian Hospital through a previous individual settlement) or passed away before January 25, 2016 (SA 6.01(1) and (3)) or was born after December 31, 1981. Where the Claimant is denied as part of a prior settlement or passed away before January 25, 2016 or was born after December 31, 1981, this decision is final and not subject to Reconsideration or appeal.

15. If the Claims Administrator determines that the Claim Form is incomplete and that there is Missing Information, the Claims Administrator will send a Missing Information Letter or notification to the Claimant.

16. The Claimant will have a total of 365 days from the date of the Missing Information Letter or notification to provide all the requested Missing Information to the Claims Administrator (the "**Response Period**").

17. During the Response Period, the Claims Administrator will make best efforts to contact the Claimant (or their representative) to retrieve Missing Information in accordance with the

following paragraph. The Response Period does not reset with any future communications from the Administrator.

18. The Claims Administrator will make three attempts to contact the Claimant or their representative during the Response Period.

    a. If Missing Information remains outstanding, approximately three months and approximately six months after the Missing Information Letter or notification was sent, the Claims Administrator will attempt to contact (call or email) the Claimant. If no phone number or email was provided, or the Claimant cannot be reached at the provided phone number or email, the Claims Administrator will reissue another letter or notification requesting Missing Information by postal mail, to the postal address provided by the Claimant.

    b. If Missing Information remains outstanding, approximately nine months after the first Missing Information Letter or notification was sent, the Claims Administrator will issue a Final Notice for Missing Information.

19. If the Claims Administrator does not receive the requested Missing Information from the Claimant by the end of the Response Period applicable to the Claimant, the Claimant will be issued a Denial Letter with Reconsideration Option.

20. The Reconsideration Option provided to the Claimant will depend on the type of Missing Information. If the Missing Information relates to Eligibility, the Reconsideration Option provided to the Claimant will follow Phase 4A of this Protocol. Similarly, if the Missing Information relates to Compensation Assessment for Abuse/Harm, the Reconsideration Option provided to the Claimant will follow Phase 7A of this Protocol.

21. Should the Claimant or representative be unable to provide the required information within the applicable Response Period because of circumstances beyond their control, they may request a Missing Information Extension of up to 180 days from the Claims Administrator. This request must be received by the Claims Administrator before the end of the Response Period. The Claims Administrator shall have the discretion to grant or deny a request for Missing

Information Extension. The decision of the Claims Administrator is final, with no reconsideration or appeal options.

22. Where a person seeking to act as a Personal Representative under this Protocol, or as an Estate Representative under the Estates Protocol, is unable to provide the documentation required to establish their authority to act on behalf of the Primary Class Member within the applicable Response Period and approved Missing Information Extension, the following provisions apply:

    a. The Representative may request a Missing Representative Information Extension of up to an additional 180 days by providing evidence that they are making efforts to obtain the required documentation.

    b. The evidence referred to in subparagraph 22(a) may include copies of documents filed with a court or other competent authority.

    c. In order to receive a Missing Representative Information Extension, the Representative must notify the Claims Administrator in writing and provide copies of the evidence before the end of the applicable Response Period.

    d. The Claims Administrator shall have the discretion to grant or deny a Missing Representative Information Extension request. The decision of the Claims Administrator is final, with no reconsideration or appeal options.

23. Missing Information Extensions and Missing Representative Information Extensions will only be granted for Claims submitted before the Claims Deadline.

PHASE 2: CANADA REVIEW AND RESPONSE

24. The Claims Administrator will forward to Canada all complete Claims (which have not been denied) and supporting documentation (SA 3.03(4)(D)). Canada will have up to 120 days from the date the Claim and supporting documentation is forwarded to Canada for review, and may optionally provide to the Claims Administrator:

    a. a recommendation as to the Claimant’s eligibility, and/or

    b. information or documentation relevant to the Claimant's eligibility (SA 3.03(4)(E-F)).

25. Where the Claims Administrator has not yet provided an Eligibility Determination (refer to Phase 3), and additional information is provided by the Claimant as related to Part 2 or Part 2A of the Claim Form, this will be forwarded to Canada for review.

26. Canada will have 30 days from the date the additional information was forwarded, in addition to the 120 days available under Paragraph 24, to optionally provide a recommendation or further information or documentation in response.

27. Where any recommendation, information, or documentation is received by the Claims Administrator from Canada within the periods set out in Paragraphs 24, 25, and 26, the Claims Administrator shall consider:

    a. Where the information provided by Canada is in support of the Claimant's admission to a Federal Indian Hospital or supports eligibility on a balance of probabilities, the Claim will proceed directly to Phase 3: Eligibility Determination; or

    b. Where information provided by Canada is inconsistent with the information in the Claim, or the Claims Administrator determines that it requires clarification in respect of the Claimant's admission to a Federal Indian Hospital on a balance of probabilities, the Claims Administrator may, having regard to the Principles Governing Claims Administration set out in SA 3.02, contact the Claimant or their counsel (SA 3.03(4)(H-I)) by Letter:

        i. If the Claims Administrator sends a Letter to the Claimant advising that Canada has provided additional information that is inconsistent with the additional information, documentation, or clarification provided by the Claimant, then the Claimant is permitted to provide more additional information, documentation, or clarification, which must be received by the Claims Administrator within 365 days of the date on the Letter requesting such information in order to be considered during the Claims Administrator's Eligibility Determination.

        ii. The Claims Administrator will proceed to Phase 3: Eligibility Determination once the Claimant provides additional information, documentation, or clarification pursuant to Paragraph 27(b)(i), or, where a response to the Letter

is not received from the Claimant, after 365 days from the date the Letter to request such information was sent.

PHASE 3: ELIGIBILITY DETERMINATION BY CLAIMS ADMINISTRATOR

28. The Claims Administrator will complete an assessment based on all information submitted by the Claimant and Canada up to the Eligibility Determination, and provide an Eligibility Determination (for Federal Indian Hospital admission) based on a balance of probabilities (SA 3.02(4)):

    a. Where the Claimant is determined as Not Eligible, the Claims Administrator will send a Denial Letter with Reconsideration Option to the Claimant or their Counsel and proceed to Phase 4A with the Claimant.

    OR

    b. Where the Claimant is determined as Eligible, the Claims Administrator will proceed to Phase 4B with Canada.

PHASE 4 - The Claimant and Canada shall have the right to seek Reconsideration of an Eligibility Determination made by the Claims Administrator (SA 3.03(4)(M)).

PHASE 4A: INDEPENDENT REVIEWER – DENIAL RECONSIDERATION REQUESTED BY CLAIMANT

29. A Claimant provided with a Denial Letter with Reconsideration Option, can seek Reconsideration of the Eligibility Determination from the Independent Reviewer. All Reconsiderations will be decided by the Independent Reviewer.

30. The request by the Claimant for Reconsideration, and any additional information and supporting documents, must be received by the Claims Administrator within 120 days of the date of the Denial Letter with Reconsideration Option. Where a request for Reconsideration is not received within the 120-day period, the Denial of the Claim will be final, with no reconsideration or appeal options.

31. The Claimant will be provided with confirmation of receipt of their request for Reconsideration.

32. The Claims Administrator shall forward all requests for Reconsideration to the Independent Reviewer after receipt. The Independent Reviewer will be provided with the Claim Form, any missing or additional information and any supporting documents along with the request for Reconsideration. Where the Claimant provides additional information or documentation with their request for Reconsideration, Canada will be provided with the same after receipt by the Claims Administrator and Canada will have the right to review and respond within 60 days of receiving the additional information or documentation.

33. Where the Independent Reviewer determines:

    a. that they require more information or clarification from the Claimant about their Claim, and/or

    b. that the information or documents provided by Canada are inconsistent with the information or documents provided by the Claimant or require further clarification,

    c. a letter will be sent to the Claimant to request additional information, documentation, or clarification (SA 3.03(4)(H)). The Claimant is then permitted to provide additional information, documentation, or clarification, which must be received within 120 days of the date on the Letter requesting such information in order to be considered during the Independent Reviewer's review.

34. The Independent Reviewer is to provide their determination to the Claims Administrator based on their review of all information and documents provided, within 90 days of receipt of the Reconsideration Request from the Claims Administrator. However, if the Independent Reviewer requests information or documents from the Claimant, the 90-day period will pause and will not resume until the Independent Reviewer receives the information and documents from the Claims Administrator.

35. The Independent Reviewer may make one of three determinations:

    a. Issue a final decision of Eligible; or

    b. Issue a final decision of Denial (Not Eligible); or

    c. Refer the Claim to the Exceptions Committee.

36. The Independent Reviewer may refer a Claim to the Exceptions Committee where additional guidance, direction and decisioning are required to determine whether a Claimant is Eligible as referred to in Phase 4C (SA 3.07(1) and Section 8). Only the Independent Reviewer may refer a Claim to the Exceptions Committee, and the Exceptions Committee may provide guidance and clarification to the Independent Reviewer as necessary (SA 3.07 (1)(a)).

37. A Claimant deemed Eligible after Reconsideration by the Independent Reviewer will proceed to Phase 5 with no right of appeal by Canada.

38. Where a Claimant is deemed Not Eligible by the Independent Reviewer, there is no right of appeal by the Claimant (SA 3.08(3)).

PHASE 4B: INDEPENDENT REVIEWER – ELIGIBILITY RECONSIDERATION REQUESTED BY CANADA

39. Where the Claims Administrator determines, on a balance of probabilities, that a Claimant is Eligible, Canada will be notified by the Claims Administrator of the decision along with an explanation of the Eligibility Determination (SA 3.03(4)(L)).

40. Canada has 120 days to respond to the Claims Administrator, from date of the Eligibility Determination notification, with a request for Reconsideration, including additional documents or information in support of the request. Where no response is received from Canada within 120 days, the Claim will proceed to Phase 5.

41. Where the Claims Administrator receives a request for Reconsideration from Canada, the Claims Administrator will engage the Independent Reviewer and confirm the request with Canada. The Claims Administrator shall forward all requests for Reconsideration to the Independent Reviewer after receipt. The Independent Reviewer will be provided with the Claim Form, any missing or additional information and any supporting documents along with the request for Reconsideration. All Reconsideration will be decided by the Independent Reviewer.

42. Where the Independent Reviewer determines:

a. that they require more information or clarification from the Claimant about their Claim, and/or

b. that the information or documents provided by Canada are inconsistent with the information or documents provided by the Claimant or require further clarification,

c. a letter will be sent to the Claimant to request additional information, documentation, or clarification (SA 3.03(4)(H)). The Claimant is then permitted to provide additional information, documentation, or clarification, which must be received within 120 days of the date on the letter to provide their response in order to be considered during the Independent Reviewer's review.

43. The Independent Reviewer is to provide their determination to the Claims Administrator based on their review of all information and documents provided, within 90 days of receipt of the Reconsideration Request from the Claims Administrator. However, if the Independent Reviewer requests information or documents from the Claimant, the 90-day period will pause and will not resume until the Independent Reviewer receives the information and documents from the Claims Administrator.

44. The Independent Reviewer may make one of three determinations:

a. Issue a final decision of Eligible;

b. Issue a final decision of Denial (Not Eligible); or

c. Refer the Claim to the Exceptions Committee.

45. The Independent Reviewer may refer a Claim to the Exceptions Committee where additional guidance, direction and decisioning are required to determine if a Claimant is Eligible, as referred to in Phase 4C (SA 3.07(1) and SA 3.08). Only the Independent Reviewer may refer a Claim to the Exceptions Committee, and the Exceptions Committee may provide guidance and clarification to the Claims Administrator as necessary (SA 8.01(6)(c)).

46. If a Claimant is deemed Eligible after Canada's request for Reconsideration by the Independent Reviewer, they will receive an Eligibility Letter and proceed to Phase 5 with no right of appeal by Canada.

47. If a Claimant is deemed Not Eligible after Canada's request for Reconsideration by the Independent Reviewer, they will receive a Post Reconsideration Denial Letter which is final, with no the right of appeal by the Claimant (SA 3.08(3)).

PHASE 4C: EXCEPTIONS COMMITTEE – REFERRAL RELATED TO ELIGIBILITY

48. The Independent Reviewer may refer a Claim to the Exceptions Committee where additional guidance or clarification is required to determine if a Claimant is Eligible (SA 3.07(1)).
49. The Independent Reviewer shall submit a written referral, including an explanation of the reason for referral, to the Exceptions Committee (SA 3.07(2)). The Claims Administrator, the Claimant and Canada must be notified of the referral.
50. The Exceptions Committee shall be provided with the Claim, and any relevant Claim documentation, to provide guidance as appropriate. The Exceptions Committee will then provide guidance, directions or decisioning to the Independent Reviewer.

51. Guidance, directions, and/or decisions of the Exceptions Committee are not subject to review or appeal.

PHASE 5: FINAL ELIGIBILITY

52. Claims determined Eligible will proceed to Phase 6 – Compensation Assessment for Abuse/ Harm.

53. The Claims Administrator may not assess a Claim for compensation where a Claimant is not an Eligible Claimant (SA 3.03(4)(R)).

PHASE 6: COMPENSATION ASSESSMENT FOR ABUSE/HARM

54. All Eligible Claimants will be assessed to determine whether they are entitled to compensation by the Claims Administrator. The Claims Administrator may request by Letter additional information, documentation or clarification from the Claimant during this Phase to assist in compensation assessment. The Claimant will have 365 days from the date on the Letter to respond with additional information, documentation or clarification for it to be considered by the Claims Administrator during the compensation assessment. Claimants will not be required to provide an oral account via audio/video recording or meeting in person to identify/describe the abuse/harm suffered.

55. The Claims Administrator may award one of the following:

    a. compensation at the level specified in the Claim; or

    b. compensation at a level that is higher than specified in the Claim; or

    c. compensation at a level that is lower than the level specified in the Claim; or

    d. no compensation.

56. Once the determination is complete, the Claims Administrator will provide the Claimant with one of three letters:

    a. Compensation Letter (where level determined was higher or equal to the level specified in the Claim); or

    b. Compensation Letter with Reconsideration Option (where level determined was lower than the level specified in the Claim); or

    c. Compensation Denial Letter with Reconsideration Option (where compensation was denied).

PHASE 7A: INDEPENDENT REVIEWER – COMPENSATION RECONSIDERATION

57. All Reconsiderations of Compensation will be decided by the Independent Reviewer. A Claimant may not request a reconsideration of self-identified level of compensation (SA 3.04(5)).

58. An Eligible Claimant whose Claim for compensation was denied or assessed at a level lower than the level identified in the Claim, may seek reconsideration with the Independent Reviewer by responding to the Claims Administrator within 120 days of the date of the Compensation Letter with Reconsideration Option or Compensation Denial Letter with Reconsideration Option.

59. Where a request for Reconsideration is not received within the 120-day period, the Claim's Administrator's Denial or assessed Level of Compensation will be final, with no further reconsideration or appeal options.

60. The Claimant will be provided with confirmation of receipt of their request for Reconsideration.

61. The Claims Administrator shall forward all requests for Reconsideration to the Independent Reviewer after receipt. The Independent Reviewer will be provided with the Claim Form, any missing or additional information and any supporting documents along with the request for Reconsideration.

62. The Independent Reviewer may request, by letter to the Claimant, additional information, documentation or clarification from the Claimant. The Claimant is then permitted to provide additional information, documentation, or clarification, which must be received by the Independent Reviewer within 120 days from the date on the letter to provide their response in order to be considered during the Independent Reviewer's review.

63. The Independent Reviewer is to provide their determination based on their review of all information and documents within 90 days of receipt of the Reconsideration request from the Claims Administrator. However, if the Independent Reviewer requests information, documentation or clarification from the Claimant, the 90-day period will pause and will not resume until the Independent Reviewer receives the information or documents from the Claims Administrator.

64. The Independent Reviewer may make one of four determinations:

    a. Confirm the compensation level determined by the Claims Administrator; or

    b. Issue a compensation level lower or higher than that determined by the Claims Administrator; or

    c. Determine that the Claimant does not qualify for any compensation level, notwithstanding the Claims Administrator's determination that the Claimant is eligible for compensation; or

    d. Confirm the Claims Administrator's denial of any compensation.

65. The Independent Reviewer may refer a Claim to the Exceptions Committee where additional guidance, direction and decisioning is required to determine a Claimant's Level or eligibility for compensation as referred to in Phase 7B. Only the Independent Reviewer may refer a Claim

to the Exceptions Committee, and the Exceptions Committee may provide guidance and clarification to the Claims Administrator as necessary (SA 8.01(6)(c)).

66. A Claimant who has their compensation approved and their level of compensation determined after Reconsideration by the Independent Reviewer, will proceed to Phase 8 with no right of appeal.

67. Where a Claimant's compensation is denied by the Independent Reviewer, there is no right of appeal (SA 3.08(3)).

PHASE 7B: EXCEPTIONS COMMITTEE – REFERRAL RELATED TO COMPENSATION ASSESSMENT

68. The Independent Reviewer may refer a Claim to the Exceptions Committee (SA 3.07(1)) where:

    a. the Independent Reviewer requires additional guidance or clarification from the Exceptions Committee in order to determine if a Claimant is eligible for compensation;

    b. harm described in the Application is not contemplated in the Compensation Grid;

    c. the Independent Reviewer is unable to determine that an Eligible Claimant is entitled to compensation but having regard to the object, intention, and spirit of the Settlement Agreement, the circumstances are such that the Claimant, in the opinion of the Independent Reviewer, should receive compensation.

69. The Independent Reviewer shall submit a written referral, including an explanation of the reason for referral, to the Exceptions Committee (SA 3.07(2)). The Claims Administrator, the Claimant and Canada must be notified of the referral.

70. The Exceptions Committee shall be provided with the Claim, and any relevant Claim documentation to provide guidance as appropriate.

71. The Exceptions Committee will provide guidance, direction or decisioning to the Independent Reviewer.

72. Guidance, direction, and/or decisions of the Exceptions Committee are not subject to review or appeal (SA 3.08(3)).

PHASE 8: PAYMENT OF COMPENSATION

73. A decision of the Claims Administrator is final and binding upon the Claimant (SA 3.08(1)), and a decision of the Independent Reviewer is final and binding upon the Claimant and the Claims Administrator (SA 3.08(2)). Guidance, directions, and/or decisions of the Exceptions Committee are not subject to any review, recourse or appeal (SA 3.08(3)).

74. A Claimant's award of compensation will be issued by the Claims Administrator in the name of the Claimant, directly to a bank account held in the Claimant's name via cheque or direct deposit. Claimant awards of compensation will not be issued in trust to a Practicing Lawyer representing the Claimant.

75. The Claims Administrator will make efforts to deliver compensation to the Eligible Claimant based on contact/payment information provided in the Claim Form. The Claims Administrator will proactively follow up on unclaimed cheques at three, six and 12 months, after they have been issued. After the 12-month follow-up, cheques will be cancelled. A cheque may be re-issued after the fact on a case-by-case basis.

DEADLINE EXTENSION

76. The Claims Deadline is defined per SA 1.01 and will fall at 11:59PM Pacific Time.

77. In extraordinary circumstances, a Claimant may be granted an extension of the Claims Deadline, if the Request is made in accordance with this Claims Protocol (SA 3.05(1)) and approved by the Claims Administrator.

78. In no event may an extension be granted for more than 180 days past the Claims Deadline (SA 3.05(3)).

79. In order to receive a Deadline Extension, a Claimant must complete and deliver a Request for a Deadline Extension, in writing SA 3.05(1), to the Claims Administrator, or clearly notify the Claims Administrator in writing of an intention to request a Deadline Extension, within 180 days of the Claims Deadline. The Request for Deadline Extension or notification of such must

provide information as to why the Claims Deadline was not met by the Claimant (SA 3.05(2). The Claimant must also provide a complete Claim and supporting documentation within 180 days of the Claims Deadline to the Claims Administrator for their Request for Deadline Extension to be considered.

80. Claims received by the Claims Administrator between the Claims Deadline and 180 days from that date without a Request for Deadline Extension or written notification of such will be denied. Claims and Requests for Deadline Extension received by the Claims Administrator 180 days after the Claims Deadline will be denied.

81. The Request for Deadline Extension must be accompanied by a complete Claim (SA 3.05 (2)). Where such Claim is still incomplete 180 days after the Claims Deadline, it will be denied and the Claimant will not be provided with additional time to submit Missing Information in accordance with Paragraphs 15 to 19 of this Protocol.

PERSONAL REPRESENTATIVES – MINORS AND ADULT PERSONS UNDER DISABILITY

82. A Primary Class Member who becomes a Person Under Disability prior to their receipt of compensation or an Heir who is a Minor (a person who has not yet reached the age of majority according to the legislation of that province or territory), may have their Claim filed by a Personal Representative or be represented during the Claims Process by the Personal Representative (SA 6.02).

83. This section excludes requirements for Estate Representatives or legal counsel, which are prescribed under separate protocols (see Paragraph 10 of this Protocol).

84. A Personal Representative is the person appointed, or designated by operation of the law, pursuant to the applicable provincial, territorial or federal legislation to manage or make reasonable judgements or decisions in respect of the affairs of a Person Under Disability. This may include an individual appointed by a court representation order, an individual named as Power of Attorney (POA), a Public Guardian and Trustee, or the Administrator of Property where one has been appointed by Indigenous Services Canada (ISC).

85. A Person Under Disability is an individual who is unable to manage or make reasonable judgements or decisions in respect of their affairs by reason of mental incapacity including those for whom a Personal Representative has been appointed.

86. The Personal Representative must fill in all sections of the Claim that apply to the Primary Class Member or Heir, and also all sections that apply to them as a Personal Representative.

87. The Claims Administrator will assess competing Claims and the sufficiency of supporting documentation for the Personal Representative to determine a person's right to act as a Personal Representative under this Settlement.

88. The Personal Representative must provide sufficient and appropriate documentary evidence of legal appointment as Personal Representative over the Primary Class Member's or Heir's property/finances. Examples include: a signed Power of Attorney or protection mandate, a Provincial or Territorial court appointment order (including appointment of a Public Guardian and Trustee) or a Federal Appointment Order for the Administrator of Property.

89. Where the Personal Representative does not provide sufficient and appropriate documentary evidence of legal appointment as Personal Representative, the Claim will be processed in accordance with the process set out in Paragraphs 14 to 23.

90. Where the Claims Administrator determines that the person who submitted the Claim is not an eligible type of Personal Representative for the Primary Class Member or Heir, and therefore cannot act on behalf of the Primary Class Member or Heir for the purposes of the Claims Protocol, the Claims Administrator will issue a Letter of Denial of Representation.

91. Compensation issued for Primary Class Members or Heirs who are Persons Under Disability will be made payable to the Primary Class Member or Heir, to the attention of the Personal Representative, unless otherwise prescribed by the applicable appointment order.

92. Additional requirements, guidance and instructions relating to Persons Under Disability may be included in the Claim Form.