

APPENDIX E

CLAIM FORM

Ouellet v. Bell Canada
(450-06-000001-176)

You must submit this duly completed claim form and the required documentation by no later than August 11, 2023. You can submit the claim form and the required documentation to any of the following coordinates:

Via the website: www.actioncollectivefraisvires.com

By email: afv@velvetpayments.com

By mail: Velvet Payments
5900 Andover Ave. Suite 1
Montreal, Quebec
H4T 1H5

By fax: 1-800-934-3320

IMPORTANT: PLEASE READ BEFORE COMPLETING THIS CLAIM FORM

CLAIM FORM INSTRUCTIONS

1) Class Members:

You are a member of the class eligible for compensation under the settlement if you are:

- 1) A natural person in Quebec who has received and paid the charges associated with one or more long distance collect calls processed by Bell Canada between September 25, 2014 and September 30, 2022 inclusively, other than calls made from provincial correctional facilities located in the Province of Ontario using the *Offender Telephone Management System (OTMS)*.
- 2) A legal person, partnership and association or other group not endowed with juridical personality in Quebec who has received and paid the charges associated with one or more long distance collect calls processed by Bell Canada between September 25, 2014 and September 30, 2022 inclusively, other than calls made from provincial correctional facilities located in the Province of Ontario using the *Offender Telephone Management System (OTMS)*, and who did not invoice the charges to a third party (such as, but not limited to, a client, organization or legal aid).

If you are a class member eligible for compensation based on the above definition, you may submit this claim form. Please complete Sections A, B and C, and return the duly completed claim form and the required documentation **to the claims administrator (Velvet Payments)** via the website or by email, mail or fax as per the information above.

2) Compensation:

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The class members eligible for compensation will be eligible for a refund of the charges for long distance collect calls processed by Bell Canada that appear on one of their invoices in the period between September 25, 2014 and September 30, 2022.

The refund will be calculated on a pro rata basis among the class members eligible for compensation who submit, before the deadline, the claim form.

The amount to which you are entitled will be transferred to you by Velvet Payments (the Claims Administrator) via Interac e-transfer by email or sent by cheque to the address indicated on the claim form. You should receive the amount within sixty (60) days of August 12, 2023.

If you do not deposit the cheque within six (6) months from the date of its issuance or accept the Interac e-transfer within 30 days of its issuance, you will be deemed to have waived your right to that amount and will not be entitled to any further amount or compensation.

3) Claim Form:

To submit a claim form, you must confirm or provide your current contact information, affirm certain facts that show that you are eligible to receive compensation from the settlement and attach the required documentation.

For assistance, you may contact the claims administrator or class counsel:

Claims Administrator:

Velvet Payments
5900 Andover Ave. Suite 1
Montreal, Quebec
H4T 1H5
T. : 1-888-770-9862
afv@velvetpayments.com

Class Counsel:

LPC Avocat Inc.
c/o Mtre Joey Zukran
276 Saint-Jacques Street, Suite 801
Montreal, Quebec, H2Y 1N3
T: 514.379.1572
jzukran@lpclex.com

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SECTION A: NAME AND CONTACT INFORMATION

Provide your name and contact information below. If your contact information changes after you submit this claim form, please provide the new information to the claims administrator.

Name:	Telephone number:
Current address (civic number, street, apartment, city, province and postal code):	
If you wish to receive the refund via Interac e-transfer , please indicate your email address :	

SECTION B: PROOF OF BILLING AND PAYMENT

1) Required information
Name of residential telephone service provider (landline) at the time the charges were invoiced:
Telephone number (with area code) to which the charges were invoiced:
Month and year of the invoice claimed:
Origin of the calls claimed: <input type="checkbox"/> Prisons/pénitentiaires <input type="checkbox"/> Other
2) Required documentation
<input type="checkbox"/> Please upload or attach your invoice on which charges for long distance collect calls processed by Bell Canada appeared. <input type="checkbox"/> If you do not have your invoice , the Claims Administrator will evaluate and quantify your claim to the best of its ability and with all information available to them. If so, you agree to defer to their assessment of your claim.

SECTION C: CLASS MEMBER VERIFICATION AND DECLARATION

By signing below and submitting this claim form, I hereby solemnly affirm that:

In the case of a natural person:

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- 1) I am the person identified above and the information provided in this claim form is true and accurate.
- 2) I reside in the province of Quebec and received one or more long distance collect calls processed by Bell Canada between September 25, 2014 and September 30, 2022 inclusively.
- 3) The collect calls received were not made from provincial prisons located in the province of Ontario using the *Offender Telephone Management System (OTMS)*.
- 4) I paid the long distance collect calls charges claimed.

In the case of a legal person, partnership, association or other group not endowed with juridical personality:

- 1) The individual identified above is duly authorized by the legal person, partnership, association or group and the information provided in this claim form is true and accurate.
- 2) The legal person, partnership, association or group is domiciled or has an establishment in the province of Quebec and received one or more long distance collect calls processed by Bell Canada between September 25, 2014 and September 30, 2022 inclusively.
- 3) The collect calls received were not made from provincial prisons located in the province of Ontario using the *Offender Telephone Management System (OTMS)*.
- 4) The legal person, partnership, association or group paid the long distance collect calls charges claimed and did not invoice the charges to a third party (such as, but not limited to, a client, organization or legal aid).
- 5) The legal person, partnership, association or group has not been reimbursed or otherwise compensated for the collect call charges claimed in the present form.

SIGNATURE

DATE (dd/mm/yyyy)

NAME

For assistance, you may contact the claims administrator or class counsel:

Claims Administrator:

Velvet Payments
5900 Andover Ave. Suite 1
Montreal, Quebec
H4T 1H5
T. : 1-888-770-9862
afv@velvetpayments.com

Class Counsel:

LPC Avocat Inc.
c/o Mtre Joey Zukran
276 Saint-Jacques Street, Suite 801
Montreal, Quebec, H2Y 1N3
T: 514.379.1572
jzukran@lpclex.com

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YOU MUST SEND THIS DULY COMPLETED CLAIM FORM AND THE REQUIRED DOCUMENTATION NO LATER THAN AUGUST 11, 2023 TO ANY OF THE FOLLOWING COORDINATES:

Website: www.actioncollectivefraisvires.com

Email: afv@velvetpayments.com

Mail: Velvet Payments
5900 Andover Ave. Suite 1
Montreal, Quebec
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