

RicePoint Administration Inc.
P.O. Box 4454, Toronto Station A
25 The Esplanade
Toronto, ON M5W 4B1



DNQ

ONTARIO
SUPERIOR COURT OF JUSTICE
COURT FILE NO.: 16-70454CP

**DEADLINE FOR OPTING OUT:
October 14, 2021**

**Dr. Norman Barwin Class Action –
Proposed Settlement
OPT-OUT FORM**

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 the proposed settlement. Further details are below.

If you do not wish to participate in the class action or bring a claim against Dr. Barwin on your own, **you do not need to complete this Opt-Out Form.**

If you want to Opt Out, this form and supporting documentation must be submitted to the Administrator by e-mail or mail **no later than October 14, 2021** or you will be assumed to be part of the settlement and barred from any future legal proceeding.

- Opt-Out Forms require supporting documentation, including an Orchid Pro Laboratories DNA test. It is highly recommended that potential Class Members who do not yet have their DNA test, contact Class Counsel promptly and no later than September 15, 2021 to coordinate a test free of charge. Further information is available in Sections C and D below.

IF YOU HAVE GENERAL QUESTIONS ABOUT THIS FORM, PLEASE CONTACT THE ADMINISTRATOR AT:

RicePoint Administration Inc.
P.O. Box 4454, Toronto Station A
25 The Esplanade
Toronto, ON M5W 4B1
1-866-753-2594
Email: barwinclassaction@ricepoint.com



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|----------------------------------|-----------------------------|-----------------------------|--|---|
| FOR CLAIMS PROCESSING ONLY | OB <input type="checkbox"/> | CB <input type="checkbox"/> | <input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV | <input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B |
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IF YOU HAVE QUESTIONS ABOUT YOUR LEGAL RIGHTS OR OBTAINING AN ORCHID PRO DNA TEST, PLEASE CONTACT CLASS COUNSEL AT:

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|--|---|
| Peter Cronyn Tel: 613-231-8213 Fax: 613-788-3659 peter.cronyn@nelliganlaw.ca | Jessica Fullerton Tel: 613-231-8366 Fax: 613-788-3651 Jessica.fullerton@nelliganlaw.ca |
| Frances Shapiro Munn Tel: 613-231-8355 Fax: 613-788-3697 frances.shapiro@nelliganlaw.ca | Robyn Beaulne – law clerk Tel: 613-231-8214 Fax: 613-788-2370 robyn.beaulne@nelliganlaw.ca |

If you would like to **Opt-Out** of the proposed settlement, you must fill out the form below completely except for section E which is optional and submit the form with the required additional documentation.

The form must be submitted to the Administrator by mail, courier or in person by no later than October 14, 2021 (mail may be postmarked October 14, 2021).

SECTION A: CLASS MEMBER IDENTIFICATION

Below are the list of classes. Please review and select all classes that apply.

In most cases, individuals will fall into only one class.

As detailed further in Sections D and E you will require a legal DNA test as evidence that you fall into one of the Classes below.

Fill all circles that apply

- **Mothers Class:** All patients of the defendant who were administered artificial insemination (AI) in Canada during the Class Period by either (i) the Defendant, or (ii) at another fertility clinic, with semen originally entrusted to the Defendant, from which AI they conceived and gave birth to a child whose biological father does not accord with the consent given by these patients in regard to the semen.

Spouse/Partner/Former Patient Class:

- a. All persons who were a partner or spouse of a Mothers Class Member when the AI was administered and who agreed to have their own semen or specified donor semen used for the AI of a Mother Class Member, but where the biological father of the child born of the AI does not accord with their said agreement; and
- b. All patients of the defendant in Canada who entrusted their semen to the defendant for storage, safe-keeping or specific purpose but which semen was used in the course of AI performed by the defendant during the Class Period that resulted in the birth of one or more children who do not accord genetically with the consent these patients gave in regard to the storage and/or use of their semen.
- **Children Class:** All persons conceived and born by Mother Class Members as a result of AI performed by the defendant during the Class Period with semen entrusted to the defendant whose biological father does not accord with the consent given by their biological mother for the AI.

SECTION B: CLASS MEMBER INFORMATION

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Full Legal Name

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Name of Legal Guardian *If you are completing this on behalf of a minor or a person under a disability, include your name and relationship to the Class Member*

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Prior Name(s)



Y Y Y Y / M M / D D

Date of Birth (for Class Member)

[Empty input field for Date of Birth]

Primary Address

[Empty input field for Primary Address]

Primary Address Continued

[Empty input field for Primary Address Continued]

City

Province

Postal Code

[Empty input field for City, Province, and Postal Code]

Email Address (optional)

[Empty input field for Email Address]

Area code

Telephone number (home)

Area code

Telephone number (work)

Name(s) of other relevant persons

[Empty input field for Name(s) of other relevant persons]

Name - Parent 1 Complete if one or more of your parents were patients of Barwin

Y Y Y Y / M M / D D

Date of Birth (for Parent 1)

[Empty input field for Name - Parent 1]

Name - Parent 2 Complete if one or more of your parents were patients of Barwin

Y Y Y Y / M M / D D

Date of Birth (for Parent 2)

[Empty input field for Name - Parent 2]

Name - Partner/Spouse Complete if you saw Dr. Barwin with a partner or spouse

Y Y Y Y / M M / D D

Date of Birth (for Partner/Spouse)

[Empty input field for Name - Partner/Spouse]

Name - Child/Children conceived Complete if you or your spouse conceived and gave birth to one or more children with Dr. Barwin's assistance

Y Y Y Y / M M / D D

Date of Birth (for Child/Children)

[Empty input field for Name - Child/Children conceived]

Dates of Treatment with Dr. Barwin Dates you, your parent, or your spouse/partner saw Dr. Barwin

Y Y Y Y / M M / D D

Y Y Y Y / M M / D D

Y Y Y Y / M M / D D

Dates of Artificial Insemination Dates you, your parent or your spouse/partner received artificial insemination (AI) from Dr. Barwin

Y Y Y Y / M M / D D

Y Y Y Y / M M / D D

Y Y Y Y / M M / D D

[Empty input field for Dates of Treatment with Dr. Barwin]

[Empty input field for Dates of Artificial Insemination]



[Empty lined area for handwritten notes]

SECTION C: DNA DATABASE AND IMPORTANT DEADLINES

To Opt-Out you will require an Orchid Pro Legal Chain of Custody DNA test proving you are an eligible class member.

A portion of the settlement funds in the Class Action are being used to set up, operate and pay for a DNA Database with Orchid Pro DNA Laboratories. The Database will permit Class Members and potential Class Members, including former patients who stored or entrusted semen to Dr. Barwin, to test against each other, free of charge.

If you do not yet have an Orchid Pro DNA test proving your claim, you need to act promptly. Below is further information on the timelines and the assistance that Class Counsel can provide to assist you.

Fill one circle only

- I currently have an Orchid Pro DNA test proving I am an eligible class member.
If you already have your Orchid Pro DNA test, the only other information you need to Opt-Out is a notarized copy of your government issued ID as is set out below in Section D. Please proceed directly to Section D.
- I do not yet have an Orchid Pro DNA test proving I am an eligible class member.
In this case you will need to act promptly and follow the steps below to coordinate your participation in the DNA database by September 30, 2021. Class Counsel will assist you at every stage

STEP 1: Contact Class Counsel: If you are considering Opting Out and do not yet have an Orchid Pro DNA test, you should contact Class Counsel promptly and by no later than September 15, 2021. Class Counsel will provide you with additional information and answer any questions that you have.

STEP 2: Review, Sign and Return DNA Database Agreement: After you contact Class Counsel, you will be provided with a DNA Database Disclosure Agreement and Consent. Class Counsel can answer any questions that you have. You will need to return the signed Agreement to Class Counsel by e-mail or mail. It is recommended that you do this before September 15, 2021.

STEP 3: Attend at Orchid Pro DNA to provide your DNA sample: Orchid Pro has laboratories across Canada. Class Counsel can assist you in finding a location that is convenient for you. You will need to bring a copy of your government issued photo identification. It is recommended that you attend to provide your DNA sample (a cheek swab) by September 15, 2021.

STEP 4: Wait to receive Orchid Pro DNA results: After you give your DNA sample, it will take Orchid Pro 5-10 business days to process your results. A copy of those results will be sent to you by Class Counsel by e-mail (or mail if you prefer).



SECTION D: DOCUMENTATION

To Opt-Out you require two documents:

Document 1: (Notarized Photo ID): A notarized copy of a government issued photo identification. If you have questions about how to get your ID notarized, contact Class Counsel.

Document 2 (Orchid Pro Legal Chain of Custody DNA Test): As noted in Section C, you must also provide an Orchid Pro Legal Chain of Custody DNA test proving you are an eligible class member. The steps for you to obtain an Orchid Pro DNA test free of charge are set out above in Section C.

If you cannot obtain an Orchid Pro Legal DNA test, you will have to explain why below.

Fill one circle only

- I have attached a copy of my notarized government issued photo identification.
- I have attached a copy of my Orchid Pro Legal Chain of Custody DNA test.
- I have not attached a copy of my DNA test because:

OR

- I have not attached a copy of my DNA test because:
 - I am a child conceived through AI performed by Dr. Barwin and I cannot locate or do not have access to the intended donor or father to do a DNA test against.
 - I am a mother, spouse or partner of a child conceived through AI performed by Dr. Barwin and I cannot locate or do not have access to the intended donor or father to do a DNA test against.
 - Other reason(s) (please provide details below)

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SECTION E: REASON FOR OPTING OUT (OPTIONAL)

Fill one circle only

- I do not want to be a Class Member or involved with this proceeding
- I intend to bring my own individual action against Dr. Barwin and/or his clinic
- Other reason(s) (please provide details below)

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SECTION F: OPT OUT DECLARATIONS

Initial or fill in each of the following:

- I confirm that I have carefully read the Notice of Class Certification and Proposed Settlement available here: www.barwinclassaction.ca
- I declare that all of the information provided in this Opt-Out form is true and correct.
- I understand that there is a proposed settlement of the Dr. Barwin Class Action which may provide eligible class members a payment of up to \$50,000 each depending on which Class they fall into, their circumstances and how many Class Members there are.
- I understand that by Opting Out of this Class Proceeding, I am confirming that I do NOT wish to participate in this class proceeding which means that I will NOT be eligible to receive money from the settlement or to obtain any other benefits of the class proceeding.
- I understand that by Opting Out, I take full responsibility for taking all legal steps to protect any claim(s) I may have, including addressing any relevant limitation periods. If I choose to pursue any legal action on my own, it will be at my own expense, including lawyers' fees and any risk of adverse legal costs against me personally should I not succeed.
- I confirm that I have attached the required documentation with my Opt-Out Form
- I understand that this Opt-Out Form, completed in full, must be received by the Administrator no later than October 14, 2021. If it is not, I understand that I will be assumed to be included in the proposed settlement and barred from any future legal proceeding. I am aware of the option to contact Class Counsel or the administrator if I have questions.
- I understand that completion of this Opt-Out form is a final decision and that I cannot change my mind later and decide to receive compensation once the Settlement is approved.
- By my signature below, I confirm that I wish to Opt-Out of the proposed settlement of this Class Action.

Signature of Class Member Opting Out
*(or name and signature of Legal Guardian
Opting Out on Class Member's behalf)*

Name of Class Member Opting Out

Date (yyyy/mm/dd):

SECTION G: SUBMITTING COMPLETED FORM AND DOCUMENTATION

Opt-Out Forms must be submitted to the Administrator with mandatory supporting documentation no later than October 14, 2021 by mail, courier or in person (mail may be postmarked October 14, 2021).

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