

Nova Scotia Disability Services Class Action Settlement

OBJECTION FORM

This is **NOT** a Claim Form. If you want to participate in the proposed Settlement (i.e., make a Claim), you are not required to do anything now. If the Settlement is approved, the Claim Form will be made available at that time.

Read the instructions below carefully. **If you need more details regarding the proposed Settlement, or the requested Class Counsel Fees or Honoraria, please read the long-form Notice of Settlement Approval Hearing or visit NSWaitlistSettlement.ca.**

Complete and submit this Objection Form **ONLY if you want to OBJECT** to the proposed Settlement and/or Class Counsel Fees (i.e., ask the Court to reject the proposed Settlement and/or Class Counsel Fees).

Questions? Visit the Administrator online at NSWaitlistSettlement.ca or reach out to the Administrator by toll-free telephone (1-844-677-1771) or by email (info@NSWaitlistSettlement.ca).

INSTRUCTIONS:

1. Complete this Objection Form **ONLY IF YOU WANT TO OBJECT** to (i.e., ask the Court to reject) the proposed Settlement and/or Class Counsel Fees.
2. Complete the “My Information” section with your name, address, telephone number, and email address (if you have one).
3. Complete the “My Membership in the Class” section by checking the box that applies to you.
4. Under “My Objection,” check the box(es) to indicate whether you want to object to the proposed Settlement, and/or to the Class Counsel Fees request and/or to the requested Honoraria.
5. In the spaces provided, explain why you are objecting. Use this space to give the reasons why you think the Court should not approve the proposed Settlement, Class Counsel Fees request and/or requested Honoraria. If you need more space, please attach additional pages.
6. If you want to include any other documents with your objection, check the box saying, “I am including additional documents with my Objection Form.” Make sure that you include those documents with your Objection Form when you submit it.
7. If you want to attend the Settlement Approval Hearing where the Court will decide whether to approve the proposed Settlement, Class Counsel Fees request, and the requested Honoraria, check the box to indicate whether you will attend in person or by Microsoft Teams. You do not need to attend the hearing unless you want to. A copy of your Objection Form will be provided to the Court whether or not you decide to go to the hearing. If you have a lawyer representing you at the hearing, please provide that lawyer’s name and contact information.
8. Sign and date your Objection Form.

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9. Send your completed Objection Form to the Administrator, by mail or email, **no later than October 27, 2025.**

Mail: Administrator PO BOX 998 STN CENTRAL Halifax, NS B3J 2X1	Email: info@NSWaitlistSettlement.ca
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MY INFORMATION:

My full name is: _____

My mailing address is: _____

My telephone number is: _____

My email address (if applicable) is: _____

MY MEMBERSHIP IN THE CLASS: Check all the boxes that apply to you.

<input type="checkbox"/>	Waitlist Class I was alive as of May 4, 2022, and I was on the waitlist for services (other than a residential placement for seniors) under the <i>Social Assistance Act</i> , S.N.S. 1989, c. 432, for a period of time after April 1, 1998, exclusive of any period for which I was a member of: a) the Institution Class; b) the Nursing Home Class; or c) the Hospital Class.
<input type="checkbox"/>	Institution Class I was alive as of May 4, 2022, and a period of time after April 1, 1998 resided at a Regional Rehabilitation Centre, Adult Residential Centre, or Residential Care Facility, while eligible for assistance under the <i>Social Assistance Act</i> , R.S.N.S. 1989, c. 432.
<input type="checkbox"/>	Nursing Home Class I was alive as of May 4, 2022 and I: a) For a period of time after April 1, 1998, resided in a nursing home; b) Was eligible for assistance under the <i>Social Assistance Act</i> , R.S.N.S. 1989, c. 432 while residing in the nursing home; and c) Had been assessed by an agent or employee of the Department of Community Services as having support needs which fell within the mandate of the Department

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<input type="checkbox"/>	<p>of Community Services pursuant to the Disability Support Program Policy (or Services for Persons with Disabilities Policy) applicable at the time of their residence in the nursing home.</p> <p>Hospital Class I was alive as of May 4, 2022, and for a period of time after April 1, 1998 resided in the Nova Scotia Hospital or another hospital operated by the Nova Scotia Hospital Authority or any of its predecessors, without a medical reason for the hospitalization, while eligible for assistance under the <i>Social Assistance Act</i>, R.S.N.S. 1989, c. 432.</p>
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MY OBJECTION:

<input type="checkbox"/>	<p>I want to OBJECT to the proposed Settlement that is offering up to \$34 million in total for the Class in this lawsuit about the waitlist for disability support services under the <i>Social Assistance Act</i> in Nova Scotia, because:</p> <hr/> <hr/> <hr/> <hr/> <p>(If you need more space to complete your answer, please attach additional pages.)</p>
<input type="checkbox"/>	<p>I want to OBJECT to the requested Class Counsel Fees because:</p> <hr/> <hr/> <hr/> <hr/> <p>(If you need more space to complete your answer, please attach additional pages.)</p>
<input type="checkbox"/>	<p>I want to OBJECT to the requested Honoraria of \$15,000 for the Representative Plaintiff because:</p> <hr/> <hr/> <hr/> <hr/> <p>(If you need more space to complete your answer, please attach additional pages.)</p>
<input type="checkbox"/>	<p>I am including additional documents with my Objection Form.</p>

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<input type="checkbox"/>	I will attend the Settlement Approval Hearing on November 7, 2025 in person in Halifax, Nova Scotia.
<input type="checkbox"/>	I will attend the Settlement Approval Hearing on November 7, 2025 by Microsoft Teams .
<input type="checkbox"/>	I do NOT intend to appear at the Settlement Approval Hearing on November 7, 2025.
<input type="checkbox"/>	I will have a lawyer representing me at the Settlement Approval Hearing. The lawyer's name and contact information is: _____

SIGNATURE & DATE

Date (YYYY-MM-DD)

Signature

KM-10201953v4