

Nova Scotia Disability Services Class Action Opt Out Form

## Nova Scotia Disability Services Class Action Settlement

### OPT OUT FORM

**To:** Administrator  
PO BOX 998 STN CENTRAL  
Halifax, NS B3J 2X1

[info@NSWaitlistSettlement.ca](mailto:info@NSWaitlistSettlement.ca)

This is **NOT** a claim form. If you complete this Opt-Out Form, you **WILL NOT** get any money under the Settlement Agreement.

Complete and submit this Opt Out Form **ONLY** if you want to exclude yourself from this class proceeding.

Full Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

<input type="checkbox"/>	<b>I confirm that I wish to be EXCLUDED and NOT participate in the class action lawsuit.</b>
<input type="checkbox"/>	I acknowledge that by Opting Out, I <b>WILL NOT</b> receive any money under the Settlement Agreement.
<input type="checkbox"/>	I understand that any individual claim I may have must be commenced within a specified limitation period or it will be legally barred. I understand that I must mail or email this Opt Out Form to the address listed by the Opt-Out Deadline on October 27, 2025 or else it will not be valid.
<input type="checkbox"/>	I understand that the filing of this class proceeding suspended the running of the limitation period from the time the class proceeding was filed. The limitation period will resume running against me if I Opt Out of this class proceeding.

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Note:** To validly Opt Out, this form must be properly completed and received at the above email address or address **no later than October 27, 2025 at 11:59 p.m. ADT.**