



# Representative Claim Form (Claim Form for a Personal Representative Claiming on Behalf of Another Person)

The First Nations Drinking Water Settlement will compensate members of First Nations that experienced long-term drinking water advisories while living on an Impacted First Nation.\*

**NOTICE:** This is the form to claim compensation on behalf of someone else, such as a minor child, a person under a disability, or a person who has passed away. If you want to claim compensation for yourself, please fill out the 'Claim Form for Individuals' instead. It is found at [www.firstnationsdrinkingwater.ca](http://www.firstnationsdrinkingwater.ca)

**You might not need to fill out this form.** Please check [www.firstnationsdrinkingwater.ca](http://www.firstnationsdrinkingwater.ca) first, to see if the First Nation has already filed a claim on behalf of its members. If it has, then please call the Administrator and they'll help you check if the person you're claiming on behalf of is already on our list. If they are, then you only need to fill out this form if you're claiming for Specified Injuries for them.

**To qualify for compensation, the person you're claiming on behalf of must...**

✓ Be a member of a First Nation, have been alive on November 20, 2017, and...

If born *before* November 20, 1995

✓ ordinarily resided / lived on an Impacted First Nation during a long-term drinking water advisory that lasted continuously for a year or longer, anytime between November 20, 2013 and June 20, 2021



If born *on or after* November 20, 1995

✓ ordinarily resided / lived on an Impacted First Nation during a long-term drinking water advisory that lasted continuously for a year or longer, anytime between November 20, 1995 and June 20, 2021



*\*For a list of Impacted First Nations and dates of long-term advisories, please see below at pages 7 to 16. Also, please note that Tsuu T'ina, Sucker Creek, Ermineskin Cree, the Blood Tribe, and the Okanagan Indian Band are bringing their claims in a different way, so their members aren't eligible for compensation under this settlement.*

👉 Filling out this form might be confusing, emotionally difficult, or even traumatic. But you are not alone. **There are three teams of people available to help.**



**The Hope for Wellness Team** offers comfort and emotional support.

**They can help you** if you are experiencing emotional distress.

**You can reach them** toll-free on our Wellness Help Line at 1-855-242-3310 or online at [www.hopeforwellness.ca](http://www.hopeforwellness.ca)



**The Administrator** handles claim applications and payments.

**They can help you** with the claims process, including with filling in this Claim Form.

**Start with these folks** if you have a question and don't know who to ask.

**You can reach them** toll-free on our Administrator Help Line at 1-833-252-4220.



**The Class Counsel Team** are your lawyers. They work for you, calls are confidential, and there's no charge to talk with them.

**They can help you** with claims for Specified Injuries Compensation or legal questions about the class action settlement.

**You can reach them** toll-free on our Class Counsel Help Line at 1-833-265-7589.



**There is a deadline!** If the person's First Nation has not already submitted a form for them, then you must submit one **by March 7, 2023**

## This form has various parts. Here's how to fill it out.

<p>Parts 1-3 are <b>REQUIRED</b>. You must fill out these parts.</p> 		<p><b>Part 1:</b> Name and Key Details</p>	<p>This is where you share key details of the person on whose behalf you are claiming, like THEIR name, birthday, band membership, etc. In this part you will also provide us with YOUR address, contact numbers, and payment info. This allows us to create a file on behalf of the person you're claiming for, and link that file to you as their representative.</p>
		<p><b>Part 2:</b> Where They Lived</p>	<p>Here, you'll tell us about the place (or places) where the person you're claiming for lived. We use this information to figure out how long they suffered under long-term drinking water advisories.</p>
		<p><b>Part 3:</b> Authorization</p>	<p>This is where you agree to the terms and conditions, promise the information you gave us is correct, and give us permission to review and decide the application you're making on behalf of another person.</p>

<p>Parts 4-5 are <b>OPTIONAL</b>. Only fill these out if they apply to your situation.</p> 		<p><b>Part 4:</b> Specified Injuries</p>	<p>This section is where you can claim for additional compensation if the person suffered serious, long-lasting injuries that were caused either by using water in accordance with the long-term drinking water advisory, or because they didn't have access to clean safe water because of a long-term drinking water advisory. Please note that they must have been using the treated or tap water. Using untreated water from surface water sources such as lakes, pond, or rivers is not covered.</p>
		<p><b>Part 5:</b> Sworn/ Affirmed Declaration</p>	<p>This is where you sign your name, promise the information you've given us is correct, and give us permission to review and decide the application for Specified Injuries compensation. Because the Specified Injuries compensation is <u>additional</u> to what everyone who suffered under a long-term drinking water advisory will get, an approved guarantor, such as a community leader, also needs to sign this section as your witness. This Part is also required if you do not have any identification</p>

<p>Choose <b>ONE</b> of Parts 6-9 to fill out, based on who you are making a claim for. (For example, if you're making a claim on behalf of a minor child, you would choose Part 7)</p> 		<p><b>Part 6:</b> Person Under Disability</p>	<p>You should fill out this part if you are making a claim on behalf of a Person Under Disability. A 'Person Under Disability' is defined as someone who is unable to manage or make reasonable judgments or decisions in respect of their affairs by reason of mental incapacity AND for whom a personal representative has been appointed pursuant to the applicable provincial or federal legislation to manage property/finances.</p>
		<p><b>Part 7:</b> Minor Child</p>	<p>You should fill out this part if you are making a claim on behalf of a Minor Child. A minor child is defined by the legislation of the province or territory of residence. In most cases, it means someone under the age of 18 years. If you're making a claim on a minor child's behalf, you are considered that minor child's "personal representative".</p>
		<p><b>Part 8:</b> Deceased Person With Estate</p>	<p>You should fill out this part if you are making a claim on behalf of a person who has died with an estate which you have been appointed to represent. 'With an estate' means the person either had a will, or someone has been appointed to represent their estate.</p>
		<p><b>Part 9:</b> Deceased Person With No Estate</p>	<p>You should fill out this part if you are making a claim on behalf of a person who has died without an estate. 'Without an estate' means that the person did not have a will, and nobody has been appointed to represent their estate.</p>



## Tips and Pointers for Filling Out This Claim Form

- ✓ If you're unsure about anything, the Frequently Asked Questions (FAQ) page is a great place to start. It is available online at [www.firstnationsdrinkingwater.ca](http://www.firstnationsdrinkingwater.ca).
- ✓ If you're still unsure after looking at the FAQ page, please call the Administrator. Their contact info is on page 1.
- ✓ You should only submit this form once, so please make sure you gather all the info you need first. After you've submitted, please call the Administrator if you need to make a change or have any questions or concerns.
- ✓ There's a checklist at the end of this form to help you make sure you've filled out all the right sections.
- ✓ Once the Administrator has sent a decision to you about a claim, no more changes to the form can be made.
- ✓ This process is governed by the Settlement Agreement and related documents, which are at [www.firstnationsdrinkingwater.ca](http://www.firstnationsdrinkingwater.ca).
- ✓ **Instructions on how to submit this form are at page 18.**
-  If you want to make a Specified Injuries claim (Part 4) then you must fill out this form!

# PART 1: THEIR NAME AND KEY DETAILS and YOUR ADDRESS



Please **fill in all you can here, so we can process the claim**. In these boxes, please write down **THEIR** information – that is, the information of the person you’re claiming for. What you write down should match what is on their government-issued ID. If a box doesn’t apply to them, please just leave it blank.

First Name of the Person You’re Claiming For (required)	
Middle Name(s) of the Person You’re Claiming For (if applicable)	
Last Name of the Person You’re Claiming For (required)	
Other Name(s) They Were Known By (if applicable)	
Date of Birth of the Person You’re Claiming For (required)	Day ____ Month ____ Year _____
Please Attach a <u>Copy</u> of a Government-Issued ID of the Person You’re Claiming For to this Claim Form (required)	<input type="checkbox"/> I have attached a copy of their government-issued ID



Again, in these boxes, please write down **THEIR** information We understand that you might not have all of it, but please fill in all you can. Note that you **must provide the Province and the name of their Band, and either their Indian Status Card Number and/or their Band Registration Number**

Social Insurance Number of the Person You’re Claiming For	_____ - _____ - _____
Indian Status Number of the Person You’re Claiming For	
Band Registration Number of the Person You’re Claiming For	
Name of the Band the Person You’re Claiming For Was a Member Of	
Province Where Their Band is Located	



**In these boxes, please write down YOUR information!** This is so we can contact **YOU** about the claim you’re making on behalf of the person above. We ask for your phone number and email, but if you don’t have those that’s fine, please just leave those boxes blank.

Your Name (First, Last)	
Your Street Name and Number	
Your Unit Number (if applicable)	
Your City / Town / Community	
Your PO Box (if applicable)	
Your Province/Territory	
Your Postal Code	
Your Country	
Your Home Telephone	
Your Mobile Telephone (if applicable)	
Your Email address (if applicable)	
If This Address is in a First Nation, Please Indicate the Name of the Nation	
C/O Name (if applicable)	

## \$ Payment Information

- ✓ Payments will be assessed and issued to eligible claimants after the end of the claims period
- ✓ The claims period ends on **March 7, 2023**, so payments will be in **mid-2023 or later**
- ✓ Compensation will depend on the total amount of funding available, and number of eligible claims received
- ✓ If we get more than one personal representative claiming on behalf of the same person (for example if two people make claims on behalf of the same minor child, or two people claim on behalf of the same estate) then we will contact everyone and ask you to sort things out amongst yourselves. If that isn't possible, you may need to ask the court to provide us all with direction before payment can be made.

If your claim on behalf of another person is approved, we can pay you by cheque or by direct deposit. Which would you prefer?

Please **mail** me a cheque at the address I provided above



I have attached a completed direct deposit form or void cheque and would like you to pay me by **direct deposit**



### *Tips and Pointers for Direct Deposits*

- ✓ **If you'd like a direct deposit, you must attach a void cheque or direct deposit form to this claim form**, so we know where to send the money.
- ✓ The bank account needs to be in your name. We can't send money to someone else's account. If your account changes, please contact the Administrator. For claims for a deceased person with an estate, payment will be made to "The Estate of" the deceased person.
- ✓ We can only deposit to Canadian bank accounts.
- ✓ Please make sure the information you give us is correct. Once the money is deposited, we can't get it back or make replacement payments. For example, if you provide a family member's banking information instead of your own, we can't get that money back for you.
- ✓ If the void cheque or direct deposit form are invalid, we will mail your cheque instead.



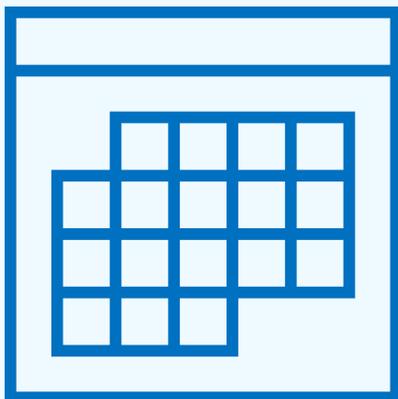
*If you move after you send us this Claim Form, please make sure you contact the Administrator at 1-833-252-4220 and give us your new address!*



## PART 2: WHERE THEY LIVED

In this section, you'll **tell us about what reserve (or reserves) the person you're claiming for lived on, and when.** We will use that information to figure out how much compensation they are eligible for.

There's a long table below, listing all the First Nations that had known long-term drinking water advisories in the timeframes covered by the settlement. As a reminder, a 'long-term drinking water advisory' means one that lasted for a year or longer.



Beside the name of each First Nation, there are date boxes. Please **fill in the date boxes next to the First Nation where they lived**, starting with the month and year they began living there, and ending with the month and year they stopped living there (if applicable).

*If they were born before November 20, 1995, then please share with us where they lived from **November 20, 2013 to June 20, 2021.***

*If they were born on or after November 20, 1995, then please share with us where they lived from **November 20, 1995 to June 20, 2021.***

### Tips and Pointers for Part 2

- ✓ You only need to share the times and locations that they were living on any of the First Nations listed below. You don't need to share information about other times and locations.
- ✓ If they were under 18 when they lived on reserve and moved away from their community to attend school, that time should be treated as time spent living on reserve and included in the table below.
- ✓ If they lived in more than one First Nation on the list below, that's fine. Please complete the date information for all the listed First Nations that they lived in.
- ✓ If you have questions about why we're only asking for certain timeframes based on when they were born, please see the 'Limitations Periods' section of the online FAQ page. You can find it at [www.firstnationsdrinkingwater.ca](http://www.firstnationsdrinkingwater.ca)
- ✓ If you think their First Nation had a drinking water advisory that lasted a year or more, but you can't find it on the list below, please **call the Administrator** at 1-833-252-4220, or include the information in the 'Other First Nation(s)' section at the bottom.



<b>Alberta</b> First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <b>FROM:</b> Month, Year	I lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
Alexis Nakota Sioux Nation	437	n/a	Aug 21, 2007 - Mar 31, 2016	Month __, Year ____	Month __, Year ____
Anishinabe Tallcree First Nation	446	Tall Cree 173	Dec 10, 2003 - Feb 02, 2005	Month __, Year ____	Month __, Year ____
		Tall Cree 173A	May 22, 2008 – Mar 18, 2011	Month __, Year ____	Month __, Year ____
Bears paw First Nation	473	Big Horn 144A	Nov 27, 2001 – Apr 28, 2005	Month __, Year ____	Month __, Year ____
		Stoney 142-143-144	Mar 10, 2004 – Aug 02, 2005 Oct 20, 2006 – Mar 21, 2014	Month __, Year ____	Month __, Year ____
Beaver First Nation	445	Child Lake 164A	Aug 28, 2009 - Jul 27, 2015	Month __, Year ____	Month __, Year ____
Chiniki First Nation	433	Big Horn 144A	Nov 27, 2001 – Apr 28, 2005	Month __, Year ____	Month __, Year ____
		Stoney 142-143-144	Mar 10, 2004 – Aug 02, 2005 Oct 20, 2006 – Mar 21, 2014	Month __, Year ____	Month __, Year ____
Cold Lake First Nation	464	Cold Lake 149	Sep 17, 2010 - Dec 15, 2011 May 08, 2019 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Dene Tha' First Nation	448	Bushe River 207	Aug 17, 2004 – Sep 1, 2006 Apr 29, 2008 – Mar 19, 2015	Month __, Year ____	Month __, Year ____
		Hay Lake 209	Jan 17, 2003 – Apr 15, 2005 Jun 27, 2005 – Nov 10, 2006 Jul 04, 2017 – Aug 27, 2018	Month __, Year ____	Month __, Year ____
		Upper Hay River 212	Sep 14, 2004 – Oct 27, 2005	Month __, Year ____	Month __, Year ____
Driftpile First Nation	450	n/a	Sep 22, 2011 - Sep 13, 2013	Month __, Year ____	Month __, Year ____
Enoch Cree Nation	440	n/a	May 25, 2015 - Jun 09, 2018	Month __, Year ____	Month __, Year ____
Frog Lake First Nation	465	Puskiakiwenin 122	Jul 14, 2005 - May 11, 2007 Sep 07, 2007 – Apr 23, 2012 Sep 06, 2012 – Jun 27, 2014 Feb 25, 2016 – Nov 16, 2017	Month __, Year ____	Month __, Year ____
Goodstoney First Nation	475	Big Horn 144A	Nov 27, 2001 – Apr 28, 2005	Month __, Year ____	Month __, Year ____
		Stoney 142-143-144	Mar 10, 2004 – Aug 02, 2005 Oct 20, 2006 – Mar 21, 2014	Month __, Year ____	Month __, Year ____
Kapawe'no First Nation	452	Kapawe'no First Nation 230	Jun 08, 2012 – Oct 22, 2013	Month __, Year ____	Month __, Year ____
		Kapawe'no First Nation 231	Sep 29, 2009 - Apr 16, 2018	Month __, Year ____	Month __, Year ____
Kehewin Cree Nation	466	n/a	Apr 23, 2011 - Sep 10, 2020	Month __, Year ____	Month __, Year ____
Little Red River Cree Nation	447	Fox Lake 162	Jul 14, 2005 - May 04, 2007	Month __, Year ____	Month __, Year ____
Louis Bull First Nation	439	Pigeon Lake 138A	Jul 15, 2010 – Nov 27, 2017	Month __, Year ____	Month __, Year ____
Mikisew Cree First Nation	461	n/a	Feb 01, 2013 – May 28, 2015	Month __, Year ____	Month __, Year ____
Montana First Nation	442	Pigeon Lake 138A	Jul 15, 2010 – Nov 27, 2017	Month __, Year ____	Month __, Year ____
O'Chiese First Nation	431	n/a	Aug 30, 2007 - Feb 17, 2009 Oct 24, 2011 – Jan 13, 2014	Month __, Year ____	Month __, Year ____
Paul First Nation	441	Wabamun 133A	Aug 24, 2009 - Dec 01, 2010	Month __, Year ____	Month __, Year ____
Saddle Lake First Nation	462	Saddle Lake 125	Oct 01, 2004 - May 12, 2006 Oct 30, 2009 – Jun 02, 2014	Month __, Year ____	Month __, Year ____
		White Fish Lake 128	Oct 25, 2002 – Dec 09, 2005 Jul 18, 2011 – Feb 25, 2013 Sep 08, 2017 – Oct 17, 2018	Month __, Year ____	Month __, Year ____
Samson Cree First Nation	444	Pigeon Lake 138A	Jul 15, 2010 - Nov 27, 2017	Month __, Year ____	Month __, Year ____
		Samson 137	Jul 21, 2011 – Oct 7, 2016	Month __, Year ____	Month __, Year ____
Siksika Nation	430	n/a	Sep 12, 2011 – Oct 22, 2013	Month __, Year ____	Month __, Year ____
Sturgeon Lake Cree Nation	455	Sturgeon Lake 154	Jan 29, 2014 - Jun 15, 2015 Oct 19, 2015 – Nov 28, 2016	Month __, Year ____	Month __, Year ____
Sunchild First Nation	434	n/a	Jul 21, 2005 - Jul 27, 2007 Aug 21, 2009 – Aug 22, 2014	Month __, Year ____	Month __, Year ____
Whitefish Lake First Nation #459	459	n/a	May 24, 2011 – Jul 03, 2018	Month __, Year ____	Month __, Year ____
Woodland Cree First Nation	474	Woodland Cree 226	Aug 27, 2010 - Sep 07, 2011	Month __, Year ____	Month __, Year ____

British Columbia First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
ʔAkisq'nuk First Nation	604	n/a	Jun 21, 2010 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
ʔaqam (also known as St. Mary's Indian Band)	602	Kootenay 1	Sep 20, 2013 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
ʔEsdilagh First Nation	709	Alexandria 3	Sep 02, 2002 - Oct 27, 2005 Dec 07, 2012 - Nov 24, 2015	Month __, Year ____	Month __, Year ____
Adams Lake Indian Band	684	Hustalen 1	Aug 08, 2005 - Aug 10, 2020	Month __, Year ____	Month __, Year ____
		Sahhaltkum 4	Oct 08, 2004 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Switsemalph 6	Apr 23, 2009 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Ashcroft First Nation	685	105 Mile Post 2	Oct 06, 2017 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Ashcroft 4	Jan 01, 2001 - Jun 14, 2002	Month __, Year ____	Month __, Year ____
Binche Whut'en First Nation (formerly part of Tl'Azt'En Nation)	730	n/a	Apr 12, 2006 - Jun 17, 2015	Month __, Year ____	Month __, Year ____
Bonaparte First Nation (formerly Bonaparte Indian Band)	686	Bonaparte 3	Oct 01, 2001 - Jun 10, 2004 Sep 22, 2010 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Lower Hat Creek 2	Jul 01, 2001 - Apr 30, 2003 Aug 11, 2006 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Upper Hat Creek 1	Jul 11, 2001 - Apr 30, 2003 Feb 09, 2006 - Mar 28, 2020	Month __, Year ____	Month __, Year ____
Boothroyd Indian Band	700	Inkahtsaph 6	Feb 21, 2014 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Canim Lake Band	713	Canim Lake 1	Jun 29, 2001 - Feb 02, 2006 Jan 08, 2007 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Canim Lake 3	Apr 01, 2001 - Jun 04, 2003 Oct 06, 2010 - Nov 21, 2012	Month __, Year ____	Month __, Year ____
Cheam First Nation	584	Cheam 1	Oct 07, 2011 - Feb 01, 2013 Nov 06, 2013 - Jul 31, 2015	Month __, Year ____	Month __, Year ____
Coldwater Indian Band	693	Coldwater 1	Jul 19, 2005 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Paul's Basin 2	Jul 19, 2005 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Cook's Ferry Indian Band	694	Entlqwekkinh 19 Spences Bridge 4 Spences Bridge 4C Twayqhsht 16	Jan 01, 2001 - Jun 10, 2004 May 07, 2009 - Aug 02, 2013	Month __, Year ____	Month __, Year ____
Cowichan Tribes	642	Cowichan 1	Aug 01, 2001 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Est-Patrolas 4	Sep 24, 2007 - Oct 31, 2008 Jun 29, 2011 - Sep 12, 2018	Month __, Year ____	Month __, Year ____
		Tzart-Lam 5	May 08, 2019 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Douglas First Nation (also known as Xa'xtsa Nation or Douglas Indian Band)	561	Douglas 8	Jan 01, 2000 - Apr 01, 2003	Month __, Year ____	Month __, Year ____
		Tipella 7	Sep 02, 2015 - Sep 13, 2016	Month __, Year ____	Month __, Year ____
Dzawada'enuxw First Nation	636	Quae 7	May 15, 2019 - May 15, 2020	Month __, Year ____	Month __, Year ____
Ehattesaht First Nation	634	Chenahkint 12	Jun 23, 2006 - Aug 15, 2008	Month __, Year ____	Month __, Year ____
Esk'etemc	711	Alkali Lake 1	Oct 21, 2004 - Mar 22, 2016	Month __, Year ____	Month __, Year ____
Fort Nelson First Nation	543	Fort Nelson 2	Mar 15, 2002 - Jun 16, 2004	Month __, Year ____	Month __, Year ____
Halfway River First Nation	546	n/a	Apr 01, 2001 - Jun 04, 2003	Month __, Year ____	Month __, Year ____
Hupačasath First Nation	664	Klehkoot 2	Sep 15, 2004 - Oct 03, 2005	Month __, Year ____	Month __, Year ____
Huu-ay-aht First Nation	663	n/a	Oct 01, 2001 - Apr 01, 2003 Jul 30, 2004 - Nov 18, 2005 Aug 24, 2015 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Kanaka Bar Indian Band (T'eqt'aqtn'mux)	704	Nekliptum 1	Nov 01, 2001 - Jun 10, 2004	Month __, Year ____	Month __, Year ____
Kitasoo (Xai'xais) Nation	540	Kitasoo 1	Jan 16, 2002 - May 13, 2005	Month __, Year ____	Month __, Year ____
Kitsumkalum Band	681	Zimagord 3	Sep 10, 2007 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Kwadacha Nation	610	n/a	Jun 30, 2009 - Jun 29, 2015	Month __, Year ____	Month __, Year ____
Kwakiutl First Nation	626	Klicksewy 7	May 15, 2019 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Thomas Point 5 Thomas Point 5A	Sep 01, 2001 - Apr 01, 2003	Month __, Year ____	Month __, Year ____
Kwikwasut'inuxw Haxwa'mis First Nation	625	Gwayasdums 1	Aug 01, 2000 - Jan 07, 2008	Month __, Year ____	Month __, Year ____
Lake Babine Nation	607	Babine 6	Sep 30, 1999 - Jun 17, 2015	Month __, Year ____	Month __, Year ____

British Columbia First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <u>FROM:</u> Month, Year	I lived on this Impacted First Nation <u>UNTIL:</u> Month, Year
		Babine 25	Sep 11, 2008 - Jun 17, 2015	Month __ Year ____	Month __ Year ____
Leq'á:mel First Nation (formerly Lakahahmen First Nation)	579	Lakahahmen 11	Oct 20, 2006 - Jan 17, 2017	Month __ Year ____	Month __ Year ____
		Skweahm 10	Jul 21, 2017 – Jun 20, 2021	Month __ Year ____	Month __ Year ____
Lhoosk'uz Dené Nation	721	n/a	Nov 26, 2007 - Aug 07, 2015	Month __ Year ____	Month __ Year ____
Lhtako Dené Nation	715	n/a	Jan 01, 1999 - Jun 12, 2015	Month __ Year ____	Month __ Year ____
Lil'Wat Nation	557	n/a	Jul 12, 2019 – Jun 20, 2021	Month __ Year ____	Month __ Year ____
Little Shuswap Lake Band	689	North Bay 5	May 08, 2009 - Jun 20, 2021	Month __ Year ____	Month __ Year ____
		Quaaout 1	May 08, 2009 - Jun 20, 2021	Month __ Year ____	Month __ Year ____
Lower Nicola Indian Band	695	Joeyaska 2	Oct 20, 2016 – Jun 20, 2021	Month __ Year ____	Month __ Year ____
		Nicola Mameet 1	Jan 13, 2006 - Mar 19, 2008	Month __ Year ____	Month __ Year ____
			Apr 27, 2009 – Jul 22, 2010 May 22, 2012 – Jun 20, 2021		
Zoht 4	Jul 29, 2016 – Jun 20, 2021	Month __ Year ____	Month __ Year ____		
Lower Similkameen Indian Band (Smelqmix)	598	Ashnola 10	Nov 28, 2005 - Jun 20, 2021	Month __ Year ____	Month __ Year ____
		Blind Creek 6	May 07, 2016 – May 08, 2017	Month __ Year ____	Month __ Year ____
		Chopaka 7 & 8	Nov 10, 2011 – Jun 20, 2021	Month __ Year ____	Month __ Year ____
Lytton First Nation	705	Halhalaeden 14	Aug 29, 2001 – May 20, 2004 Jun 01, 2006 – Jun 15, 2021	Month __ Year ____	Month __ Year ____
		Kitzowit 20	Jan 01, 2001 – Nov 21, 2005 Jul 08, 2013 – Nov 30, 2016	Month __ Year ____	Month __ Year ____
		Klahkamich 17 Klickkumcheen 18	Jan 01, 2001 – Nov 30, 2016	Month __ Year ____	Month __ Year ____
		Kleetlekut 22	Jan 01, 2000 - Jun 20, 2021	Month __ Year ____	Month __ Year ____
		Lytton 4E	Jun 01, 2006 – Jun 15, 2021	Month __ Year ____	Month __ Year ____
		Nickel Palm 4	Jan 01, 2000 – Nov 30, 2016	Month __ Year ____	Month __ Year ____
		Nickeyeah 25	May 01, 2001 – Sep 07, 2016	Month __ Year ____	Month __ Year ____
		Nkaih 10 Stryen 9	Dec 04, 2013 – Nov 30, 2016	Month __ Year ____	Month __ Year ____
		Nohomeen 23	Jan 01, 2000 – Jun 10, 2004	Month __ Year ____	Month __ Year ____
		Papyum 27	Sep 18, 2015 – Apr 12, 2017	Month __ Year ____	Month __ Year ____
		Spintlum Flat 3	Jul 14, 2010 – Jan 03, 2017	Month __ Year ____	Month __ Year ____
		Tuckozap 24	Feb 20, 2013 – Jun 20, 2021	Month __ Year ____	Month __ Year ____
		Yawaucht 11	Aug 29, 2001 – May 20, 2004 Jan 01, 2006 – Jun 15, 2021	Month __ Year ____	Month __ Year ____
McLeod Lake Indian Band	618	n/a	Nov 16, 2006 - Dec 01, 2008	Month __ Year ____	Month __ Year ____
Nadleh Whut'en First Nation	612	n/a	Jun 01, 2004 - Jun 17, 2015	Month __ Year ____	Month __ Year ____
Nazko First Nation	720	n/a	Jan 01, 1999 – Dec 03, 2015 Apr 21, 2020 – Jun 20, 2021	Month __ Year ____	Month __ Year ____
Neskonlith First Nation	690	Neskonlith 2	Mar 30, 2013 - Jun 20, 2021	Month __ Year ____	Month __ Year ____
Nicomien Indian Band	696	n/a	Dec 27, 2006 - Jan 04, 2008	Month __ Year ____	Month __ Year ____
Nooaitch Indian Band	699	n/a	Jun 11, 2010 - Feb 26, 2015 Mar 16, 2017 – Jun 20, 2021	Month __ Year ____	Month __ Year ____
N'Quatqua	556	Nequatque 1	Apr 24, 2008 - Jun 20, 2021	Month __ Year ____	Month __ Year ____
Osoyoos Indian Band	596	n/a	Aug 21, 2007 - Jun 20, 2021	Month __ Year ____	Month __ Year ____
Pacheedaht First Nation (formerly Pacheena or Pacheenaht)	658	n/a	Aug 08, 2008 - Apr 15, 2010	Month __ Year ____	Month __ Year ____
Penticton Indian Band	597	n/a	Jun 03, 2008 - Jun 20, 2021	Month __ Year ____	Month __ Year ____
Peters First Nation	586	n/a	Aug 22, 2019 – Jun 20, 2021	Month __ Year ____	Month __ Year ____
Qualicum First Nation	651	n/a	Jun 15, 2007 - Aug 15, 2008	Month __ Year ____	Month __ Year ____
Saik'uz First Nation	615	Sackanitecla 2	Mar 24, 2020 – Jun 20, 2021	Month __ Year ____	Month __ Year ____
		Stoney Creek 1	Jan 07, 2020 – Jun 20, 2021	Month __ Year ____	Month __ Year ____
Saulteau First Nations	542	n/a	Feb 17, 2005 - Jun 20, 2021	Month __ Year ____	Month __ Year ____
Sekw'el'was (also known as Cayoose Creek Band)	591	Cayoosh Creek 1	Feb 25, 2019 - Jun 20, 2021	Month __ Year ____	Month __ Year ____

<b>British Columbia</b> First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <b>FROM:</b> Month, Year	I lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
Semiahmoo First Nation	569	n/a	Oct 24, 2003 - Mar 16, 2005 Oct 13, 2005 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Shíshálh Nation (also known as Sechelt First Nation)	551	n/a	Apr 14, 1997 - Mar 16, 2005	Month __, Year ____	Month __, Year ____
Shuswap First Nation	605	n/a	Jan 01, 2001 – Nov 08, 2006 Sep 25, 2009 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Simpchw First Nation	691	Louis Creek 4	Jun 16, 2008 – May 07, 2015	Month __, Year ____	Month __, Year ____
		North Thompson 1	Jun 16, 2008 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Siska First Nation	706	Siska Flat No. 3 Siska Flat No. 8	Aug 21, 2006 - May 07, 2010 Jan 07, 2014 – Feb 06, 2015 Sep 18, 2015 – Oct 28, 2016	Month __, Year ____	Month __, Year ____
		Siska Flat No. 5A Siska Flat No. 5B Zacht No. 5	May 23, 2012 - Apr 24, 2017	Month __, Year ____	Month __, Year ____
Skeetchestn Indian Band	687	n/a	May 13, 2010 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Skidegate Band Council	670	n/a	Jun 16, 2011 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Skuppah Indian Band	707	n/a	Dec 20, 2002 - May 07, 2004	Month __, Year ____	Month __, Year ____
Skwxwú7mesh Úxwumixw (Squamish Nation)	555	Cheakamus 11	Oct 07, 2011 - Jan 28, 2013	Month __, Year ____	Month __, Year ____
Snuneymuxw First Nation	648	Nanaimo River 2 Nanaimo River 3 Nanaimo River 4	Jul 30, 2007 - Jun 01, 2017	Month __, Year ____	Month __, Year ____
Soowahlie First Nation (also known as Soowahile Band)	572	n/a	Nov 08, 2005 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Splatsin First Nation	600	Enderby 2	Jul 10, 2014 - Feb 15, 2017	Month __, Year ____	Month __, Year ____
Spuzzum First Nation	708	n/a	May 01, 2001 - May 02, 2002 Jun 30, 2003 – Aug 05, 2008	Month __, Year ____	Month __, Year ____
Sq'ewá:lxw (also known as Skawahlook First Nation)	582	Ruby Creek 2	Jul 10, 2012 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Sq'ewlets First Nation (also known as Scowlitz First Nation)	568	Scowlitz 1	Jan 01, 2000 - Jun 07, 2002 Nov 01, 2005 – Mar 09, 2011	Month __, Year ____	Month __, Year ____
Stellat'en First Nation	613	n/a	Mar 13, 2012 - Apr 01, 2019	Month __, Year ____	Month __, Year ____
Sts'ailes Nation (also known as Chehalis Indian Band)	559	n/a	Jan 24, 2013 - Jun 01, 2014	Month __, Year ____	Month __, Year ____
Stswecem'c Xgat'tem First Nation (formerly Canoe Creek)	723	Canoe Creek 1	Mar 01, 1999 -Aug 25, 2008	Month __, Year ____	Month __, Year ____
		Canoe Creek 2	Sep 09, 2005 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Dog Creek 1	Jan 08, 2007 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Dog Creek 2	Nov 16, 2009 – Mar 29, 2016	Month __, Year ____	Month __, Year ____
T'l'esqox First Nation (Toosey First Nation)	718	n/a	Nov 25, 2004 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
T'la'tlasikwala First Nation	632	n/a	Aug 04, 2017 – Nov 01, 2018	Month __, Year ____	Month __, Year ____
T'it'q'et First Nation (formerly known as Lillooet Indian Band)	593	n/a	Jul 24, 2007 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Takla Lake First Nation (formerly known as Takla Land Band)	608	North Tacla Lake (Bates Creek) 10	Oct 18, 2019 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		North Tacla Lake 7 & 7A	Jun 16, 2004 - May 02, 2008	Month __, Year ____	Month __, Year ____
Tk'emlúps te Secwépemc (formerly Kamloops Indian Band)	688	Kamloops 1	Mar 14, 2012 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Tl'azt'en First Nation	617	Dzitline Lee 9	Jan 07, 2005 - Nov 16, 2018	Month __, Year ____	Month __, Year ____
		Tache 1	Jan 18, 2010 – Jul 26, 2012	Month __, Year ____	Month __, Year ____
Tl'etingox-t'In Government	712	Anahim's Flat 1	Oct 04, 2004 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Anahim's Meadow 2 Anahim's Meadow 2A	Apr 21, 2008 – Jun 20, 2021	Month __, Year ____	Month __, Year ____

<b>British Columbia</b> First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <b>FROM:</b> Month, Year	I lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
Tobacco Plains Indian Band (Yaqit ʔa-knuqʔi 'it First Nation)	603	n/a	Sep 11, 2008 - Oct 25, 2010	Month __, Year ____	Month __, Year ____
Toquaht Nation	666	Macoah 1	Mar 27, 2002 - Mar 31, 2014	Month __, Year ____	Month __, Year ____
Tsal'alh (also known as Seton Lake Indian Band)	595	Mission 5	Sep 21, 2015 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Necait 6	Jul 17, 2012 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Slosh 1 Slosh 1A	Nov 26, 2018 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Tsartlip	653	n/a	Oct 18, 2019 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Tsay Keh Dene First Nation	609	n/a	Sep 25, 2006 - Dec 01, 2008	Month __, Year ____	Month __, Year ____
T̓s̓id̓edel First Nation (formerly known as Alexis Creek)	710	Michel Gardens 36	Apr 01, 1999 - Oct 12, 2018	Month __, Year ____	Month __, Year ____
		Redstone Flat 1	Oct 15, 2003 – Oct 21, 2016	Month __, Year ____	Month __, Year ____
Ts'kw'aylaxw First Nation (also known as Pavilion Indian Band)	594	Pavilion 1	Oct 13, 2004 - Jun 28, 2006	Month __, Year ____	Month __, Year ____
Ucluelet First Nation (Yuuluʔiʔath Government)	668	IR6 (Modern Treaty land)	May 20, 2014 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		IR7 (Modern Treaty land)	May 20, 2014 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Upper Nicola First Nation	697	Nicola Lake 1	Jul 19, 2005 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Upper Similkameen First Nation	599	n/a	May 17, 2018 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Westbank First Nation	601	Tsinstikeptum 9	Aug 05, 2008 - Nov 12, 2020	Month __, Year ____	Month __, Year ____
Wet'Suwet'En First Nation	725	n/a	Mar 13, 2012 - Mar 18, 2021	Month __, Year ____	Month __, Year ____
Whispering Pines/Clinton Indian Band	702	n/a	Feb 20, 2007 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Williams Lake First Nation	719	Williams Lake 1	Jul 01, 2000 – Aug 15, 2002 Jun 30, 2003 - Jun 27, 2005 Sep 09, 2005 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Xat̓s̓ull First Nation (formerly known as Soda Creek Indian Band)	716	Soda Creek 1	Aug 08, 2001 - Sep 27, 2002 Sep 17, 2004 – Nov 04, 2005	Month __, Year ____	Month __, Year ____
Xaxli'p (also known as Fountain Indian Band)	592	Chilhil 6	Sep 27, 2016 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Fountain 3A	Mar 25, 2011 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Xeni Gwet'in First Nation Government	714	Chilco Lake 1A	Oct 18, 2001 – Mar 09, 2021	Month __, Year ____	Month __, Year ____
		Lohbiee 3	May 01, 2001 – Dec 11, 2018	Month __, Year ____	Month __, Year ____
		Tanakut 4 and Lohbiee 3	Jun 12, 2001 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Xwisten (also known as Bridge River Indian Band)	590	n/a	Nov 19, 2012 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Yunesit'in First Nation	717	n/a	Apr 01, 1999 - Sep 30, 2002	Month __, Year ____	Month __, Year ____

<b>Manitoba</b> First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <b>FROM:</b> Month, Year	I lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
Beren's River First Nation	266	n/a	Jul 01, 2005 - Aug 21, 2006	Month __, Year ____	Month __, Year ____
Canupawakpa Dakota Nation	289	n/a	Mar 26, 2014 - Sep 28, 2018	Month __, Year ____	Month __, Year ____
God's Lake Narrows First Nation	296	God's Lake 23	Apr 24, 2005 - Jul 29, 2019	Month __, Year ____	Month __, Year ____
Hollow Water First Nation	263	n/a	Dec 20, 2016 - May 02, 2018	Month __, Year ____	Month __, Year ____
Kinonjeoshtegon First Nation (also known as Jackhead First Nation)	268	n/a	Jul 07, 2016 - Jun 22, 2018	Month __, Year ____	Month __, Year ____
Lake Manitoba First Nation	271	n/a	Jun 23, 2014 - Mar 23, 2016 Apr 06, 2016 – May 08, 2017 Jun 13, 2019 – Dec 23, 2020	Month __, Year ____	Month __, Year ____
Little Grand Rapids First Nation	270	n/a	Aug 17, 2004 - Nov 16, 2005	Month __, Year ____	Month __, Year ____

<b>Manitoba</b> First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <b>FROM:</b> Month, Year	I lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
Little Saskatchewan First Nation	274	n/a	Sep 26, 2019 – Mar 23, 2021	Month __, Year ____	Month __, Year ____
Long Plain First Nation	287	Long Plain 6	Jul 22, 2016 - Feb 08, 2018	Month __, Year ____	Month __, Year ____
Pauingassi First Nation	327	n/a	Sep 24, 2014 - Mar 16, 2018	Month __, Year ____	Month __, Year ____
Pinaymootang First Nation (formerly known as Fairford First Nation)	272	n/a	Aug 24, 2012 - Apr 17, 2019	Month __, Year ____	Month __, Year ____
Pine Creek First Nation	282	n/a	May 01, 2003 - May 29, 2004	Month __, Year ____	Month __, Year ____
Sagkeeng First Nation (also known as Fort Alexander Indian Band)	262	n/a	Aug 05, 2016 - Mar 09, 2018	Month __, Year ____	Month __, Year ____
Sapotaweyak Cree Nation	314	n/a	Jul 10, 2019 - May 20, 2021	Month __, Year ____	Month __, Year ____
Shamattawa First Nation	307	n/a	Dec 06, 2018 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Tataskweyak Cree Nation	306	n/a	May 17, 2017 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Wuskwi Sipiik First Nation	324	Swan Lake 65C	Oct 01, 2001 - Jan 14, 2005 Apr 24, 2014 – Jul 30, 2020	Month __, Year ____	Month __, Year ____

<b>New Brunswick</b> First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <b>FROM:</b> Month, Year	I lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
Buctouche MicMac Band (also known as Tjopogtotjg)	4	n/a	Jun 10, 2010 - Feb 14, 2014	Month __, Year ____	Month __, Year ____
Eel Ground First Nation	7	Big-Hole Tract 8 (South Half)	Oct 08, 2008 - Apr 10, 2019	Month __, Year ____	Month __, Year ____
Fort Folly First Nation	9	n/a	Mar 06, 2002 - May 24, 2005	Month __, Year ____	Month __, Year ____
Indian Island First Nation	10	n/a	Apr 07, 2005 - Jul 08, 2016	Month __, Year ____	Month __, Year ____
Pabineau First Nation	13	n/a	Jun 01, 2005 - Jul 14, 2016	Month __, Year ____	Month __, Year ____
Tobique First Nation (Neqotkuk)	16	n/a	Jul 19, 2007 - May 24, 2011	Month __, Year ____	Month __, Year ____
Welamukotuk First Nation (also known as Oromocto First Nation)	12	n/a	Aug 12, 2008 - Nov 27, 2009	Month __, Year ____	Month __, Year ____
Woodstock First Nation	17	n/a	Mar 01, 2005 - May 01, 2007	Month __, Year ____	Month __, Year ____

<b>Newfoundland and Labrador</b> First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <b>FROM:</b> Month, Year	I lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
Miawpukek First Nation	47	n/a	Oct 08, 2008 - Sep 06, 2011 Sep 10, 2014 – Jun 13, 2018	Month __, Year ____	Month __, Year ____

<b>Nova Scotia</b> First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <b>FROM:</b> Month, Year	I lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
Millbrook First Nation	27	n/a	Sep 15, 2006 - Feb 04, 2013	Month __, Year ____	Month __, Year ____
Potlotek First Nation (formerly known as Chapel Island)	22	Chapel Island 5	Feb 13, 2015 - May 27, 2016	Month __, Year ____	Month __, Year ____

Ontario First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Alderville First Nation	160	n/a	May 29, 2013 - Feb 11, 2016	Month __, Year ____	Month __, Year ____
Algonquins Of Pikwàkanagàn First Nation	163	n/a	Jul 07, 2008 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Animakee Wa Zhing #37 (formerly known as Northwest Angle 37)	152	Lake of the Woods 37	Jun 12, 2007 – Aug 18, 2011 Feb 9, 2015 – Feb 20, 2019	Month __, Year ____	Month __, Year ____
		Whitefish Bay 34A	Sep 26, 2002 - Sep 03, 2020	Month __, Year ____	Month __, Year ____
Anishinaabeg Of Naongashiing First Nation	125	Saug-A-Gaw-Sing 1	Feb 15, 2019 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Aroland First Nation	242	n/a	Sep 04, 2008 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Asubpeeschoseewagunk Netum Anishinabek (Grassy Narrows First Nation)	149	n/a	Mar 01, 2009 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Attawapiskat First Nation	143	n/a	Jan 01, 2009 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Bearskin Lake First Nation	207	n/a	Feb 21, 2002 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Big Grassy First Nation	124	n/a	Mar 01, 2017 - Apr 17, 2019	Month __, Year ____	Month __, Year ____
Biinjitiwaabik Zaaging Anishinaabek (also known as Rocky Bay First Nation)	197	n/a	Aug 10, 2015 - Aug 11, 2016	Month __, Year ____	Month __, Year ____
Cat Lake First Nation	216	n/a	Feb 07, 2002 - Jul 27, 2006 Oct 13, 2006 – Dec 17, 2018	Month __, Year ____	Month __, Year ____
Chippewas of Georgina Island First Nation	138	n/a	Apr 24, 2017 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Chippewas of Nawash Unceded First Nation	122	n/a	Jan 21, 2019 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Constance Lake First Nation	182	n/a	Jul 25, 2010 - Jul 03, 2012 Apr 10, 2014 – Sep 26, 2016	Month __, Year ____	Month __, Year ____
Couchiching First Nation	126	n/a	Apr 05, 2004 - Oct 03, 2005	Month __, Year ____	Month __, Year ____
Curve Lake First Nation	161	n/a	Aug 14, 2015 - Jun 06, 2018	Month __, Year ____	Month __, Year ____
Deer Lake First Nation	237	n/a	Nov 01, 2001 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Eabametoong First Nation	183	n/a	Aug 01, 2001 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Eagle Lake First Nation	148	n/a	Sep 20, 2002 - Aug 31, 2009	Month __, Year ____	Month __, Year ____
Fort Severn First Nation	215	n/a	Jul 01, 2001 - Dec 01, 2003 Feb 04, 2019 – Sep 25, 2020	Month __, Year ____	Month __, Year ____
Fort Albany First Nation	142	n/a	Aug 12, 2003 – Jun 23, 2006	Month __, Year ____	Month __, Year ____
Hiawatha First Nation	162	n/a	Jul 07, 2008 - Feb 28, 2019	Month __, Year ____	Month __, Year ____
Kashechewan Cree First Nation	243	n/a	Aug 12, 2003 - Jun 23, 2006	Month __, Year ____	Month __, Year ____
Keewaywin First Nation	325	n/a	Jun 23, 2004 - Apr 23, 2008	Month __, Year ____	Month __, Year ____
Kiashke Zaaging Anishinaabek (also known as Gull Bay First Nation)	188	n/a	Apr 30, 2009 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Kingfisher First Nation	212	Kingfisher Lake 1	Oct 22, 2004 - Sep 08, 2009	Month __, Year ____	Month __, Year ____
Kitchenuhmaykoosib Inninuwug	209	n/a	Jul 26, 2001 - Apr 16, 2003 Nov 18, 2005 – Aug 16, 2010	Month __, Year ____	Month __, Year ____
Lac La Croix First Nation	127	n/a	Feb 06, 2017 - Oct 25, 2018	Month __, Year ____	Month __, Year ____
Lac Seul First Nation	205	n/a	Jan 01, 1999 - Jan 07, 2020	Month __, Year ____	Month __, Year ____
Marten Falls First Nation	186	n/a	Jul 18, 2005 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Mishkeegogamang Ojibway Nation	203	Osnaburgh 63A	Apr 08, 2002 – Apr 20, 2007 Mar 09, 2015 – Mar 28, 2017 Jun 10, 2019 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Osnaburgh 63B	Aug 01, 2001 – Apr 13, 2004 Aug 22, 2013 – Aug 29, 2014 Oct 18, 2016 – Dec 19, 2017 Oct 07, 2019 – Nov 09, 2020	Month __, Year ____	Month __, Year ____
Mississaugas Of Scugog Island First Nation	140	n/a	Oct 23, 2008 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Mitaanjigamingi First Nation	133	n/a	May 25, 2020 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Mohawks Of The Bay Of Quinte	164	n/a	May 22, 2003 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Moose Deer Point First Nation	135	n/a	Jan 01, 1998 - Dec 19, 2007	Month __, Year ____	Month __, Year ____
Muskrat Dam First Nation	213	n/a	Oct 24, 2003 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Naotkamegwaning First Nation	158	n/a	Sep 25, 2003 - Sep 29, 2005 Aug 31, 2006 – Jun 25, 2008 Aug 8, 2008 – Apr 8, 2010	Month __, Year ____	Month __, Year ____

Ontario First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation FROM: Month, Year	I lived on this Impacted First Nation UNTIL: Month, Year
Neskantaga First Nation	239	n/a	Nov 20, 1995 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Netmizaaggamig Nishnaabeg (formerly known as Pic Mobert First Nation)	195	Pic Mobert North	Jan 29, 2010 – Jun 20, 2016	Month __, Year ____	Month __, Year ____
		Pic Mobert South	Oct 31, 2003 – Aug 11, 2006 Feb 26, 2008 – Dec 16, 2016	Month __, Year ____	Month __, Year ____
Nibinamik First Nation	241	n/a	Sep 15, 2003 - Nov 10, 2004 Mar 23, 2007 – Nov 04, 2008 Feb 26, 2009 – Dec 05, 2011 Feb 05, 2013 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Nigoosiminikaaning First Nation (formerly known as Nicickousemenecaning First Nation and Red Gut First Nation)	129	n/a	Feb 05, 2019 - Sep 30, 2020	Month __, Year ____	Month __, Year ____
Niisaachewan Anishinaabe Nation (formerly Ochiichagwe' Babigo'Ining Ojibway Nation)	147	n/a	Oct 01, 2004 - Dec 21, 2006	Month __, Year ____	Month __, Year ____
Nipissing First Nation	220	n/a	Apr 16, 2007 - Feb 20, 2015	Month __, Year ____	Month __, Year ____
North Caribou Lake First Nation (also known as Weagamow Lake and Round Lake)	204	n/a	Aug 01, 2001 - Nov 15, 2004 Nov 08, 2006 – Jun 01, 2009 Mar 03, 2020 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
North Spirit Lake First Nation	238	n/a	Aug 01, 2001 - Feb 27, 2019 Apr 05, 2019 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Northwest Angle #33 First Nation	151	Northwest Angle 33B	Apr 11, 2011 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Whitefish Bay 33A	Oct 10, 2000 – Nov 10, 2009	Month __, Year ____	Month __, Year ____
Ojibway Nation Of Saugeen	258	n/a	Feb 20, 2015 - May 15, 2017 Apr 26, 2018 – June 20, 2021	Month __, Year ____	Month __, Year ____
Oneida Nation Of The Thames	169	n/a	Sep 26, 2019 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Pikangikum First Nation	208	n/a	Oct 01, 2000 - Jul 08, 2002 Oct 17, 2005 – Sep 17, 2018	Month __, Year ____	Month __, Year ____
Poplar Hill First Nation	236	n/a	Jul 18, 2006 - Oct 01, 2008	Month __, Year ____	Month __, Year ____
Red Rock Indian Band (Lake Helen Reserve)	193	Lake Helen 53A	Oct 13, 2009 - Jun 26, 2014	Month __, Year ____	Month __, Year ____
Sachigo Lake First Nation	214	n/a	Jun 07, 2016 - Apr 20, 2018 Oct 19, 2018 – June 20, 2021	Month __, Year ____	Month __, Year ____
Sandy Lake First Nation	211	n/a	Oct 10, 2002 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Serpent River First Nation	201	n/a	Sep 01, 2015 - Nov 08, 2017	Month __, Year ____	Month __, Year ____
Shoal Lake No 40 First Nation	155	n/a	Feb 18, 1997 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Slate Falls Nation	259	n/a	Jul 07, 2004 - Feb 05, 2018	Month __, Year ____	Month __, Year ____
Taykwa Tagamou Nation	145	n/a	Nov 02, 2005 - Oct 24, 2008 Apr 14, 2011 – Oct 28, 2016	Month __, Year ____	Month __, Year ____
Wabaseemoong Independent Nations	150	n/a	Aug 11, 2017 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Wabauskang First Nation	156	n/a	Dec 15, 2014 - May 15, 2017	Month __, Year ____	Month __, Year ____
Wabigoon Lake Ojibway Nation	157	n/a	Dec 07, 2001 - Sep 29, 2003	Month __, Year ____	Month __, Year ____
Wahta Mohawk	134	n/a	Sep 11, 2013 - Mar 31, 2021	Month __, Year ____	Month __, Year ____
Wapekeka First Nation	206	n/a	Jul 17, 2002 - Oct 05, 2007	Month __, Year ____	Month __, Year ____
Wasauksing First Nation	136	n/a	Dec 01, 1998 - Nov 21, 2012	Month __, Year ____	Month __, Year ____
Washagamis Bay First Nation (also known as Obashaandagaang Bay First Nation)	235	n/a	Dec 19, 2008 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Wauzhushk Onigum First Nation	153	n/a	Mar 14, 2003 - Jun 28, 2004 May 26, 2008 – Mar 09, 2021	Month __, Year ____	Month __, Year ____
Wawakapewin First Nation	234	n/a	Mar 03, 2004 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Webequie First Nation	240	n/a	Jun 03, 2003 - Jun 27, 2007 Apr 02, 2009 – Oct 07, 2010 Apr 08, 2016 – Apr 24, 2018	Month __, Year ____	Month __, Year ____
Weenusk First Nation	146	n/a	Feb 15, 2006 - Dec 19, 2018	Month __, Year ____	Month __, Year ____
Wunnumin Lake First Nation	217	n/a	Mar 01, 2001 - Jun 13, 2005	Month __, Year ____	Month __, Year ____
Zhiibaahaasing First Nation	173	n/a	Aug 12, 2011 - Oct 16, 2013	Month __, Year ____	Month __, Year ____

<b>Prince Edward Island</b> First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <b>FROM:</b> Month, Year	I lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
Abegweit First Nation	1	Morell 2	Apr 29, 2009 – Nov 17, 2015	Month __, Year ____	Month __, Year ____
		Rocky Point 3	Jan 10, 2008 - Nov 20, 2015	Month __, Year ____	Month __, Year ____
		Scotchfort 4	Jan 07, 2010 – Oct 14, 2011	Month __, Year ____	Month __, Year ____

<b>Quebec</b> First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <b>FROM:</b> Month, Year	I lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
Communauté Anicinape de Kitcisakik	62	n/a	Jul 25, 2005 – Jul 27, 2013	Month __, Year ____	Month __, Year ____
Conseil des Innus de Pakua Shipu	88	n/a	Feb 14, 2003 – Nov 05, 2004	Month __, Year ____	Month __, Year ____
Conseil des Innus de Pessamit (also known as Pessamit Indian Reserve)	85	n/a	Aug 16, 2009 – Aug 24, 2012	Month __, Year ____	Month __, Year ____
Kitigan Zibi Anishinabeg	73	n/a	Aug 12, 1999 – Dec 11, 2017	Month __, Year ____	Month __, Year ____

<b>Saskatchewan</b> First Nation	First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <b>FROM:</b> Month, Year	I lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
Beardy's & Okemasis' Cree Nation	369	Beardy's & Okemasis Indian Reserve No. 96 & 97	Nov 13, 2008 - Nov 19, 2009	Month __, Year ____	Month __, Year ____
Big Island Lake Cree Nation	399	n/a	Aug 20, 2013 - Jun 25, 2018	Month __, Year ____	Month __, Year ____
Black Lake Denesuline First Nation	317	n/a	Jan 16, 2007 - Sep 17, 2009 Apr 19, 2013 – Jan 23, 2021	Month __, Year ____	Month __, Year ____
Buffalo River Dene Nation	398	n/a	Mar 11, 2011 - Nov 30, 2012	Month __, Year ____	Month __, Year ____
Clearwater River Dene Nation	401	Clearwater 223	Apr 24, 2006 - Oct 31, 2019	Month __, Year ____	Month __, Year ____
Cote First Nation	366	n/a	Apr 16, 2007 - Feb 04, 2010	Month __, Year ____	Month __, Year ____
Cowessess First Nation	361	n/a	Feb 15, 2017 - Mar 22, 2018	Month __, Year ____	Month __, Year ____
Cumberland House Cree Nation	350	Cumberland House Cree Nation 20	Mar 18, 2015 – Aug 02, 2016	Month __, Year ____	Month __, Year ____
Fishing Lake First Nation	390	Fishing Lake 89	Aug 15, 2007 - Jun 23, 2009	Month __, Year ____	Month __, Year ____
Fond Du Lac Denesuline First Nation	351	n/a	Jul 16, 2017 - Oct 19, 2018	Month __, Year ____	Month __, Year ____
Hatchet Lake Denesuline First Nation	352	n/a	Dec 22, 2004 - Jan 25, 2007	Month __, Year ____	Month __, Year ____
Kahkewistahaw First Nation	362	n/a	Jun 18, 2012 - Oct 01, 2014 Jun 03, 2015 – Oct 31, 2017	Month __, Year ____	Month __, Year ____
Keeseekoose First Nation	367	Keeseekoose IR No. 66	Jul 04, 2005 - Nov 23, 2006 Aug 20, 2008 – Feb 05, 2010	Month __, Year ____	Month __, Year ____
Little Pine First Nation	340	n/a	Nov 14, 2018 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
Ministikwan Lake Cree Nation	397	Ministikwan 161	Mar 09, 2020 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
		Ministikwan 161A	Mar 09, 2007 - May 08, 2008 Aug 14, 2014 – Jun 20, 2021	Month __, Year ____	Month __, Year ____
Montreal Lake Cree Nation	354	n/a	Oct 17, 2010 - Oct 24, 2016	Month __, Year ____	Month __, Year ____
Moosomin First Nation	342	n/a	Mar 30, 2011 - Feb 10, 2014	Month __, Year ____	Month __, Year ____
Muscowpetung Saulteaux Nation #80	381	n/a	Dec 19, 2006 - Jan 05, 2009	Month __, Year ____	Month __, Year ____
Muskowekwan First Nation	392	n/a	Jan 20, 2014 - Feb 25, 2015	Month __, Year ____	Month __, Year ____
Nekaneet First Nation	380	n/a	Aug 26, 2013 - Nov 30, 2016 Oct 26, 2017 – Mar 04, 2019	Month __, Year ____	Month __, Year ____
Okanese First Nation	382	n/a	Apr 11, 2006 - Mar 01, 2013	Month __, Year ____	Month __, Year ____

<b>Saskatchewan</b>		First Nation / Band Number	Eligible Reserve Name(s)	Dates of Water Advisory	I lived on this Impacted First Nation <b>FROM:</b> Month, Year	I lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
First Nation						
Peepeekisis Cree Nation		384	n/a	Apr 08, 2005 - Aug 01, 2007 Oct 21, 2009 – Nov 15, 2010 Apr 10, 2013 – June 20, 2021	Month __, Year ____	Month __, Year ____
Peter Ballantyne Cree Nation		355	Chief Joseph Custer Reserve	Aug 20, 2019 – Mar 22, 2021	Month __, Year ____	Month __, Year ____
			Pelican Narrows 184B Pelican Narrows 206	Aug 25, 2015 - Nov 07, 2017	Month __, Year ____	Month __, Year ____
Poundmaker Cree Nation		345	Poundmaker 114	Sep 18, 2003 - Mar 20, 2018	Month __, Year ____	Month __, Year ____
			TLE Community (Poundmaker 114-18B)	Dec 15, 2006 – Apr 21, 2017	Month __, Year ____	Month __, Year ____
Red Earth Cree Nation		356	Carrot River 29A and Red Earth 29	Apr 20, 2006 - Dec 04, 2008 Sep 27, 2013 – May 13, 2015 Jun 24, 2016 – Mar 02, 2018	Month __, Year ____	Month __, Year ____
Saulteaux First Nation		347	Saulteaux 159H	Nov 06, 2012 - Sep 10, 2014	Month __, Year ____	Month __, Year ____
Shoal Lake Cree Nation		357	n/a	Jun 07, 2006 - Nov 07, 2008	Month __, Year ____	Month __, Year ____
Standing Buffalo Dakota First Nation		386	n/a	Jul 16, 2008 - Sep 02, 2009 May 9, 2018 – Jul 10, 2019	Month __, Year ____	Month __, Year ____
Star Blanket Cree Nation		387	Star Blanket Indian Reserve No. 83 & No. 83B	Jan 10, 2007 - Jun 20, 2021	Month __, Year ____	Month __, Year ____
			Wa-Pii-Moos-Toosis (White Calf) Indian Reserve	Jan 10, 2007 – Sep 28, 2011	Month __, Year ____	Month __, Year ____
Sweetgrass First Nation		348	Sweet Grass Indian Reserve No. 113	Jan 11, 2002 - Jan 26, 2017	Month __, Year ____	Month __, Year ____
Wahpeton Dakota Nation		358	n/a	Aug 23, 2011 - May 29, 2015	Month __, Year ____	Month __, Year ____
White Bear First Nation		365	n/a	Aug 02, 2007 - Jan 28, 2010 Sep 20, 2011 – Jun 15, 2021	Month __, Year ____	Month __, Year ____

### Other First Nation(s)/Periods of Residence

If you think a First Nation you lived on had a drinking water advisory that lasted a year or more anytime between November 20, 1995, to June 20, 2021, but you can't find that First Nation on the list above, then you can call us, or you can include that information here. We will investigate it and may need to ask you for additional information.

You can also use this section if you lived on a First Nation listed above for two or more separate periods of time.

First Nation	Province	First Nation / Band Number (Optional)	Dates of Water Advisory	They lived on this Impacted First Nation <b>FROM:</b> Month, Year	They lived on this Impacted First Nation <b>UNTIL:</b> Month, Year
				Month __, Year ____	Month __, Year ____
				Month __, Year ____	Month __, Year ____



## PART 3: AUTHORIZATION

✓ In this section, we **make sure that you acknowledge and agree to the following key terms and conditions** as part of submitting this claim as a personal representative:



*The Administrator handles claims applications, like the one you're making by submitting this form.*

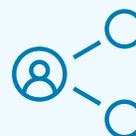
1. The Administrator's job is to process applications carefully, fairly, and efficiently, based on the instructions they are given and the information they are sent. They don't represent Canada, the First Nations, or First Nations members. They are not lawyers, and they don't offer legal advice.
2. Because the Administrator just administers the claims, it is not their job to identify or protect the legal rights of Canada, First Nations or First Nations members, or to raise issues that Canada, First Nations or First Nations members didn't raise.
3. Free legal advice is available to you from your lawyers. You can reach them toll-free on the Class Counsel Help Line at 1-833-265-7589.
4. As part of this claims process, the Administrator may contact you to ask for further information.

5. The Administrator, as part of this claims process, may disclose the information you provide and/or the amount of compensation, to any of the following groups: the First Nation where the person is a member, the First Nation(s) where they lived, Canada, Class Counsel, the Third-Party Assessor, the Joint Committee, the Settlement Implementation Committee, and/or the First Nations Advisory Committee on Safe Drinking Water, as well as any other person(s) who filed a claim on behalf of the person you are representing.

6. Canada, as part of this process, may disclose information in its possession to any of the following groups: the Administrator, Class Counsel, the Third-Party Assessor, the Joint Committee, the Settlement Implementation Committee, and/or the First Nations Advisory Committee on Safe Drinking Water



You can find out more about the roles and memberships of these groups in the FAQ page available online at [www.firstnationsdrinkingwater.ca](http://www.firstnationsdrinkingwater.ca)



*Privacy is important. The information you submit will be kept confidential except where we need to share it with others as part of this process.*

7. We will be relying on the information you provide, and **by signing and submitting this form you are confirming that all the information you've provided is true to the best of your knowledge.** Where someone has helped you fill out this form, you are also confirming that they read you everything they wrote on this form and everything they included with it or attached to it.

Your Declaration and Signature	<p>"Everything in this form is true to the best of my knowledge. I acknowledge, understand and agree to the key terms and conditions, and consent to the disclosure and use of all information I provided, including but not limited to my personal information, in accordance with the above and the Settlement."</p> <p>_____</p> <p><i>You sign here</i> </p>
Print Your Full Name ( <i>First, Last</i> )	_____
Date You Signed This Form	Day ____ Month ____ Year ____
<p>✓ We also need someone to <b>witness</b> you signing this Claim Form. The witness does NOT need to read what you've written in this form or verify that what you have written is true. Anyone over the age of 18 can be your witness.</p>	
Declaration and Signature of Witness	<p>"I witnessed the person above sign this form."</p> <p>_____</p> <p><i>Your witness signs here</i> </p>
Print the Full Name of the Witness ( <i>First, Last</i> )	_____
Date the Witness Signed This Form	Day ____ Month ____ Year ____

# You're making good progress! Here's what is left to do...

 If you're claiming specified injuries on behalf of the person  fill out **Parts 4 and 5**

Choose the **one section below** that applies to the person you are claiming for:

 If you're claiming on behalf of a person under disability  fill out **Part 6**

 If you're claiming on behalf of a minor child  fill out **Part 7**

 If you're claiming on behalf of a person who died with an estate  fill out **Part 8**

 If you're claiming on behalf of a person who died without an estate  fill out **Part 9**



*You **ONLY** need to complete the parts that apply to your situation. You can leave the others blank.*

✓ Once you've completed the steps above, please choose **one** of the following ways to submit the claim:

### *By Regular Mail*

Drinking Water Class Action Claims  
Administrator, c/o Deloitte  
PO BOX 160 STN Adelaide  
Toronto, ON, M5C 2J2, Canada

**-or-**

### *By Email*

firstnationswater@deloitte.ca

**-or-**

### *By Fax*

647-738-5206

*Mail, email, or fax  
all work for us, so  
please choose  
whichever one is  
easiest for you*



*After you submit your claim, the Administrator will get in touch to confirm they've received your claim. If you have questions at any point, you can call us at 1-833-252-4220*



# PART 4: SPECIFIED INJURIES

(This section is optional)

**This part is optional. You don't have to fill it out.** The intention of this settlement is to offer recognition and comfort to those that have suffered. Unclean and unsafe drinking water leads to suffering for everyone, but **some people suffered additional harms: serious and specific injuries directly caused by unclean water.** If that happened to the person you're claiming for, then you can fill out this part and make a claim for additional compensation for them.



It is often difficult to talk about suffering. We don't want to re-traumatize anyone, so we've tried to keep this form as simple and matter of fact as we can. If emotional support would be helpful, please connect with the Hope for Wellness Help Line at 1-855-242-3310 or online at [www.hopeforwellness.ca](http://www.hopeforwellness.ca).

There are two levels of additional compensation. Here are the rules for making a claim:

**Harm Level 1 is for serious harms that lasted more than a month but less than a year.** To be eligible they must meet all the following criteria:

1. They must have suffered significant and prolonged health problems that harmed their quality of life and disrupted their well-being and/or daily activities.
2. The injuries must have been **directly caused by the Long-Term Drinking Water Advisory**, either because they used treated or tap water in accordance with the advisory but still got sick, or because they didn't have proper access to treated or tap water.

*This means they must have followed the advisory instructions. For example, if a boil water advisory was in place, they must have followed the instructions and always boiled their tap water beforehand. This also means they must have been using the treated or tap water. Using untreated water from surface water sources such as lakes, pond, or rivers is not covered.*

3. The health symptoms must have persisted for a minimum of one month of consecutive days, up to/under one year.
4. They must have tried to get treatment for their injuries.

*In many First Nations it can be difficult to access health care, so if they were not able to get treatment they can still make a claim, as long as they **tried** to get help from someone, such as an elder, community health leader, shaman, knowledge-keeper, traditional healer, medicine-person, nurse, or doctor.*



**Harm Level 2 is for serious harms that lasted more than one year.** To be eligible they must meet all the following criteria:

1. They must have suffered significant and prolonged health problems that harmed their quality of life and disrupted their well-being and/or daily activities.
2. The injuries must have been **directly caused by the Long-Term Drinking Water Advisory**, either because they used treated or tap water in accordance with the advisory but still got sick, or because they didn't have proper access to treated or tap water.

*This means they must have followed the advisory instructions. For example, if a boil water advisory was in place, they must have followed the instructions and always boiled their tap water beforehand. This also means they must have been using the treated or tap water. Using untreated water from surface water sources such as lakes, pond, or rivers is not covered.*

3. The health symptoms must have persisted for at least one year of consecutive days.
4. They must have gotten treatment for your injuries from a health-care practitioner.

*A health-care practitioner can be any of the following: a traditional healer, a medicine-person, or a doctor.*

- ✓ Compensation amounts for Specified Injuries will depend on how many eligible claims are made by Class Members. If they are eligible, their compensation will be based on the total number of eligible claims, the type of harm they suffered, and the level of that harm.
- ✓ You can choose more than one of the nine types of harm in the list below, but you can only choose one level of harm for each type. Please identify all that apply to them. If you choose several types of harm, the Administrator may contact you for additional clarification.
- ✓ You do not have to provide supporting documents or testimony to make a claim. But if you want to, when you submit their claim you can include things like (a) medical records of the injury and its cause; (b) other records, including written records, photographs, and videos, of the injury and its cause; (c) a written statement; or (d) oral testimony.

Type of Harm	Specified Injuries (Medical Diagnosis)  Select (✓) any that apply	Symptoms & Health Care Provider(s)  Please provide the name of health care practitioner(s) from whom they sought or received medical treatment for this injury	Harm Level 1	Harm Level 2
			More than 1 month, but less than 1 year	1 year or more 
1. Digestive (Gastroenterological) <i>(disorders affecting the stomach, intestines and associated organs)</i>	<input type="checkbox"/> Ingestion of Bacteria	<b>Symptoms may include</b> stomach cramps, nausea, diarrhea, abdominal pain, dehydration, constipation  Name of Health Care Practitioner: _____  Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Viral infection			
	<input type="checkbox"/> Ingestion of chemicals in quantities harmful to human health			
	<input type="checkbox"/> Stomach ulcers			
2. Respiratory/ Breathing	<input type="checkbox"/> Chlorine toxicity	<b>Symptoms may include</b> significant trouble breathing, painfully irritated airways or lungs, significant chest pain, shortness of breath, blue skin  Name of Health Care Practitioner: _____  Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Ingestion of chemicals in quantities harmful to human health, resulting in respiratory or breathing injuries			
3. Dermatological <i>(condition involving skin, hair, and nails)</i>	<input type="checkbox"/> Skin Infections	<b>Symptoms may include</b> cellulitis (bacterial infection, swelling, redness), boils, dermal lesions, skin pigmentation, blisters, skin discoloration and fever)  Name of Health Care Practitioner: _____  Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Dermal (Skin) lesions			
	<input type="checkbox"/> Chlorine toxicity			
4. Liver	<input type="checkbox"/> Viral Infection (Hepatitis A)	<b>Symptoms may include</b> discoloration of eyes and skin, swelling in legs and ankles, chronic fatigue, loss of appetite, abdominal pain, liver inflammation, liver failure  Name of Health Care Practitioner: _____  Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Ingestion of Bacteria			
	<input type="checkbox"/> Liver damage (cysts, lesions, toxicity)			
5. Neurological <i>(Brain/Nervous System)</i>	<input type="checkbox"/> Ingestion of chemicals in quantities harmful to human health, resulting in neurological injuries	<b>Symptoms may include</b> irritability, poor attention span, headache, insomnia, dizziness, memory loss, IQ deficits, behavioural effects in children  Name of Health Care Practitioner: _____  Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Ingestion of chemicals in quantities harmful to human health, resulting in liver injuries			
6. Bloodstream Infections	<input type="checkbox"/> Infections contracted from using water for injections/ syringes/needles, including endocarditis	<b>Symptoms may include:</b> aching joints and muscles, chest pain, fatigue, flu-like symptoms, night sweats, shortness of breath, lower body swelling, heart murmurs  Name of Health Care Practitioner: _____  Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Kidney	<input type="checkbox"/> Ingestion of chemicals in quantities harmful to human health, resulting in kidney injuries	<b>Symptoms may include:</b> kidney damage, kidney lesions, kidney failure  Name of Health Care Practitioner: _____  Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Tumors or Cancer	<input type="checkbox"/> Ingestion of chemicals in quantities harmful to human health, resulting in tumors or cancer	<b>Symptoms may include:</b> tumors, cancer  Name of Health Care Practitioner: _____  Type of Practitioner: _____	<input type="checkbox"/>	<input type="checkbox"/>

Type of Harm	Specified Injuries (Medical Diagnosis)  Select (✓) any that apply	Symptoms & Health Care Provider(s)  Please provide the name of health care practitioner(s) from whom they sought or received medical treatment for this injury	Harm Level 1	Harm Level 2
			More than 1 month, but less than 1 year	1 year or more 
9. Mental Health	<input type="checkbox"/> <b>Depression</b> (Major depressive disorder or Persistent depressive disorder)	<b>Symptoms may include:</b> depressed mood, diminished interest or pleasure, significant weight loss or weight gain, insomnia or trouble with sleep, agitation, fatigue, loss of energy, inability to distinguish between what is real and what only seems to be real, diminished ability to think or concentrate, or indecisiveness, recurrent thoughts of death, suicide attempt  <b>Name of Health Care Practitioner:</b> _____ <b>Type of Practitioner:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <b>Panic Disorder</b> ( <i>an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes</i> )	<b>Symptoms may include:</b> palpitations, pounding heart, or accelerated heart rate, sweating, trembling or shaking, shortness of breath or smothering, feelings of choking, chest pain/discomfort, nausea, dizzy, lightheaded or faint, chills or heat sensations, numbness or tingling sensations, feelings of unreality, or being detached from oneself, fear of losing control, fear of dying  <b>Name of Health Care Practitioner:</b> _____ <b>Type of Practitioner:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <b>Substance Addictions/ Use Disorders</b>  <b>Any one of the following:</b> <ul style="list-style-type: none"> <li>- Alcohol Use Disorder</li> <li>- Cannabis Use Disorder</li> <li>- Tobacco Use Disorder</li> <li>- Sedative, Hypnotic, Anxiolytic Use Disorder</li> </ul>	<b>Symptoms may include:</b> consumption of large amounts substances or over long period of time, cannot cut down or control use, time spent to obtain, use, or recover from consumption, strong desire/urge to use, unable to fulfil obligations at work, school or home due to use, social, occupational, or recreational activities given up because of use, using even if physically hazardous, a need for increased amounts to achieve intoxication or desired effect, taken to relieve or avoid withdrawal symptoms  <b>Name of Health Care Practitioner:</b> _____ <b>Type of Practitioner:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <b>Post-traumatic Stress Disorder (PTSD)</b> ( <i>Exposure to actual or threatened death, serious injury</i> )	<b>Symptoms may include:</b> experiencing repeated or extreme exposure to aversive details of the traumatic event(s), experiencing repeated or extreme exposure to details of the traumatic events, avoidance of distressing memories, thoughts, or feelings about traumatic event(s), negative changes in brain functioning (thinking) and mood associated with the traumatic event(s), marked changes in behaviour, typically expressed as verbal or physical acting out toward people or objects, duration of disturbance is more than 1 month, behavioural problems that have such a negative impact on daily life that help was needed from the healthcare system  <b>Name of Health Care Practitioner:</b> _____ <b>Type of Practitioner:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <b>Specific Phobia</b>  <i>(Fear or anxiety about a specific object or situation e.g., flying, heights, animals, seeing blood, etc.)</i>	<b>Symptoms may include:</b> the phobic object/situation provokes immediate fear or anxiety, actively avoided or endured with intense fear or anxiety, is out of proportion to the actual danger posed, is persistent, typically lasting for 6 months or more, causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. Symptoms are not explained by another mental disorder  <b>Name of Health Care Practitioner:</b> _____ <b>Type of Practitioner:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <b>Adjustment Disorder</b>	<b>Symptoms may include:</b> marked distress that is out of proportion to the severity or intensity of the stressor, significant impairment in social, occupational, or other important areas of functioning  <b>Name of Health Care Practitioner:</b> _____ <b>Type of Practitioner:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <b>Generalized Anxiety Disorder</b>	<b>Symptoms may include:</b> excessive anxiety and worry, difficulty controlling worry, restlessness or feeling on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, difficulty falling or staying asleep, or restless/unsatisfying sleep, causes clinically significant distress or impairment in social, occupational, or other important areas of functioning  <b>Name of Health Care Practitioner:</b> _____ <b>Type of Practitioner:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>



## PART 5: SWORN/AFFIRMED DECLARATION

### You DO NOT need to complete this part UNLESS...



you are making a claim in Part 4 for Specified Injuries compensation because they suffered serious and specific injuries that were directly caused by the Long-Term Drinking Water Advisory, either because they used treated or tap water in accordance with the advisory but still got sick, or because they didn't have proper access to treated or tap water, **or**



you don't have a copy of your Personal ID



*If either of the above apply, please complete this part*

- ✓ This part of the Claim Form contains a “sworn declaration” where you swear or solemnly affirm, in front of a guarantor, that everything you have told us about their injuries in Part 4, or their identity in Part 1, is true
- ✓ If you are claiming for their injuries, in this section you will also swear or solemnly affirm in front of your guarantor that those injuries were directly caused by the Long-Term Drinking Water Advisory, either because they used treated or tap water in accordance with the advisory but still got sick, or because they didn't have proper access to treated or tap water
- ✓ Your guarantor must be one of the following...
  - *a community leader such as your Chief or a member of council*
  - *any other elected official*
  - *a Notary Public*
  - *a Commissioner of Oaths*
  - *a lawyer (including Class Counsel), doctor, or accountant*
  - *a police officer*
  - *any other person listed in the 'Guarantor' section of the FAQ page at [www.firstnationsdrinkingwater.ca](http://www.firstnationsdrinkingwater.ca)*
- ✓ Your guarantor must witness you signing this section of the Claim Form. They do NOT need to read what you've written in this Claim Form but they DO need to confirm that the name you have provided is accurate
- ✓ Your guarantor also needs to describe their office and provide their contact information

## PART 5 (CONTINUED): DECLARATION REGARDING SPECIFIED INJURIES AND/OR IDENTITY



**If you are claiming for Specified Injuries in Part 4, or do not have ID, then you must fill in this section and sign it in front of your guarantor...**



Your Declaration and Signature	<p>“By signing this Declaration in front of my guarantor, I am swearing or solemnly affirming that the following statements are true, to the best of my knowledge:</p> <ol style="list-style-type: none"> <li>1. I accurately and fairly described any specified injury or injuries claimed in Part 4.</li> <li>2. Any specified injury or injuries claimed in Part 4 were directly caused by using treated or tap water in accordance with the Long-Term Drinking Water Advisory, or by restricted access to treated or tap water caused by the Long-Term Drinking Water Advisory.</li> <li>3. Any specified injury or injuries claimed in Part 4 had commenced during the Long-Term Drinking Water Advisory period I have claimed.</li> <li>4. I have correctly and accurately identified the person on whose behalf I am claiming, and if I have not provided a copy of a piece of government issued ID, it is because I do not have one.”</li> </ol> <p>_____</p> <p><i>You sign here</i> </p>
Print Your Full Name ( <i>First, Last</i> )	
Date You Signed This Form	Day ____ Month ____ Year ____



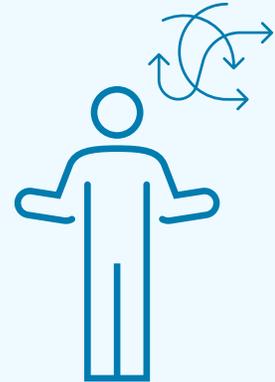
**...and your Guarantor must fill in this section and sign it**

Guarantor Full Name ( <i>First, Last</i> )		
Guarantor Type (e.g. Chief, Councillor, etc.)		
Guarantor Organization/Affiliation		
Guarantor's Address and Contact details		
Street Name and Number	Unit Number (if applicable)	City/Town/Community
Province/Territory	Postal Code	Country
Guarantor Telephone Number	Guarantor Email Address (if applicable)	
Declaration and Signature of Guarantor	<p>“I witnessed the person above sign this form, and confirm that the name they have provided is accurate. I consent to the disclosure and use of my personal information to contact me on these matters if necessary.”</p> <p>_____</p> <p><i>Your guarantor signs here</i> </p>	
Date Your Guarantor Signed this Form	Day ____ Month ____ Year ____	



## PART 6: CLAIMING FOR A PERSON UNDER DISABILITY

- ✓ Please use this part if you are making a claim on behalf of an Individual Class Member who is a **Person Under Disability**.
- ✓ A 'Person Under Disability' is defined as someone who is **unable** to manage or make reasonable judgments or decisions in respect of their affairs **by reason of mental incapacity** AND for whom a **personal representative** has been appointed pursuant to the applicable provincial or federal legislation to manage property/finances.
- ✓ You need to have been **legally appointed** as their personal representative to make a claim on their behalf.



To make a claim as the representative of a Person Under Disability, you must provide the following three items:

1. **Information** about yourself:

First Name of Representative	
Last Name of Representative	
Relationship to the Claimant	

2. **Information about the person's incapacity**, only if they were unable to commence a proceeding in respect of their Claim because of their physical, mental or psychological condition prior to November 20, 2013:

Date the Person's Incapacity Began	Month ____ Year ____
------------------------------------	----------------------

3. **The document(s)** that shows you have been legally appointed as their personal representative over property/finances. This must be either: (1) a signed power of attorney or protection mandate, or (2) a Provincial or Territorial court appointment order.

**Then please...**

- ✓ Fill out parts 1, 2, and 3 of this Claim Form.
- ✓ Fill out parts 4 and 5 **ONLY IF** you are claiming Specified Injuries on their behalf.
- ✓ Attach a copy of YOUR government-issued ID (you'll also attach a copy of their ID, in Part 1). Note that the names you give us on this Claim Form must match what's on your ID.



## PART 7: CLAIMING FOR A MINOR CHILD

- ✓ Please use this part if you are making a claim on behalf of a **Minor Child**.
- ✓ A minor child is defined by the legislation of the province or territory of residence. In most cases, it means someone under the age of 18 years.
- ✓ If you're making a claim on a minor child's behalf, you are considered that minor child's "personal representative". Only certain people can do this, as explained below.
- ✓ If the minor child is eligible for the settlement and you're eligible to be their personal representative, we'll make payment to you on the minor child's behalf unless the rules require something different, such as paying it into trust. If you accept payment on the minor child's behalf, **you are accepting responsibility** to make sure the payment is preserved and used for the minor child's benefit.



There's a summary of the rules about who is a 'minor' and the rules for payments to them on the FAQ page at [www.firstnationsdrinkingwater.ca](http://www.firstnationsdrinkingwater.ca)

**Please provide your full name as it appears on your government-issued ID**

First Name of Representative	
Last Name of Representative	
Your relationship to Minor Child	

**To be eligible** to be the minor child's personal representative, one of the following must be true. **Please check (✓) the one that applies.**

- I am the parent, and the minor child resides with me.
- I am not the parent, but I have custody of the minor child.
- I am not the parent, but I have legal guardianship over the minor child's property.



*If more than one person files a claim as personal representative for the same minor child, additional information and/or documentation may be required. If there are multiple representatives which come to an agreement among themselves as to the representative of the minor child, then a signed agreement providing this direction to the Administrator may be provided. **By making an application on behalf of a minor child, you are consenting to our sharing your name and contact information with other claimants for the same minor child, if any.** If there is a change in representation of the minor child before payment is made, please notify the Administrator.*

**If you have confirmed you are eligible as personal representative, then please...**

- ✓ Fill out parts 1, 2, and 3 of this Claim Form
- ✓ Fill out parts 4 and 5 **ONLY** IF you are claiming Specified Injuries on behalf of the minor child
- ✓ Attach a copy of YOUR government-issued ID (you'll also attach a copy of their ID, in Part 1)
- ✓ Attach the document(s) that show you're eligible to be the minor child's personal representative, such as a copy of the Birth Certificate, legal documentation of guardianship such as custody or adoption records, or documents showing you to be guardian over minor child's property



## PART 8: CLAIMING FOR SOMEONE WHO HAS DIED (WITH AN ESTATE)

✓ Please use this part if you are making a claim on behalf of someone who died with an estate. It is important for us to know a few things:

1. **When did the person die?** If they died on November 20, 2017 or afterwards, then their estate is eligible to make claim. But if they died before November 20, 2017, then unfortunately they are not eligible, because of limitation periods for claims on behalf of people who have died.
2. **Have you been appointed to represent their estate?** You have been appointed to represent their estate if *at least one* of these things is true:
  - ✓ They had a will and you are named as an executor in it, or
  - ✓ You have been appointed to represent the estate by (1) a Provincial or Territorial court order, or (2) the Government of Canada by Administration Letter, or (3) the First Nation where the deceased person resided



*If the person died without a will and you have not been appointed to represent the estate by a Provincial or Territorial court, the Government of Canada, or the First Nation where the deceased person resided, but you still want to make a claim for them, please fill out Part 9 instead.*

If the person is eligible, and you've been appointed to represent their estate, then please provide your full name, and if there's more than one person appointed to represent the estate, please provide theirs as well

First Name of Estate Representative	
Last Name of Estate Representative	
<i>If there is a 2<sup>nd</sup> Estate Representative...</i>	
First Name of 2 <sup>nd</sup> Estate Representative	
Last Name of 2 <sup>nd</sup> Estate Representative	

### And then please...

- ✓ Fill out parts 1, 2, and 3 of this Claim Form
- ✓ Fill out parts 4 and 5 ONLY IF you are claiming Specified Injuries on behalf of the person
- ✓ Attach a copy of YOUR government-issued ID (you'll also attach a copy of their ID, in Part 1)
- ✓ Attach a document showing the date the person died and the name of the deceased person, for example a death certificate, a funeral director's statement of death, or a burial certificate
- ✓ Attach a copy of the document that appoints you as their estate representative, specifically, the will, or a Provincial or Territorial court order, or a grant of administration letter from Canada, or a band council resolution from the First Nation where the deceased person resided



### A few more tips and pointers regarding claims for estates...



*If you aren't sure what document to attach showing you're able to make a claim, please call the **Administrator Help Line** at 1-833-252-4220.*

*If you're an alternative executor in the will – that is, if the will names someone else as primary executor, and you as the alternative in case that person can't do it – then you should also include proof of the primary executor's inability to act, for example a physician's letter or proof of death of the primary executor.*

*If we get more than one person claiming they've been appointed to act for an estate, we will contact everyone and ask you to sort things out amongst yourselves. If that isn't possible you will need to ask the Provincial or Territorial court to provide direction / Probate. **By making an application on behalf of an estate, you are consenting to our sharing your name and contact information with other claimants for the same estate, if necessary.** If the person resided in Quebec, they must have had a notarial will issued by a notary or by the Superior Court of Quebec.*



## PART 9: CLAIMING FOR A PERSON WHO HAS DIED (WITHOUT AN ESTATE)

Please fill in this part if you want to make a claim for someone who has died, and no one has been appointed to represent their estate.



You can be appointed to represent an estate by being named executor in the will, or by appointment by a court, or the Government of Canada, or the First Nation where the deceased person resided. If someone has been appointed, then please **fill out Part 8 instead.**

Please check (✓) the box if you agree with this declaration

“I declare to the best of my knowledge and belief that the Deceased Individual Class Member named in this Claim Form: (1) did not have a valid will at the time of their death, (2) no estate Executor, Trustee, Administrator or Liquidator has been appointed for them by a Provincial or Territorial court, and (3) no estate representative has been appointed for them by the Government of Canada or their First Nation.”

Please check (✓) the ONE box that indicates your relationship to the person (you must be one of the living family members below in order to file a claim)

“I am the Individual Class Member’s...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Husband or Wife	2. Common Law or de facto partner	3. Child	4. Grandchild	5. Parent	6. Sister or Brother	7. Niece or Nephew

Please provide your name as it appears on your government-issued ID

Your First Name	
Your Last Name	



On the next page, we will look at ‘priority’ to make a claim on behalf of the person who died...



✓ For a person who dies without an estate, the Settlement Agreement provides ‘priority’ to their living family members, in this order:

1. Husband / Wife
2. Common Law or de facto partner
3. Child
4. Grandchild
5. Parent
6. Brother or Sister
7. Niece or Nephew

Based on the list above, is there another living family member who has a higher priority than you?

Yes



*If the answer to this question is yes, then **unfortunately you are not eligible to make a claim on behalf of the person who died. Only the highest priority living family member can make the claim.***

**OR**

“No, I declare that to the best of my knowledge and belief there are no living family members who have a higher priority than me.”

If you are the highest priority relative, but there are other family members with equal priority to you (for example, you are the child of Deceased Individual Class Member and you have living siblings), **please list them below**. If there is not enough space, please attach a separate piece of paper with the requested information on it.

Name(s) of Other Relatives	How are they related to the Claimant? (Example: child of Deceased Individual Class Member)

If you have completed the above and confirmed you are able to make the claim, then please...

- ✓ Fill out parts 1, 2, and 3 of this Claim Form
- ✓ Fill out parts 4 and 5 ONLY IF you are claiming Specified Injuries on behalf of the person
- ✓ Attach a copy of YOUR government-issued ID (you’ll also attach a copy of their ID, in Part 1)
- ✓ Attach a document showing the date the person died and the name of the deceased person, for example a death certificate, a funeral director’s statement of death, or a burial certificate
- ✓ Attach a copy of evidence showing your relationship to the deceased person

# CLAIM FORM - SUBMISSION CHECKLIST



**Before submitting this Claim Form, please use this checklist to make sure your submission is complete.**

<p><b>Parts 1-3 were REQUIRED. You must have filled out these parts.</b></p> 		<p><b>Part 1:</b> Name and Key Details</p>	<p>Please make sure that you have:</p> <ul style="list-style-type: none"> <li>✓ Filled in all their key details (name, date of birth, ID numbers, band)</li> <li>✓ Filled in YOUR mailing address and phone number, etc.</li> <li>✓ Told us how you'd like to be paid if the claim is approved</li> </ul> <p>Once you've done that, please also make sure you:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attach a copy of your government-issued ID, and</li> <li><input type="checkbox"/> If you chose the 'direct deposit' option, attach a void cheque or direct deposit form for your bank account (or for those with an estate, the estate's bank account)</li> </ul>
		<p><b>Part 2:</b> Where They Lived</p>	<p>Please make sure that you have:</p> <ul style="list-style-type: none"> <li>✓ Filled in the dates and locations according to the instructions</li> </ul>
		<p><b>Part 3:</b> Authorization</p>	<p>Please make sure that you have:</p> <ul style="list-style-type: none"> <li>✓ Read and understood the key terms and conditions</li> <li>✓ Read and understood the declaration</li> <li>✓ Signed the declaration in front of a witness, and had the witness sign too</li> <li>✓ Printed your name and the name of the witness, and the date you signed</li> </ul>

<p><b>Parts 4-5 were OPTIONAL. You should only have filled these out if they apply to your situation.</b></p> 		<p><b>Part 4:</b> Specified Injuries (Optional)</p>	<p>This section is optional. If you decided to fill it out, please make sure you have:</p> <ul style="list-style-type: none"> <li>✓ Only claimed additional compensation for serious and long-lasting injuries directly caused by the water or a lack of water</li> <li>✓ Completed the checklists for the type of injury <i>and</i> the level of harm they suffered</li> <li>✓ Attached any documents and records you want (note that you aren't required to include these; they are optional)</li> </ul>
		<p><b>Part 5:</b> Sworn/Affirmed Declaration (Only if you are claiming in Part 4 or do not have ID)</p>	<p>If you are claiming Specified Injuries compensation for them in Part 4, or you don't have government ID, then please make sure you have:</p> <ul style="list-style-type: none"> <li>✓ Signed the declaration in front of a guarantor, and had the guarantor sign too</li> <li>✓ Printed your name and the date you signed</li> <li>✓ Printed the guarantor's name and contact information, and the date the guarantor signed</li> </ul>

**This checklist continues on the next page...**



You should have chosen **ONE** of Parts 6-9 to fill out, based on who you are making a claim for



	<p><b>Part 6:</b> Person Under Disability</p>	<p>Please make sure that you have:</p> <ul style="list-style-type: none"> <li>✓ Attached a copy of YOUR government-issued ID (you'll also attach a copy of the Person Under Disability's ID, in Part 1). Note that the names you give us on this Claim Form must match what's on your ID.</li> <li>✓ Attached a copy of the document that shows you have been legally appointed as the Person Under Disability's personal representative over property/finances. This must be either: (1) a signed power of attorney or protection mandate, or (2) a Provincial or Territorial court appointment order.</li> </ul>
	<p><b>Part 7:</b> Minor Child</p>	<p>Please make sure that you have:</p> <ul style="list-style-type: none"> <li>✓ Attached a copy of YOUR government-issued ID (you'll also attach a copy of the minor child's ID, in Part 1). Note that the names you give us on this Claim Form must match what's on your ID.</li> <li>✓ Attached the document(s) that show you're eligible to be the minor child's personal representative, such as a copy of the Birth Certificate, legal documentation of guardianship such as custody or adoption records, or documents showing you to be guardian over minor child's property.</li> </ul>
	<p><b>Part 8:</b> Person With Estate</p>	<p>Please make sure that you have:</p> <ul style="list-style-type: none"> <li>✓ Attached a copy of YOUR government-issued ID (you'll also attach a copy of their ID, in Part 1).</li> <li>✓ Attached a document showing the date the person died and the name of the deceased, for example a death certificate, a funeral director's statement of death, or a burial certificate.</li> <li>✓ Attached a copy of the document that appoints you as the deceased person's estate representative, specifically the will, or a Provincial or Territorial court order, or a grant of administration letter from Canada (INAC/ISC/CIRNAC) or a First Nation's band council resolution.</li> </ul>
	<p><b>Part 9:</b> Person With No Estate</p>	<p>Please make sure that you have:</p> <ul style="list-style-type: none"> <li>✓ Attached a copy of YOUR government-issued ID (you'll also attach a copy of the deceased person's ID, in Part 1).</li> <li>✓ Attached a document showing the date the deceased person died and the name of the deceased, for example a death certificate, a funeral director's statement of death, or a burial certificate.</li> <li>✓ Attached a copy of evidence showing your relationship to the deceased person.</li> </ul>

**Please make a copy of your form for your records before submitting. And that's it. Information on how to submit your claim is on page 18. Thanks!**



**First Nations  
Drinking Water  
SETTLEMENT**