

Cineflix Class Action Generic Claims Form

Please complete all parts of this claims form.

You must complete and return this form within 60 days of the date on which it was posted online to you in order to receive compensation.

If you already completed an individualized claims form that was sent to you directly, you do not need to complete this claims form. If you did not receive an individualized claims form but believe that you are a Class Member, please complete this form.

FOR CINEFLIX'S USE ONLY	
Date application received (dd-mm-yyyy):	
PLEASE COMPLETE ALL OF THE FOLLOWING FIELDS:	
PART 1 – APPLICANT INFORMATION	
1. First Name	2. Last Name
3. Date of Birth (DD/MM/YYYY)	
4. Social Insurance Number	
5. Permanent Home Address (include street address, city/town, and province/territory)	
6. Mailing Address (if different from above)	
7. Telephone Number	8. Alternate Telephone Number
9. Email Address	10. GST/HST Account Number (only if you worked for Cineflix through a corporation)

PART 2 – PRIVACY STATEMENT AND CONSENT

Privacy Statement and Consent

Cineflix and Cavalluzzo LLP will collect, use and/or disclose this form and any enclosures, data, information, reports, material or other documents of any nature which are disclosed, revealed or transmitted to them with this form solely for the purpose of executing the terms of the Class Action settlement agreement. The use and disclosure of any personal information received by Cineflix is subject to all applicable laws that may require the retention or disclosure of the personal information disclosed, including the *Personal Information Protection and Electronic Documents Act*.

In submitting this form, you consent to the use of the information contained herein for the purposes of administering the Cineflix Class Action claims process.

PART 3 – YOUR STATUS AS A CLASS MEMBER

In order to receive compensation, you must be a Class Member. The Class Members included in the settlement are:

Any person who worked for Cineflix, whether directly or indirectly through corporations owned and/or controlled by such person, in any legal relationship whatsoever (including as an employee, dependent contractor, independent contractor, or sole proprietor), in Ontario at any time during the Class Period (October 6, 2016 through September 1, 2021), but excluding those who worked for Cineflix only in one or more of the following roles during the Class Period:

- a) Any job in respect of which an individual's terms of work are covered by a collective agreement;
- b) Any actors or other on-screen talent;
- c) Any jobs of any sort relating to work on scripted productions; and
- d) Any corporate staff, such as administrative, professional, accounting and similar staff, whose engagement does not arise in respect of only a specific production or specific productions).
- e) Any job in which an individual held the job titles of Executive Producer, Line Producer, Producer, Production Manager, or Series Producer, or substantially similar job titles, or primarily performed the job functions associated with such job titles.

You are a Class Member if you meet this definition.

The definition excludes persons who only worked at Cineflix before October 6, 2016. If your work for Cineflix only took place before October 6, 2016 or after September 1, 2021, you are not part of this settlement, and you should not submit this claims form.

If you are a Class Member, please tick the box below:

I am a Class Member and meet the definition set out above.

Once Cineflix receives your Claims Form, it will review its records and determine, based on its records, whether you are a Class Member and, if so, what payment category you fall into. Cineflix will advise you as to what it concluded based on its records and will provide you with information about how to challenge that determination.

If you did not receive a personalized claims form but believe that you are a Class Member, it will assist Cineflix in processing and evaluating your claim if you could list the productions you worked on, the job(s) you had on those productions, and the approximate dates of your work. You are not required to provide this information in order to submit a claims form. However, it will be of assistance.

PART 4 – DECLARATION AND SIGNATURE

I DECLARE THAT:

- The information provided in this form is true, based on my personal records, experience and recollection.
- If the information described above is inaccurate, false or misleading, I may be required to repay the compensation that I receive.
- I have read and agree to the Indemnity provision set out in paragraph 10 above.

Applicant's signature

Date

PART 5 – WHERE TO SEND YOUR CLAIM FORM

Please mail or email your completed claim form and any attached documents to the following address:

Attn: Class Actions Claims
3510 Boul St-Laurent
Suite 202
Montréal, QC H2X 2V2

Alternatively, you can email an electronic copy of the completed claim form and any attached documents to cineflixnotices@cineflix.com.