

OPT-OUT FORM

Mail or courier: Provincial Health Services Authority Suite 1226 – 1333 West Broadway Street,
Vancouver, British Columbia, V6H 4C1

Email address: ClassActionOptOut@phsa.ca

This is **NOT** a claim form. **Completing this OPT-OUT FORM will exclude you from receiving any compensation from any settlement or judgment in the Class Proceeding described below.**

*Note: To opt-out, this form must be properly completed and sent to Provincial Health Services Authority by email, regular mail or courier at the above address by no later than **December 30th, 2023.***

No. S2110997
Vancouver Registry

IN THE SUPREME COURT OF BRITISH COLUMBIA BETWEEN

MIRANDA MASSIE

PLAINTIFF

AND

PROVINCIAL HEALTH SERVICES AUTHORITY

DEFENDANT

By opting out of this class proceeding, I understand that:

- (1) I do not wish to participate in the Class Proceeding; and**
- (2) I take full responsibility for any relevant limitation period and for taking all necessary steps to assert or protect any individual claim I may have**

Current Date: _____

Class Member Date of Birth: _____

Name of Class Member: _____

Alias/Pre-Married/Other Names of Class Member (if applicable)

**Signature of Class Member Opting-Out,
or Estate Representative if Class Member is deceased.**

Name of Witness: _____

Telephone: _____

Email: _____

Name of Estate Representative: _____

Telephone: _____

Email: _____

If you are completing this form as an Estate Representative of a deceased Class Member, you confirm that you are lawfully authorized to act on behalf of the Estate.

For further information please consult the website located at:

www.unlicensednurseclassaction.com.