

Primary Response Class Action  
c/o RicePoint Administration Inc.  
P.O. Box 4454, Toronto Station A  
25 The Esplanade  
Toronto, ON M5W 4B1



**PHQ**

*Horner v. Primary Response Inc. and Garda Canada Security Corporation*

COURT FILE NO.: CV-18-00603648-00CP

**Must Be Postmarked No Later Than  
April 14, 2021**

## ADMINISTRATION FORM

You must complete this Administrative Form to receive a payment under the class action Settlement. You are responsible for completing this Administrative Form in full and delivering it to the Claims Administrator by the deadline April 14, 2021. The Administrative Form must be received by the Claims Administrator by the deadline. Forms may be completed online or delivered by email, fax, or mail to the Claims Administrator. Please note that incomplete, incorrect or deficient Forms may be returned by the Claims Administrator and must be corrected by the deadline.

Copies of the Distribution Protocol, Class Action Settlement, and Notices may be viewed online at [goldblattpartners.com](http://goldblattpartners.com), [primaryresponseclassaction.com](http://primaryresponseclassaction.com) and [primaryresponsesettlement.com](http://primaryresponsesettlement.com).

If you have any questions, contact the Claims Administrator or Class Counsel.

### 1. CLAIMANT INFORMATION

This information is required in order to confirm your identity and membership on the Class List, and to facilitate payment and remittances.

<input type="text"/>			<input type="text"/>	<input type="text"/>		
First Name			M.I.	Last Name		
<input type="text"/>						
Primary Address						
<input type="text"/>						
Primary Address Continued						
<input type="text"/>			<input type="text"/>	<input type="text"/>		
City			Province	Postal Code		
<input type="text"/>						
Email Address						
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	
Area Code		Telephone Number (Home)		Area Code	Telephone Number (Work)	
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	
SIN				<input type="text"/>	/ <input type="text"/>	
				Date of Birth	<input type="text"/>	

*Please note you are responsible for ensuring the contact information provided to the Claims Administrator is accurate and up-to-date. In the event of a change of address, etc. please contact the Claims Administrator and Class Counsel.*



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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## 2. COMMUNICATIONS

I consent to receiving information and communications from the Claims Administrator and Class Counsel at the address, email address, and telephone number (including text messaging) provided above. I understand that the information I have provided above will be used only for administration of this Class Action Settlement. I understand I may withdraw my consent at any time, but that this may affect the ability of the Claims Administrator and Class Counsel to reach me with important information about the Class Action, including to facilitate/ensure payment.

## 3. EMPLOYMENT HISTORY

*This information is required in order to confirm your identity and membership on the Class List, and your eligibility to receive a payment.*

Dates of Employment with Primary Response Inc.

/        /

Start Date (Month/Year)      End Date (Month/Year)

Position Held (select at least one):

Security Guard       Concierge       Mobile Security Guard

Dispatcher/Communications Operative       Supervisor       Mobile Supervisor

Were you employed under a collective agreement?       Yes       No

If so, which union?

During what dates were you employed under a collective agreement?

/        /

Start Date (Month/Year)      End Date (Month/Year)

*I understand that if my name does not appear on the Class List, I may be contacted by the Claims Administrator and requested to provide additional information or documents to confirm my membership in the Class, and that my eligibility to receive payment depends on satisfactory and timely proof of my membership in the Class.*

## 4. ISSUES

This information is required in order to process your claim for payment. Please note, compensation for issue (b) on page 3 of the Notice is restricted to individuals who worked for Primary Response Inc. at any time between August 5, 2016 and January 15, 2018.

For an explanation of the issues described below, see the Notice of Settlement. If you have any questions, contact Class Counsel.

I wish to claim for the following issues (fill all that apply):

- Pre-Shift Time**  
*I certify that I performed work prior to my official start time for which I was not compensated (e.g., by arriving 15 minutes early for the shift changeover).*
- Overtime Averaging**  
*I certify that I worked at any time between August 5, 2016 and January 15, 2018, and that I worked more than 44 hours in a week, and did not receive weekly overtime pay because my overtime was averaged over a period of two weeks or more.*
- Training**  
*I certify that I underwent training or orientation by Primary Response Inc. on an unpaid basis.*
- Uniforms**  
*I certify that Primary Response Inc. made deductions from my pay for uniforms for which I was not reimbursed.*



## 5. PAYMENT

This information is required in order to process your claim for payment. Please fill one.

- I wish to receive payment by e-transfer to my email address provided above
- I wish to receive payment by cheque to the address provided above

*Please note you are responsible for ensuring the payment information provided to the Claims Administrator is accurate and up-to-date. In the event of a change of payment information, please contact the Claims Administrator and Class Counsel.*

## 6. CONTACT INFORMATION

In the event of questions or concerns, please contact the Claims Administrator or Class Counsel below:

Claims Administrator

Primary Response Class Action  
c/o RicePoint Administration Inc.  
P.O. Box 4454, Toronto Station A  
25 The Esplanade  
Toronto, ON M5W 4B1  
Tel: 1-866-714-9373  
Fax: 866-749-1441  
Email: [primaryresponsesettlement@ricepoint.com](mailto:primaryresponsesettlement@ricepoint.com)  
[primaryresponsesettlement.com](http://primaryresponsesettlement.com)

Class Counsel

Tanya Atherfold-Desilva, Law Clerk  
Goldblatt Partners LLP  
Tel: 416-979-4233 or 1-800-387-5422  
Fax: 416-591-7333  
Email: [tatherfold@goldblattpartners.com](mailto:tatherfold@goldblattpartners.com)  
20 Dundas Street W., Suite 1039  
Toronto ON M5G 2C2  
[goldblattpartners.com](http://goldblattpartners.com)

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

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



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