Government of Canada Privacy Breach Class Action

CLAIM FORM

IMPORTANT: Claims submitted through the online Claims Portal will be processed faster. If you are unable to submit a claim online, you may complete and submit this paper Claim Form.

Mail completed form and copies of any supporting documents to:

KPMG
Canada Privacy Breach Class Action Administrator
600, de Maisonneuve Blvd. West
Suite 1500
Montréal, Quebec
H3A 0A3
Attention: Canada Privacy Breach Class Action Administrator

CLAIM INFORMATION

The Settlement Agreement provides compensation for the following types of claims arising from the unauthorized access to Government of Canada Online Accounts between June 26, 2020, and August 18, 2020 (or between October 8, 2020 and November 25, 2020 for Represent-a-Client accounts only). Your name must appear on the Claims Administrator's list of Eligible Claimants in order to qualify for compensation. Claimants whose name does not appear on the list will have their claim rejected.

1. **Access Claim**

My **personal information** that was contained in my Government of Canada Online Account(s)* was accessed by **unauthorized third parties** between June 26, 2020 and August 18, 2020, (or between October 8, 2020 and November 25, 2020 for Represent-a-Client accounts only).

Claimants can receive **up to $80**.**

2. **Fraud Claim**

I had my Government of Canada Online Account(s)* taken over by **unauthorized third parties** between June 26, 2020 and August 18, 2020, (or between October 8, 2020 and November 25, 2020 for Represent-a-Client accounts only) and my **personal information was modified** including direct deposit information allowing for:

(i) fraudulent applications for Canada Emergency Response Benefits (CERB), Canada Emergency Student Benefits (CESB), and/or Employment Insurance (EI) benefits to be made in my name without my knowledge**;** or

(ii) CERB, CESB and/or EI benefit payments I was to receive to be diverted to an unauthorized bank account without my knowledge**.**

Claimants can receive **up to $200**.**

3. Special Compensation Claim

If you have an Access Claim and/or Fraud Claim you may also submit one claim for Special Compensation for out-of-pocket expenses related to the Breach between June 26, 2020 and August 18, 2020 (or between October 8, 2020 and November 25, 2020 for Represent-a-Client accounts only) and incurred within 12 months of the Breach, up to a maximum of five thousand dollars ($5,000) per Class Member.

**Note: "Government of Canada Online Accounts" means the Canada Revenue Agency's My Account and Represent-a-Client accounts, the Department of Employment and Social Development Canada's My Service Canada Account, or another online account where that account is accessed using the Government of Canada's Branded Credential Service known as GCKey.*

***Note: the maximum payment available for either type of claim may be reduced based on the amount of valid claims, administrator fees, and legal fees.*

Depending on your circumstances, you may have an Access Claim, a Fraud Claim, or both, in respect of one or more of your CRA My Account and/or your ESDC My Service Account and/or another online account where that account is accessed using the Government of Canada's Branded Credential Service known as GCKey. You may also make **one** Special Compensation Claim.

SECTION 1 – APPLICANT TYPE

Please indicate whether you are submitting this claim for yourself or on behalf of another person:

☐ I am applying for myself

→ Skip Section 2 and Proceed directly to **Section 3 – Your Claims**

☐ I am applying on behalf of someone else

→ Complete **Section 2 – Representative information** before proceeding to **Section 3 – Your Claims**

SECTION 2 – REPRESENTATIVE INFORMATION

Complete this page only if you are submitting this claim on behalf of another person.

Your First Name: _____

Your Last Name: _____

Basis of Representation: ☐ Power of Attorney

☐ Other _____

☐ Documentary evidence of representative authority attached.

SECTION 3 – YOUR CLAIMS

Note: Where a claim is completed by a representative, all references to "you" or "your" in the following sections refer to the Class Member.

If available, please enter your PIN Provided by the Claims Administrator in your Notice (e-mail or letter).

PIN: _____

Depending on your circumstances, you may be eligible for one or more claims.
Complete **all applicable sections below**:

CRA My Account

CRA Access Claim

You are eligible to receive compensation for the loss of time and inconvenience incurred communicating with government officials, law enforcement officials, or credit agencies addressing issues related to the Breach.

Compensation is $20 per hour, up to a maximum of four (4) hours ($80).

I certify that I spent _____ hours (maximum 4 hours) communicating with relevant officials regarding this Breach.

Signature: _____

CRA Fraud Claim

You are eligible to receive compensation for the loss of time and inconvenience incurred communicating with government officials, law enforcement officials, or credit agencies addressing issues related to the Breach.

Compensation is $20 per hour, up to a maximum of ten (10) hours ($200).

I certify that I spent _____ hours (maximum 10 hours) communicating with relevant officials regarding this Breach.

Signature: _____

CRA Represent-a-Client

CRA Access Claim

You are eligible to receive compensation for the loss of time and inconvenience incurred communicating with government officials, law enforcement officials, or credit agencies addressing issues related to the Breach.

Compensation is $20 per hour, up to a maximum of four (4) hours ($80).

I certify that I spent _____ hours (maximum 4 hours) communicating with relevant officials regarding this Breach.

Signature: _____

ESDC – My Service Canada Account (MSCA)

ESDC Access Claim

You are eligible to receive compensation for the loss of time and inconvenience incurred communicating with government officials, law enforcement officials, or credit agencies addressing issues related to the Breach.

Compensation is $20 per hour, up to a maximum of four (4) hours ($80).

I certify that I spent _____ hours (maximum 4 hours) communicating with relevant officials regarding this Breach.

Signature: _____

ESDC Fraud Claim

You are eligible to receive compensation for the loss of time and inconvenience incurred communicating with government officials, law enforcement officials, or credit agencies addressing issues related to the Breach.

Compensation is $20 per hour, up to a maximum of ten (10) hours ($200).

I certify that I spent _____ hours (maximum 10 hours) communicating with relevant officials regarding this Breach.

Signature: _____

Other Government of Canada Accounts Accessed Using GCKey

Other Government of Canada Access Claim

You are eligible to receive compensation for the loss of time and inconvenience incurred communicating with government officials, law enforcement officials, or credit agencies addressing issues related to the Breach.

If you had unauthorized access occur in more than one Government of Canada online account using GCKey other than the one listed below, complete this section for each additional account. You may photocopy this page if more space is required.

☐ **Check here if you are attaching additional pages for more accounts.**

Account Name / Department or Agency: _____

Compensation is $20 per hour, up to a maximum of four (4) hours ($80).

I certify that I spent _____ hours (maximum 4 hours) communicating with relevant officials regarding this Breach.

Signature: _____

SECTION 4 - SPECIAL COMPENSATION FUND

If you have submitted an Access Claim and/or a Fraud Claim, you may also submit **one** claim for Special Compensation for **out-of-pocket expenses** related to the Breach, incurred within 12 months following the Breach Period, that is on or before August 18, 2021 (November 25, 2021 for Represent-a-Client accounts only) up to a maximum of five thousand dollars ($5,000) per Class Member.

The maximum payment available may be reduced based on the total number of claims approved, administrator fees, and legal fees.

DOCUMENTARY EVIDENCE REQUIRED

To receive compensation under the Special Compensation Fund, you **must** provide supporting documentation demonstrating:

(a) the amount of out-of-pocket expenses incurred and that the expenses were incurred within the applicable period(s) and not already compensated for or reimbursed by the Government of Canada or a third-party such as a bank; and

(b) that your personal information was used or modified, without your knowledge or consent, to impersonate you in connection with a fraudulent act.

SPECIAL COMPENSATION CLAIM – ELECTION

Please select **one**:

☐ **I am making a Special Compensation Claim** and have provided (or am providing) supporting documentary evidence.
→ Complete the **Out-of-Pocket Claim Submission** section below and then proceed to **Section 5 – Preferred Payment Method**

☐ **I am not making a Special Compensation Claim.**
→ Skip the **Out-of-Pocket Claim Submission** section below and proceed to **Section 5 – Preferred Payment Method**

OUT-OF-POCKET CLAIM SUBMISSION

(Complete only if you are making a Special Compensation Claim)

Certification

☐ I certify that I reasonably believe I incurred the out-of-pocket expenses described below as a result of the Breach and that I have not been compensated for these losses by the Government of Canada, or a bank or other third party.

Total Amount Claimed (CAD): _____

Period During Which Expenses Were Incurred:

From: _____ To: _____

Supporting Documents Submitted

- ☐ Receipts
- ☐ Invoices
- ☐ Bank statements
- ☐ Other: _____

Description of Out-of-Pocket Expenses

(Attach additional pages if necessary)

SECTION 5 – PREFERRED PAYMENT METHOD

☐ **e-Transfer** (fastest method of payment)

☐ **Cheque** (mandatory for claims made on behalf of someone else as a representative)

(Note: The actual payment method may differ than the above based on the amount of the claim or other factors)

SECTION 6 – CLAIMANT INFORMATION AND ATTESTATION

First Name*: _____

Middle Name: _____

Last Name*: _____

Telephone Number*: _____

Email Address*: _____

Street address*: _____

Apartment/Unit/Suite: _____

City/Town*: _____

Province/Territory*: _____

Postal Code*: _____

Country*: _____

Social Insurance Number*: _____

*mandatory field

☐ The personal information collected by KPMG will be used exclusively for the purpose of processing and determining my entitlement to make a claim under the Government of Canada Privacy Breach Class Action Settlement. The personal information provided in your claim form may also be disclosed to Class Counsel, Counsel for the Defendants, or an auditor, if applicable, for the purpose of validating identity; carrying out any lawful investigations to confirm that I am an eligible Class Member; processing of claims; development of payment strategy; and/or reporting obligations. KPMG Canada may process applications using automation to support processing of decision-making. I understand that my personal information may be communicated to another jurisdiction within Canada and that any personal information collected, used or stored by KPMG Canada as part of this process will be in accordance with KPMG Canada's Privacy Policy.

☐ Under penalties of perjury, I swear or affirm that all information provided is true, correct, and complete.

Signature: _____ Date: _____