

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N :

RAJESH BEDI and CHARLOTTE PERRENOUD

Plaintiffs

- and -

**EHEALTH ONTARIO
and HER MAJESTY THE QUEEN in right of Ontario
as represented by the MINISTER OF HEALTH AND LONG-TERM CARE**
Defendants

Proceedings under the
Class Proceedings Act, 1992, S.O. 1992, c. 6, as am.

CLAIM FORM

NOTE: You need to submit this form if you:

a.) did NOT opt out of the Class Action; AND IF

b.) as of April 15, 2013 you have NOT received a notice from eHealth Ontario informing you of your bonus payout in accordance with the approved settlement of this action.

I, _____ (print name), a current/former eHealth Ontario employee, (circle one) wish to make a claim for a payment in accordance with the approved settlement in this action on the basis that I meet the definition of a class member, as follows:

Part A Class Members

All past and current full time regular eHealth Ontario employees, and employees on a contract for a term of more than one year, for whom eHealth Ontario completed a Compensation Details Statement in respect of the 2010-2011 fiscal year.

I meet the definition of a Part A Class Member: Yes_____ No_____

Part B Class Members

All eHealth Ontario employees¹ who received a performance management rating of '2' or greater, or the equivalent rating of 'Developing' or higher, pursuant to the Performance Incentive Plan Policy (the "Policy") for the fiscal year 2011-2012, and who were actively employed on March 31, 2012;

I meet the definition of a Part B Class Member: Yes_____ No _____.

Part C Class Members

All eHealth Ontario employees² who received a performance management rating of '2' or greater, or the equivalent rating of 'Developing' or higher, pursuant to the Policy, for the 2011/2012 fiscal year but who were not actively employed on March 31, 2012 by reason only of the exceptions listed at section 3.7 of the Policy namely, retirement, disability or death.

I meet the definition of a Part C Class Member: Yes_____ No_____.

If you have any supporting documentation (such as a copy of your Compensation Details Statement for 2010/2011 or your Performance Management Rating for 2011/2012 please submit it along with this form.

Date: _____ Signature: _____

To be effective, this form **MUST** be received by Class Counsel by 5:00 p.m. on **April 29, 2013**.

The form may be sent by mail, fax or email as follows:

eHealth Ontario Class Action
Shibley Righton LLP
250 University Ave., Suite 700
Toronto, ON M5H 3E5

fax to: **(416) 214-5400**
email: ehhealthclass@shibleyrighton.com

¹ As per the Performance Incentive Plan Policy, this means a full-time regular eHealth Ontario employee, or employee on a contract for a term of more than one year, who started employment on or before December 31 of the plan year

² See footnote 1