

## **XL FOODS CLASS ACTION SETTLEMENT APPEAL FORM**

### **INSTRUCTIONS**

#### **How to complete your Appeal Form:**

- You may request an appeal of your claim if: (i) your claim has been denied, in whole or in part; (ii) you disagree with the classification of your injury or evidence; or (iii) you disagree with the valuation of your claim.
- To appeal, you must submit a properly completed Appeal Form to the address listed below no later than **35 days** from the date of the decision notice.
- You are not permitted to append or include any information or documents that were not submitted with the Claim Form or in response to any requests for additional information made by the claims administrator.
- For more information, please review a copy of the Distribution Protocol, which is available online at [www.xlbeefclassaction.com](http://www.xlbeefclassaction.com).
- Please type or print all your responses in ink.

#### **Where to send your Appeal Form:**

- Email at: [info@cacservicesgroup.com](mailto:info@cacservicesgroup.com)
- Mail at: XL Foods Class Action Global Settlement Administrator  
c/o CAC Services Group  
6420 Flying Cloud Dr Ste 101  
Eden Prairie, MN 55344

#### **What to expect after you submit your Appeal Form:**

- Your appeal will be sent to the Alberta Court for determination. The Alberta Court's decision will be final and binding.
- Your appeal will be determined based on the written submissions contained herein and the documentation provided to the Claims Administrator as part of the claims process. New documents provided with the Appeal Form will not be provided to the Court for consideration.
- The Claims Administrator will provide the following documents to the Alberta court: any documentation provided with your claim form or in response to requests for additional information, the decision notice, the appeal form, and any other information that might reasonably assist the Alberta Court, including written submissions by the Claims Administrator.
- The Alberta Court, in its sole discretion, can request oral submissions to be provided via teleconference or videoconference. You will be notified if such a request is made.

### APPEAL FORM

CLAIMANT			
_____			
Claim Number			
_____			
First Name		Last Name	
_____			
Mailing Address		City	Province/State
_____			
Home Phone		Work Phone (Optional)	Cell Phone (Optional)
_____			
		Email Address (Optional)	
_____			
Please notify the claims administrator of any address changes.			

REASON FOR APPEAL
Please select the reason for requesting an appeal:
<input type="checkbox"/> my claim for bodily injury was improperly denied
<input type="checkbox"/> my claim for bodily injury was improperly valued
<input type="checkbox"/> my level of injury was improperly classified
<input type="checkbox"/> my level of evidence was improperly classified
<input type="checkbox"/> my claim for economic loss was improperly denied
<input type="checkbox"/> my claim for economic loss was improperly valued
<input type="checkbox"/> other

Identify any parts of the Decision Notice you say are incorrect, and set out the reasons why you say they are incorrect based on the information submitted in the Claim Form or as part of the claim process. If more space is required, attach a further page or pages.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**CERTIFICATION OF CLAIMANT**

I/we certify that all the information that I have provided is true and accurate to the best of my knowledge and belief. This document is signed under penalty of perjury.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date (mm/dd/year)