



Claim Form

SCHEDULE "C"

(Class Action, C.S.M. 500-06-000873-170)

First name _____

Family name _____

City / Postal Code _____

Telephone _____ Telephone (other) _____

Email _____

Date of birth _____

Information Relating to the Employment with G4S

G4S hiring date: _____

Employment status between the hiring date and October 5, 2014: _____

Average weekly hours worked between the hiring date and October 5, 2014: _____

Period(s) of absence from work between the hiring date and October 5, 2014 (specifying the month and the year): _____

Information Relating to the Employment with Garda

Employment status _____

Work schedule since October 5, 2014 (specifying any change over time) _____

Date of termination of employment (if applicable) _____

I _____ (printed) declare that the information contained in the form is true.

Signature: _____

Date: _____

The form must be returned to the Board of Trustees of the Multi-Sector Pension Plan
Alain Malaket, InBenefits, 105 Commerce Valley Dr. West, Suite 310, Thornhill ON L3T 7W3