

SCHEDULE B - CLAIM AND OPT IN FORM
Capers Class Action Settlement

Last Name	First Name	Middle Name
Address		
City	Province	Postal Code
Home Phone	Work Phone	Email
<p>1. Did you receive an injection of either immune serum globulin or Hepatitis A vaccine between March 27, 2002 and April 30, 2002 (inclusive), after handling and/or consuming food products produced, manufactured, distributed and/or sold by Capers Community Markets that were or might have been tainted with the Hepatitis A virus, or having contact with a person who was or might have been infected with Hepatitis A as a result of handling and/or consuming any such food products?</p> <p align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No (Check (√) only one box) </p>		
<p>2. Do you claim to have been infected with Hepatitis A in February, March or April 2002, as a result of handling and/or consuming food products produced, manufactured, distributed and/or sold by Capers Community Markets that were or might have been tainted with the Hepatitis A virus, or having contact with a person who was infected with Hcpatitis A as a result of handling and/or consuming any such food products?</p> <p align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No (Check (√) only one box) </p>		
<p>If you answered “No” to Questions 1 and 2, you are not eligible to participate in this class action and need do nothing further.</p>		
<p align="center"><u>Levels of Compensation</u></p>		
<p>3. There are four levels of compensation (or “Tiers”) under this Settlement. You can claim compensation for only one Tier, although if you make a claim at Tier 2 or Tier 3 that is unsuccessful, but you qualify for Tier 1, you will be compensated at Tier 1. Select your Tier below (check (√) only one box).</p>		
<p><input type="checkbox"/> Tier 1: \$150 cash or \$250 in Store Credits for Qualified Claimants who received an Injection. If you received this Form enclosed with a letter from the Vancouver Coastal Health Authority (“VCHA”), enclose a copy of the VCHA letter as proof of your Injection. If you did not receive a letter from the VCHA, you must provide a letter from a health authority or other health care provider confirming that you received the Injection.</p>		
<p><input type="checkbox"/> Tier 2: \$300 cash or \$500 in Store Credits for Qualified Claimants who received an Injection, and knew they were pregnant or suffering from a liver disease at the time. You must provide the proof necessary for Tier 1, plus a letter from a health care provider confirming that you were aware that you were pregnant or suffering from a liver disease at the time of the Injection.</p>		

Tier 3: \$450 cash or \$750 in Store Credits for Settlement Class Members who suffered an adverse reaction to the Injection and received medical attention within 24 hours of the Injection as a result of the reaction. You must provide the proof necessary for Tier 1, plus a letter from a health care provider or other medical documentation showing that you received professional medical treatment as a result of an adverse reaction to the Injection for one or more of the following symptoms: breathing irregularities, nausea, vomiting, circulatory collapse, loss of consciousness or fever.

Tier 4: This is for Settlement Class Members who answered “Yes” to Question 2. Each claim will be assessed individually and resolved by mediation or (if necessary) binding arbitration. You must provide medical records confirming your infection, its timing, symptoms and course of illness, AND provide proof of expenses and/or income or business losses you claim are attributable to your illness.

Attach documents to support your claim (check (√) each box that applies):

Letter from VCHA: If you received a letter addressed to you from the Vancouver Coastal Health Authority, notifying you of this class action, attach a copy of this letter to your claim. It proves that you received an Injection and qualifies you to make a Tier 1, 2 or 3 claim.

Other Proof of Injection: If you did not receive a letter from the Vancouver Coastal Health Authority, you must attach a letter from a health authority or other health care provider confirming that you received an Injection, if you are making a Tier 1, 2, or 3 claim.

Medical Records: Attach any additional medical documentation required above if you are making a Tier 2, 3, or 4 claim.

Other Proof (Tier 4 only): Attach documentary proof of expenses and/or income or business losses you claim are attributable to your illness.

4. You may also be entitled to a cash reimbursement for Out-of-Pocket Expense (including loss of income or business losses) incurred directly as a result of having to attend for an Injection. If you have already received a payment from Capers, it will be deducted from your claim. To make such a claim you must provide:

1. **original** receipts for out-out-pocket expenses (copies will not be accepted);
2. a letter from your employer confirming any loss of employment income;
3. a statement of business earnings for March 2002, plus business tax returns for 2001, 2002 and 2003, confirming any business loss.

I attended for my Injection on _____, 2002 and I am making a claim for the following out-of-pocket expenses, loss of employment income or business losses. **I attach an original receipt or other Supporting Documentation for each amount claimed.**

1. _____
2. _____
3. _____

<p>5. If you selected Tiers 1, 2, or 3, you have a choice between receiving your compensation in cash or in the form of a Store Purchase Card containing Store Credits. Store Credits offer greater dollar value, but are not redeemable for cash, expire 180 days following their issuance, and may only be used to purchase products at Capers. If you fail to make an election you will be deemed to have chosen cash. (Check (✓) only one box)</p> <p><input type="checkbox"/> I elect cash.</p> <p><input type="checkbox"/> I elect Store Credits.</p>		
<p>6. I solemnly declare that all of the information provided by me on this Claim Form is true, correct and complete, and I make this solemn declaration conscientiously believing it to be true and with the understanding that the presiding Court has ordered Settlement Class Members not to submit a Claim Form which they know contains false or incorrect information, and therefore, if I submit this Claim Form knowing that it contains false or incorrect information, I may be subject to the presiding Court's power to punish for contempt of court, and I may be subject prosecution for fraud under sections 380(1) and 381 of the Criminal Code of Canada.</p>		
Date	Print Name	Signature

A complete copy of the Settlement Agreement is available at www.kleinlyons.com (under *Fakhri et al. v. Wild Oats Markets Canada, Inc.*). In the event of conflict between the terms of the Settlement Agreement and this Form, the Settlement Agreement prevails.

Mail or Deliver this Form, with all Supporting Documentation, no later than October 28, 2005 to:

**Hepatitis Claims Administrator
Suite 280 - 2985 Virtual Way
Vancouver, B.C.
V5M 4X7**