

CATEGORIES	QUALIFYING CRITERIA	MEDICAL RECORDS REQUIRED	REQUIRED DOCUMENTATION	COMPENSATION
<p><u>Category 1</u></p>	<p>Infant class members must have the following attributes:</p> <ol style="list-style-type: none"> 1. consumed water supplied by the City of North Battleford between March 20, 2001 and April 25, 2001; and 2. manifested physical symptoms consistent with cryptosporidiosis which commenced between March 20, 2001 and May 9, 2001; and 3. manifested physical symptoms consistent with cryptosporidiosis lasting 1 to 7 days subsequent to the consumption of the water. <p>(Any claim that is of a duration longer than 7 days but not supported by medical documentation will also fall within this category.)</p>	<p>No</p>	<ol style="list-style-type: none"> 1. Birth certificate to establish that individual was a minor at time of illness; 2. Affidavit/Declaration attesting to minor claimant having: <ol style="list-style-type: none"> (a) been resident in City of North Battleford (or within a 30 km radius of same) during relevant time or Affidavit/Declaration along with supporting documentation confirming presence in City of North Battleford during relevant time; (b) consumed tap water from the City of North Battleford between March 20, 2001 and April 25, 2001; (c) sustained physical illness lasting 1 to 7 days with symptoms consistent with cryptosporidiosis after consumption of water that manifested before May 9, 2001; and (d) received no previous payment for damages resulting from illness. <p>Physical symptoms must include diarrhea and at least one more of the following symptoms: Abdominal pain or cramping, vomiting, nausea, malaise, anorexia, fatigue, fever, weight loss.</p>	<p>\$750.00 to a maximum cap of \$770,000.00 for all claims in Category 1.</p> <p>If there is more than \$770,000 in provable claims, for all claimants falling into this category, the \$770,000 shall be evenly divided between all category 1 claimants.</p>

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<u>Category 2</u>	<p>Infant class members must have the following attributes:</p> <ol style="list-style-type: none"> 1. consumed water supplied by the City of North Battleford between March 20, 2001 and April 25, 2001; and 2. manifested physical symptoms consistent with cryptosporidiosis which commenced between March 20, 2001 and May 9, 2001; and 3. manifested physical symptoms consistent with cryptosporidiosis lasting 2 to 7 days subsequent to the consumption of the water. 	Yes	<ol style="list-style-type: none"> 1. Birth certificate to establish that individual was a minor at time of illness; 2. Affidavit/Declaration attesting to minor claimant having: <ol style="list-style-type: none"> (a) been resident in City of North Battleford during relevant time or Affidavit/Declaration along with supporting documentation confirming presence in City of North Battleford during relevant time; (b) consumed tap water from the City of North Battleford between March 20, 2001 and April 25, 2001; (c) sustained physical illness lasting 2 to 7 days with symptoms consistent with cryptosporidiosis after consumption of water that manifested before May 9, 2001; and (d) received no previous payment for damages resulting from illness. 3. Contemporaneous medical documentation of physical illness showing illness was caused by or is consistent with the physical symptoms of cryptosporidiosis. <p>Physical symptoms must include diarrhea and at least one more of the following symptoms: Abdominal pain or cramping, vomiting, nausea, malaise, anorexia, fatigue, fever, weight loss.</p>	\$1,250.00 plus \$400.00 per day of hospitalization.

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<u>Category 3</u>	<p>Infant class members must have the following attributes:</p> <ol style="list-style-type: none"> 1. consumed water supplied by the City of North Battleford between March 20, 2001 and April 25, 2001; and 2. manifested physical symptoms consistent with cryptosporidiosis which commenced between March 20, 2001 and May 9, 2001; and 3. manifested physical symptoms consistent with cryptosporidiosis lasting 8 to 21 days subsequent to the consumption of the water. 	<p>Yes</p>	<ol style="list-style-type: none"> 1. Birth certificate to establish that individual was a minor at time of illness; 2. Affidavit/Declaration attesting to minor claimant having: <ol style="list-style-type: none"> (a) been resident in City of North Battleford during relevant time or Affidavit/Declaration along with supporting documentation confirming presence in City of North Battleford during relevant time; (b) consumed tap water from the City of North Battleford between March 20, 2001 and April 25, 2001; (c) sustained physical illness lasting 8 to 21 days with symptoms consistent with cryptosporidiosis after consumption of water that manifested before May 9, 2001; and (d) received no previous payment for damages resulting from illness. 3. Contemporaneous medical documentation of physical illness showing illness for the duration claimed, caused by or consistent with the physical symptoms of cryptosporidiosis. <p>Physical symptoms must include diarrhea and at least one more of the following symptoms: Abdominal pain or cramping, vomiting, nausea, malaise, anorexia, fatigue, fever, weight loss.</p>	<p>\$2,250.00 plus \$400.00 per day of hospitalization.</p>

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<p><u>Category 4</u></p>	<p>Infant class members must have the following attributes:</p> <ol style="list-style-type: none"> 1. consumed water supplied by the City of North Battleford between March 20, 2001 and April 25, 2001; and 2. manifested physical symptoms consistent with cryptosporidiosis which commenced between March 20, 2001 and May 9, 2001; and 3. manifested physical symptoms consistent with cryptosporidiosis lasting 22 to 31 days subsequent to the consumption of the water. 	<p>Yes</p>	<ol style="list-style-type: none"> 1. Birth certificate to establish that individual was a minor at time of illness; 2. Affidavit/Declaration attesting to minor claimant having: <ol style="list-style-type: none"> (a) been resident in City of North Battleford during relevant time or Affidavit/Declaration along with supporting documentation confirming presence in City of North Battleford during relevant time; (b) consumed tap water from the City of North Battleford between March 20, 2001 and April 25, 2001; (c) sustained physical illness lasting 22 to 31 days with symptoms consistent with cryptosporidiosis after consumption of water that manifested before May 9, 2001; and (d) received no previous payment for damages resulting from illness. 3. Contemporaneous medical documentation of physical illness showing: <ol style="list-style-type: none"> (a) On initial visit to Doctor, that illness was caused by or consistent with the physical symptoms of cryptosporidiosis; and (b) That there was a subsequent visit to a doctor which confirmed the continuance of the physical illness for the duration claimed, caused by or consistent with the physical symptoms of cryptosporidiosis. <p>Physical symptoms must include diarrhea and at least one more of the following symptoms: Abdominal pain or cramping, vomiting, nausea, malaise, anorexia, fatigue, fever, weight loss.</p>	<p>\$3,000.00 plus \$400.00 per day of hospitalization.</p>

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<u>Category 5</u>	<p>Infant class members must have the following attributes:</p> <ol style="list-style-type: none"> 1. consumed water supplied by the City of North Battleford between March 20, 2001 and April 25, 2001; and 2. manifested physical symptoms consistent with cryptosporidiosis which commenced between March 20, 2001 and May 9, 2001; and 3. probable diagnosis of cryptosporidiosis with on-going physical symptoms lasting 32 to 62 days subsequent to the consumption of the water. 	<p>Yes</p>	<ol style="list-style-type: none"> 1. Birth certificate to establish that individual was a minor at time of illness; 2. Affidavit/Declaration attesting to minor claimant having: <ol style="list-style-type: none"> (a) been resident in City of North Battleford during relevant time or Affidavit/Declaration along with supporting documentation confirming presence in City of North Battleford during relevant time; (b) consumed tap water from the City of North Battleford between March 20, 2001 and April 25, 2001; (c) sustained physical illness lasting 32 to 62 days with symptoms consistent with cryptosporidiosis after consumption of water that manifested before May 9, 2001; and (d) received no previous payment for damages resulting from illness. 3. Contemporaneous medical documentation of physical illness showing: <ol style="list-style-type: none"> (a) On initial visit to doctor, that illness was caused by or consistent with the physical symptoms of cryptosporidiosis; (b) That there was a subsequent visit to a doctor which confirmed the continuance of the physical illness for the duration claimed, caused by or consistent with the physical symptoms of cryptosporidiosis; and (c) An expressed medical opinion that the probable diagnosis was cryptosporidiosis, without the necessity for a stool sample. <p>Physical symptoms must include diarrhea and at least one more of the following symptoms: Abdominal pain or cramping, vomiting, nausea, malaise, anorexia, fatigue, fever, weight loss.</p>	<p>\$3,500.00 - \$5,500.00 (\$500.00/week increments) plus \$400.00 per day of hospitalization.</p>

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<u>Category 6</u>	<p>Infant class members must have the following attributes:</p> <ol style="list-style-type: none"> 1. consumed water supplied by the City of North Battleford between March 20, 2001 and April 25, 2001; and 2. manifested physical symptoms consistent with cryptosporidiosis which commenced between March 20, 2001 and May 9, 2001; and 3. confirmed diagnosis of cryptosporidiosis with on-going physical symptoms due to an immunocompromised system/condition/state or high risk state lasting from 63 days to 6 months subsequent to the consumption of water. 	<p>Yes</p>	<ol style="list-style-type: none"> 1. Birth certificate to establish that individual was a minor at time of illness; 2. Affidavit/Declaration attesting to minor claimant having: <ol style="list-style-type: none"> (a) been resident in City of North Battleford during relevant time or Affidavit/Declaration along with supporting documentation confirming presence in City of North Battleford during relevant time; (b) consumed tap water from the City of North Battleford between March 20, 2001 and April 25, 2001; (c) sustained physical illness lasting 63 days to 6 months with symptoms consistent with cryptosporidiosis after consumption of water that manifested before May 9, 2001; and (d) received no previous payment for damages resulting from illness. 3. Contemporaneous medical documentation of physical illness showing: <ol style="list-style-type: none"> (a) On initial visit to doctor, that illness was caused by or consistent with the physical symptoms of cryptosporidiosis; (b) That there was a subsequent visit to a doctor which confirmed the continuance of the physical illness for the duration claimed, caused by or consistent with the physical symptoms of cryptosporidiosis; and (c) That there was a contemporaneous medical diagnosis of cryptosporidiosis and a prolonged duration of illness due to immunocompromised or high risk state. <p>Physical symptoms must include diarrhea and at least one more of the following symptoms: Abdominal pain or cramping, vomiting, nausea, malaise, anorexia, fatigue, fever, weight loss.</p>	<p>\$5,500.00 - \$9,500.00 (increased at \$250/weeks increments) plus \$400.00 per day of hospitalization.</p>

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<u>Category 7</u>	<p>Infant class members must have the following attributes:</p> <ol style="list-style-type: none"> 1. consumed water supplied by the City of North Battleford between March 20, 2001 and April 25, 2001; and 2. manifested physical symptoms consistent with cryptosporidiosis which commenced between March 20, 2001 and May 9, 2001; and 3. confirmed diagnosis of cryptosporidiosis with on-going physical symptoms due to immunocompromised system/condition/state or high risk state lasting 6 months to 1 year subsequent to the consumption of water. 	<p>Yes</p>	<ol style="list-style-type: none"> 1. Birth certificate to establish that individual was a minor at time of illness; 2. Affidavit/Declaration attesting to minor claimant having: <ol style="list-style-type: none"> (a) been resident in City of North Battleford during relevant time or Affidavit/Declaration along with supporting documentation confirming presence in City of North Battleford during relevant time; (b) consumed tap water from the City of North Battleford between March 20, 2001 and April 25, 2001; (c) sustained physical illness lasting 6 months to 1 year with symptoms consistent with cryptosporidiosis after consumption of water that manifested before May 9, 2001; and (d) received no previous payment for damages resulting from illness. 3. Contemporaneous medical documentation of physical illness showing: <ol style="list-style-type: none"> (a) On initial visit to doctor, that illness was caused by or consistent with the physical symptoms of cryptosporidiosis; (b) That there was a subsequent visit to a doctor which confirmed the continuance of the physical illness for the duration claimed, caused by or consistent with the physical symptoms of cryptosporidiosis; and (c) That there was a contemporaneous medical diagnosis of cryptosporidiosis and a prolonged duration of illness due to immunocompromised or high risk state. <p>Physical symptoms must include diarrhea and at least one more of the following symptoms: Abdominal pain or cramping, vomiting, nausea, malaise, anorexia, fatigue, fever, weight loss.</p>	<p>\$9,500.00 - \$15,500.00 (increasing at \$1,000.00/month increments) plus \$400.00 per day of hospitalization.</p>

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<u>Category 8</u>	<p>Infant class members must have the following attributes:</p> <ol style="list-style-type: none"> 1. consumed water supplied by the City of North Battleford between March 20, 2001 and April 25, 2001; and 2. manifested physical symptoms consistent with cryptosporidiosis which commenced between March 20, 2001 and May 9, 2001; and 3. confirmed diagnosis of cryptosporidiosis with on-going physical symptoms due to immunocompromised system/condition/state or high risk state lasting longer than 1 year subsequent to the consumption of water. 	Yes	<ol style="list-style-type: none"> 1. Birth certificate to establish that individual was a minor at time of illness; 2. Affidavit/Declaration attesting to minor claimant having: <ol style="list-style-type: none"> (a) been resident in City of North Battleford during relevant time or Affidavit/Declaration along with supporting documentation confirming presence in City of North Battleford during relevant time; (b) consumed tap water from the City of North Battleford between March 20, 2001 and April 25, 2001; (c) sustained physical illness lasting longer than 1 year with symptoms consistent with cryptosporidiosis after consumption of water that manifested before May 9, 2001; and (d) received no previous payment for damages resulting from illness. 3. Contemporaneous medical documentation of physical illness showing: <ol style="list-style-type: none"> (a) On initial visit to doctor, that illness was caused by or consistent with the physical symptoms of cryptosporidiosis; (b) That there was a subsequent visit to a doctor which confirmed the continuance of the physical illness for the duration claimed, caused by or consistent with the physical symptoms of cryptosporidiosis; and (c) That there was a contemporaneous medical diagnosis of cryptosporidiosis and a prolonged duration of illness due to immunocompromised or high risk state. <p>Physical symptoms must include diarrhea and at least one more of the following symptoms: Abdominal pain or cramping, vomiting, nausea, malaise, anorexia, fatigue, fever, weight loss.</p>	Independent Assessment based on presented medical evidence