

**ONTARIO
SUPERIOR COURT OF JUSTICE
(COMMERCIAL LIST)**

IN THE MATTER OF THE *COMPANIES' CREDITORS ARRANGEMENT ACT*, R.S.C. 1985,
c. C-36, AS AMENDED

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF
LAURENTIAN UNIVERSITY OF SUDBURY

NOTICE OF DISPUTE

Please review your Compensation Claim Information contained in your Statement of Compensation Claim. This is your opportunity to correct any errors of your Compensation Claim Information applicable to your Compensation Claim.

1. If the information is correct: You do not have to do anything more in respect of this information or to establish your claim. Your Compensation Claim as set out in your Statement of Compensation Claim will be accepted in the CCAA proceedings based on this information.
2. If you dispute any of the Compensation Claim Information used to calculate your Compensation Claim, as set out in the Statement of Compensation Claim you must return this Notice of Dispute to the Monitor (using the contact information listed below) with your changes, including any additional Compensation Claims, clearly marked and enclose any applicable supporting documentation you have relating to the revisions. If necessary, use an additional piece of paper to describe your changes.

If you do not return a Notice of Dispute by October 14, 2021 at 5:00 p.m. (Eastern Time) (the **"Compensation Claims Bar Date"**), then your Compensation Claim shall be deemed to be a Proven Claim in the amount set out in the Statement of Compensation Claim and you will be forever barred from asserting or enforcing against the Applicant any other Compensation Claim that is not set forth in the Statement of Compensation Claim.

If changes to your Compensation Claim Information in the Notice of Dispute are accepted by the Monitor and results in a change to the Statement of Compensation Claim, a Revised Statement of Compensation Claim will be generated and provided to you.

If changes in your Notice of Dispute are not accepted by the Monitor, the Monitor may, in its sole discretion, on notice to you, refer the dispute to a Claims Officer for determination or bring the dispute before the Court for determination. For further information regarding the resolution of claims, please refer to the Compensation Claims Process Order and the Claims Process Order on the Monitor's website.

Line #	Personal Information	Details per LU Records	Correction, if any
Former and Current Employee Claimants			
1	Name		
2	Colleague Number		
3	SIN		
4	Female or Identify as Female		
5	Date of Birth		
6	Continuous Service Start Date		
7	Title Position		
8	Tenure Type (LUFA only)		
9	Base Salary as of April 30, 2021		
10	Current Employment Status with LU		
11	Last Employment Date at LU		
12	Termination Notice Date		
13	Resignation or Retirement Notice Date, Limited Term End Date, Permanent Recall date		
14	Union/Pay Class Group		
15	Employee Overload Teaching Credits Accrued		
16	Total Accrued Administrative Leave (weeks)		
17	Salary Continuance Remaining Term as of February 1, 2021		
18	Salary Continuance Payment per Term		
19	Benefit Continuance Remaining Term as of February 1, 2021		
20	Benefit Continuance – Benefits Entitled to		
21	Vacation carryforward days from July 1, 2019 to June 30, 2020		
22	Annual Vacation Entitlement (days) during July 1, 2020 to January 31, 2021		
23	Vacation days / pay taken from July 1, 2020 to Jan 31, 2021		
24	Years contributed to RHBP		
25	RHBP Plan Type (Single/Family)		
26	Surviving Spouse or Dependent of Retiree		
27	Retiree Date of Death		
28	SuRP Type (Retirees)		
29	SuRP entitlement (Retirees)		
30	Remaining Term of SuRP (Retirees)		
31	ISuRP lump sum entitlement		

32	Total Employee Grievances Awards		
33	Grievance Identification Numbers		
34	Pension Plan Claim		
35	Other Employee Claims		
36	Employment/Professional/Research Allowances Claim		
Third Party Claimants Only			
37	Third Party RHBP Contributions		
38	Third Party RHBP Claims Paid		
Union Claimants Only			
39	Total Union Grievances Awards		
40	Grievance Identification Numbers		
41	Total Other Union Claims		

If you believe you are entitled to an Other Employee Claim or other Union Claim, please describe the type of claim in the box below. Provide any supporting documentation to support the claim.

I, _____ (Name) confirm that the correction(s) stated above are correct and agree with the supporting documentation attached.

The Monitor can use this email address, _____ for future communication.

Signature: _____

ERNST & YOUNG INC.

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Canada M5H 0B3
Attention: Laurentian University Claims
Telephone: 1-888-338-1766 / 1-416-943-3057
E-mail: LaurentianUniversity.monitor@ca.ey.com