NO. S-162957
VANCOUVER REGISTRY

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

MANDALENA LEWIS

PLAINTIFF

And

WESTJET AIRLINES LTD.

DEFENDANT

Brought under the *Class Proceedings Act*, R.S.B.C. 1996, c. 50

ORDER MADE AFTER APPLICATION

☒ BEFORE THE HONOURABLE JUSTICE HUGHES	)	10/AUG/2026

ON THE APPLICATION of the plaintiff, Mandalena Lewis, coming on for hearing at Vancouver, British Columbia on May 7, 8 and 25, 2026 and July 27, 2026; and on hearing counsel for the plaintiff, Tim Dickson, Karey Brooks, K.C. and Soudeh Alikhani, counsel for the defendant, Joyce Mitchell, K.C., James Lebo, K.C., Iain Bailey and Elise Cartier, and Andrew Eckart for seven objectors, Simon Lin for one objector;

THIS COURT ORDERS that:

1. Deloitte is appointed the Claims Administrator in respect of the Settlement Agreement and Distribution Protocol approved by the Court in this class action;

2. Within ten days of this order, WestJet will produce and deliver to Deloitte LLP the Class members' full names, Social Insurance numbers, WestJet employee ID numbers, and last known email contact information that is in its possession;

3. Deloitte LLP shall use the information provided pursuant to paragraph 2 of this order solely for the purpose of fulfilling its duties as Claims Administrator in this class action; and

4. The Claim Form provided to Class Members shall be in the form attached to this order as Schedule "A".

THE FOLLOWING PARTIES APPROVE THE FORM OF THIS ORDER AND CONSENT TO EACH OF THE ORDERS, IF ANY, THAT ARE INDICATED ABOVE AS BEING BY CONSENT:

KAREY BROOKS, K.C.
Counsel for the plaintiff

ELISE CARTIER for
JOYCE MITCHELL, K.C.
Counsel for the defendant

By the Court:

Registrar

SCHEDULE "A" – CLAIM FORM

Deadline to Submit Claim Form: _____

Eligible Class Members must submit a claim in accordance with the Distribution Protocol approved by the Court to receive a share of the Net Settlement Amount.

Can I Submit This Claim Form?

You are only eligible to submit this Claim Form if you are an Eligible Class Member, meaning current and former female flight attendants employed by WestJet Airlines Ltd. ("WestJet") mainline at any point during the period of April 4, 2014 to February 28, 2021 who did not opt out of the Class Action by the expiry of the Opt-Out deadline on June 8, 2024.

If you do not fit within the definition of an Eligible Class Member, please do not submit a claim. Claim forms will be verified and invalid claims will not be approved.

How Do I Fill Out and Submit This Claim Form?

If you believe you are eligible and you wish to submit a claim, you must submit an electronic claim form through the online portal available at [*Placeholder URL*].

You will be required to complete all sections directly within the online portal by entering your information in the fields provided.

Please read and follow these instructions carefully. Please do not omit any information asked for. Failure to provide complete and accurate information will result in a rejection of your claim.

Each class member must submit a claim form.

Who Should I Contact If I Have Questions About the Settlement?

All enquiries regarding the settlement, including eligibility and the claims process, should be directed to Class Counsel at *[Class Counsel Contact Information*].

The claim form below reflects the fields and information that will be presented in the online portal.

Claim Form

Section 1 – Claimant Information

Claimant's Full Name (required)

Claimant's Name while working for WestJet (if different than above)

Claimant's Employee Number while working for WestJet (if known)

Commencement Date of Employment (mm/dd/yyyy)

Last Date of Employment (if applicable) (mm/dd/yyyy)

Social Insurance Number (required)

Street Address **Floor/Suite**

City **Province/State** **Postal Code or Zip**

Country

Phone Number

Email address (required) **see Payment Information section*

If the contact details you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Claims Administrator. All communications regarding this class action will be done via email.

Section 2 – Payment Information

Payments will be issued by Interac e-Transfer. If you are eligible, the funds will be sent to the email address provided above. Please ensure you will continue to have access to this email account.

If a reissued payment is required, only one reissue attempt will be made. Please ensure that your information is accurate before submitting, as funds will not be reissued if the reissued attempt is unsuccessful.

Section 3 – Claim Signature and Certification

By signing this claim submission, I certify that the information included with this claim submission is accurate and complete to the best of my knowledge, information, and belief. I am an eligible member of the class, and not subject to any of the exceptions to being included in the class. I agree and consent to be communicated with electronically via email. I agree to furnish additional information regarding this claim submission if requested to do so by the Claims Administrator.

Signature	**Date (mm/dd/yyyy)**