Lee v. Taro Pharmaceuticals U.S.A., Inc. 7:23-cv-3834-CS United States District Court, Southern District of New York

CLAIM FORM

GENERAL INSTRUCTIONS

Complete this Claim Form if you are a Settlement Class Member and you wish to receive Settlement benefits.

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You were a former or current employee of Taro Pharmaceuticals U.S.A., Inc. ("Taro") as of March 2023 who resides in the United States and whose Private Information was potentially compromised as a result of the data security incident that Taro initially disclosed in or around March 2023 ("Data Incident").

Excluded from the Settlement Class are (i) all Settlement Class Members who timely and validly request exclusion from the Settlement Class; (ii) any judges assigned to this case and their staff and family; and (iii) any other person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding or abetting the criminal activity occurrence of the Data Incident or who pleads *nolo contendere* to any such charge.

Settlement Class Members may submit a claim form for: (1) Credit Monitoring – Settlement Class Members can enroll in 2-years of 3-bureau credit monitoring services; (2) Out-of-Pocket Losses – up to a total of \$5,500 per claimant for documented unreimbursed losses; (3) Lost Time – \$20 per hour for up to 4 hours (for a total of up to \$80 and subject to the \$5,500 cap for Out-of-Pocket Losses); and/or (4) Alternative Cash Payment – \$30 per claimant (in lieu of other compensation or benefits).

Credit Monitoring Services. All Settlement Class Members (except those electing to receive the Alternative Cash Payment) shall have the ability to make a claim for 2 years of 3-bureau credit monitoring services by choosing this benefit on this Claim Form.

Claims for Out-of-Pocket Losses must be supported with an attestation (under penalty of perjury) from the Settlement Class Member that the out-of-pocket costs and expenditures were incurred as a direct result of the Data Incident between March 2023 and January 31, 2024, and that such losses have not already been reimbursed and are not otherwise covered by insurance. Claims for Out-of-Pocket Losses must also be supported by reasonable documentation, which may include credit card statements, invoices, telephone records, and receipts.

Claims for Lost Time must be supported with an attestation that the activities the Settlement Class Member performed were a direct result of the Data Incident between March 2023 and January 31, 2024.

Eligibility for compensation will be determined in accordance with the Settlement Agreement.

This submitted Settlement Website Claim Form be electronically via the mav at www.TaroDataIncidentSettlement.com or completed and mailed, including any supporting documentation, to: Taro Data Settlement c/o RG/2 Claims Administration LLC P.O. Box 59479 Philadelphia, PA 19102-9479 Toll Free Phone Number: 1-866-742-4955 Email: info@rg2claims.com Fax: (215) 827-5551

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name	Last Name	
Street Address		
City	State	Zip Code
Email Address	Telephone Number	
e ID Number, if known		

II. CASH BENEFIT SELECTION

Check this box if you are requesting compensation for **Out-of-Pocket Losses** (up to a total of \$5,500). By checking this box, you are attesting under penalty of perjury that the out-of-pocket costs and expenditures claimed below were incurred as a direct result of the Data Incident between March 2023 and January 31, 2024 and that such losses have not already been reimbursed and are not otherwise covered by insurance.

*You must submit supporting documentation demonstrating out-of-pocket costs and expenditures incurred as a direct result of the Data Incident between March 2023 and January 31, 2024.

Complete the chart below describing the Out-of-Pocket Losses you are claiming and supporting documentation you are submitting.

Description of Documentation Provided	Date Incurred	Amount
Example: Receipt for credit repair services	April 28, 2023	\$100

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	TOTAL AMO	DUNT CLAIMED:			
	Check this box if you spent time monitoring accounts or otherwise dealing with issues related to the Data Incident. You can submit a claim for reimbursement of \$20 per hour up to 4 hours (for a total of up to \$80, subject to the \$5,500 cap for Out-of-Pocket Losses). By checking this box, you are attesting under penalty of perjury that the activities you performed were a direct result of the Data Incident.				
Indica	te the number of hours spent: 1 Hour 2 Hours 3 Hours 4 H	Iours			
	Check this box if you are requesting the \$30.00 Alternative Cash Payment in lieu of all other compensation or benefits offered above. If you choose the Alternative Cash Payment you cannot choose any of the other compensation above and you cannot enroll in the Credit Monitoring Services.				
Eligib	ility for compensation will be determined in accordance with the Settl	ement Agreemen			
	III. CREDIT MONITORING SERVICES				
	Check this box if you wish to enroll in credit monitoring services for 2 years, which includes credit monitoring through all three national credit reporting bureaus with at least \$1,000,000 in identity theft insurance. In orde to check this box, you must not be requesting the \$30.00 Alternative Cash Payment.				
IV. PAYMENT SELECTION					
Please select <u>one</u> of the following payment options, which will be used should you be eligible to receive a Settlement payment in accordance with the Settlement Agreement:					
PayPal - Enter your PayPal email address:					
Venmo - Enter the mobile number associated with your Venmo account:					
Zelle - Enter the mobile number or email address associated with your Zelle account:					
Mobile Number: or Email Address:					
Virtual Prepaid Card - Enter your email address:					
🗌 Phy	Physical Check - Payment will be mailed to the address provided in Section I above.				

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V. ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information provided in this Claim Form, and any supporting documentation provided, is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date