

CLAIM FORM

ATTENTION: This Claim Form is to be used to apply for benefits from the settlement of a lawsuit with Taconic Biosciences, Inc. as a result of the disclosure by Taconic to an unauthorized person of W-2 data of its present and former employees that occurred on or about January 30, 2017 (“Data Disclosure”). To recover as part of this settlement, you *must* provide the information requested in this Claim Form for each applicable claim. PLEASE BE ADVISED that any documentation you provide must be submitted with this Claim Form.

You may submit claims in each applicable category from Claims A–E below:

- (A) Payment for false/fraudulent tax returns filed after January 30, 2017;
- (B) Payment for identity theft, other than the filing of a false or fraudulent tax return after January 30, 2017;
- (C) Payment for time spent more than one hour, other than paid time off previously given by Taconic, in resolving tax fraud or other identity theft incident as a result of the Data Disclosure; and
- (D) Payment for time spent, more than one hour, other than paid time off previously given by Taconic, in dealing with the ramifications of the Data Disclosure; and
- (E) Reimbursement for out-of-pocket expenses, other than purchase of identity theft protection service, as a result of the Data Disclosure. For further information on each, please see the Notice.

If you wish to submit a claim for a settlement payment electronically, you may go online to the Settlement Website, www.TaconicBiosciencesSettlement.com, and follow the instructions on the “Submit a Claim” page.

If you wish to submit a claim for a settlement payment via standard mail, you need to provide the information requested below and mail this Claim Form to Taconic Claims Administrator, P.O. Box 3669, Portland, OR 97208-3669. Please print clearly in blue or black ink.

1. General Information

Required Information:

First Name: _____ MI: _____ Last Name: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Country: _____ Phone: _____

Optional Information:

Email: _____

Unique ID: _____

2. Claim Information

Claim A: False/Fraudulent Tax Return (\$150.00 per documented incident)

To obtain reimbursement under this category, you must attest to the following:

I had a false/fraudulent tax return filed in my name after January 30, 2017, **AND** have no knowledge of a false/fraudulent tax return filed in my name within the three years prior to 2017. The tax year(s) for which I experienced this fraud were (check all applicable): 2016 2017 2018

Please provide documentation supporting your claim. An example of documentation would include a letter from the IRS, your accountant, or another source informing you of the fact that a fraudulent tax return had been filed.

Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.

Claim B: Other Identity Theft Related to Financial Fraud (\$100.00 per documented incident)

Examples of the types of financial fraud identity theft for which claims may be filed include: attempts to open bank accounts, loan applications, new credit card applications, and governmental applications such as FEMA, FAFSA, SSA, and employment benefits. Excluded from eligibility are incidents of fraudulent charges on existing credit cards.

To obtain reimbursement under this category, you must attest to the following:

I have experienced one or more incidents of financial fraud identity theft after January 30, 2017 (other than the filing of a false/fraudulent tax return or unauthorized request for an IRS tax transcript or fraudulent charges on existing credit cards).

Please provide a list of each incident of financial fraud identity theft that you experienced.

If you affirmed that you have suffered financial fraud identity theft, please provide documentation supporting your claim. Documentation may include receipts, voided checks, bank statements, or other documents showing the amount of your losses and/or a detailed narrative description of what happened and what losses you incurred.

Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.

Claim C: Time Spent Resolving Tax Fraud or Other Identity Theft Incident (\$25 per hour)

If you are claiming compensation under Claims A or B above, you may also claim compensation for time spent dealing with tax fraud or other identity theft described in those claims if you spent at least one full hour of time, up to ten (10) hours of time.

How many hours in total did you spend dealing with issues relating to identity theft or fraud under Claims A or B, above?

Total number of hours claimed in Claim C: _____

To obtain reimbursement under this category, you must attest to the following:

- I have spent more than one hour of time, other than paid time off previously given by Taconic, in resolving the tax fraud or other identity theft incident.

Please provide a detailed explanation of the activities resolving the tax fraud or other identity theft incident related to the Data Disclosure for which the time was spent and the amount of time spent for each of those activities.

Claim D: Time Spent Dealing with the Effects of the Data Disclosure (\$25 per hour)

If you are not claiming compensation under Claims A or B above, you may claim compensation for time spent in dealing with the ramifications of the Data Disclosure, if you spent at least one full hour of time, for up to three (3) hours of time.

How many hours in total did you spend dealing with the ramifications of the Data Disclosure?

Total number of hours claimed in Claim D: _____

To obtain reimbursement under this category, you must attest to the following:

- I have spent more than one hour of time, other than paid time off previously given by Taconic, in dealing with the ramifications of the Data Disclosure.

Please provide a detailed explanation of the activities dealing with the ramifications of the Data Disclosure for which the time was spent and the amount of time spent for each of those activities.

Claim E: Out-of-Pocket Expenses (other than self-purchase of identity theft protection service)

You may claim compensation for documented, out-of-pocket financial losses that are plausibly connected to the Data Disclosure, provided that (a) the total amount claimed under this category, when combined with amounts claimed for Claims A–D, above, does not exceed the aggregate amount of \$3,000.00, (b) you first exhaust any rights to claim those same amounts under the identity theft insurance coverage provided by Taconic to employees following the Data Disclosure, if applicable, and (c) the claimed amounts were not previously reimbursed by Taconic or any other source.

To obtain reimbursement under this category, you must attest to the following:

- I incurred out-of-pocket expenses (other than self-purchase of identity theft protection service) as a result of the Data Disclosure and have documentation of those expenses, which documentation I have submitted with this Claim Form;

AND

- I previously enrolled in Experian’s ProtectMyID service offered by Taconic following the Data Disclosure. I affirm that I submitted a claim to Experian, which either denied or only partially paid my claim.

OR

- I did not enroll in Experian’s ProtectMyID service offered by Taconic following the Data Disclosure.

AND

- I affirm that none of the claimed out-of-pocket expenses have already been reimbursed by Taconic or another source.

For each out-of-pocket expense (other than self-purchase of identity theft protection service) as a result of the Data Disclosure, please provide a description of the expense, the date of loss, the dollar amount of the loss, and type of supporting documentation you will be submitting to support the loss. **You must provide ALL of this information for this Claim to be processed.**

Description of the Expense	Date of Loss	Amount	Type of Supporting Documentation
Examples:			
Fraud alert placed on credit account	4/13/17	\$30.00	Copy of invoice/billing statement
Mailing police reports to credit card companies	5/01/17	\$5.00	Copy of receipt from U.S. Post Office
TOTAL			

List additional expenses on a separate sheet and submit with this Claim Form.

Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your Claim.

If you require more space, please provide further information on a separate sheet, and submit that sheet with this Claim Form.

Experian Identity Theft Protection

In addition to the amounts claimed above, you may also enroll in Experian’s IdentityWorks Credit Plus 3-Bureau identity theft protection service, at no cost to you, for a period of 24 months from either (a) the Effective Date of the Settlement Agreement, or (b) the expiration of any Experian ProtectMyID identity theft protection service offered by Taconic in which you previously enrolled, whichever is later.

If you previously enrolled in the Experian ProtectMyID Service offered by Taconic, you will be sent a notice, prior to the expiration of your current ProtectMyID enrollment, containing information on how to sign up for free to Experian’s IdentityWorks Credit Plus 3-Bureau identity theft protection service for an additional 24 months.

I elect to enroll in Experian’s IdentityWorks Credit Plus 3-Bureau identity theft protection service for 24 months.

3. Certification

I understand that my Claim and the information provided above will be subject to verification.

By submitting this Claim Form, I declare under penalty of perjury under the law of the United States of America that the information provided in this Claim Form is true and correct and that this form was executed on the date set forth below. I further certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

Please include your name in both the Claimant Signature and Printed Name fields below.

Claimant Signature: _____ Date: ____ / ____ / ____

Printed Name: _____

The claim filing deadline will be one year from Final Approval. A Final Approval hearing is scheduled for July 15, 2019. Please check the settlement website for updates to ensure your claim is filed on time.