

Your claim must be submitted online or postmarked by: JUNE 23, 2025

*In re: Enzo Biochem Data Security Litigation*  
Case No. 2:23-cv-04282-GRB-AYS  
United States District Court, Eastern District of New York

ENB  
CLAIM

## CLAIM FORM

### GENERAL INSTRUCTIONS

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

A natural person who is a resident of the United States and your Personal Information was potentially compromised in the Network Incident and were sent via U.S. Mail notice by Enzo that your Personal Information may have been compromised in the Network Incident.

“Network Incident” refers to the Ransomware Attack suffered by Enzo on or about April 6, 2023 that is the subject of the Action.

**Excluded from the Settlement Class are:** (1) the Judges presiding over the Action and members of their families; (2) Enzo, its subsidiaries, parent companies, successors, predecessors, and any entity in which Enzo or its parents have a controlling interest, and its current or former officers and directors; (3) natural persons who properly execute and submit a Request for Exclusion prior to the expiration of the Opt-Out Period; and (4) the successors or assigns of any such excluded natural person.

#### The Settlement Benefits

**Documented Loss Payment.** Class Members may submit a claim for a Settlement Payment of up to \$10,000.00 for reimbursement of out-of-pocket expenses and losses in the form of a Documented Loss Payment. To receive a Documented Loss Payment, a Class Member must choose to do so on their Claim Form and submit to the Settlement Administrator the following: (i) a valid Claim Form electing to receive the Documented Loss Payment benefit; (ii) an attestation regarding any actual and unreimbursed Documented Loss made under penalty of perjury; and (iii) Reasonable Documentation that demonstrates the Documented Loss to be reimbursed pursuant to the terms of the Settlement. Claimants who submit a Claim Form for a Documented Loss Payment will not be permitted to make a claim for the Cash Fund Payment.

**Cash Fund Payment.** Class Members may submit a claim to receive a pro rata Settlement Payment in cash (“Cash Fund Payment”). The amount of the Cash Fund Payment will not be determined until all Claim Forms have been received and evaluated.

**Healthcare Data and Credit Monitoring and Insurance Services (“CMIS”).** In addition to making a claim for the Settlement Payments available under the Documented Loss Payment or the Cash Fund Payment, all Class Members may submit a claim for 2 years of coverage through Medical Shield Premium.



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### IV. HEALTHCARE DATA & CREDIT MONITORING AND INSURANCE SERVICES (“CMIS”)

Check this box if you wish to enroll in Healthcare Data and Credit Monitoring and Insurance Services.

A unique redemption code, allowing Class Members to enroll in these services will be sent to each Class Member who submits a valid claim for such services after the Court approves the Settlement as final and after any appeals are resolved.

### V. PAYMENT SELECTION

Please select **one** of the following payment options:

**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: \_\_\_\_\_

**Physical Check** - Payment will be mailed to the address provided in Section I above.

### VI. AFFIRMATION & SIGNATURE

I swear and affirm under penalty of perjury pursuant to laws of the United States of America 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

Mail your completed Claim Form along with supporting documentation to: **In re: Enzo Biochem Data Security Litigation, Attn: Claim Forms, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103**. Do not include original copies of your supporting documentation, as the documentation will not be returned to you.

Alternatively, you may complete and submit your Claim Form online at [www.EnzoDataSettlement.com](http://www.EnzoDataSettlement.com).