

Nieves v. Monsanto Co. Settlement Claim Form

PLEASE PRINT CLEARLY

Name _____
Address _____
City, State, Zip _____

Name/Address Changes:

If you received the notice of rights regarding the Litigation between Armando Nieves and Monsanto Company, you may be eligible to participate in the Settlement of this Litigation.

In order to receive payment resulting from the Settlement, you must complete and sign this Claim Form and return it by mail, postmarked no later than December 31, 2020 [150 days after date of order granting preliminary approval]. The Claim Form must be properly completed, executed by you, and received at the following address no later than January 2021 [180 days after date of order granting preliminary approval]:

Patricia Kakalec
Kakalec Law PLLC
195 Montague Street, 14th Floor
Brooklyn, NY 11201

If your Claim Form is altered, is incomplete, or unexecuted, or if the mailing or receipt of these documents is untimely, your claim may be rejected and you will not receive any money in connection with the Settlement.

It is your obligation to timely submit this Claim Form. Therefore, it is suggested that you use certified mail to verify that you timely submitted your Claim Form and that it was timely received.

To participate in this Settlement, you must have been recruited and/or employed by Farm Labor Contractor Benito Vasquez and have performed corn detasseling, rouging, and/or related work on farms owned or otherwise controlled by Monsanto Company in Illinois between 2011 and 2015. Under the Settlement, you will receive \$275 for each year during this time period that you performed such work, subject to recalculation as follows: If the total claims submitted would result in a total payment of less than \$79,750 (the "Settlement Amount"), any remaining amount shall be divided evenly among the Claimants who submit valid and timely claims, up to a maximum payment to any single Claimant of \$500 per year in which that Claimant was recruited and employed by Vasquez and performed corn detasseling, rouging, and/or related work on farms owned or otherwise controlled by Defendant in Illinois between 2011 and 2015. After making these adjustments, any remainder of the Settlement Amount shall be paid for the Association of Farmworker Opportunity Programs. Under no circumstances may the total payments to class members exceed the Settlement Amount.

If you wish to participate in the Settlement, please list below the years in which you were recruited and/or employed by Farm Labor Contractor Benito Vasquez and performed detasseling,

rouging, and/or related work on farms owned or otherwise controlled by Monsanto Company in Illinois between 2011 and 2015, and sign below.

List Years

By submitting this Claim Form, you release and forever discharge: (i) Defendant and its parents, subsidiaries, and affiliates, as well as their officers, directors, employees, agents, employee benefit plans and their fiduciaries, and their successors and assigns (“Monsanto Released Parties”); and (ii) Benito Vasquez, B&F Detasseling, and their parents, subsidiaries, and affiliates, as well as their officers, directors, employees, agents, employee benefit plans and their fiduciaries, and their successors and assigns, from any and all claims, demands, rights, liabilities, and causes of action of any kind or nature, known or unknown, that relate to work performed by Class Member for the Monsanto Released Parties or that relate to work performed by Class Member on property owned, leased, or otherwise controlled by the Monsanto Released Parties, which arose during the period of time covered by the Complaint, including but not limited to claims for breach of contract, claims arising under the Migrant and Seasonal Agricultural Worker Protection Act and claims for unpaid compensation, wages, overtime, and statutory penalties under any federal, state, or local statutory or common law that were raised in the Complaint; provided, however, that this Release does not include claims for exposure to Roundup or to claims that are not legally waivable (such as claims for work-related injuries that are covered by workers’ compensation).

By submitting this Claim Form, you represent that you have not assigned, given, or sold any portion of any claim being released to any third party. Please indicate your agreement to these terms by signing below.

Signature

Date

Printed Name

XXX - XX -

Social Security Number (last four digits)
(if any)

Address

City, State, ZIP

Telephone Number