

Conciliation Agreement
Between the
U.S. Department of Labor Office of Federal Contract Compliance Programs
And
AstraZeneca Pharmaceuticals LP

I. PRELIMINARY STATEMENT

The Office of Federal Contract Compliance Programs (OFCCP) evaluated the AstraZeneca Pharmaceuticals LP (AstraZeneca) establishment located at 1800 Concord Pike, Wilmington, Delaware 19850-5437, beginning on September 16, 2016. OFCCP found that AstraZeneca failed to comply with Executive Order 11246, as amended (E.O. 11246 or the Executive Order) and its respective implementing regulations at 41 CFR Parts 60-1 through 60-2.

OFCCP notified AstraZeneca of the specific violations and the corrective actions required in a Notice of Violation issued on May 1, 2020 (NOV).

In the interest of resolving the violations without engaging in further legal proceedings and in exchange for sufficient and valuable consideration described in this document, OFCCP and AstraZeneca enter into this Conciliation Agreement (Agreement) and its attachments, and the parties agree to all the terms therein.

The attachments to this Agreement are deemed incorporated into this Agreement.

II. GENERAL TERMS AND CONDITIONS

1. In exchange for AstraZeneca's fulfillment of all its obligations in this Agreement, OFCCP will not institute administrative or judicial enforcement proceedings under E.O. 11246, Section 503 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 793 (Section 503), and/or the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. § 4212 (VEVRAA) based on the violations alleged in the NOV. However, OFCCP retains the right to initiate legal proceedings to enforce this Agreement if AstraZeneca violates any provision of this Agreement, as set forth in Paragraph 11, below. Nothing in this Agreement precludes OFCCP from initiating enforcement proceedings based on future compliance evaluations or complaint investigations.
2. OFCCP may review AstraZeneca's compliance with this Agreement. As part of this review, OFCCP may require written reports, inspect the premises, interview witnesses, and examine and copy documents. AstraZeneca will permit access to its premises during normal business hours for these purposes and will provide OFCCP with all hard copy or electronic reports and documents it requests, including those specified in this Agreement.
3. Nothing in this Agreement relieves AstraZeneca of its obligation to fully comply with the requirements of E.O. 11246, Section 503, VEVRAA, their implementing regulations, or other applicable laws requiring nondiscrimination or equal employment opportunity through affirmative action.

4. AstraZeneca and OFCCP agree that any release of claims required by this Agreement will only pertain to claims under E.O. 11246.
5. AstraZeneca agrees that it will not retaliate against any potential or actual beneficiary of this Agreement or against any person who files a complaint, who has provided information or assistance, or who participates in any manner in any proceeding in this matter.
6. The parties understand the terms of this Agreement and enter into it voluntarily.
7. This Agreement, including its attachments, constitutes the entire Agreement and represents the complete and final understanding of the parties. This Agreement contains all of the terms binding the parties and it supersedes all prior written and oral negotiations and agreements. Any modifications or amendments to this Agreement must be agreed upon in writing and signed by all parties. If an administrative error is found, OFCCP will work in good faith with all parties to make the corrections.
8. This Agreement becomes effective on the day it is signed by the Regional Director (Effective Date).
9. If one or more provisions of this Agreement is deemed unlawful or unenforceable, the remaining provisions will remain in full force and effect.
10. This Agreement will expire sixty (60) days after AstraZeneca submits its final progress report required in Section VII, below, unless OFCCP notifies AstraZeneca in writing before the expiration date that AstraZeneca has failed to fulfill all of its obligations under the Agreement. In this instance, the Agreement is automatically extended until the date that OFCCP determines that AstraZeneca has met all of its obligations under the Agreement.
11. If AstraZeneca violates this Agreement:
 - a. The procedures at 41 C.F.R. 60-1.34 will govern:
 - i. OFCCP will send AstraZeneca a written notice stating the alleged violations and summarizing any supporting evidence.
 - ii. AstraZeneca shall have fifteen (15) days from receipt of the notice to respond, except in those cases in which such a delay would result in irreparable injury to the employment rights of affected employees or applicants.
 - iii. If AstraZeneca is unable to demonstrate that it has not violated the Agreement, or if OFCCP alleges irreparable injury, enforcement proceedings may be initiated immediately without issuing a show cause notice or proceeding through any other requirement.

- iv. In the event of a breach of this Agreement by AstraZeneca, OFCCP may elect to proceed to a hearing on the entire case and seek full make-whole relief, and not be limited to the terms agreed to in the Agreement.
 - b. AstraZeneca may be subject to the sanctions set forth in Section 209 of the Executive Order, 41 C.F.R. 60-1.27 and/or other appropriate relief for violating this Agreement.
- 12. This Agreement does not constitute an admission by AstraZeneca of any violation of or noncompliance with E.O. 11246, Section 503 or VEVRAA, nor has there been an adjudication on the merits regarding any such violation.
- 13. OFCCP may seek enforcement of this Agreement itself and is not required to present proof of any underlying violations resolved by this Agreement.
- 14. The parties understand and agree that nothing in this Agreement is binding on other governmental departments or agencies other than the United States Department of Labor.
- 15. Each party shall bear its own fees and expenses with respect to this matter.
- 16. This Agreement is limited to the facts of this case. Neither this Agreement, nor any part of the negotiations that occurred in connection with this Agreement, shall constitute admissible evidence with respect to any OFCCP policy, practice or position in any lawsuit, legal proceeding, administrative proceeding, compliance evaluation or audit, except for legal or administrative proceedings concerning the enforcement or interpretation of this specific Agreement.
- 17. All references to “days” in this Agreement, and in the Timeline included as Attachment B, are calendar days. If any deadline for an obligation scheduled to be performed under this Agreement falls on a weekend or a Federal holiday, that deadline will be extended to the next business day.

III. DISCRIMINATION VIOLATION(S)

VIOLATION 1: OFCCP alleges that AstraZeneca discriminated against female employees in Specialty Care Sales Representative Level 4 (Job Code 10000550) positions on the basis of their sex in compensation in violation of 41 CFR 60-1.4(a)(1) and 60-20.4. Specifically, OFCCP conducted a review of the compensation practices for Specialty Care Sales Representative Level 4 (Job Code 10000550) positions using data provided by AstraZeneca and found that, as of October 1, 2016, on average AstraZeneca paid 295 women \$2,182.07 less than 228 men in similar positions, which was statistically significant at a level of (b) (7)(E) standard deviations. OFCCP determined, based on examination of records and interviews with managers and employees, that these differences in pay were based on sex.

VIOLATION 2: OFCCP alleges that AstraZeneca discriminated against Hispanic female employees in Primary Care Sales Representative Level 3 (Job Code 10000180) positions on the basis of their sex, race, and national origin in compensation in violation of 41 CFR 60-1.4(a)(1) and 60-20.4. Specifically, OFCCP conducted a review of the compensation

practices for Primary Care Sales Representative Level 3 (Job Code 10000180) positions using data provided by AstraZeneca and found that, as of October 1, 2016, on average AstraZeneca paid 23 Hispanic women \$5,381.99 less than 211 men in similar positions, which was statistically significant at a level of (b) (7)(E) standard deviations. OFCCP determined, based on examination of records and interviews with managers and employees, that these differences in pay were based on sex, race, and national origin.

IV. FINANCIAL REMEDY

1. Settlement Fund

- a. **Settlement Fund Account.** AstraZeneca will deposit a total of \$560,000 in an FDIC-insured account maintained by AstraZeneca or a third party administrator prior to the first distribution. The settlement fund is a negotiated amount that represents estimated back pay and accrued interest. AstraZeneca will be responsible for any banking account fees.
- b. **Specific Settlement Fund Amounts.** The total Settlement Fund amount includes \$493,648.86 in back pay and \$66,351.14 in interest to resolve specific violations set forth above, as follows:
 - i. **Violation 1:** \$386,988.83 in back pay and \$58,516.86 in interest for eligible female employees in the Specialty Care Sales Representative Level 4 position.
 - ii. **Violation 2:** \$106,660.03 in back pay and \$7,834.28 in interest for eligible Hispanic female employees in the Primary Care Sales Representative Level 3 position.

2. Allocation

- a. **Total Amount to be Allocated.** The back pay and interest amounts of the Settlement Fund will be distributed among the eligible employees as explained in this Section. Individual shares will include appropriate deductions for each individual's share of payroll deductions required by law on the portion representing back pay only, such as federal (FICA/Federal Unemployment Tax Act (FUTA)), state or local insurance premiums or taxes.
- b. **Affected Employees Eligible to Receive Payments.** The Settlement Fund will be distributed to all Affected Employees (identified in Attachment A) who timely respond to the Notice Process as explained below, and whose eligibility is verified (hereinafter, Eligible Employees). These individuals will be listed on the Final List of Eligible Employees (Final List). The process of determining the Final List is explained below under Notice Process. OFCCP will determine the final amount for each Eligible Employee based on the formula or other terms provided in this Agreement.
- c. **Individual Payment Amounts.** AstraZeneca will make individual payments to the Eligible Employees in the amounts specified in the Final List.

- d. **Payments to Eligible Employees.** OFCCP will provide AstraZeneca a list of the payment amount for each Eligible Employee on the Final List by the date set forth on the Timeline. AstraZeneca will issue checks as the sole payor or make electronic payments to each Eligible Employee in the stated amount, along with appropriate tax reporting forms (such as W-2 and Internal Revenue Service (IRS) Form 1099) by the date set forth on the Timeline. OFCCP will receive timely documentation of all payments made and any payments returned undelivered or any checks not cashed, as set forth on the Timeline. Any check that remains uncashed 180 days after the initial date the check was mailed to the Eligible Employee will be void. With respect to any uncashed funds, if after 180 days after the initial date the checks were mailed, if the amount of the uncashed and undistributed funds would result in a payment of \$30.00 or more to each of the Eligible Class Members, AstraZeneca will make a second and equal distribution to all Eligible Employees who cashed their first check. Otherwise, any remaining funds will revert to AstraZeneca for use in EEO trainings and similar initiatives.
- e. **Tax Payments, Forms and Reporting.** AstraZeneca will pay AstraZeneca's share of social security withholdings, and any other tax payments required by law from additional funds separate from the Settlement Fund. AstraZeneca shall mail to each Eligible Employee an IRS Form W-2 for that portion of the payment representing back pay and an IRS Form 1099 for that portion of the payment representing interest. These IRS forms will be provided to the Eligible Employees either at the time of payment, electronically or with the settlement checks, or at the end of the year. No Eligible Employee will be required to complete a W-4 or W-9 in order to receive payments under this settlement.

3. Notice Process

- a. **OFCCP and Contractor Obligations under the Notice Process.** The Notice Process set forth in this agreement is intended to provide Affected Employees a meaningful opportunity to understand their rights and obligations and act on them in a timely manner. This includes providing notice in Spanish to the affected workers and through multiple channels if appropriate and providing technical assistance to Affected Employees with regard to completing and returning the requested documents. As specified in the Timeline and as otherwise necessary to fulfill this Agreement, AstraZeneca and OFCCP will regularly meet and confer by phone and/or by email on the notice process to determine how best to carry out the Notice provisions of this Agreement, and to decide whether any activity, deadline or document should be modified. OFCCP and AstraZeneca agree not to unreasonably withhold consent to reasonable modifications proposed by either party.
- b. **Notice Documents.** AstraZeneca will distribute Notice Documents to Affected Employees identified in Attachment A consistent with the sample Notice Documents contained in Attachment C. The Notice Documents may include a Notice, Release of Claims and Income Verification Forms. The Notice Documents will make clear the information about the settlement is being provided by or on behalf of the U.S. Department of Labor. As specified in the Timeline and as otherwise necessary to

fulfill this Agreement, the parties will meet and confer on any reasonable modifications of the sample Notice Documents or additions to the materials distributed by AstraZeneca, if proposed by either party.

- c. **Timeline.** Attachment B sets forth the agreed Timeline for Notice and for the parties' other obligations under this Agreement. The parties will meet and confer on any reasonable modifications to the Timeline proposed by either party.
- d. **Search for Affected Employees.** OFCCP shall provide AstraZeneca with complete contact information in its possession or its authority to obtain on the Affected Employees by the date set forth in the Timeline.
- e. **Distribution of Mail Notice to Affected Employees.** AstraZeneca will provide initial notice by regular first-class mail. AstraZeneca will send copies of all of the Notice Documents as defined above, including a postage-paid return envelope, by first class mail to the best available mailing address for each Affected Employee, by the date set forth in the Timeline. If envelopes from the initial mail notice are returned with forwarding addresses, AstraZeneca will re-mail the Notice Documents within seven (7) days of receipt of the forwarding address.

Based on the response to the initial mail notice, the parties will meet and confer by the date set forth in the Timeline to assess the results of the initial mail notice and to ensure that the second round of mail notice maximizes the potential response rate. A second mail notice will be sent to Affected Employees with valid addresses who fail to respond to the first mail notice unless the parties agree otherwise.

- f. **Notice Deadline.** The final deadline for any Affected Employee to respond to the notice is set forth in the Timeline. The parties will prominently display this deadline on all materials they distribute in paper or online form regarding this Agreement and explain that failure to respond by this deadline will result in a forfeiture of any relief provided by this Agreement.
- g. **Technical Assistance.** The parties will timely respond to any inquiries from Affected Employees using information consistent with this Agreement and the Notice Documents and will document all inquiries and the result. OFCCP will provide contact information for individuals to contact OFCCP regarding this Agreement. The parties will prominently display this contact information on all materials they distribute in paper or online form regarding this Agreement. AstraZeneca will provide OFCCP contact information to any Affected Employee with questions or concerns.
- h. **Exchange of Information Regarding Affected Employees.** AstraZeneca and OFCCP will timely exchange information regarding Affected Employees, including updated contact information and the results of any technical assistance provided.
- i. **Final List of Eligible Employees.** The Final List will include all Affected Employees who timely respond to the Notice by the deadline set forth in the Timeline and whose eligibility is verified by OFCCP. The parties will establish the Final List by the date set forth in the Timeline. The parties will meet and confer on any

outstanding issues or questions regarding the Final List. OFCCP shall make the final determinations of eligibility but will make every effort to negotiate in good faith to resolve any dispute about the Final List. AstraZeneca will provide to OFCCP any information necessary to determine the Final List.

- j. **Documentation of Payments.** By the deadline set forth in the Timeline, AstraZeneca will provide OFCCP with copies of cancelled checks or electronic documentation of all payments to Eligible Employees, including the amounts paid, the date payment was sent, the date payment was received or the check cashed, and any uncashed or returned checks. In the event of a second distribution, AstraZeneca will provide a similar documentation on the second distribution.
- k. **Contractor's Expenses.** AstraZeneca will pay all expenses associated with carrying out its duties pursuant to this Section, from funds separate and apart from the amount designated in this Agreement for the Settlement.

V. Additional Individual Relief

- 1. **Pay Adjustments.** No later than December 1, 2021, AstraZeneca will conduct a regression analysis of compensation using the methodology described in Attachment D for all employees in the Specialty Care Sales Representative Level 4 (Job Code 10000550) and Primary Care Sales Representative Level 3 (Job Code 10000180) positions using the most recent annual payroll and Human Resources Information System (HRIS) data available. If the above analysis reveals impact against female employees in the Specialty Care Sales Representative Level 4 (Job Code 10000550) position or impact against Hispanic or female employees in the Primary Care Sales Representative Level 3 (Job Code 10000180) position that is statistically significant to a level of 1.96 standard deviations or larger, AstraZeneca will conduct research into the employees in the flagged area on a job code basis. AstraZeneca will report to OFCCP the results of its regression analyses and its job code investigation and notify OFCCP of either (a) the job-related explanations for any pay differences or (b) the amount and basis for any pay corrections to address pay differences that could not be explained by job-related factors. No later than December 1, 2022, AstraZeneca will conduct a similar analysis using the most recent data available and applying the methodology in Attachment D.

VI. Modifications to Employment Practices and Other Non-Monetary Relief

- 1. **Company Policy and Procedure**
 - a. **Eliminate Discriminatory Compensation Practices.** AstraZeneca agrees to immediately eliminate compensation practices that negatively affect the compensation of female Specialty Care Sales Representative Level 4 (Job Code 10000550) and Primary Care Sales Representative Level 3 (Job Code 10000180) employees and consider alternative practices.
 - b. **Self-monitoring/Auditing.** AstraZeneca will identify an individual responsible for monitoring the base salaries of Specialty Care Sales Representative Level 4 (Job

Code 10000550) and Primary Care Sales Representative Level 3 (Job Code 10000180) employees. AstraZeneca will monitor base salary as well as the administration of non-base compensation for any indication of disparities based on race and/or gender and will investigate and remedy any such inequity that may be established.

2. **Training.** Within 90 calendar days of the Effective Date of this Agreement, AstraZeneca will conduct training for all personnel involved in determining the base salaries of Specialty Care Sales Representative Level 4 (Job Code 10000550) and Primary Care Sales Representative Level 3 (Job Code 10000180) employees on AstraZeneca's commitment to equal employment opportunity and on the policies and practices related to compensation.

VII. TECHNICAL VIOLATIONS AND REMEDIES

1. **VIOLATION:** During the period October 1, 2015 through September 30, 2016, AstraZeneca failed to perform in-depth analyses of its total employment process to determine whether and where impediments to equal employment opportunity exist, as required by 41 CFR 60-2.17(b). Specifically, AstraZeneca failed to evaluate its compensation system to determine whether there were gender, race, or ethnicity-based disparities found in the Specialty Care Sales Representative Level 4 and Primary Care Sales Representative Level 3 positions.

REMEDY: AstraZeneca will perform in-depth analyses of its total employment process, to include compensation, to determine whether and where impediments to equal employment opportunity exist in accordance with 41 CFR 60-2.17(b).

2. **VIOLATION:** During the period October 1, 2015 through September 30, 2016, AstraZeneca failed to develop and implement an internal audit and reporting system that periodically measures the effectiveness of its total affirmative action program, as required by 41 CFR 60-2.17(d). Specifically, AstraZeneca failed to monitor compensation of its Specialty Care Sales Representative Level 4 and Primary Care Sales Representative Level 3 job titles to ensure that the nondiscriminatory policy is carried out.

REMEDY: AstraZeneca will develop and implement an internal audit and reporting system that periodically measures the effectiveness of its total affirmative action program, as required by 41 CFR 60-2.17(d). Specifically, AstraZeneca will:

- a. Monitor records of all personnel activity to include compensation decisions at all levels to ensure its nondiscriminatory policy is carried out;
- b. Require internal reporting on a scheduled basis as to the degree to which equal employment opportunity and organizational objectives are attained;
- c. Review report results with all levels of management; and
- d. Advise top management of program effectiveness and submit recommendations to improve unsatisfactory performance.

VIII. REPORTS REQUIRED DURING OFCCP MONITORING PERIOD

1. **Recordkeeping.** AstraZeneca shall retain all records relevant to the violations cited in Sections III and VII above and the reports submitted in compliance with Paragraph 3, below. These records include underlying data and information such as Human Resources Information System (HRIS) and payroll data, job applications and personnel records, and any other records or data used to generate the required reports. AstraZeneca will retain the records until this Agreement expires or for the time period consistent with regulatory requirements, whichever is later.
2. **Confidentiality.** AstraZeneca will submit reports to:

U.S. Department of Labor
Office of Federal Contract Compliance Programs
Attention: Tanya Bennett, Assistant District Director
2 Hopkins Plaza, Suite 600
Baltimore, MD 21201
(b) (6), (b) (7)(C)@dol.gov

AstraZeneca and OFCCP have a shared interest in the information being provided in the reports pursuant to this Agreement. To the extent any of the reports AstraZeneca provides in accordance with this Agreement are customarily kept private or closely-held, and AstraZeneca believes they should remain confidential in the event of a Freedom of Information Act (FOIA) request, AstraZeneca will provide such reports to OFCCP marked as "Confidential." In the event of an FOIA request, OFCCP will treat any such documents received as confidential documents, to the extent possible under the law.

3. AstraZeneca Reports.

- a. **Schedule and Content.** AstraZeneca agrees to furnish OFCCP with the following reports during the monitoring period according to the following schedule:

AstraZeneca must submit two progress reports, the first of which will be due April 1, 2022. The second progress report will be due April 1, 2023. In each Progress Report, AstraZeneca will report on all modifications of personnel and compensation practices made to date pursuant to the Agreement and provide documentation of its compliance with the remedy provisions of this Agreement. The annual report should include:

- A description of the evaluation conducted by AstraZeneca.
- The number of employees that were part of the pay equity studies conducted pursuant to this Agreement.
- A summary of AstraZeneca's findings regarding AstraZeneca's current policies, procedures, and practices related to compensation, and the results of the compensation analyses completed using the stipulated model.

- A report of all permanent pay adjustments made pursuant to the Agreement, including a summary of who received pay increases, how much each salary was increased (in percentage terms), and how that figure was determined.
- Any additional recommended actions or revisions to the compensation policies, procedures, and practices to ensure nondiscrimination in compensation.
- Summary and documentation of training conducted (or planned) for all individuals involved in compensation practices, including documentation that the training was held, who participated, and a summary of the content.

For verification and replication purposes, AstraZeneca must submit limited compensation data to OFCCP. AstraZeneca will submit to OFCCP individualized compensation data with its second report so that OFCCP can replicate the analyses using the stipulated statistical model. The data shall be limited to the specifics of the stipulated model.

IX. SIGNATURES

The person signing this Agreement on behalf of AstraZeneca personally warrants that he or she is fully authorized to do so, that AstraZeneca has entered into this Agreement voluntarily and with full knowledge of its effect, and that execution of this Agreement is fully binding on AstraZeneca.

This Agreement is hereby executed by and between the Office of Federal Contract Compliance Programs and AstraZeneca Pharmaceuticals LP, 1800 Concord Pike, Wilmington, DE 19850-

(b) (6), (b) (7)(C)

DR. RUUD DOBBER
President
AstraZeneca U.S. & EVP, North America

DATE: 9/29/2021

(b) (6), (b) (7)(C)

MICHELE HODGE
Regional Director
OFCCP Mid-Atlantic

DATE: 9/30/2021

Attachments

- A. List of Affected Employees
- B. Timeline
- C. Notice Documents
 - C-1 Notice
 - C-2 Information Verification Form
 - C-3 Release Form
- D. Salary Analysis

ATTACHMENT A
List of Affected Class Members

Specialty Care Sales Representative Level 4 - Females

Number	Employee ID	Back Pay	Interest	Total BP + I
1	(b) (6), (b) (7)(C)	\$1,426.79	\$266.78	\$1,693.57
2		\$1,887.49	\$352.93	\$2,240.42
3		\$1,062.19	\$205.55	\$1,267.74
4		\$1,581.98	\$295.80	\$1,877.78
5		\$1,427.69	\$266.95	\$1,694.64
6		\$1,382.04	\$258.42	\$1,640.46
7		\$838.16	\$167.72	\$1,005.88
8		\$1,471.23	\$275.09	\$1,746.32
9		\$1,403.08	\$64.34	\$1,467.42
10		\$1,594.16	\$298.08	\$1,892.24
11		\$1,701.02	\$318.06	\$2,019.08
12		\$793.96	\$158.87	\$952.83
13		\$1,683.74	\$314.83	\$1,998.57
14		\$1,354.29	\$253.23	\$1,607.52
15		\$1,608.58	\$300.77	\$1,909.35
16		\$402.45	\$83.20	\$485.65
17		\$404.45	\$83.61	\$488.06
18		\$726.51	\$145.38	\$871.89
19		\$1,472.25	\$275.28	\$1,747.53
20		\$1,541.87	\$288.30	\$1,830.17
21		\$876.67	\$175.42	\$1,052.09
22		\$1,564.46	\$292.53	\$1,856.99
23		\$1,567.71	\$293.13	\$1,860.84
24		\$1,542.35	\$288.39	\$1,830.74
25		\$1,399.99	\$261.77	\$1,661.76
26		\$1,559.86	\$291.66	\$1,851.52
27		\$1,599.35	\$299.05	\$1,898.40
28		\$1,443.01	\$66.17	\$1,509.18
29		\$665.33	\$133.13	\$798.46
30		\$1,356.19	\$253.58	\$1,609.77
31		\$1,543.26	\$288.56	\$1,831.82
32		\$1,551.17	\$290.04	\$1,841.21
33		\$1,647.26	\$308.01	\$1,955.27
34		\$1,453.91	\$271.85	\$1,725.76
35		\$1,450.38	\$271.19	\$1,721.57
36		\$865.65	\$173.22	\$1,038.87

Number	Employee ID	Back Pay	Interest	Total BP + I
37	(b) (6), (b) (7)(C)	\$1,568.36	\$293.25	\$1,861.61
38		\$1,484.70	\$68.09	\$1,552.79
39		\$821.85	\$164.45	\$986.30
40		\$1,465.57	\$274.04	\$1,739.61
41		\$711.42	\$142.36	\$853.78
42		\$1,455.78	\$272.20	\$1,727.98
43		\$1,332.62	\$61.11	\$1,393.73
44		\$1,411.28	\$263.88	\$1,675.16
45		\$1,395.61	\$260.95	\$1,656.56
46		\$1,350.53	\$252.52	\$1,603.05
47		\$769.67	\$154.01	\$923.68
48		\$1,516.38	\$69.54	\$1,585.92
49		\$1,410.44	\$64.68	\$1,475.12
50		\$1,347.75	\$61.81	\$1,409.56
51		\$1,454.35	\$271.94	\$1,726.29
52		\$708.79	\$141.83	\$850.62
53		\$1,637.18	\$306.12	\$1,943.30
54		\$1,585.60	\$296.48	\$1,882.08
55		\$1,606.89	\$300.46	\$1,907.35
56		\$1,425.59	\$266.56	\$1,692.15
57		\$1,744.30	\$326.15	\$2,070.45
58		\$423.06	\$87.46	\$510.52
59		\$1,498.94	\$280.27	\$1,779.21
60		\$1,557.28	\$71.41	\$1,628.69
61		\$1,404.86	\$64.43	\$1,469.29
62		\$1,866.32	\$348.97	\$2,215.29
63		\$1,424.61	\$266.38	\$1,690.99
64		\$1,359.91	\$62.36	\$1,422.27
65		\$1,665.47	\$311.41	\$1,976.88
66		\$1,565.84	\$71.81	\$1,637.65
67		\$842.87	\$168.66	\$1,011.53
68		\$1,504.83	\$281.38	\$1,786.21
69		\$1,450.74	\$271.26	\$1,722.00
70		\$1,605.73	\$300.24	\$1,905.97
71		\$1,652.47	\$308.98	\$1,961.45
72		\$1,663.24	\$310.99	\$1,974.23
73		\$1,432.68	\$267.88	\$1,700.56
74		\$1,424.01	\$266.26	\$1,690.27
75		\$1,657.43	\$309.91	\$1,967.34
76		\$1,522.91	\$284.76	\$1,807.67
77		\$704.81	\$141.03	\$845.84
78		\$1,580.93	\$295.61	\$1,876.54

Number	Employee ID	Back Pay	Interest	Total BP + I
79	(b) (6), (b) (7)(C)	\$1,482.43	\$277.19	\$1,759.62
80		\$1,603.94	\$73.55	\$1,677.49
81		\$1,528.24	\$70.08	\$1,598.32
82		\$1,704.93	\$318.79	\$2,023.72
83		\$1,458.90	\$272.79	\$1,731.69
84		\$1,474.86	\$275.77	\$1,750.63
85		\$1,460.74	\$66.99	\$1,527.73
86		\$1,117.33	\$216.22	\$1,333.55
87		\$1,557.22	\$291.17	\$1,848.39
88		\$1,393.89	\$260.63	\$1,654.52
89		\$379.73	\$78.50	\$458.23
90		\$1,578.37	\$295.13	\$1,873.50
91		\$1,556.52	\$291.04	\$1,847.56
92		\$1,426.35	\$266.70	\$1,693.05
93		\$1,513.25	\$69.40	\$1,582.65
94		\$1,454.46	\$271.96	\$1,726.42
95		\$1,383.32	\$258.65	\$1,641.97
96		\$1,504.07	\$281.23	\$1,785.30
97		\$1,310.66	\$245.07	\$1,555.73
98		\$342.94	\$70.90	\$413.84
99		\$1,601.82	\$73.46	\$1,675.28
100		\$1,601.76	\$299.50	\$1,901.26
101		\$1,472.55	\$275.34	\$1,747.89
102		\$1,585.55	\$296.47	\$1,882.02
103		\$1,358.98	\$254.10	\$1,613.08
104		\$1,323.93	\$247.55	\$1,571.48
105		\$1,518.40	\$69.63	\$1,588.03
106		\$345.94	\$71.52	\$417.46
107		\$1,372.81	\$256.69	\$1,629.50
108		\$349.70	\$72.30	\$422.00
109		\$363.95	\$75.24	\$439.19
110		\$1,109.31	\$214.67	\$1,323.98
111		\$1,511.11	\$282.55	\$1,793.66
112		\$1,440.30	\$269.31	\$1,709.61
113		\$1,389.91	\$63.74	\$1,453.65
114		\$1,337.21	\$250.03	\$1,587.24
115		\$1,436.40	\$268.58	\$1,704.98
116		\$1,394.94	\$63.97	\$1,458.91
117		\$1,448.64	\$270.87	\$1,719.51
118		\$1,317.82	\$246.41	\$1,564.23
119		\$1,549.94	\$289.81	\$1,839.75
120		\$1,428.65	\$65.52	\$1,494.17

Number	Employee ID	Back Pay	Interest	Total BP + I
121	(b) (6), (b) (7)(C)	\$1,414.03	\$64.85	\$1,478.88
122		\$385.00	\$79.59	\$464.59
123		\$1,575.77	\$294.64	\$1,870.41
124		\$702.96	\$140.66	\$843.62
125		\$1,633.90	\$305.51	\$1,939.41
126		\$1,478.68	\$276.49	\$1,755.17
127		\$1,016.67	\$196.74	\$1,213.41
128		\$1,567.78	\$293.15	\$1,860.93
129		\$1,453.65	\$271.80	\$1,725.45
130		\$1,298.01	\$242.70	\$1,540.71
131		\$1,407.45	\$263.17	\$1,670.62
132		\$707.59	\$141.59	\$849.18
133		\$1,260.61	\$57.81	\$1,318.42
134		\$1,451.54	\$271.41	\$1,722.95
135		\$1,428.86	\$267.17	\$1,696.03
136		\$1,508.48	\$282.06	\$1,790.54
137		\$1,444.91	\$270.17	\$1,715.08
138		\$725.15	\$145.10	\$870.25
139		\$1,367.85	\$255.76	\$1,623.61
140		\$1,465.36	\$274.00	\$1,739.36
141		\$1,364.94	\$255.22	\$1,620.16
142		\$1,392.49	\$260.37	\$1,652.86
143		\$1,501.27	\$280.71	\$1,781.98
144		\$1,412.39	\$264.09	\$1,676.48
145		\$1,423.49	\$266.17	\$1,689.66
146		\$661.98	\$132.46	\$794.44
147		\$1,295.25	\$59.40	\$1,354.65
148		\$1,449.67	\$271.06	\$1,720.73
149		\$1,488.40	\$68.26	\$1,556.66
150		\$1,383.48	\$258.68	\$1,642.16
151		\$1,630.80	\$304.93	\$1,935.73
152		\$722.34	\$144.54	\$866.88
153		\$806.94	\$161.47	\$968.41
154		\$1,329.73	\$248.64	\$1,578.37
155		\$1,549.15	\$289.66	\$1,838.81
156		\$1,413.69	\$64.83	\$1,478.52
157		\$365.68	\$75.60	\$441.28
158		\$1,316.10	\$60.35	\$1,376.45
159		\$1,485.85	\$277.83	\$1,763.68
160		\$1,349.06	\$61.87	\$1,410.93
161		\$1,514.85	\$283.25	\$1,798.10
162		\$1,390.10	\$259.92	\$1,650.02

Number	Employee ID	Back Pay	Interest	Total BP + I
163	(b) (6), (b) (7)(C)	\$1,525.60	\$69.96	\$1,595.56
164		\$1,639.14	\$306.49	\$1,945.63
165		\$1,670.15	\$312.29	\$1,982.44
166		\$1,403.08	\$64.34	\$1,467.42
167		\$1,471.92	\$67.50	\$1,539.42
168		\$1,700.82	\$318.02	\$2,018.84
169		\$1,426.50	\$266.73	\$1,693.23
170		\$1,610.58	\$73.86	\$1,684.44
171		\$1,447.21	\$270.60	\$1,717.81
172		\$731.70	\$146.41	\$878.11
173		\$1,004.88	\$194.46	\$1,199.34
174		\$1,294.58	\$59.37	\$1,353.95
175		\$364.62	\$75.38	\$440.00
176		\$1,371.06	\$256.36	\$1,627.42
177		\$1,359.63	\$62.35	\$1,421.98
178		\$1,347.81	\$252.01	\$1,599.82
179		\$1,434.36	\$65.78	\$1,500.14
180		\$1,412.61	\$64.78	\$1,477.39
181		\$1,330.28	\$248.74	\$1,579.02
182		\$1,329.92	\$60.99	\$1,390.91
183		\$1,662.31	\$310.82	\$1,973.13
184		\$1,461.11	\$273.20	\$1,734.31
185		\$1,460.67	\$66.98	\$1,527.65
186		\$688.98	\$137.87	\$826.85
187		\$1,354.29	\$253.23	\$1,607.52
188		\$1,376.73	\$63.14	\$1,439.87
189		\$369.54	\$76.40	\$445.94
190		\$1,360.29	\$62.38	\$1,422.67
191		\$1,292.61	\$59.28	\$1,351.89
192		\$1,543.06	\$288.52	\$1,831.58
193		\$1,379.51	\$257.94	\$1,637.45
194		\$1,415.87	\$264.74	\$1,680.61
195		\$1,457.93	\$66.86	\$1,524.79
196		\$1,324.10	\$60.72	\$1,384.82
197		\$1,423.67	\$266.20	\$1,689.87
198		\$1,325.35	\$60.78	\$1,386.13
199		\$1,490.05	\$278.61	\$1,768.66
200		\$1,330.62	\$61.02	\$1,391.64
201		\$1,142.47	\$221.09	\$1,363.56
202		\$1,397.93	\$261.39	\$1,659.32
203		\$350.02	\$72.36	\$422.38
204		\$1,372.93	\$62.96	\$1,435.89

Number	Employee ID	Back Pay	Interest	Total BP + I
205	(b) (6), (b) (7)(C)	\$1,322.73	\$60.66	\$1,383.39
206		\$1,372.47	\$256.63	\$1,629.10
207		\$333.97	\$69.04	\$403.01
208		\$1,336.56	\$249.91	\$1,586.47
209		\$1,300.65	\$59.65	\$1,360.30
210		\$1,359.34	\$254.17	\$1,613.51
211		\$1,370.14	\$256.19	\$1,626.33
212		\$1,333.91	\$61.17	\$1,395.08
213		\$1,327.88	\$60.89	\$1,388.77
214		\$1,331.84	\$249.03	\$1,580.87
215		\$1,373.26	\$256.77	\$1,630.03
216		\$1,411.73	\$64.74	\$1,476.47
217		\$1,428.42	\$267.09	\$1,695.51
218		\$1,383.32	\$258.65	\$1,641.97
219		\$1,383.32	\$63.44	\$1,446.76
220		\$1,360.95	\$62.41	\$1,423.36
221		\$657.72	\$131.61	\$789.33
222		\$1,356.33	\$253.61	\$1,609.94
223		\$1,370.27	\$256.22	\$1,626.49
224		\$1,581.59	\$72.53	\$1,654.12
225		\$1,465.95	\$274.11	\$1,740.06
226		\$1,421.24	\$265.75	\$1,686.99
227		\$1,330.62	\$61.02	\$1,391.64
228		\$1,490.03	\$278.61	\$1,768.64
229		\$1,215.06	\$227.19	\$1,442.25
230		\$1,372.09	\$62.92	\$1,435.01
231		\$1,463.80	\$67.13	\$1,530.93
232		\$1,686.33	\$315.31	\$2,001.64
233		\$708.13	\$141.70	\$849.83
234		\$1,248.72	\$233.49	\$1,482.21
235		\$1,425.12	\$266.47	\$1,691.59
236		\$1,191.82	\$54.66	\$1,246.48
237		\$1,565.52	\$292.72	\$1,858.24
238		\$1,273.83	\$238.18	\$1,512.01
239		\$695.31	\$139.13	\$834.44
240		\$1,325.33	\$60.78	\$1,386.11
241		\$1,394.53	\$260.75	\$1,655.28
242		\$755.88	\$151.25	\$907.13
243		\$1,260.61	\$57.81	\$1,318.42
244		\$1,468.31	\$274.55	\$1,742.86
245		\$1,325.41	\$247.83	\$1,573.24
246		\$1,412.44	\$264.10	\$1,676.54

Number	Employee ID	Back Pay	Interest	Total BP + I
247	(b) (6), (b) (7)(C)	\$1,260.61	\$57.81	\$1,318.42
248		\$1,337.21	\$61.32	\$1,398.53
249		\$1,327.99	\$248.31	\$1,576.30
250		\$1,377.85	\$63.19	\$1,441.04
251		\$1,512.09	\$282.73	\$1,794.82
252		\$677.01	\$135.47	\$812.48
253		\$1,487.24	\$278.09	\$1,765.33
254		\$1,331.94	\$61.08	\$1,393.02
255		\$1,333.28	\$61.14	\$1,394.42
256		\$1,291.70	\$59.24	\$1,350.94
257		\$1,456.29	\$272.30	\$1,728.59
258		\$1,392.29	\$260.33	\$1,652.62
259		\$1,385.86	\$259.13	\$1,644.99
260		\$1,390.29	\$63.76	\$1,454.05
261		\$1,364.89	\$255.21	\$1,620.10
262		\$1,318.74	\$60.48	\$1,379.22
263		\$1,318.53	\$60.47	\$1,379.00
264		\$1,381.29	\$258.28	\$1,639.57
265		\$1,251.99	\$57.42	\$1,309.41
266		\$1,659.20	\$310.24	\$1,969.44
267		\$1,352.99	\$252.98	\$1,605.97
268		\$1,528.28	\$285.76	\$1,814.04
269		\$1,437.42	\$268.77	\$1,706.19
270		\$1,568.86	\$293.35	\$1,862.21
271		\$1,272.91	\$58.37	\$1,331.28
272		\$1,511.29	\$282.58	\$1,793.87
273		\$1,395.17	\$260.87	\$1,656.04
274		\$1,536.91	\$287.37	\$1,824.28
275		\$1,420.27	\$265.56	\$1,685.83
276		\$405.71	\$83.87	\$489.58
277		\$1,531.23	\$286.31	\$1,817.54
278		\$1,634.95	\$305.71	\$1,940.66
279		\$1,615.16	\$302.01	\$1,917.17
280		\$371.34	\$76.77	\$448.11
281		\$1,557.43	\$291.21	\$1,848.64
282		\$1,555.59	\$290.87	\$1,846.46
283		\$347.22	\$71.78	\$419.00
284		\$1,580.16	\$295.46	\$1,875.62
285		\$1,304.27	\$59.81	\$1,364.08
286		\$1,264.75	\$58.00	\$1,322.75
287		\$348.27	\$72.00	\$420.27
288		\$1,501.89	\$280.83	\$1,782.72

Number	Employee ID	Back Pay	Interest	Total BP + I
289	(b) (6), (b) (7)(C)	\$1,448.03	\$270.75	\$1,718.78
290		\$1,524.10	\$284.98	\$1,809.08
291		\$1,434.98	\$268.31	\$1,703.29
292		\$1,201.20	\$55.09	\$1,256.29
293		\$374.57	\$77.44	\$452.01
294		\$742.68	\$148.61	\$891.29
295		\$1,418.19	\$265.18	\$1,683.37

Primary Care Sales Representative Level 3 - Hispanic Females

Number	Employee ID	Back Pay	Interest	Total BP+I
1	(b) (6), (b) (7)(C)	\$5,408.95	\$248.05	\$5,657.00
2		\$4,938.71	\$923.45	\$5,862.16
3		\$4,838.07	\$221.87	\$5,059.94
4		\$5,144.28	\$235.91	\$5,380.19
5		\$4,723.43	\$216.61	\$4,940.04
6		\$5,000.01	\$229.29	\$5,229.30
7		\$4,741.53	\$217.44	\$4,958.97
8		\$4,845.22	\$222.20	\$5,067.42
9		\$4,806.00	\$220.40	\$5,026.40
10		\$4,896.86	\$224.56	\$5,121.42
11		\$4,876.20	\$223.62	\$5,099.82
12		\$4,740.16	\$217.38	\$4,957.54
13		\$4,501.23	\$206.42	\$4,707.65
14		\$4,866.65	\$223.18	\$5,089.83
15		\$4,783.84	\$219.38	\$5,003.22
16		\$4,321.04	\$198.16	\$4,519.20
17		\$3,253.66	\$629.64	\$3,883.30
18		\$5,312.06	\$993.25	\$6,305.31
19		\$5,153.79	\$236.35	\$5,390.14
20		\$4,907.33	\$225.04	\$5,132.37
21		\$3,625.17	\$166.24	\$3,791.41
22		\$4,575.96	\$855.62	\$5,431.58
23		\$2,399.88	\$480.22	\$2,880.10

ATTACHMENT B
Timeline

ACTIVITY	DATE
AstraZeneca Mails Notice Documents (First Mailing)	11/14/2021
Deadline for Affected Employees to Reply to Notice	01/05/2022
AstraZeneca Notifies OFCCP of Undeliverable Mailings	01/17/2022
OFCCP Provides Updated Contact Information to AstraZeneca	01/27/2022
AstraZeneca Mails Notice Documents (Second Mailing)	02/07/2022
Deadline for Affected Employees to Reply to Second Notice	03/09/2022
AstraZeneca Provides List of its Determination of Eligible Individuals	03/24/2022
OFCCP Reviews and Approves Final List and Provides Final Distribution Amounts	04/08/2022
AstraZeneca Mails Back pay Checks	04/25/2022
AstraZeneca Notifies OFCCP of Any Checks Returned as Undeliverable	05/20/2022
OFCCP Provides Updated Addresses	05/31/2022
AstraZeneca Mails Back pay Checks to New Addresses	06/10/2022
Distribution of Remaining Funds to Eligible Class Members (if applicable)	10/18/2022
AstraZeneca submits two annual progress reports	April 1, 2022; April 1, 2023

ATTACHMENT C-1

NOTICE TO AFFECTED CLASS

AstraZeneca and the Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) have entered into a Conciliation Agreement (Agreement) to remedy the alleged violations of Executive Order 11246 (E.O. 11246) that OFCCP found during a compliance review of AstraZeneca's Wilmington, Delaware facility. OFCCP's analysis showed that as of October 1, 2016, AstraZeneca paid females in the Specialty Care Sales Representative Level 4 position and Hispanic females in the Primary Care Sales Representative Level 3 positions less per year than males and other employees with the same job. AstraZeneca has not admitted to any violation of E.O. 11246 and there has not been any adjudicated finding that AstraZeneca violated any laws. AstraZeneca denies these claims. Ultimately, OFCCP and AstraZeneca entered into the Agreement to resolve the matter without resorting to further legal proceedings.

You have been identified as one of the individuals who worked as a Specialty Care Sales Representative Level 4 or a Primary Care Sales Representative Level 3 as of October 1, 2016. Under the Agreement, you may be eligible to receive a payment of at least \$ (less deductions required by law). Under the terms of the Agreement, it may take up to eight months from the date of this letter before you receive your payment. In order to be eligible for a payment, you must complete, sign, and return the enclosed Information Verification. This form should be mailed as soon as possible to the address below; it must be received by [insert date by which class members must respond] for you to be entitled to participate in this settlement.

[Settlement Administrator Name & Address]

You may use the enclosed postage-paid return envelope to return the completed and signed Information Verification Form. If you have any questions you may call [settlement administrator] at [phone number], or OFCCP Compliance Officer (b) (6), (b) (7)(E) at (b) (6), (b) (7)(C). Your call will be returned as soon as possible.

IF YOU FAIL TO COMPLETE AND RETURN THE ENCLOSED DOCUMENT(S) TO ASTRAZENECA BY [insert date by which class members must respond], YOU WILL NOT BE ELIGIBLE TO RECEIVE A PAYMENT.

ATTACHMENT C-2

INFORMATION VERIFICATION FORM

You must complete this form in order to be eligible for the monetary payment under the terms of the Conciliation Agreement (Agreement) between AstraZeneca and the Department of Labor's Office of Federal Contract Compliance Programs. Please print legibly, except for the signature.

Name: _____

Address: _____

Telephone Nos.: Home _____ Cell _____ Work _____

Email _____

Notify [settlement administrator] at the address below if your address, email address or phone number changes within the next twelve (12) months.

Your Social Security Number (to be used for tax purposes only): _____ - _____ - _____

For purposes of this settlement, it is necessary to verify your gender and race:

Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Native American ☐
Male ☐ Female ☐

IF YOU FAIL TO COMPLETE AND RETURN THE ENCLOSED DOCUMENTS TO THE ADDRESS BELOW BY [date class members must respond], YOU WILL NOT BE ELIGIBLE TO RECEIVE A PAYMENT.

[Settlement Administrator Name]
[Settlement Administrator Address]

I, (print name) _____, certify the above is true and correct.

Signature

Date

ATTACHMENT C-3

RELEASE OF CLAIMS UNDER EXECUTIVE ORDER 11246

This Release of Claims under Executive Order 11246 ("Release") is a legal document. The document states that in return for AstraZeneca Pharmaceuticals LP ("AstraZeneca") paying you money, you agree that you will not file any lawsuit against AstraZeneca for allegedly violating Executive Order 11246 in its compensation of female Specialty Care Sales Representatives Level 4 or Hispanic female Primary Care Sales Representatives Level 3. It also says that AstraZeneca does not admit it violated any laws. This Release says you had sufficient time to look at the document, to talk with others about the document, including an attorney if you choose, and that no one pressured you into signing the document. Finally, it says that if you do not sign and return the document by a certain date, you will not receive any money.

In consideration of the payment of **at least \$** _____ (less deductions required by law) by AstraZeneca to me, which I agree is acceptable, I _____ agree to the following: print name

I.

I hereby waive, release and forever discharge AstraZeneca, its predecessors, successors, related entities, parents, subsidiaries, affiliates and organizations, and its and their shareholders, directors, officers, employees, agents, successors, and assigns, of and from any and all actions, causes of action, damages, liabilities, and claims arising out of or actionable under Executive Order 11246, as amended, which I or my representatives (heirs, executors, administrators, or assigns) have or may have which relate in any way to my compensation as a Specialty Care Sales Representative Level 4 or Primary Care Sales Representative Level 3 on the basis of my race and/or gender at any time prior to the date of my signature on this Release.

II.

I understand that AstraZeneca denies that it treated me unlawfully or unfairly in any way and that AstraZeneca entered into a Conciliation Agreement with the U.S. Department of Labor, Office of Federal Contract Compliance Programs ("OFCCP") and agreed to make the payment described above to resolve alleged disparities in compensation and to resolve the matter without further legal proceedings in the compliance review initiated by OFCCP on September 16, 2016. I further agree that the payment of the aforesaid sum by AstraZeneca to me is not to be construed as an admission of any liability by AstraZeneca.

III.

I declare that I have read this Release and that I have had a full opportunity to consider and understand its terms and to consult with my advisors and seek legal advice. I further declare that I have decided of my own free will to sign this Release.

IV.

I understand that if I do not sign this Release and return it to AstraZeneca by the deadline listed on the enclosed Notice to Affected Class Members, by the deadline listed on the notice, I will not be entitled to receive any payment (less deductions required by law) from AstraZeneca.

IN WITNESS WHEREOF, I have signed this document on this _____ day of _____, 2021.

Signature

ANEXO C-1

NOTIFICACION A CLASE AFECTADA

AstraZeneca y la Oficina de Programas de Cumplimiento de Contratos Federales (OFCCP) del Departamento de Trabajo han llegado a un Acuerdo de Conciliación (Acuerdo) para remediar las supuestas violaciones del Orden Ejecutivo 11246 (E.O. 11246) que encontró OFCCP durante una evaluación de cumplimiento del establecimiento de AstraZeneca en Wilmington, Delaware. El análisis de OFCCP mostró que a la fecha del 1 de octubre de 2016, AstraZeneca pagó anualmente a las mujeres en el puesto Representante de Ventas de Atención Especializada Nivel 4 y a las mujeres hispanas en el puesto Representante de Ventas de Atención Primaria Nivel 3 menos que los hombres y que otros empleados en los mismos trabajos. AstraZeneca no ha admitido ninguna violación de E.O. 11246, y no ha habido ningún veredicto adjudicado que AstraZeneca ha violado alguna ley. AstraZeneca niega estas reclamaciones. Finalmente, OFCCP y AstraZeneca llegaron al Acuerdo para resolver el asunto sin recurrir a trámites legales adicionales.

Usted ha sido identificado como uno de los individuos que trabajó como Representante de Ventas de Atención Especializada Nivel 4 o Representante de Ventas de Atención Primaria Nivel 3 a la fecha del 1 de octubre, 2016. Bajo el Acuerdo, usted puede reunir los requisitos para recibir un pago de **un mínimo de \$** (menos deducciones obligadas por la ley). Bajo los términos del Acuerdo, puede que el recibo del pago lleve hasta ocho menos de la fecha de esta carta. A fin de reunir los requisitos para un pago, usted debe completar, firmar, y devolver el adjunto Formulario de Verificación de Información. Este formulario debe ser enviado lo antes posible a la dirección indicada abajo; **debe ser recibido antes de [date]** para que tenga derecho a participar en este acuerdo.

[Settlement Administrator Name & Address]

Usted puede usar el sobre prefranqueado incluido para devolver el Formulario de Verificación de Información. Si tiene alguna duda puede contactar **[settlement administrator]** al número **[phone number]**, o Funcionario de Cumplimiento de OFCCP **(b) (6), (b) (7)(E)** al número **(b) (6), (b) (7)(C)** Su llamada será devuelta lo antes posible.

SI USTED NO CUMPLE CON COMPLETAR Y DEVOLVER A ASTRAZENECA LOS DOCUMENTOS ADJUNTOS ANTES DE [FECHA], NO TENDRA EL DERECHO A RECIBIR EL PAGO.

ANEXO C-2

FORMULARIO DE VERIFICACION DE INFORMACION

Usted debe completar este formulario a fin de reunir los requisitos para un pago monetario bajo los términos del Acuerdo de Conciliación (Acuerdo) entre AstraZeneca y la Oficina de Programas de Cumplimiento de Contratos Federales del Departamento de Trabajo. Por favor escriba legiblemente, salvo por la firma.

Nombre: _____

Dirección: _____

N. de Teléfono: Casa _____ Celular _____ Trabajo _____

Email _____

Notifique a [settlement administrator] en la dirección indicada abajo si su dirección, correo electrónico, o número de teléfono cambian dentro de los próximos doce (12) meses.

Su Numero de Seguridad Social (será usado sólo con propósito de los impuestos):

_____-_____-_____

Para los propósitos de este acuerdo, se necesita verificar su género y etnicidad/raza:

Caucásico ☐ Afro-Americano ☐ Hispano ☐ Asiático ☐ Indígena Americano ☐
Hombre ☐ Mujer ☐

SI USTED NO CUMPLE CON COMPLETAR Y DEVOLVER A ASTRAZENECA LOS DOCUMENTOS ADJUNTOS ANTES DE [FECHA], NO TENDRA EL DERECHO A RECIBIR EL PAGO.

[Settlement Administrator Name]
[Settlement Administrator Address]

Yo, (nombre) _____, certifico que la información de arriba es verdadera y correcta.

Firma

Fecha

ANEXO C-3

RENUNCIA DE RECLAMACIONES BAJO EL ORDEN EJECUTIVO 11246

Esta Renuncia de Reclamaciones bajo el Orden Ejecutivo 11246 (“Renuncia”) es un documento legal. El documento declara que a cambio del pago de dinero de AstraZeneca Pharmaceuticals LP (“AstraZeneca”), usted concuerda en no presentar ninguna denuncia contra AstraZeneca por supuestas violaciones del Orden Ejecutivo 11246 a las remuneraciones de mujeres en el puesto Representante de Ventas de Atención Especializada Nivel 4 o mujeres hispanas en el Representante de Ventas de Atención Primaria Nivel 3. El documento también declara que AstraZeneca no admite ninguna violación de la ley. Esta Renuncia dice que usted ha tenido tiempo suficiente para revisar el documento, hablar con otros del documento, incluyendo con un abogado si usted elige, y que nadie lo ha presionado para firmar el documento. Finalmente, el documento dice que si usted no firma y devuelve el documento antes de cierta fecha, no recibirá ningún pago de dinero.

En consideración del pago de **un mínimo de \$** (menos deducciones obligadas por la ley) de AstraZeneca hacia mi persona, que considero aceptable, yo _____ concuerdo con lo siguiente:

escribir nombre

I.

Por medio de la presente yo renuncio, eximo, y para siempre libre a AstraZeneca, sus predecesores, sucesores, entidades relacionadas, empresas controladoras, sucursales, filiales y organizaciones, y su y sus accionistas, directores, oficiales, empleados, agentes, sucesores, and beneficiarios, de cualquiera y todas las acciones, causas de acción, daños, responsabilidades, y reclamaciones que surjan de o sean accionables bajo el Orden Ejecutivo 11246 y sus modificaciones, de los cuales yo o mis representantes (herederos, albaceas, administradores, o beneficiarios) tenemos o tendremos, relacionadas de alguna manera a mi remuneración en el puesto de Representante de Ventas de Atención Especializada Nivel 4 o Representante de Ventas de Atención Primaria Nivel 3 en base a mi etnicidad/raza y/o género en cualquier momento antes de la fecha de mi firma en esta Renuncia.

II.

Entiendo que AstraZeneca niega que de ningún modo me trató de manera ilegal o injusta, y entiendo que AstraZeneca ha participado en un Acuerdo de Conciliación con la Oficina de Programas de Cumplimiento de Contratos Federales (“OFCCP”) del Departamento de Trabajo y ha coincidido con hacer el pago descrito arriba para resolver supuestas disparidades en compensación y para resolver el asunto sin recurrir a trámites legales adicionales en la evaluación de cumplimiento que fue iniciada por OFCCP el 16 de septiembre de 2016. Además, yo estoy de acuerdo que el pago del antedicho monto de AstraZeneca a mi persona no será interpretado como una admisión de responsabilidad de AstraZeneca.

III.

Declaro que yo he leído esta Renuncia y que yo he tenido la total oportunidad de considerar y entender sus condiciones y de consultar con mis consejeros y buscar consejo legal. Además declaro que he decidido firmar esta Renuncia por mi propia voluntad.

IV.

Entiendo que si no firmo y devuelvo esta Renuncia a AstraZeneca antes de la fecha indicada en la adjunta Notificación a Clase Afectada, no tendré derecho a recibir un pago (menos las deducciones obligadas por la ley) de AstraZeneca.

EN FE DE LO CUAL, yo he firmado este documento en el _____ día de _____, 2021.

Firma

ATTACHMENT D

(b) (7)(E)

