

**Fill in this information to identify the case:**

Debtor Eiger BioPharmaceuticals, Inc

United States Bankruptcy Court for the: Northern District of Texas  
(State)

Case number 24-80040

**Official Form 410  
Proof of Claim**

**04/22**

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

**Part 1: Identify the Claim**

1. <b>Who is the current creditor?</b>	<u>Blair Narog</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>  Other names the creditor used with the debtor _____	
2. <b>Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. <b>Where should notices and payments to the creditor be sent?</b>  <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	<b>Where should notices to the creditor be sent?</b>  <u>Blair Narog</u> <u>Blair Narog</u> <u>275 Chatham Way</u> <u>Mountain View, CA 94040, United States</u>	<b>Where should payments to the creditor be sent? (if different)</b>  _____  _____
	Contact phone <u>6502797545</u> Contact email <u>blairnarog@gmail.com</u>	Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. <b>Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <small>MM / DD / YYYY</small>	
5. <b>Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 33-0971591

7. How much is the claim? \$ 180241.90. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.  
EIGER SEVERANCE CONTRACT AND FAMILY COBRA MEDICAL REIMBURSEMENT

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature or property:**  
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

	Amount entitled to priority
<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes. Check all that apply:	
<input checked="" type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ <u>18001.96</u>
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ <u>162239.94</u>
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ \_\_\_\_\_

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 05/23/2024  
MM / DD / YYYY

/s/Blair Narog  
Signature

**Print the name of the person who is completing and signing this claim:**

Name Blair Narog  
First name Middle name Last name

Title Eiger Vice President Technical Operations

Company Eiger Biopharmaceuticals  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1544 | International (310) 751-2638

<b>Debtor:</b> 24-80040 - Eiger BioPharmaceuticals, Inc <b>District:</b> Northern District of Texas, Dallas Division			
<b>Creditor:</b> Blair Narog Blair Narog 275 Chatham Way  Mountain View, CA, 94040 United States <b>Phone:</b> 6502797545 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> blairnarog@gmail.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>  <b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>  <b>Filing Party:</b> Creditor		
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No		
<b>Basis of Claim:</b> EIGER SEVERANCE CONTRACT AND FAMILY COBRA MEDICAL REIMBURSEMENT	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Last 4 Digits:</b> Yes - 33-0971591</td> <td style="width: 50%;"><b>Uniform Claim Identifier:</b></td> </tr> </table>	<b>Last 4 Digits:</b> Yes - 33-0971591	<b>Uniform Claim Identifier:</b>
<b>Last 4 Digits:</b> Yes - 33-0971591	<b>Uniform Claim Identifier:</b>		
<b>Total Amount of Claim:</b> 180241.90	<b>Includes Interest or Charges:</b> No		
<b>Has Priority Claim:</b> Yes	<b>Priority Under:</b> 11 U.S.C. §507(a)(1)(A) or (a)(1)(B): 18001.96 11 U.S.C. §507(a)(4): 162239.94		
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>		
<b>Submitted By:</b> Blair Narog on 23-May-2024 12:16:13 p.m. Eastern Time <b>Title:</b> Eiger Vice President Technical Operations <b>Company:</b> Eiger Biopharmaceuticals			

Fill in this information to identify the case:

Debtor 1 EIGER BIOPHARMACEUTICALS INC.  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Northern District of Texas  
Case number 24-80040-SGJ-11

Official Form 410  
**Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor? BLAIR NAROG  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
Where should notices to the creditor be sent?  
BLAIR NAROG  
Name  
275 CHATHAM WAY  
Number Street  
MOUNTAIN VIEW CA 94040  
City State ZIP Code  
Contact phone 650-279-7545  
Contact email BLAIRNAROG@GMAIL.COM  
Where should payments to the creditor be sent? (if different)  
SAME  
Name  
Number Street  
City State ZIP Code  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_  
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  No  
 Yes. Who made the earlier filing? \_\_\_\_\_

*CLAIMANT*  
*BLAIR NAROG*  
*SSID: 1434 JUNE 4, 1985*

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 1 5 9 1 <sup>ED</sup>

EIGER BIOPHARMACEUTICALS  
24-80040

7. How much is the claim? \$ 180,241.90. Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  
1) EIGER SEVERANCE CONTRACT 2) COBRA REIMBURSEMENT

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property: \_\_\_\_\_

CLAIMANT  
BLAIN NAROG  
SS ID: 1434  
BD JUNE 4, 1959

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

- No  
 Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ 18,001.96
- Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ \_\_\_\_\_
- Wages, salaries, or commissions (up to \$15,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ 162,239.94
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ \_\_\_\_\_
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ \_\_\_\_\_
- Other. Specify subsection of 11 U.S.C. § 507(a)(1B) that applies. \$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.


I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

05/23/2024  
MM / DD / YYYY

  
Signature

Print the name of the person who is completing and signing this claim:

Name: BLAIR ALAN NAROG  
First name Middle name Last name

Title: VICE PRESIDENT OF TECHNICAL OPERATIONS

Company: EIGER BIOPHARMACEUTICALS  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 275 CHATHAM WAY  
Number Street  
MOUNTAIN VIEW CA 94040  
City State ZIP Code

Contact phone: 650-279-7545 Email: BLAIRNAROG@GMAIL.COM

CLAIMANT  
 BLAIR NAROG  
 SS ID: 1434  
 B D: JUNE 4, 1959

EARNINGS STATEMENT



Eiger BioPharmaceuticals, Inc.

2155 Park Blvd  
Palo Alto, CA 94306

Check No: 4370395

Check Date: 03/29/2024

Pay Period: 03/16/2024 - 03/31/2024

**Blair Alan Narog**

**NON-NEGOTIABLE**

275 Chatham Way  
Mountain View, CA 94040-

Employee ID : 00001857273

Department: 71552300

Net Pay

Location: Eiger  
BioPharmaceuticals-HQ

Pay Rate: \$0.00 Hourly

**USD \$8,899.61**

Business Title: VP, Technical  
Operations

Hours and Earning							
Description	Rate	Hours	Units	Current Earnings	Hours	Units	Year-to-Date
Separation Pay Recurring	0.000	0.00	0.00	18,026.66	0.00	0.00	108,159.96
<b>Gross Pay</b>		<b>0.00</b>	<b>0.00</b>	<b>18,026.66</b>	<b>0.00</b>	<b>0.00</b>	<b>108,159.96</b>
<b>Fed Taxable Gross</b>				<b>18,026.66</b>			<b>108,159.96</b>

Tax Withholding		
Description	Federal	CA State
Marital Status	Single	S/M-2 inc
Allowance/Credit	0.00	3.00
Addl. Income	0.00	0.00
Deductions	0.00	
Addl. Amt.	1,000.00	0.00

Taxes and Deductions			
Taxes	Current	Plan Year	Year-to-Date
Fed Withholding	5,862.03		35,172.18
Fed MED/EE	261.39		1,568.32
Fed OASDI/EE	1,117.66		6,705.92
CA Withholding	1,687.68		10,126.08
CA OASDI/EE	198.29		1,189.76
<b>Total Taxes</b>	<b>9,127.05</b>		<b>54,762.26</b>
Before-Tax Deductions	Current	Plan Year	Year-to-Date
Total Before Tax Deductions	0.00	0.00	0.00
After-Tax Deductions	Current	Plan Year	Year-to-Date
Total After Tax Deductions	0.00		0.00
Total Deductions	0.00		0.00
<b>Net Pay</b>	<b>8,899.61</b>		<b>53,397.70</b>

Company-Paid Benefits		
Taxable Benefits	Current	Year-to-Date
<b>Total Taxable</b>	<b>0.00</b>	<b>0.00</b>
Non-Taxable Benefits	Current	Year-to-Date
<b>Total Non-Taxable</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Benefits</b>	<b>0.00</b>	<b>0.00</b>

Time Off	
Description	VAC/PTO
Start Balance	160.00
+Earned	0.00
-Taken	160.00
+Adjustments	0.00
<b>End Balance</b>	<b>0.00</b>

Direct Deposit		
Account Type	Account No.	Deposit Amount
Checking	0708	8899.61
<b>Total</b>		<b>8899.61</b>



## COBRA CONFIRMATION STATEMENT AND IMPORTANT PAYMENT INFORMATION

11/14/2023

Blair Alan Narog  
275 Chatham Way  
Mountain View, CA 94040

COBRA Account ID: 00001857273

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Effective Date: 11/1/2023	Amount Paid: \$4,500.49
COBRA End Date: 4/30/2025	Check #:IN131YKYG
Current Monthly Premium: \$4,500.49	Paid Through Date*:11/30/2023

**COBRA Payments Due: First of Each Month**

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This is confirmation that your TriNet COBRA enrollment and initial payment for coverage have been received and processed in accordance with your COBRA benefits elections. Please allow 7-10 business days for your insurance carrier(s) to update their records and read the payment information below carefully.

**Your payments are due the first of the month** (e.g., October payment due date is October 1). You are granted an additional 30-day grace period after each due date in which the payment must be made/postmarked. **There will be no extension to the grace period. You will not receive an invoice stating when payments are due.** Failure to remit either the full monthly payment or timely payment will result in cancellation of your COBRA coverage retroactive to the end of the month of your last full payment. **If you incur expenses during a month in which you have not made your COBRA payments on time or in full, you will be solely responsible for your health care costs.**

Non-payment, payments not received by TriNet, underpayment, late payment, checks returned for insufficient funds (NSF), or non-negotiable checks (including unsigned or postdated), even if deposited into our automated deposit system, will result in immediate termination of coverage. Such payments deposited into our automated deposit system do not indicate your coverage has been reinstated and will be returned to you. **It is your sole responsibility to make certain that payments are remitted timely from an account with sufficient funds.**

TriNet recommends you make your own COBRA payments. If you rely on a third-party to pay your monthly COBRA costs, it still remains your sole responsibility to make certain that payments are remitted timely from an account with sufficient funds. **Please make checks payable to "TriNet," include your COBRA Account ID (listed above), and remit per the instructions on your Initial COBRA Election Notice or You can make your payment via the online website listed on your COBRA election notice.**

For additional information regarding COBRA enrollment, grace periods, your rights, and Frequently Asked Questions (FAQs), please refer to the COBRA Guide included with your initial COBRA Election Notice. If you have any questions, please feel free to reach out to the TriNet Solution Center, Monday-Friday 6 a.m.-midnight ET (3 a.m.-9 p.m. PT), by phone (800.638.0461), Live Chat (login.trinet.com > **Contact TriNet > Live Chat**) or email ([employees@trinet.com](mailto:employees@trinet.com)).

**\*The Paid Through Date is based on your initial payment. If your costs have changed (e.g., Open Enrollment plan year rate changes) your paid through date may be adjusted. It is your sole responsibility to make certain your payments are current.**

FOR TRINET USE ONLY	Processor:
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**COBRA Continuation Coverage Election Form**

**Instructions: To elect COBRA continuation coverage, complete this Election Form and return it to us. Under federal law, you have 60 days after the date of this notice or the date you would otherwise lose coverage, whichever is later, to decide whether you want to elect COBRA continuation coverage under the Plan.**

**Send completed Election Form to:**

TriNetCOBRA@TriNet.com

\*If you use email, we recommend you send it in a safe and secure manner

Or

TriNet COBRA  
9000 Town Center Parkway  
Bradenton, FL 34202

**This Election Form must be completed and returned by mail or electronic mail. All pages of this Election Form must be postmarked or emailed no later than 12/30/2023.**

**If you don't submit a completed Election Form by the due date shown above, you'll lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you submit a completed Election Form before the due date.**

**Read the important information about your rights included in the pages after the Election Form.**

I (We) elect COBRA continuation coverage in the plan(s) listed below (check the box for each plan(s) level and dependent(s) you are electing.)

Blair Narog



Medical  
BS-CA PPO 300 CA North

	COBRA Rate	Name	Birth Year	Relationship to Employee	Employee Id
Employee Only	\$ 2,138.94	<input checked="" type="checkbox"/> Blair Narog	1959	Employee <input type="checkbox"/>	00001857273
Employee + Spouse	N/A	<input checked="" type="checkbox"/> KIRA A NAROG	2003	Child <input type="checkbox"/>	
EE+ Child(ren)	<u>\$ 4,364.58</u>	<input checked="" type="checkbox"/> DEVAN A NAROG	1999	Child <input type="checkbox"/>	
Family	N/A	<input type="checkbox"/>			

Monthly Medical Rate Amount Elected: \$ 4,364.58



Dental  
Delta Dental 50

	COBRA Rate	Name	Birth Year	Relationship to Employee	Employee Id
Employee Only	\$ 55.88	<input checked="" type="checkbox"/> Blair Narog	1959	Employee <input type="checkbox"/>	00001857273
Employee + Spouse	N/A	<input checked="" type="checkbox"/> KIRA A NAROG	2003	Child <input type="checkbox"/>	
EE+ Child(ren)	<u>\$ 120.14</u>	<input checked="" type="checkbox"/> DEVAN A NAROG	1999	Child <input type="checkbox"/>	
Family	N/A	<input type="checkbox"/>			

Monthly Dental Rate Amount Elected: \$ 120.14

Vision  
Actna EyeMed Plus

	COBRA Rate	Name	Birth Year	Relationship to Employee	Employee Id
Employee Only	\$ 7.69	<input checked="" type="checkbox"/> Blair Narog	1959	Employee	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Employee + Spouse	N/A	<input checked="" type="checkbox"/> KIRA A NAROG	2003	Child	
EE+ Child(ren)	\$ 15.77	<input checked="" type="checkbox"/> DEVAN A NAROG	1999	Child	
Family	N/A				

Monthly Vision Rate Amount Elected: \$ 15.77

Total Monthly Rate Amount Elected: \$ \_\_\_\_\_

→ \$ 4500.49

I am checking one of the boxes that follows to indicate how I (We) am paying my first COBRA premium (otherwise known as COBRA rate payment).

- My first COBRA payment is enclosed (if paying by check).
- My first COBRA payment was made electronically via ACH or debit on 09 NOV 2023 [date].
- You will receive my first COBRA payment within 45 days of the date this Election Form is postmarked or emailed. I understand that my enrollment will not be processed until the Plan Administrator receives payment.

Please see below for detailed instructions on methods of payment.

Brian Narog  
Signature

09 NOV 2023  
Date

BRIAN NAROG  
Print Name

SELF  
Relationship to individual(s) listed above

275 CHATHAM WAY  
Mailing Address

BRIANNAROG@GMAIL.COM  
Email Address

MOUNTAIN VIEW CA  
City, State and Zipcode  
94040

650.279.7545  
Telephone number

<b>TriNet Use only :</b>	Benefit Plan : 8IN
Date Processed :	OE Period : Q4
Processor :	Date received :
Check Number :	Per Month total :
Check \$ amount :	Remarks/Case # :

## CONFIDENTIAL SEPARATION AND RELEASE AGREEMENT

### DO NOT SIGN BEFORE YOUR SEPARATION DATE

### THE COMPANY WILL NOT ACCEPT AN AGREEMENT SIGNED BEFORE YOUR SEPARATION DATE

1. **Parties.** The Parties to this Agreement are **BLAIR NAROG**, the Employee (for yourself, your family, beneficiaries, and anyone acting for you) (“you”), and your Employer, Eiger BioPharmaceuticals, Inc. (“the Company”). (You and the Company collectively referred to as the “Parties”).

2. **End of Employment.** Your employment with the Company will end on **Friday, October 20, 2023** (“Separation Date”). Regardless of whether you sign this Agreement, you will receive your final pay including accrued and unused vacation or PTO. All other benefits provided by or through the Employer will end on the Separation Date. The terms of the Company’s Amended and Restated 2013 Equity Incentive Plan (the “Plan”) and the Stock Option Agreements governing your stock options provide that as a result of you ceasing to be an employee of the Company, your Stock Options that have not vested on or before the Separation Date shall expire upon the termination of employment on the Separation Date, and vested Stock Options shall expire ninety (90) days after the Separation Date unless exercised by you by that date.

3. **Separation Pay and Benefits.** As consideration for your promises in this Agreement, if you enter into and abide by this Agreement and continue to comply with all company policies and procedures after you sign this Agreement, you will receive the following:

**Separation Pay:** Consistent with your November 25, 2019 Letter Agreement, a gross total amount of Two-Hundred, Forty-Nine Thousand, Five Hundred, Ninety-Nine Dollars, and Ninety-Seven Cents (**\$249,599.97**) (nine (9) months of pay at your current salary), minus applicable deductions and withholdings, payable to you in equal installments over nine (9) months on the Company’s regular payroll schedule, and beginning with the first installment paid on the next regular payroll date on which payments may be processed after you sign this Agreement and after the revocation period has expired, provided such payroll date is at least fifteen (15) business days after such date. The Company will issue an IRS Form W-2 to you reflecting this payment.

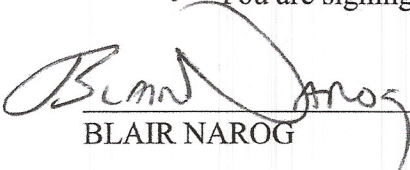
**COBRA Subsidy:** The Company will continue its health insurance premium subsidy for nine (9) months (if you have elected COBRA continuation option and you remain COBRA-eligible).

**Bonus Pay:** You have an annual target bonus of 30% of your base salary. Consistent with your November 25, 2019 Letter Agreement, a gross prorated bonus amount will be payable to you in the sum of **\$74,880.00**, minus applicable deductions and withholdings.

BN

CLAIMANT  
BLAIR NAROG  
SS ID: 1434  
BD 04 JUNE 2023

- You have had the opportunity to negotiate this Agreement with the Company, and this Agreement shall not be construed for or against either party as a drafter of its terms;
- You have relied on your own informed judgment, or that of your attorney if any, in deciding whether to sign this Agreement; and,
- You are signing this Agreement knowingly and voluntarily.

  
 BLAIR NAROG  
 26 OCT 2023  
 (Date)

DocuSigned by:  
 David Apelian 11/6/2023  
 0E1FCA881024459  
 By: EIGER BIOPHARMACEUTICALS, INC.  
 (Date)

Name: David Apelian

Title: Chief Executive Officer

Employee Initials BN  
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C. CAHMAN  
 BLAIR NAROG  
 SS ID 1434  
 BD: 04 JUNE 1959