

**Claim Forms
must be submitted
online or
postmarked by:
November 26,
2026**

Baca, et al. v. Ben E. Keith Company
Cause No. 067-348166-23
District Court of Tarrant County, Texas, 67th Judicial District Court
www.BEKDataIncidentSettlement.com
CLAIM FORM

BEK

GENERAL INSTRUCTIONS

This is the Court-approved Claim Form for the *Baca, et al. v. Ben E. Keith Company* class action Settlement. Settlement Class Members who want to receive Settlement Class Member Benefits must submit a Claim Form online at www.BEKDataIncidentSettlement.com no later than **November 26, 2026**, or by mail postmarked no later than **November 26, 2026**.

You are eligible to submit a Claim Form in this Settlement if you are an individual in the United States who was sent a Notice Letter from Ben E. Keith Company and you have not opted out of the Settlement.

You are not eligible to submit a Claim Form in this Settlement if you are: (a) Defendant, an officer or director of Defendant, or (b) a Judge assigned to this case as well as their judicial staff and immediate family members.

SETTLEMENT CLASS MEMBER BENEFITS

Settlement Class Members who submit a timely and valid Claim Form may elect to receive three (3) years of one (1) credit bureau **Credit Monitoring** along with any combination of Cash Payments A, B and/or C or, in the alternative, Cash Payment D.

Cash Payment A – Extraordinary Losses: Up to \$5,000.00 per Settlement Class Member. To receive reimbursement for Extraordinary Losses, the losses claimed must meet the following criteria:

- The losses are related to fraud or identity theft;
- The losses are actual monetary losses;
- The losses were more likely than not caused by the Data Security Incident;
- The losses were incurred between March 3, 2023, and **November 26, 2026**;
- The losses cannot have been previously reimbursed. This includes compensation provided in connection with any credit monitoring and identity theft protection product; and
- The losses must be supported by reasonable third-party documentation showing that the claimed expense was actually incurred, unreimbursed, and more likely than not related to the Data Security Incident. Personal certifications, declarations, or affidavits from the Settlement Class Member alone do not constitute proper documentation, but may be included to provide clarification, context, or support for other submitted reasonable documentation.

Cash Payment B – Ordinary Losses: Up to \$400.00 per Settlement Class Member. Ordinary Losses include unreimbursed out-of-pocket expenses incurred as a result of the Data Security Incident, such as: (a) bank fees; (b) long distance phone charges; (c) cell phone charges (only if charged by the minute); (d) data charges (only if charged based on the amount of data used); (e) postage; (f) gasoline for local travel; and (g) reimbursement for credit reports, credit monitoring, or other identity theft insurance products purchased between March 3, 2023, and **November 26, 2026**.

Claims for Ordinary Losses must be supported by reasonable documentary evidence showing that the claimed losses were actually incurred, unreimbursed, and more likely than not caused by the Data Security Incident. Personal certifications, declarations, or affidavits from the Settlement Class Member alone do not constitute sufficient documentation for Ordinary Losses, but may be submitted to provide clarification, context, or support for other submitted documentation.

Cash Payment C – Lost Time: Up to \$90.00 (\$30.00 per hour) for reimbursement of time spent addressing issues related to, or researching, the Data Security Incident. Reimbursement amounts for Lost Time are included in the \$400.00 maximum amount for Ordinary Losses.

Cash Payment D – Alternative Cash Payment: If you do not claim Cash Payment A, B, or C, you may elect to receive the \$35.00 Alternative Cash Payment. No documentation is required to claim this benefit.

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Aggregate Cap – Claims for Cash Payments A, B, C, and D are subject to an Aggregate Cap of \$900,000.00. If the total value of all Valid Claims for Cash Payments A, B, C, and D exceeds \$900,000.00, payments will be reduced on a *pro rata* basis so that the total amount of those payments does not exceed the Aggregate Cap.

I. NAME AND CONTACT INFORMATION

Please provide your name and contact information below. It is your responsibility to notify the Settlement Administrator if your contact information changes after you submit your Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID

II. CREDIT MONITORING

☐ Check this box if you want to receive three (3) years of one (1) bureau Credit Monitoring.

Note: Enrollment instructions will be sent to the email address you provided in Section I of this Claim Form if the Settlement is approved and becomes final.

Proceed to the following Sections to claim a Cash Payment. If you do not want to receive a Cash Payment from this Settlement, proceed directly to Section VIII. to sign and date this Claim Form.

III. CASH PAYMENT A - EXTRAORDINARY LOSSES

☐ Check this box if you want to receive payment for Extraordinary Losses.

Reasonable Third-Party Documentation: Fill in the chart below to describe the supporting documentation you are providing with this Claim Form and the loss amount(s) that you are seeking reimbursement for (up to \$5,000.00) that are supported by that documentation.

Remember: The claimed expense(s) must have been actually incurred, remain unreimbursed, and be more likely than not related to the Data Security Incident.

Description of Documentation Provided	Amount
Total Unreimbursed Extraordinary Losses Claimed:	

QUESTIONS? VISIT WWW.BEKDATAINCIDENTSETTLEMENT.COM OR CALL TOLL-FREE 1-833-404-4341

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IV. CASH PAYMENT B - ORDINARY LOSSES

☐ Check this box if you want to receive payment for Ordinary Losses.

Documentation of Out-of-Pocket Expenses: Fill in the chart below to describe the supporting documentation you are providing with this Claim Form and the out-of-pocket expenses you are seeking reimbursement for (up to \$400.00) that are supported by that documentation:

Description of Documentation Provided	Amount
Total Unreimbursed Ordinary Losses Claimed:	

V. CASH PAYMENT C – LOST TIME

☐ Check this box if you are claiming reimbursement for time spent addressing issues related to, or researching, the Data Security Incident. By checking this box and completing this section, you are attesting that the amount of time spent and the description of how that time was spent is true and accurate to the best of your recollection.

Indicate the amount of time spent and provide a brief description of how that time was spent:

☐ One (1) Hour ☐ Two (2) Hours ☐ Three (3) Hours

[illegible]

VI. CASH PAYMENT D - ALTERNATIVE CASH PAYMENT

☐ Check this box if you are claiming the \$35.00 Alternative Cash Payment.

Remember: You are NOT eligible to claim this payment if you are claiming Cash Payment A, B, or C. However, if you select this payment, you can also choose to receive Credit Monitoring services (see Section II above).

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VII. 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.

VIII. AFFIRMATION & SIGNATURE

By signing below and submitting this Claim Form, I swear and affirm under penalty of perjury under the laws of the United States that:

1. I am a Settlement Class Member, and I have not opted out of the Settlement;
2. The information I provided in this Claim Form and any documentation submitted in support of my claimed losses are true and correct to the best of my knowledge or recollection; and
3. 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

SUBMITTING YOUR CLAIM FORM

Please retain a copy of your Claim Form and any supporting documentation you submit. Documentation submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible. Mail your completed Claim Form, including any supporting documentation to:

Ben E. Keith Data Security Incident Settlement
Attn: Claim Forms
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

Remember: Claim Forms submitted by mail must be postmarked on or before November 26, 2026.