MUST BE SUBMITTED ONLINE OR POSTMARKED ON OR BEFORE DECEMBER 21, 2026

Kirkbride et al. v. The Kroger Co.
No. 2:21-cv-00022 (S.D. Ohio.)

FOR OFFICIAL USE ONLY

Claim Form Instructions

If you are a Settlement Class Member, you may file a claim requesting a share of the Settlement Fund. You must complete this Claim Form and mail it to the Settlement Administrator at the address provided below or submit it online at www.krogersavingsclubsettlement.com. A mailed form must be postmarked, and an online form must be submitted, by no later than **DECEMBER 21, 2026**.

You must complete all required sections of the attached Claim Form:

1. Complete *Section A*. Provide your name and contact information.
2. Review *Section B*. Confirm you qualify to file a claim.
3. Complete *Section C*. Provide information about your purchase(s) of prescription drug(s) you paid for while using insurance at Kroger[1] from December 9, 2018, through August 23, 2026.
4. Review *Section D* and provide documentation (if required).
5. Review *Section E* and sign the Claim Form. If you sign the Claim Form, you certify (or swear under penalty of perjury) that the information you provided is true and correct to the best of your knowledge and that you qualify to submit a claim (as described in *Section B*).

You have two options to submit your Claim Form:

- You can mail your completed and signed Claim Form, and any supporting documents (if required), postmarked no later than **December 21, 2026**, to:

Kroger Savings Club Litigation Settlement
Attn: Claim Forms
1650 Arch Street, Suite 2210, Philadelphia, PA 19103

OR

- You can complete and submit the Claim Form and upload supporting documents (if required) on the Settlement Website, www.krogersavingsclubsettlement.com, no later than **December 21, 2026**. After you complete the online Claim Form, you will receive a receipt saying that your claim was submitted.

If your completed Claim Form is not postmarked or received online by **December 21, 2026**, you will not receive a payment from this Settlement. Submitting a Claim Form does not guarantee that you will receive a payment from the Settlement.

[1] Kroger includes The Kroger Co. and all pharmacies owned and/or operated by The Kroger Co. or any of its affiliates. A list of all pharmacies owned and/or operated by Kroger is set forth in Exhibit A of the [Proposed] Plan of Allocation and Distribution, available at www.krogersavingsclubsettlement.com.

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Kroger Savings Club Litigation Settlement

CLAIM FORM

Use Blue or Black Ink Only

Section A: Claimant Identification

Claimant's Name

Agent/Legal Representative (if any)

Street Address

City | State | Zip Code

Mobile Telephone Number* | Email Address*

Notice Identification Number (if provided by Settlement Administrator)

*By providing your email address and mobile telephone number, you authorize the Settlement Administrator to use that mobile telephone number and email address to send you information relevant to this claim.

Settlement payments will be sent digitally unless you request a paper check, as set forth below. Please ensure you provide a current, valid email address and mobile telephone number with your claim submission. If the email address or mobile telephone number you provide becomes invalid for any reason, you must notify the Settlement Administrator. It is your responsibility to provide accurate contact information to the Settlement Administrator to make sure you receive your payment. When you receive the email and/or mobile phone communication notifying you about your settlement payment, you will be provided with a number of digital payment options, such as PayPal, Venmo, Zelle, ACH transfers, and virtual pre-paid cards. You will be able to select from these options to receive your settlement payment. The email and/or mobile phone communication will also give you the option to request a paper check.

Section B: Should I File a Claim Form?

To be eligible to file a Claim Form and receive a cash distribution from the proposed Settlement, you must be a person, in the United States or its territories, who paid for some or all of the purchase price of one or more prescription drugs from Kroger (which includes The Kroger Co. and all pharmacies owned and/or operated by The Kroger Co. or any of its affiliates), where you used prescription insurance benefits when filling the prescription, at any time from December 9, 2018 through August 23, 2026.

Several individuals are not included in the Settlement Class and are not eligible to file a Claim Form and receive a cash distribution from the proposed Settlement, even if they otherwise meet the definition above. The following individuals are excluded from the Settlement Class: (1) any Judge presiding over any portion of this Action, including appeals, and immediate members of the Judges' families, and any members of the Judges' respective staffs (but not members of the immediate families of judicial staff); (2) officers and directors of Kroger, its subsidiaries, parent companies, successors, predecessors, affiliates, and any entity in which Kroger has a controlling interest; (3) individuals who timely and validly request exclusion from the Settlement Class; (4) the legal representatives, successors, or assigns of any such excluded individuals; and (5) all individuals that have sued (other than through this Action), filed an arbitration demand, or participated in a settlement in a suit against Kroger relating to its determination of usual and customary prices in connection with the Savings Club (this exclusion from the Settlement Class does not apply to individuals that have voluntarily dismissed their claims without prejudice in any suit or arbitration).

If you are excluded from the Settlement Class, you may not file a claim.

Section C: Purchase Information

Please estimate the total amount of money that you, and NOT insurance, paid out-of-pocket for one or more prescription drugs from Kroger, where insurance benefits were used in filling the prescription(s), from December 9, 2018, through August 23, 2026.

Estimated total amount of money you, and NOT insurance, paid out-of-pocket for one or more prescription drugs from Kroger, where insurance benefits were used in filling the prescription(s), from December 9, 2018, through August 23, 2026: (Please check ONE.)

☐ $1-$500
☐ $501-$1,000
☐ $1,001-$4,000
☐ $4,001-$7,999
☐ $8,000 or more

Section D: Proof of Payment and Note Regarding Documentation

You do not need to provide any documentation at this time if the estimated total amount of your out-of-pocket expenditures for one or more prescription drugs purchased from Kroger from December 9, 2018, through August 23, 2026, where prescription benefits were used in filling the prescription(s), is less than $8,000. However, the Settlement Administrator may ask for additional proof supporting your claim.

If the total amount of your out-of-pocket expenditures for one or more prescription drugs purchased from Kroger from December 9, 2018, through August 23, 2026, where prescription benefits were used in filling the prescription(s), is $8,000 or more, or if the Settlement Administrator contacts you and asks for additional proof supporting your claim, you must provide documents as proof to support your claim.

You can submit any of the following documents to support the purchase information you put in Section C (above): itemized receipts, cancelled checks, invoices, statements, insurance documents, or other business or transaction records showing the amount you paid for purchases of one or more prescription drugs from Kroger, where prescription insurance benefits were used in filling the prescription(s), from December 9, 2018 through August 23, 2026.

If the estimated total amount of your out-of-pocket expenditures for one or more prescription drugs purchased from Kroger from December 9, 2018, through August 23, 2026, where prescription benefits were used in filling

the prescription(s), is $8,000 or more, please submit your supporting documents with your completed Claim Form.

Section E: Certification

I have read and am familiar with the contents of this Claim Form. I certify that the information I have set forth above is true, correct, accurate, and complete to the best of my knowledge. I certify that I, to the best of my knowledge, paid a total amount within the estimate I provided in Section C (above) in out-of-pocket expenditures for one or more prescription drugs from Kroger, where prescription insurance benefits were used in filling the prescription(s), from December 9, 2018, through August 23, 2026. I further certify that I did not opt out of the Settlement Class in this Action.

In addition: (a) I am not a Judge presiding over any portion of this Action, including appeals, or an immediate member of the Judges' families, or any member of the Judges' respective staffs; (b) I am not an officer or director of Kroger, its subsidiaries, parent companies, successors, predecessors, affiliates, or any entity in which Kroger has a controlling interest; (c) I am not opting out of the Settlement, and I am not a legal representative, successor, or assign of any such excluded individual; (d) I did not pay for all of my prescription drugs from Kroger from December 9, 2018 through August 23, 2026 without using insurance benefits; and (e) with the exception of individuals that have voluntarily dismissed their claims without prejudice in any suit or arbitration, I am not an individual that has sued (other than through this Action), filed an arbitration demand, or participated in a settlement in a suit against Kroger relating to its determination of usual and customary prices in connection with the Savings Club.

To the extent I have been given authority to submit this Claim Form by a Settlement Class Member on his or her behalf, and accordingly am submitting this Claim Form in the capacity of an authorized agent with authority to submit it by the Settlement Class Member identified on this form, and to the extent I have been authorized to receive on behalf of this Settlement Class Member(s) any and all amounts that may be allocated to him or her from the Settlement Fund, I certify that such authority has been properly vested in me and that I will fulfill all duties I may owe the Settlement Class Member. In the event amounts from the Settlement Fund are distributed to me and a Settlement Class Member later claims that I did not have the authority to claim and/or receive such amounts on his or her behalf, I and/or my employer will hold the Settlement Class, counsel for the Settlement Class, and the Settlement Administrator harmless with respect to any claims made by the Settlement Class Member.

I hereby submit to the jurisdiction of the United States District Court for the Southern District of Ohio for all purposes connected with this Claim Form, including resolution of disputes relating to this Claim Form. I acknowledge that any false information or representations contained herein may subject me to sanctions, including the possibility of criminal prosecution. I agree to supplement this Claim Form by providing documents as proof for the information I provided herein, upon request of the Settlement Administrator.

I certify that the above information supplied by the undersigned is true and correct to the best of my knowledge, and this Claim Form was executed this _____ day of _____, 2026.

Signature

Print or Type Name

Authorized Agent Signature (if applicable)

Print or Type Name

If you did not complete this Claim Form online through the Settlement Website, you must mail your completed Claim Form postmarked on or before **December 21, 2026**, to the following address:

Kroger Savings Club Litigation Settlement
Attn: Claim Forms
1650 Arch Street, Suite 2210, Philadelphia, PA 19103

Toll-Free Telephone: (888) 535-4262 Website: www.krogersavingsclubsettlement.com

REMINDER CHECKLIST:

1. Please complete, sign, and mail the above Claim Form or complete the online Claim Form. Attach or upload any documents supporting your claim (if applicable).

2. Keep a copy of your Claim Form and supporting documents for your records.

3. If you would like a receipt acknowledging your Claim Form was received, please complete the form online or mail this form via Certified Mail, Return Receipt Requested.

4. If you move, your name changes, and/or your contact information changes, please send your new address, your new name, and/or your new contact information to the Settlement Administrator at info@ krogersavingsclubsettlement.com or via U.S. Mail at the address above.