

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

CYNTHIA RUSSO, LISA BULLARD,
RICARDO GONZALES, INTERNATIONAL
BROTHERHOOD OF ELECTRICAL
WORKERS LOCAL 38 HEALTH AND
WELFARE FUND, INTERNATIONAL
UNION OF OPERATING ENGINEERS
LOCAL 295-295C WELFARE FUND, AND
STEAMFITTERS FUND LOCAL 439, on
Behalf of Themselves and All Others
Similarly Situated,

Plaintiffs,

v.

WALGREEN CO.,

Defendant.

Civil No. 1:17-cv-02246

Judge Edmond E. Chang

INSTRUCTIONS FOR SUBMITTING YOUR THIRD-PARTY PAYOR CLAIM FORM

The information you provide will be kept confidential and will be used only for administering this Settlement. If you have any questions, please call the Settlement Administrator at **1-877-888-8386** or by email at info@SavingsClubSettlement.com.

A Third-Party Payor (“TPP”) Class Member or an authorized agent can complete this Claim Form. If both a TPP Class Member and its authorized agent submit a Claim Form, the Settlement Administrator will only consider the TPP Class Member’s Claim Form. The Settlement Administrator may request additional supporting documentation. The claim may be rejected if any requested documentation is not provided in a timely manner.

If you are a **TPP Class Member** submitting a Claim Form on your own behalf, you must provide the information requested in “**Part I, Section A – COMPANY OR HEALTH PLAN TPP CLASS MEMBER ONLY**,” in addition to the other information requested in Parts II and III of this Claim Form.

If you are an **authorized agent** of one or more TPP Class Members, you must provide the information requested in “**Part I, Section B – AUTHORIZED AGENT ONLY**,” in addition to the other information requested in Parts II and III of this Claim Form.

You may submit a separate Claim Form for each TPP Class Member, OR you may submit one Claim Form for all TPP Class Members you represent as long as you provide the information required for each TPP Class Member on whose behalf you are submitting the form.

If you are submitting Claim Forms both on behalf of your company as a TPP Class Member AND as an authorized agent on behalf of one or more TPP Class Members, you should submit one Claim Form for your company, completing Section A, and separately, another TPP Claim Form or Forms as an authorized agent for the other TPP Class Member(s), completing Section B. **Do not submit a Claim Form on behalf of any TPP Class Member unless that TPP Class Member provided you with prior authorization to submit the Claim Form. The Settlement Administrator may request proof of authorization prior to accepting any Claim Form.**

You must complete and submit this Claim Form, either on paper or electronically on the Settlement website, to qualify to receive a payment from this Settlement. You will need to provide certain requested documentation to substantiate your Claim.

Your failure to complete and submit the Claim Form, postmarked or filed online by **April 17, 2025**, will prevent you from receiving any payment from this Settlement. Submission of this Claim Form does not ensure that you will share in the payments related to the Settlement. If the Settlement Administrator disputes a material fact concerning your Claim, you will have the right to present information in a dispute resolution process.

CLAIM DOCUMENTATION REQUIREMENTS

You must provide all the information requested in “Part II: Amount Claimed” for each TPP Class Member. You must submit claims data and information to support the total amount the TPP Class Member paid for one or more prescription drugs from Walgreens, where prescription insurance benefits were used in filling the prescription(s) at any time from January 1, 2007 through November 18, 2024, for which it was not reimbursed from any source. This amount should not include any amounts the TPP Class Member’s beneficiaries paid to Walgreens,¹ including any co-pays, deductibles, and co-insurance. It is mandatory that you provide the data for all categories listed below.

Affidavits that do not include the information listed below will not be accepted.

- a) TPP Class Member’s Name
- b) Unique patient identification number or code
- c) NDC Number (a list of NDC Numbers is included with this Claim Form) – *e.g.*, 00000-0000-00
- d) Fill Date or Date of Service – *e.g.*, 01/01/2007
- e) Location (State) of Service – *e.g.*, CA
- f) Total Amount Billed by Walgreens (not including dispensing fee) – *e.g.*, \$40.00
- g) Total Amount Paid by TPP Class Member net of any amounts paid by your beneficiary to Walgreens, including co-pays, deductibles, and co-insurance – *e.g.*, \$20.00

If you are submitting a Claim Form on behalf of multiple TPP Class Members, in addition to the foregoing, each TPP Class Member must provide the following additional information for each prescription:

- h) Plan or Group Name
- i) Plan or Group FEIN – provide group number for each transaction

Information submitted will be covered by the Protective Order entered by the Court. For your convenience, an exemplar spreadsheet containing these categories is attached at the end of this Claim Form. Please use this format if possible. In addition, an Excel spreadsheet can be downloaded from the Settlement website, www.SavingsClubSettlement.com.

If possible, please provide the electronic data in either Microsoft Excel format or ASCII flat file pipe “|” or tab-delimited or fixed-width format.

Please contact the Settlement Administrator at **1-877-888-8386**, or by email at info@SavingsClubSettlement.com, with any questions about the required claims data.

¹ Walgreens includes all pharmacies owned and operated by Walgreen Co., or any of its affiliates, but only to the extent and for the time period they accepted Walgreens’ Prescription Savings Club during the Settlement Class Period.