

**MUST BE SUBMITTED
ONLINE OR POSTMARKED
ON OR BEFORE
April 17, 2025**

Russo v. Walgreen Co.
No. 1:17-cv-02246 (N.D. Ill.)

FOR OFFICIAL USE ONLY

Individual Claim Form Instructions

If you are a Class Member who is an individual, 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.SavingsClubSettlement.com. A mailed form must be postmarked, and an online form must be submitted, by no later than **April 17, 2025**.

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

1. Complete *Section A*. Provide your name and contact information.
2. Review and complete *Section B*. Confirm you qualify to file a claim.
3. Complete *Section C*. Provide information about your total purchases of the prescription drug(s) you paid for with insurance at Walgreens¹ from January 1, 2007 through November 18, 2024.
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 **April 17, 2025**, to:

In re Walgreens Savings Club Litigation Settlement
c/o A.B. Data, Ltd.
P.O. Box 173067
Milwaukee, WI 53217

OR

- You can complete and submit the Claim Form and upload supporting documents (if required) on the Settlement website, www.SavingsClubSettlement.com, no later than **April 17, 2025**. 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 **April 17, 2025**, 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 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.

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In re Walgreens Savings Club Litigation Settlement

INDIVIDUAL CLAIM FORM

Use Blue or Black Ink Only

Attention: This form should only be filled out if you are an individual. If you are not an individual, please do not use this form. A Third-Party Payor Claim Form for non-individuals is available at www.SavingsClubSettlement.com.

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, you authorize the Settlement Administrator to use that email address to send you information relevant to this claim. Neither your mobile telephone number nor your email will be used or disseminated beyond what is needed for this settlement.

All settlement payments will be sent digitally. 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 text notifying you about your settlement payment, you will be provided with a number of digital payment options, such as PayPal, Venmo, Apple Pay, Amazon, or direct deposit. You will be able to select from these options to receive your settlement payment. The email and/or mobile phone text 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 as an individual, you must be a person, in the United States and its territories, who paid for some or all of the purchase price of one or more prescription drugs from Walgreens, where you used prescription insurance benefits when filling the prescription, at any time from January 1, 2007 through November 18, 2024.

Several individuals and entities 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 and entities are excluded from the Settlement Class: (1) Walgreens and its management and affiliates, and employees of Walgreens and its affiliates; (2) the Court, members of their immediate families, and judicial staff (but not members of the immediate families of judicial staff); (3) all pharmacy benefit managers; (4) individuals who paid for all of their prescription drugs from Walgreens from January 1, 2007 through November 18, 2024, without using insurance benefits; (5) federal and state government entities other than government-funded employee benefit plans; and (6) all individuals and entities, except for the named plaintiffs in this case, that have sued, filed an arbitration demand, or participated in a settlement in a suit against Walgreens relating to its determination of usual and customary prices in connection with the Prescription Savings Club (this exception to the exclusion from the Settlement Class does not apply to individuals or entities that have voluntarily dismissed their claims without prejudice in any suit or arbitration).

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

By checking this box, I confirm that I have read the definition of the Settlement Class and I am not excluded from participating in the proposed Settlement.

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 Walgreens, where insurance benefits were used in filling the prescription(s) from January 1, 2007 through November 18, 2024, for which you have not been reimbursed from any source.

Estimated total amount of unreimbursed out-of-pocket expenditures you paid for one or more prescription drugs from Walgreens, where prescription insurance benefits were used in filling the prescription(s) from January 1, 2007 through November 18, 2024: (Please check ONE.)

- \$1-\$500
- \$501-\$1,000
- \$1,001-\$5,000
- \$5,001-\$9,999
- \$10,000 or more

Section D: Proof of Payment and Note Regarding Documentation

If you received notice and a Notice Identification Number from the Settlement Administrator, you do not need to provide any documentation at this time if the estimated total amount of your unreimbursed out-of-pocket expenditures for one or more prescription drugs purchased from Walgreens from January 1, 2007 through November 18, 2024, where prescription benefits were used in filling the prescription(s), is less than \$10,000. However, the Settlement Administrator may ask for additional proof supporting your claim.

If you did not receive notice and a Notice Identification Number from the Settlement Administrator, or if the total amount of your unreimbursed out-of-pocket expenditures for one or more prescription drugs purchased from Walgreens from January 1, 2007 through November 18, 2024, where prescription benefits were used in filling the prescription(s), is \$10,000 or more, 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, or other business or transaction records showing the amount you paid for purchases for one or more prescription drugs from Walgreens, where prescription insurance benefits were used in filling the prescription(s), from January 1, 2007 through November 18, 2024.

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 range I provided in Section C (above) in unreimbursed out-of-pocket expenditures for one or more prescription drugs from Walgreens, where prescription insurance benefits were used in filling the prescription(s), from January 1, 2007 through November 18, 2024. I further certify that I did not opt out of the Settlement Class in this Action.

In addition: (a) I am not a member of Walgreens or any Walgreens affiliates' management, nor am I an employee of Walgreens and its affiliates; (b) I am not the Court, nor am I a member of the Court's immediate family, or a member of the Court's judicial staff; (c) I am not a pharmacy benefit manager; (d) I did not pay for all of my prescription drugs from Walgreens from January 1, 2007 through November 18, 2024, without using insurance benefits; (e) I am not a federal or state government entity other than government-funded employee benefit plan; and (f) with the exception of individuals or entities that have voluntarily dismissed their claims without prejudice in any suit or arbitration, I am not an individual or entity, except for the named plaintiffs, that has sued, filed an arbitration demand, or participated in a settlement in a suit against Walgreens relating to its determination of usual and customary prices in connection with the Prescription 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 its 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 Northern District of Illinois 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 _____ 202_.

Signature

Print or Type Name

Authorized Agent Signature (if applicable)

Print or Type Name

If you did not complete this Claim Form online and submit it electronically through the Settlement website, you must mail your completed Claim Form postmarked on or before **April 17, 2025**, to the following address:

In re Walgreens Savings Club Litigation Settlement
c/o A.B. Data, Ltd.
P.O. Box 173067
Milwaukee, WI 53217

Toll-Free Telephone: **1-877-888-8386**

Website: www.SavingsClubSettlement.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 and/or your name changes, please send your new address and/or your new name or contact information to the Settlement Administrator at info@SavingsClubSettlement.com or via U.S. Mail at the address above.