

CLAIM FORM FOR KROGER FTA DATA BREACH BENEFITS

Cochran, et al. v. The Kroger Co., Case No. 5:21-cv-01887

USE THIS FORM TO MAKE A CLAIM FOR CREDIT MONITORING AND INSURANCE SERVICES, A CASH PAYMENT, OR A DOCUMENTED LOSS PAYMENT

Para una notificación en Español, llamar 1-866-790-4318 o visitar nuestro sitio web www.KrogerFTADataBreachSettlement.com.

The DEADLINE to submit this Claim Form is: March 5, 2022

I. GENERAL INSTRUCTIONS

If you are an individual who was notified that certain personal information was compromised as a result of a Data Breach impacting Kroger customers and current and former employees (the “FTA Data Breach”), you are a Class Member.

As a Class Member, you are eligible to make a claim for **one of the following options**: (1) two years of Credit Monitoring and Identity Theft Insurance Services; or (2) up to a \$5,000 cash payment for reimbursement of Documented Losses that are more likely than not a result of the FTA Data Breach (“Documented Loss Payment”) and not otherwise recoverable through insurance; or (3) a Cash Fund Payment, the amount of which will depend on the number of Class Members who participate in the Settlement and who utilized Credit Monitoring or Documented Losses.

The Credit Monitoring and Insurance Services has an estimated retail value of \$360. If you already subscribed to the credit monitoring services through Experian, two additional years will be added to your current plan. If you already subscribed to credit monitoring services through another provider, you will have the option to postpone the commencement of the Credit Monitoring and Insurance Services by up to 12 months.

Cash payments amounts may be reduced pro rata (proportionately) or increased pro rata depending on how many Class Members submit claims. Complete information about the Settlement and its benefits are available at www.KrogerFTADataBreachSettlement.com.

This Claim Form may be submitted online at www.KrogerFTADataBreachSettlement.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Cochran, et al. v. The Kroger Co.
Settlement Administrator
P.O. Box 4079
Portland, OR 97208-4079

Questions? Go to www.KrogerFTADataBreachSettlement.com or call 1-866-790-4318.

VI. ATTESTATION
(REQUIRED FOR DOCUMENTED LOSS PAYMENT CLAIMS)

I, _____, declare that I suffered the Documented Losses claimed above.
[Name]

I also attest that the Documented Losses claimed above are accurate and were not otherwise reimbursable by insurance.

I declare under penalty of perjury under the laws of California and of the United States of America that the foregoing is true and correct. Executed on _____, in _____, _____.
[Date] [City] [State]

Signature

Date:

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VII. CERTIFICATION

I certify under penalty of perjury, that all the information that I supplied in this Claim Form is true and correct to the best of my knowledge and belief. If I am not the Claimant identified and completed this form on the Claimant's behalf, I further certify that I have the legal authority to do so.

Signature

Date:

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