# Exhibit D

**CLAIM FORM FOR RITE AID DATA BREACH SETTLEMENT BENEFITS**
**Rite Aid Data Breach Litigation**
***Bianucci, et al. v. Rite Aid Corp.*, Case No. 2:24-cv-03356 (E.D. Pa.)**

**USE THIS FORM TO MAKE A CLAIM FOR A DOCUMENTED LOSS PAYMENT OR FOR A PRO RATA CASH FUND PAYMENT**

**The DEADLINE to submit this Claim Form is: [Month XX, 20YY]**

## I. GENERAL INSTRUCTIONS

If you are a natural person in the United States whose Personal Information was compromised or potentially compromised as a result of the Data Breach, including those who were sent a notice by Rite Aid Corporation ("Rite Aid") of the 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) up to a $10,000 cash payment for reimbursement of Documented Losses ("Documented Loss Payment") supported by Reasonable Documentation that are more likely than not a result of the Data Breach and not otherwise reimbursed by another source;

**OR**

(2) a flat, pro rata cash payment (Cash Fund Payment), the amount of which will depend on the number of Class Members who participate in the Settlement and how much of the Settlement Fund remains after payment of valid Documented Loss Payment claims.

Cash Fund Payments may be reduced or increased *pro rata* (equal share) depending on how many Class Members submit claims and how much of the Settlement Fund remains after payments are made for Approved Claims for Documented Loss Payments. Complete information about the Settlement and the Settlement Benefits are available at www.RiteAidDataSettlement.com.

This Claim Form may be submitted online at www.RiteAidDataSettlement.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:

Rite Aid Data Breach Settlement Administrator
c/o Kroll Settlement Administration LLC
PO Box 225391
New York, NY 10150-5391

## II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments, you must notify the Settlement Administrator in writing at the address above.

First Name M.I. Last Name

Alternative Name(s)

Mailing Address, Line 1: Street Address/P.O. Box

Mailing Address, Line 2:

City: State: Zip Code:

Cellular Telephone Number Home Telephone Numbers

Email Address

Date of Birth (mm/dd/yyyy) Unique ID Number Provided on mailed Notice (if known)

## III. CLASS MEMBERSHIP

☐ Please check this box if you received a Notice related to this class action settlement, and you have provided your Unique ID Number in Section II above.

☐ Please check this box if you have **not** received a letter notice but believe that you should be included in the Settlement Class. You must provide Reasonable Documentation demonstrating that you were impacted by the Data Breach and are a Class Member.

**You may select ONE of the following options:**

## IV. CASH FUND PAYMENT

☐ If you wish to receive a flat Cash Fund Payment, you must check off the box for this section, and then simply return this Claim Form. ***Please be sure to complete the payment selection method at the bottom of this Claim Form to elect which payment option you would prefer.***

**OR**

## V. DOCUMENTED LOSS PAYMENT

☐ Please check off this box for this section if you are electing to seek reimbursement for up to $10,000 of documented losses you incurred that are more likely than not traceable to the Data Breach and not otherwise reimbursed by any other source. Documented losses include unreimbursed losses and consequential expenses that are more likely than not related to the Data Breach and incurred on or after June 6, 2024.

In order to make a claim for a Documented Loss Payment, **you must** (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section VIII); and (iii) include Reasonable Documentation supporting each claimed cost along with this Claim Form. Documented losses need to be deemed more likely than not due to the Data Breach by the Settlement Administrator based on the documentation you provide and the facts of the Data Incident. **Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator. If your claim for a Documented Loss Payment is rejected and you fail to cure the defect, your claim will automatically be considered as a claim for a Cash Fund Payment.**

| **Cost Type** (Fill all that apply) | **Approximate Date of Loss** | **Amount of Loss** | **Description of Supporting Reasonable Documentation** (Identify what you are attaching and why) |
|---|---|---|---|
| ○ Unreimbursed fraud losses or charges | / / (mm/dd/yy) | $ . | *Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges* |
| ○ Professional fees incurred in connection with identity theft or falsified tax returns | / / (mm/dd/yy) | $ . | *Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return* |
| ○ Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing | / / (mm/dd/yy) | $ . | *Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount* |
| ○ Credit freeze | / / (mm/dd/yy) | $ . | *Examples: Notices or account statements reflecting payment for a credit freeze* |

| **Cost Type** (Fill all that apply) | **Approximate Date of Loss** | **Amount of Loss** | **Description of Supporting Reasonable Documentation** (Identify what you are attaching and why) |
|---|---|---|---|
| ○ Credit monitoring that was ordered after June 6, 2024 as a result of the Data Breach | / / (mm/dd/yy) | $ . | *Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services* |
| ○ Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long- distance telephone charges | / / (mm/dd/yy) | $ . | *Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office), indication of why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the Warren General Data Incident* |
| ○ Other (provide detailed description) | / / (mm/dd/yy) | $ . | *Please provide detailed description below or in a separate document submitted with this Claim Form:* |

## VI. ATTESTATION
## (REQUIRED FOR DOCUMENTED LOSS PAYMENT CLAIMS ONLY)

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 Pennsylvania that the foregoing is true and correct.
Executed on _____, in _____, _____.
[Date] [City] [State]

_____
[Signature]

## VII. PAYMENT SELECTION

Please select **one** of the following payment options if you seeking a Cash Fund Payment (Section IV) or Documented Loss Payment (Section V).

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo -** Enter the mobile number associated with your Venmo account: __ __ __-__ __ __-__ __ __ __

☐ **Physical Check -** Payment will be mailed to the address provided in Section I above.

## VIII. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the Commonwealth of Pennsylvania that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

_____ Date:_____

Signature:

_____

Print Name