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CONSUMER INDIRECT PURCHASER PORK LITIGATION
CLAIM FORM

INSTRUCTIONS

TO RECEIVE A CASH PAYMENT FROM THIS SETTLEMENT, YOU MUST COMPLETE AND SUBMIT A CLAIM FORM BY October 29, 2026. If you have questions, please review the Frequently Asked Questions on the Settlement website, www.OverchargedForPork.com.

SECTION I: CLAIMANT INFORMATION

Please provide claimant information below. If you are filing on behalf of someone else, please ensure that the claimant's name and address are provided in the claimant section and that your information is in Representative Contact Information section below.

Claimant First Name | MI | Claimant Last Name

OR

Claimant Business Name (only if claiming for a business and Claimant business' purchases were used by the business/staff, not for resale or distribution)

Claimant Address (address of individual or business claimant, as applicable)
Address 1 (street name and number)

Address 2 (apartment, unit, suite or box number)

City | State | ZIP Code

Claimant Mobile Number
___ – ___ – ____

Claimant Email Address

REPRESENTATIVE CONTACT INFORMATION: If you are submitting this claim on behalf of someone else, please provide your contact information below and the claimant's information above, as any payment will go directly to the claimant. Please also include any authorization agreements between you and the claimant. Please do not fill out this section if claiming for yourself.

First Name | MI | Last Name

OR

Contact Business Name

Contact Telephone Number
___ – ___ – ____

Contact Email Address

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SECTION II: PURCHASE INFORMATION

1. Did you purchase one of the following pork products for personal use: raw pork bacon or one or more of the following pork products (fresh or frozen) made from bellies, loins, shoulder, ribs, or pork chops which were processed by the Defendants or co-conspirators?

   ☐ Yes ☐ No

   For a complete list of included pork products, please see the www.OverchargedForPork.com website.

   These Settlements exclude any pork marketed as organic, no-antibiotics ever (NAE), and any product other than bacon that is marinated, seasoned, flavored, or breaded.

2. Did you purchase the eligible pork product(s) in one or more of the following states: Arizona, California, District of Columbia, Florida, Hawaii, Illinois, Iowa, Kansas, Maine, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Rhode Island, South Carolina, Tennessee, Utah, and West Virginia?

   ☐ Yes ☐ No

3. Is the Claimant an Individual or a Business?

   ☐ Individual ☐ Business

For the following questions, please limit your responses to only purchases made in one of the states listed in Question 2 above.

4. In general, from June 28, 2014, to June 30, 2018, did you purchase eligible pork products monthly during this entire period?

   ☐ Yes ☐ No

   If Yes: What is your best estimate of how many pounds of eligible pork products you purchased on a monthly basis from June 28, 2014, to June 30, 2018?

   ☐☐☐☐

   If No: What is your best estimate of the number of months during the above time period that you purchased eligible pork products?

   ☐☐

   AND

   What is your best estimate of how many pounds of eligible pork products you purchased for the above months that you purchased pork products?

   ☐☐☐☐☐☐

5. For the months you purchased eligible pork products, what is your best estimate of how much you spent per month?

   $ ☐☐☐☐☐ • ☐☐

You do not need to provide any documentation at this time. However, the Settlement Administrator may ask for additional information or documentation to support your claim.

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SECTION III: PAYMENT ELECTION

Choose Only One Preferred Method of Payment Below

Digital Options:

☐ Digital Mastercard ☐ Safeway

☐ Amazon ☐ Instacart

☐ Starbucks ☐ Zelle

☐ Kroger

Email Address for Digital Payment:

Phone Number for Digital Payment (Zelle only. Phone delivery method unavailable for other payment types):

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Please ensure you provide a current, valid email address or phone number for the digital payment method selected. If the email address or phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator to receive a payment.

OR

Check:

☐ I prefer to receive my payment via a mailed physical check.

SECTION IV: CERTIFICATION

By signing this claim submission, I certify that the information included with this claim submission is accurate and complete to the best of my knowledge, information, and belief. If I am submitting this claim submission on behalf of a claimant, I certify that I am authorized to submit this claim submission on the claimant's behalf. I am, or the claimant on whose behalf I am submitting this claim submission is, a member of the Settlement Class, and am not subject to any of the exceptions to being included in the Settlement Class, such as being an employee of one of the Defendants. I agree and consent to be communicated with electronically via email, mobile phone, and/or mobile phone text (message & data rates may apply). I agree to furnish additional information regarding this claim submission if so requested to do so by the Settlement Administrator.

	Date: MM – DD – YYYY
Signature	

Submit your claim by mailing this form to:

Consumer Indirect Pork Litigation
c/o Settlement Administrator
P.O. Box 4000
Portland, OR 97208-4000

Public court record.

This copy was downloaded from https://www.overchargedforpork.com/Content/Documents/Claim%20F
on 2026-09-19 and is hosted, unaltered, for reference at
https://chimo.ai/class-action/consumer-pork

Court: U.S. District Court, District of Minnesota
Case number: 0:18-cv-01776

Chimo hosts public court records for readers' reference; documents are
unaltered copies from the court docket or the court-approved settlement website.