

PROOF OF CLAIM AND RELEASE FORM

Oak Street Health Securities Settlement

Toll-Free Number: (877) 753-2587

Email: info@OakStreetHealthSecuritiesSettlement.com

Website: www.OakStreetHealthSecuritiesSettlement.com

Mail to: Oak Street Health Securities Settlement
c/o JND Legal Administration
PO Box 91060
Seattle, WA 98111

To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Action, you must complete and sign this Proof of Claim and Release Form ("Claim Form") and either mail it, together with the required supporting documentation, by first class mail to the above address, or submit it online at www.OakStreetHealthSecuritiesSettlement.com, so that it is **postmarked (or received) no later than November 21, 2024**.

Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to recover any money in connection with the proposed Settlement.

Do not mail or deliver your Claim Form to the Court, the Parties to the Action, or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above, or online at www.OakStreetHealthSecuritiesSettlement.com.

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I. GENERAL INSTRUCTIONS

1. To recover as a member of the Settlement Class based on your claims in the action entitled *Allison v. Oak Street Health Inc., et al.*, No. 1:22-cv-00149 (N.D. Ill.) (the “Action”), you must complete and, on page 7 below, sign this Proof of Claim and Release form (“Claim Form”). If you fail to submit a timely and properly addressed (as explained in paragraph 2 below) Claim Form, your claim may be rejected, and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement of the Action. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement.

2. YOU MUST MAIL OR SUBMIT ONLINE YOUR COMPLETED AND SIGNED CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, ON OR BEFORE NOVEMBER 21, 2024, ADDRESSED AS FOLLOWS:

Oak Street Health Securities Settlement
c/o JND Legal Administration
PO Box 91060
Seattle, WA 98111

Online Submissions: www.OakStreetHealthSecuritiesSettlement.com

3. If you are a member of the Settlement Class and you do not timely and properly request exclusion, you are bound by and subject to the terms of any judgment entered in the Action, including the releases provided for, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.**

II. CLAIMANT IDENTIFICATION

4. If you purchased or otherwise acquired the publicly traded common stock of Oak Street Health during the period from August 6, 2020 through November 8, 2021, both dates inclusive (the “Class Period”), including those who purchased shares of Oak Street Health common stock pursuant to or traceable to the registration statements and prospectuses issued in connection with Oak Street Health’s initial public offering on August 6, 2020 (the IPO), its December 2, 2020 secondary public offering (the December SPO), and its February 10, 2021 secondary public offering (the February SPO), and held the shares in your name, you are the beneficial owner as well as the record owner. If, however, you purchased/acquired the publicly traded common stock of Oak Street Health during the Class Period through a third party, such as a brokerage firm, you are the beneficial owner, and the third party is the record owner.

5. Use **Part I** of this form entitled “Claimant Identification” to identify each beneficial owner of Oak Street Health publicly traded common stock that forms the basis of this claim, as well as the owner of record if different. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNERS OR THE LEGAL REPRESENTATIVE OF SUCH OWNERS.**

6. All joint owners must sign this claim. Executors, administrators, guardians, conservators, trustees, and other legal representatives must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone

number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

III. IDENTIFICATION OF TRANSACTIONS

7. Use **Part II** of this form entitled “Schedule of Transactions in Oak Street Health Publicly Traded Common Stock” to supply all required details of your transaction(s) in Oak Street Health during the relevant time periods. If you need more space or additional schedules, attach separate sheets providing all the required information in substantially the same form. Sign and print or type your name on each additional sheet.

8. On the schedules, provide all the requested information with respect to your holdings, purchases/acquisitions, and sales of Oak Street Health publicly traded common stock, whether the transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

9. The date of covering a “short sale” is deemed to be the date of purchase/acquisition of Oak Street Health publicly traded common stock. The date of a “short sale” is deemed to be the date of sale.

10. Copies of broker confirmations or other documentation of your transactions must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. **THE PARTIES TO THE ACTION DO NOT HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN OAK STREET HEALTH PUBLICLY TRADED COMMON STOCK.** Claimants bear the burden of establishing their eligibility to recover from the Settlement.

11. The above requests are designed to provide the minimum amount of information necessary to process the claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses.

12. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all claims processing. The claims processing will take substantial time to complete fully and fairly. Please be patient.

13. NOTICE REGARDING ELECTRONIC FILERS: Certain Claimants with large numbers of transactions may request, or may be asked to, submit information regarding their transactions in electronic files. This is different than the online submission process that is available at www.OakStreetHealthSecuritiesSettlement.com. All Claimants **MUST** submit a manually signed paper Claim Form whether or not they also submit electronic copies. If you have a large number of transactions and wish to submit your claim electronically, you must contact the Claims Administrator at (877) 753-2587 or OSHSecurities@jndla.com to obtain the required file layout. Any file not in accordance with the electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

PART I – CLAIMANT IDENTIFICATION

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

Last Name (Beneficial Owner)	MI	First Name (Beneficial Owner)
<input style="width: 100%;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>

Last Name (Co-Beneficial Owner)	MI	First Name (Co-Beneficial Owner)
<input style="width: 100%;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>

Entity Name (if Claimant is not an individual)

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

Street Address 1 (street name and number)

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

City	State	ZIP/Postal Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Foreign Country (only if not USA)	Foreign Country (only if not USA)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Telephone Number (home)	Telephone Number (work)
<input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> - <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/>	<input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> - <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/>

Email Address

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

Social Security Number (last four digits only)	OR	Taxpayer Identification Number (last four digits only)
<input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/>		<input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/>

Claimant Account Type (check appropriate box):

Individual (includes joint owner accounts)
 Corporation
 Pension Plan
 IRA/401k
 Estate
 Trust
 Other (please specify): _____

PART II – TRANSACTIONS IN OAK STREET HEALTH PUBLICLY TRADED COMMON STOCK

1. PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD – Separately list each and every purchase/acquisition of Oak Street Health publicly traded common stock from the opening of trading on August 6, 2020 through and including the close of trading on November 8, 2021. (Must submit documentation.)			
Date of Purchase (List Chronologically) (MM/DD/YY)	Number of Shares Purchased	Purchase Price Per Share	Total Purchase Price (excluding taxes, commissions, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
2. PURCHASES/ACQUISITIONS FROM NOVEMBER 9, 2021 THROUGH MAY 1, 2023 – State the total number of shares of Oak Street Health publicly traded common stock purchased/acquired from after the opening of trading on November 9, 2021 through and including the close of trading on May 1, 2023. ¹ (Must submit documentation.)			
<input style="width: 200px; height: 20px; border: 1px solid black;" type="text"/>			
3. SALES DURING THE CLASS PERIOD AND THROUGH MAY 1, 2023 – Separately list each and every sale of Oak Street Health publicly traded common stock from August 6, 2020 through and including the close of trading on May 1, 2023. (Must submit documentation.)			
Date of Sale (List Chronologically) (MM/DD/YY)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
4. ENDING HOLDINGS – State the total number of shares of Oak Street Health publicly traded common stock held as of the close of trading on May 1, 2023:			
<input style="width: 200px; height: 20px; border: 1px solid black;" type="text"/>			

<input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/>	IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX
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¹ Information requested in this Claim Form with respect to your transactions after the opening of trading on November 9, 2021 through, and including, the close of trading on May 1, 2023 is needed only for the Claims Administrator to confirm that you have reported all relevant transactions. Purchases/acquisitions during this period, however, are not eligible for a recovery because these purchases/acquisitions are outside of the Class Period.

IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

14. By signing and submitting this Claim Form, the Claimant(s) or the person(s) acting on behalf of the Claimant(s) certify(ies) that: I (We) submit this Claim Form under the terms of the Plan of Allocation of Net Settlement Fund described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Northern District of Illinois (the "Court") with respect to my (our) claim as a Settlement Class Member(s) and for purposes of enforcing the releases set forth in the Settlement. I (We) further acknowledge that I (we) will be bound by and subject to the terms of any judgment entered in connection with the Settlement of the Action, including the releases provided for. I (We) agree to furnish additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in eligible publicly traded Oak Street Health common stock, if required to do so. I (We) have not submitted any other claim covering the same transactions in publicly traded Oak Street Health publicly traded common stock during the Class Period and know of no other person having done so on my (our) behalf.

V. RELEASES, WARRANTIES, AND CERTIFICATION

15. I (We) hereby warrant and represent that I am (we are) a Settlement Class Member as defined in the Notice, that I am (we are) not excluded from the Settlement Class, that I am (we are) not one of the "Released Defendant Parties" as defined in the Notice.

16. As a Settlement Class Member, I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever compromise, settle, release, resolve, relinquish, waive, and discharge with prejudice the Released Plaintiffs' Claims as to each and all of the Released Defendant Parties (as these terms are defined in the Notice), and shall forever be barred and enjoined from prosecuting any or all of the Released Plaintiffs' Claims directly or indirectly against Defendants and the other Released Defendant Parties. This release shall be of no force or effect unless and until the Court approves the Settlement and it becomes effective on the Effective Date.

17. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

18. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions, and sales of publicly traded Oak Street Health common stock that occurred during the Class Period and the number of shares held by me (us), to the extent requested.

19. I (We) certify that I am (we are) NOT subject to backup tax withholding. (If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.)

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____, 2024.

Signature of Claimant

Type or print name of Claimant

Signature of Joint Claimant, if any

Type or print name of Joint Claimant

Signature of person signing on behalf of Claimant

Type or print name of person signing on behalf of Claimant

Capacity of person signing on behalf of Claimant, if other than an individual (e.g., Administrator, Executor, Trustee, President, Custodian, Power of Attorney, etc.)

REMINDER CHECKLIST



1. Please sign this Claim Form.

2. DO NOT HIGHLIGHT THE CLAIM FORM OR YOUR SUPPORTING DOCUMENTATION.



3. Attach only copies of supporting documentation as these documents will not be returned to you.

4. Keep a copy of your Claim Form for your records.



5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. **Your claim is not deemed submitted until you receive an acknowledgment postcard.** If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at (877) 753-2587.

6. If you move after submitting this Claim Form please notify the Claims Administrator of the change in your address, otherwise you may not receive additional notices or payment.



THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, OR BE SUBMITTED ONLINE AT WWW.OAKSTREETHEALTHSECURITIESSETTLEMENT.COM, POSTMARKED (OR RECEIVED) NO LATER THAN NOVEMBER 21, 2024. IF MAILED, THE CLAIM FORM SHOULD BE ADDRESSED AS FOLLOWS:

Oak Street Health Securities Settlement
c/o JND Legal Administration
PO Box 91060
Seattle, WA 98111

If mailed, a Claim Form received by the Claims Administrator will be deemed to have been submitted when posted, if a postmark date is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Claim Form will be deemed to have been submitted when actually received by the Claims Administrator. You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Claims Administrator of any change of address.