

# Exhibit E

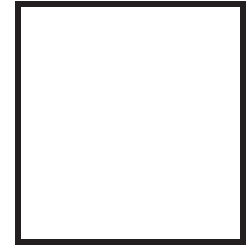
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Your claim must be submitted online or postmarked by: **Month xx, 202x**

**CLAIM FORM**

*Cahill, et al., v. Memorial Heart Institute, LLC,  
d/b/a The Chattanooga Heart Institute*  
Case No. 1:23-cv-00168-CLC-CHS  
United States District Court for the Eastern District of Tennessee



**GENERAL INSTRUCTIONS**

If your Private Information was accessed or accessible in the cybersecurity incident that Memorial Heart Institute, LLC d/b/a The Chattanooga Heart Institute experienced between March 8 and March 16, 2023, you may submit a claim for Settlement Class Member Benefits as outlined below.

Please refer to the Long Form Notice posted on the Settlement Website [www.\[website\].com](http://www.[website].com) for more information.

**To receive Credit Monitoring and reimbursement for documented losses and/or a cash payment, you must submit the Claim Form below no later than **Month xx, 202x.****

**This Claim Form may be submitted electronically at [www.\[website\].com](http://www.[website].com) OR it may be 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:

*Settlement Administrator - #83322*  
c/o Kroll Settlement Administration  
PO Box 5324  
New York, NY 10150-5324

**All Settlement Class Members may submit a claim for Credit Monitoring and Reimbursement of Documented Losses. In addition, SSN Class Members may submit a claim for a Cash Payment.**

**Credit Monitoring:** Settlement Class Members may enroll in two (2) years of Medical Monitoring, which offers dark-web and credit monitoring.

**Reimbursement of Documented Losses:** Settlement Class Members may submit a claim for reimbursement of Documented Losses, up to a maximum of \$5,500. Claims for reimbursement of documented expenses and losses must be supported with third-party documentation.

**Cash Payment:** SSN Class Members may submit a claim for a Cash Payment.

**I. PAYMENT SELECTION**

If you would like to elect to receive your payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form online. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

**II. NAME AND CONTACT INFORMATION**

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

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**First Name**

**Last Name**

**Address 1**

**Address 2**

**City**

**State**

**Zip Code**

**Telephone Number:** ( \_\_\_ \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

**III. REIMBURSEMENT FOR DOCUMENTED LOSSES**

Settlement Class Members may submit a claim for the Reimbursement of Documented Losses under this section for up to \$5,500.00 per Settlement Class Member if you can show that your losses are related to the Data Incident, such as (i) unreimbursed costs, expenses, losses or charges incurred a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of class member’s personal information; (ii) costs incurred on or after March 16, 2023, associated with purchasing or extending additional credit monitoring or identity theft protection services and/or accessing or freezing/unfreezing credit reports with any credit reporting agency; and (iii) other miscellaneous expenses incurred related to any Documented Losses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

Documentation supporting Documented Losses can include receipts or other documentation not “self-prepared” by the Settlement Class Member that document the costs incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to support a request for reimbursement, but can be considered to add clarity to or support other submitted documentation. Settlement Class Members shall not be reimbursed for Documented Losses if they have already been reimbursed for the same losses by another source, including compensation provided in connection with the identity protection and credit monitoring services offered as part of the notification letter provided by Defendant or otherwise.

I have attached documentation showing that the documented expenses listed below were caused by the Data Incident.

Personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute reasonable documentation but may be included to provide clarification, context, or support for other submitted reasonable documentation.

<b>Cost Type</b> (Fill all that apply)	<b>Approximate Date of Loss</b>	<b>Amount of Loss</b>	<b>Description of Supporting Reasonable Documentation</b> (Identify what you are attaching and why)
Example: Credit Monitoring Service	<u>07/17/25</u> (mm/dd/yy)	\$50.00	Copy of credit monitoring service bill
	<u>   /   /   </u> (mm/dd/yy)	\$ _____.	
	<u>   /   /   </u> (mm/dd/yy)	\$ _____.	

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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)
	____/____/____ (mm/dd/yy)	\$ _____	

**IV. CASH PAYMENT – SSN CLASS MEMBERS ONLY**

By checking the box below, I am requesting a Cash Payment that will be determined on a *pro rata* basis from the SSN Class Common Fund after payment of the SSN Class Settlement Administration Costs, and a proportional share of attorneys’ fees and attorney expenses, and Service Awards to the Class Representatives. See the Long Form Notice posted on the Settlement Website [www.\[website\].com](http://www.[website].com) for more information.

By checking the box below, I request an estimated \$60 *pro rata* cash payment.

Yes, I request a *pro rata* cash payment.

**V. CREDIT MONITORING SERVICES**

Yes, I want to receive two years of Medical Monitoring, which offers dark-web and credit monitoring.

**VI. ATTESTATION & SIGNATURE**

By signing below, I swear and affirm under the laws of the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name

**Reminder Checklist**

If your address changes or you need to make a future correction/update to the address you provide on this Claim Form, please visit the contact section of the Settlement Website at [www.\[website\].com](http://www.[website].com) and provide your updated address information. Make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request.

For more information, visit [www.\[website\].com](http://www.[website].com) or call the Settlement Administrator at (xxx) xxx-xxxx.