Exhibit E

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Your Claim Form must be submitted online or postmarked by: Month XX, 2026

CLAIM FORM

Cooper v. Telmate, LLC, Case No. 1:24-cv-01622
United States District Court for the Eastern District of Virginia

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Defendant's records identify you as a Settlement Class Member. You may submit a claim for a Settlement Payment as outlined below. The Settlement Class consists of all individuals within the United States of America whose Personal Information was impacted during the Security Incident experienced by Defendant on approximately August 13, 2020. Please refer to the Long Notice posted on the Settlement Website www.telmatedatabreachsettlement.com for more information.

To receive a Settlement Payment, you must submit a Claim Form by Month XX, 2026.

Claim Forms must be submitted electronically on the Settlement Website by the Claims Deadline above or by mail, postmarked by the Claims Deadline. This Claim Form 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:

Cooper v. Telmate, LLC
c/o Kroll Settlement Administration LLC
P.O. Box XXXXX
New York, NY 10150-XXXX

All Settlement Class Members may submit a claim to receive one or both of the following Settlement Payments:

- **Pro Rata Cash Payment:** A *pro rata* (proportional) cash payment. The amount of this Pro Rata Cash Payment will be based on the total number of valid claims and the amount of approved Documented Out-of-Pocket Loss Claims. No documentation is required. See Section III.
- **Reimbursement for Documented Out-of-Pocket Loss**: Compensation of up to $5,000 per Settlement Class Member for unreimbursed out-of-pocket losses more likely than not attributable to the Security Incident. Supporting documentation is required. See Section IV.

I. SETTLEMENT CLASS MEMBER 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.

First Name _____ **Last Name** _____

Address 1 _____

Address 2 _____

City _____ **State** ___ ___ **Zip Code** ___ ___ ___ ___ ___

Telephone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Email Address: _____@_____

II. PAYMENT SELECTION

If you would like to receive your payment through electronic transfer, please visit the Settlement Website (www.telmatedatabreachsettlement.com) and timely file your Claim Form online on or before **Month XX, 2026.** The Settlement Website includes a step-by-step guide for you to complete the electronic payment option. If you submit this Claim Form by mail, you will receive your payment by check.

III. PRO RATA CASH PAYMENT

You may submit a claim for a Pro Rata Cash Payment. The amount of this cash payment may be adjusted *pro rata* (proportionally) based on the number of valid claims and the amount of approved Documented Out-of-Pocket Loss Claims. No documentation is required to submit a claim for this Settlement Payment.

I want to claim a Pro Rata Cash Payment.

IV. REIMBURSEMENT FOR DOCUMENTED OUT-OF-POCKET LOSS

In addition to a Pro Rata Cash Payment, you may also submit a claim for compensation of up to $5,000 per Settlement Class Member for unreimbursed out-of-pocket losses more likely than not attributable to the Security Incident with supporting documentation. You cannot be reimbursed for a documented Out-of-Pocket Loss if you have already been reimbursed for the same expenses from a third party.

To receive reimbursement for documented Out-of-Pocket Loss, you must submit a valid Claim Form selecting reimbursement for Documented Out-of-Pocket Loss by **Month XX, 2026** including supporting documentation generated by a third party supporting your claim (i.e., telephone records, correspondence, and receipts). Personal certifications, declarations, or affidavits are not considered proper documentation, but may be included to provide clarification, context, or support for other submitted supporting documentation. If you do not submit supporting documentation with your Claim Form or the Settlement Administrator rejects your claim for documented Out-of-Pocket Loss and you fail to cure the claim after a reasonable period of time, it may be rejected.

You only need to submit one Claim Form selecting one or both Settlement Payments, as appropriate. The Settlement Administrator will receive your Claim Form and any supporting documentation. If your selection of which Settlement Payment(s) you are claiming is unclear and the Settlement Administrator cannot clarify that, your claim will be regarded as a claim for a Pro Rata Cash Payment. If the Settlement Administrator determines your claim is deficient or only partially valid and you fail to cure the claim, your claim may be paid to the extent the Settlement Administrator determines it is valid or the claim may be rejected.

I want to claim reimbursement for Documented Out-of-Pocket Loss, and I have attached documentation showing that the documented losses listed on this Claim Form were more likely than not attributable to the Security Incident.

Cost Type (Fill all that apply)	**Approximate Date of Loss**	**Amount of Loss**	**Description of Supporting Documentation** (Identify what you are attaching and why)
Example: Credit Monitoring Service	10/17/25 (mm/dd/yy)	$50.00	Copy of credit monitoring service bill

Cost Type (Fill all that apply)	**Approximate Date of Loss**	**Amount of Loss**	**Description of Supporting Documentation** (Identify what you are attaching and why)
	__ __/__ __/__ __ (mm/dd/yy)	$_____.____	
	__ __/__ __/__ __ (mm/dd/yy)	$_____.____	
	__ __/__ __/__ __ (mm/dd/yy)	$_____.____	

V. 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:

If your address changes or you need to correct or update the address you provide on this Claim Form, please call (XXX) XXX-XXXX or visit the "Contact Us" section of the Settlement Website (www.telmatedatabreachsettlement.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.