

# Exhibit E

**Dunn, et al., v. Complete Payroll Solutions, LLC**  
c/o Kroll Settlement Administration LLC  
P.O. Box 5324  
New York, NY 10150-5324

FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
CITY, ST  
PERMIT NO. XXXX

**ELECTRONIC SERVICE REQUESTED**

**NOTICE OF CLASS ACTION**  
**SETTLEMENT**

**You are eligible for  
benefits from a class  
action settlement  
regarding the  
Complete Payroll  
Solutions  
Data Incident.**

**www.[website].com**

<<Refnum Barcode>>

CLASS MEMBER ID: <<Refnum>>

**Postal Service: Please do not mark barcode**

<<FirstName>> <<LastName>>

<<Company>>

<<Address1>>

<<Address2>>

<<City>>, <<State>> <<Zip>>-<<zip4>>

<<Country>>

A settlement has been reached with Complete Payroll Solutions, LLC (the “Defendant”) in a class action lawsuit about a data incident that involved unauthorized access to the Defendant’s network on or around March 10, 2024, and potentially impacted personal information (the “Data Incident”). The Defendant denies any wrongdoing.

**Am I included?** You are receiving this Notice because the Defendant’s records show you are included in the Settlement Class. The Settlement Class consists of all Persons who were sent a notice from the Defendant regarding potential impact from the Data Incident discovered by the Defendant on or around March 10, 2024 or otherwise determined to have potentially had their personal information impacted by the Data Incident.

**What does the Settlement provide?** If approved by the Court, the Defendant will pay up to \$2,600,000 to resolve the lawsuit. After deducting court-approved attorneys’ fees and expenses, the Service Award payments, and Settlement administrative expenses, the balance will be used to provide payments to Settlement benefits. Settlement Class Members may file a Claim Form to receive payments for (i) Documented Monetary Losses (up to \$5,000 for unreimbursed losses and expenses) and/ or (ii) *Pro Rata* Cash Payment (estimated at \$100, amount to be adjusted based on the total number of valid claims filed). Settlement Class Members may also choose to receive three (3) years of Credit Monitoring.

**How do I get the Settlement Class Member Benefits?** To get benefits from the Settlement, you must file a Claim Form online by 11:59 p.m. ET at [www.\[website\].com](http://www.[website].com), or use the attached Claim Form and mail it to the address on the form postmarked by **Month XX, 202X**.

**What are my other options?** If you do nothing, you will not receive any Settlement benefits, you will remain a member of the Settlement Class and you will give up your rights to sue the Defendant for the claims resolved by this Settlement. If you do not want any Settlement benefits, but you want to keep your right to sue the Defendant for the claims resolved by this Settlement you must exclude yourself from the Settlement Class (called “opting out”). If you do not opt out, you may object to the Settlement and ask the Court for permission to speak at the Final Fairness Hearing. The Opt-Out and Objection deadline is **Month XX, 202X**.

**The Court’s Final Fairness Hearing.** The Court will hold a hearing on **Month XX, 202X** to decide whether to approve the Settlement, up to \$866,666.67 in attorneys’ fees plus reasonable litigation costs and \$2,500 Service Award payments to each of the seven Class Representatives. You or your lawyer may attend the hearing at your own expense.

**For more information or to update your address:** visit [www.\[website\].com](http://www.[website].com) for complete details about the Settlement and instructions on how to act on your rights and options. You may also call **(xxx) xxx-xxxx** for more information.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 36777 PHILADELPHIA PA

POSTAGE WILL BE PAID BY ADDRESSEE

KROLL SETTLEMENT ADMINISTRATION LLC  
PO BOX 5324  
NEW YORK NY 10126-2877



<<Barcode>>

Class Member ID: <<Refnum>>



VISIT THE SETTLEMENT WEBSITE BY  
SCANNING THE PROVIDED QR CODE

**POSTCARD CLAIM FORM**

Claims must be postmarked no later than **Month xx, 202x**.

**Documented Monetary Losses Payment:** You **MUST** submit a Claim Form online or use the full Claim Form on the Settlement Website to make a claim for Documented Monetary Losses.

Class Member ID: <<refnum>>

<<firstname>> <<mi>> <<lastname>>

<<address1>> <<address2>>

<<City>>, <<State>> <<Zip>>

If different address from the preprinted data on the left, please print your correct information.

Address

City

State

ZipCode

Check the box next to each benefit(s) you are claiming:

You may claim both a *Pro Rata* Cash Payment as well as Credit Monitoring.

**Credit Monitoring Services:** I want to receive three (3) years of Credit Monitoring.

**Pro Rata Cash Payment:** I want to receive a *Pro Rata* Cash Payment (approx. \$100\*).

\*Final amount to be determined after all valid Claim Forms are submitted.

Select **one** of the following payment options to receive your cash payment (Mobile Number and/or Email Address is required on your selection below):

Pay Pal  Venmo  Zelle  Check

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ @ \_\_\_\_\_  
**Mobile Number** **Email Address**

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): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_