

Exhibit E

00000000000000

0 0 0 0 0 0 0 0 0 0 0 0

Your claim must
be submitted
online or
postmarked by:
Month XX, 202X

CLAIM FORM

Butler v. Fairmont Federal Credit Union
Case No. 1:25-cv-00094-JPB
United States District Court for the Northern District of
West Virginia



GENERAL INSTRUCTIONS

The Settlement Class consists of all individuals in the United States whose Private Information was potentially impacted in the data security incident publicly disclosed by Defendant on or about April 30, 2025 ("Data Incident"). Please refer to the Long Notice posted on the Settlement Website [www.\[website\].com](http://www.[website].com) for more information.

To receive Settlement Benefits, you must submit a Claim Form by Month XX, 202X.

Claim Forms must be submitted electronically on the Settlement Website by 11:59 p.m. on 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:

Butler v. Fairmont Federal Credit Union
c/o Kroll Settlement Administration LLC
P.O. Box XXXX
New York, NY 10150-XXXX

Settlement Benefits

Settlement Class Members may submit a claim for three (3) years of one-bureau **Credit Monitoring and Identity Restoration Services**, including \$1,000,000 in identity theft insurance (see Section III).

In addition, you may also submit a claim for monetary benefits as follows, selecting either:

- (1) Reimbursement for documented **Out-of-Pocket Losses** of up to \$7,500 per person for verifiable unreimbursed costs or expenditures actually incurred that you believe are fairly traceable to the Data Incident (see Section IV) and/or reimbursement for up to four (4) hours of **Attested Time** spent remedying issues related to the Data Incident at \$35 per hour (up to \$140) with an attestation of how the time was spent and that it was related to the Data Incident (see Section V).

or

- (2) An **Alternative Cash Payment** of up to \$150 (see Section VI). No documentation is required. The payment amount will be determined based on the number of Valid Claims submitted and may be adjusted *pro rata* (proportionally).

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.\[website\].com](http://www.[website].com)) and timely submit 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. CREDIT MONITORING AND IDENTITY RESTORATION SERVICES

In addition to monetary benefits, you may submit a claim for three (3) years of one bureau Credit Monitoring and Identity Restoration Services, including \$1,000,000 in identity theft insurance. If you previously accepted the Defendant's offer of free credit monitoring, the Credit Monitoring and Identity Restoration Services offered under this Settlement Agreement will be in addition to the credit monitoring initially offered and paid for by the Defendant. If you submit a Valid Claim for Credit Monitoring and Identity Restoration Services under this Settlement, you will receive an activation code from the Settlement Administrator after the Court grants final approval of the Settlement and any appeals are resolved.

☐ I want to claim three (3) years of Credit Monitoring and Identity Restoration Services.

IV. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

"Out-of-Pocket Losses" are verifiable unreimbursed costs or expenditures actually incurred that you believe are fairly traceable to the Data Incident. With documentation, you may submit a claim for reimbursement for your out-of-pocket losses and expenses up to \$7,500 per person if: (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was directly caused by the Data Incident; (iii) the loss was incurred after September 30, 2023; and (iv) the loss is not already covered by one or more of the other reimbursement categories.

Out-of-Pocket Losses include: (i) proven monetary losses that were more likely than not caused by the Data Incident and which occurred between September 30, 2023 and **[Claims Deadline]**; (ii) out-of-pocket expenses incurred as a result of the Data Incident (to be determined by the Settlement Administrator with no right of appeal), including bank fees, long distance phone calls, cell phone charges (only if charged by the minute), data charges (only if based on the amount of data used), postage, or gasoline for local travel; (iii) fees for credit reports, credit monitoring, or other identity theft insurance product purchased between September 30, 2023 and **[Claims Deadline]**; or (iv) any other unreimbursed loss that (a) is an actual, documented, and unreimbursed monetary loss, (b) was more likely than not caused by the Data Incident, and (c) occurred between September 30, 2023, and **[Claims Deadline]**.

You cannot be reimbursed for Out-of-Pocket Losses if you have already been reimbursed for the same expenses by any other source, including compensation provided in connection with the credit monitoring product previously offered by the Defendant. To receive reimbursement for Out-of-Pocket Losses, you must submit a valid Claim Form with reasonable, third-party documentation to support your claim, such as receipts, invoices, credit card statements, phone bills, or other documentation not "self-prepared." Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement and claims based on such documents will be rejected by the Settlement Administrator.

☐ I want to claim reimbursement for Out-of-Pocket Losses, and I have attached documentation showing that the documented out-of-pocket losses listed on this Claim Form were actually incurred and I believe are fairly traceable to the Data 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
	— — / — — / — — (mm/dd/yy)	\$ _____ . _____	
	— — / — — / — — (mm/dd/yy)	\$ _____ . _____	
	— — / — — / — — (mm/dd/yy)	\$ _____ . _____	

V. REIMBURSEMENT FOR ATTESTED TIME

In addition to making a claim for Out-of-Pocket Losses, you can also claim reimbursement for up to four (4) hours of Attested Time spent remediating issues related to the Data Incident at \$35 per hour (up to \$140) with an attestation of how the time was spent and that it was related to the Data Breach. Claims made for Attested Time can be combined with any other Settlement Benefit, except for a claim for the Alternative Cash Payment. You must provide the total number of hours requested and a summary of how you spent the time.

☐ I attest that I spent time remediating issues related to the Data Incident and I want to receive \$35 per hour for a total of _____ hours.

Summary of Actions: _____

VI. ALTERNATIVE CASH PAYMENT

In lieu of submitted a claim for Out-of-Pocket Losses and/or Attested Time but in addition to Credit Monitoring and Identity Restoration Services, you may submit a claim for an Alternative Cash Payment of up to \$150. The amount of this cash payment may be adjusted *pro rata* (proportionally) based on the number of Valid Claims. No documentation is required.

☐ **Alternative Cash Payment:** I want to claim an Alternative Cash Payment of up to \$150.

VII. 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 to the address you provide on this Claim Form, please call (XXX) XXX-XXXX or visit the “Contact Us” section of the Settlement Website [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.