

Exhibit E

<<RefNum Barcode>>

<<RefNum>>

Your claim must be
submitted online or
postmarked by:
Month xx, 2026

CLAIM FORM

Gibson v. Warrior Met Coal, Inc
Case No. 7:24-cv-00095
United States District Court, Northern District of Alabama,
Western Division.,

GENERAL INSTRUCTIONS

If you received Notice of this settlement, the Settlement Administrator identified you as a Settlement Class Member whose personally identifiable information ("PII") was compromised in the Data Incident. 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.coaldata settlement.com, for more information.

To receive Identity Protection, compensation for lost time, reimbursement for documented losses or an Alternative Flat Cash Payment) you must submit the Claim Form below electronically at www.coaldata settlement.com by
Month xx, 2026.

This Claim Form may also 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:

Gibson v. Warrior Met Coal, Inc. Settlement
c/o Kroll Settlement Administration
PO Box 225391
New York, NY 10150- 5391

You may submit a claim for one or more of the following benefits: (1) Compensation for Lost Time; (2) Compensation for Ordinary Losses; (3) Compensation for Actual Monetary Losses; or (4) Alternative Flat Cash Payment (in lieu of compensation for lost time, ordinary losses or actual monetary losses; and/or (5) Identity Protection Enrollment.

Compensation for Lost Time: Settlement Class Members may claim compensation at \$15 per hour for up to 4 hours of time spent dealing with the Data Incident. No additional documentation is required; you must provide an attested description of the time spent. Maximum recovery under this category is \$60.

Compensation for Ordinary Losses: Settlement Class Members may claim up to \$250 for documented unreimbursed out-of-pocket costs related to the Data Incident, including bank fees, phone/data charges, postage, gas, credit reports, credit monitoring, and identity theft insurance purchased between July 17, 2023 and the close of the Claims Period. Claims must be supported by documentation.

Compensation for Actual Monetary Losses: Settlement Class Members may claim up to \$2,500 for documented unreimbursed losses caused by the misuse of PII or fraud related to the Data Incident. Losses must have occurred between July 17, 2023 and 7 days after Court-approved notice is sent. Claims must be supported by documentation.

Alternative Flat Cash Payment: Settlement Class Members may elect to receive a flat cash payment of \$25 in lieu of Compensation for Lost Time, Ordinary Losses, and Actual Monetary Losses. If you select the Alternative Flat Cash Payment, you may not also claim Lost Time, Ordinary Losses, or Actual Monetary Losses, but you may still enroll in Identity Protection.

Identity Protection: Settlement Class Members may enroll in one year of three-bureau identity theft protection and credit monitoring. Identity Protection is available to any Settlement Class Member regardless of whether they select compensation benefits or the Alternative Flat Cash Payment.

Note: The combined total recovery for Compensation for Lost Time, Compensation for Ordinary Losses, and Compensation for Actual Monetary Losses may not exceed \$2,500 per Settlement Class Member.



00000



CF



Page 1 of 4

<<RefNum Barcode>>

<<RefNum>>

I. 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: () -

III. COMPENSATION FOR LOST TIME

Settlement Class Members may claim compensation at \$15 per hour for up to 4 hours of time spent dealing with the Data Incident. The maximum recovery under this category is \$60. No additional documentation is required, but you must provide a description of the time spent and attest to the hours claimed below.

Examples of compensable time include time spent monitoring accounts, dealing with identity theft or fraud, placing or removing credit freezes, contacting banks or credit bureaus, and researching the Data Incident.

☐ I am claiming Compensation for Lost Time. I attest that I spent the following time dealing with the Data Incident:

Number of hours claimed (up to 4): _____

Description of time spent (required):

IV. COMPENSATION FOR ORDINARY LOSSES

Settlement Class Members may submit a claim for up to \$250.00 in documented unreimbursed out-of-pocket costs related to the Data Incident, including bank fees, phone/data charges, postage, gas, credit reports, credit monitoring, and identity theft insurance purchased between July 17, 2023 and the close of the Claims Period.

Claims must be supported by reasonable documentation such as receipts, billing statements, bank statements, or other records. Settlement Class Members shall not be reimbursed for expenses already reimbursed by another source.

☐ I am claiming Compensation for Ordinary Losses. I have attached documentation showing that the expenses listed below were caused by or related to the Data Incident.



00000



CF



Page 2 of 4

<<RefNum Barcode>>

<<RefNum>>

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)
Example: Bank Fee	0 8/01/23(mm/dd/yy)	\$35.00	Copy of bank statement showing fee charged
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	

V. COMPENSATION FOR ACTUAL MONETARY LOSSES

Settlement Class Members may submit a claim for up to \$2,500.00 in documented unreimbursed losses caused by the misuse of PII or fraud related to the Data Incident. Losses must have occurred between July 17, 2023 and 7 days after Court-approved notice is sent. Claims must be supported by reasonable documentation such as police reports, bank or credit card statements, correspondence, or other records of the loss. Note: The combined total recovery for Compensation for Lost Time, Ordinary Losses, and Actual Monetary Losses may not exceed \$2,500.

☐ I am claiming Compensation for Actual Monetary Losses. I have attached documentation showing that the losses listed below were caused by the misuse of my PII or fraud related to the Data Incident. Please describe the losses and attach supporting documentation:

Type of Loss: _____ Amount: \$ _____ Date: ____/____/____ Description: _____

Type of Loss: _____ Amount: \$ _____ Date: ____/____/____ Description: _____

Type of Loss: _____ Amount: \$ _____ Date: ____/____/____ Description: _____

VI. ALTERNATIVE FLAT CASH PAYMENT

By checking the box below, I elect to receive a flat cash payment of \$25.00 in lieu of Compensation for Lost Time, Compensation for Ordinary Losses, and Compensation for Actual Monetary Losses. I understand that by selecting this option I may not also claim Lost Time, Ordinary Losses, or Actual Monetary Losses, but I may still enroll in Identity Protection.

☐ Yes, I elect to receive the Alternative Flat Cash Payment of \$25.00.



00000



CF



Page 3 of 4

<<RefNum Barcode>>

<<RefNum>>

VII. IDENTITY PROTECTION ENROLLMENT

By checking the box below, I am requesting enrollment in one year of three-bureau identity theft protection and credit monitoring. I understand that I may request Identity Protection regardless of whether I also claim compensation benefits or the Alternative Flat Cash Payment.

☐ Yes, I want to enroll in one year of three-bureau identity theft protection and credit monitoring.

VIII. 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.coaldata settlement.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.coaldata settlement.com, or call the Settlement Administrator at **1 (833) 447-7515**.



00000



CF



Page 4 of 4