

Exhibit E

Settlement Administrator **xxx**
c/o Kroll Settlement Administration LLC
P.O. Box **xxx**
New York, NY **xxxxx**

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

ELECTRONIC SERVICE REQUESTED

COURT APPROVED LEGAL NOTICE

Goodrum et al. v. Veradigm, Inc.

Case No. 1:25-cv-07062

A Court has authorized this Notice. This is not a solicitation from a lawyer.

If You Are A Person In The United States Who Was Sent Notice That Your Private Information May Have Been Impacted As A Result Of The Data Incident, You Are Eligible To Receive A Settlement Class Member Benefit From A Class Action Settlement

For more information on the proposed Settlement, including how to submit a claim, exclude yourself, or submit an objection, please visit or call:

www.XXX.com

(XXX) XXX-XXXX

<<Refnum Barcode>>

CLASS MEMBER ID: <<Refnum>>

Postal Service: Please do not mark barcode

<<FirstName>> <<LastName>>
<<Company>>
<<Address1>>
<<Address2>>
<<City>>, <<State>> <<Zip>>-<<zip4>>
<<Country>>

Why am I receiving this Notice? You are receiving this Notice because the records of Veradigm, Inc. (Defendant) indicate your Private Information may have been impacted as a result of the Data Incident. You are therefore likely a Settlement Class Member eligible to receive benefits under this Settlement.

Who is a Settlement Class Member? You are included in this Settlement if you are a Settlement Class Member. A Settlement Class Member is a living individual residing in the United States whose Private Information may have been impacted in the Data Incident.

What are the Settlement Class Members Benefits? The Defendant has agreed to pay \$8,750,000 ("Settlement Fund") to resolve the claims in this litigation. Settlement Class Members who submit a Valid Claim may receive: (a) Cash Payment A – Documented Losses, up to \$5,000 per Settlement Class Member upon presentation of reasonable documentation; or (b) Cash Payment B – Alternate Cash – an estimated \$50 cash payment; and, in addition to a Cash Payment, (c) Medical Data Monitoring that includes two (2) years of CyEx's Medical Shield Complete with one credit reporting agency. Cash Payments to Settlement Class Members will be subject to a *pro rata* increase or decrease from the Net Settlement Fund depending on the amount of Valid Claims and remaining Settlement Funds. Please visit www.XXX.com for a full description of the Settlement Class Member Benefits and documentation requirements.

How do I submit a Claim Form? You must submit a Claim Form, available at www.XXX.com to be eligible to receive a Settlement Class Member Benefit. Your completed Claim Form must be submitted online or mailed to the Settlement Administrator at Settlement Administrator – **xxxxx**, c/o Kroll Settlement Administration LLC, PO Box **xxxx**, New York, NY **xxxxx-xxxx** and postmarked by **<<DATE>>**.

What are my other options? If you do nothing, you will be legally bound by the terms of the Settlement, and you will release your claims against Defendant Veradigm and its Clients as defined in the Settlement Agreement. You may opt-out of or file an objection to the Settlement by **<<DATE>>**. Please visit www.XXX.com for more information on how to opt-out (or exclude yourself) from or object to the Settlement.

Do I have a lawyer in this case? Yes, the Court appointed Gary Klinger of Milberg Coleman Bryson Phillips Grossman PLLC and Jeff Ostrow of Kopolowitz Ostrow P.A. as Class Counsel to represent the Settlement Class. If you want to be represented by your own lawyer, you may hire one at your own expense.

The Court's Final Approval Hearing. The Court is scheduled to hold a Final Approval Hearing on **<<DATE>>** at **XXX a.p.m. CT**, to consider whether to approve the Settlement, attorneys' fees up to one-third of the Settlement Fund, plus reimbursement of costs for Class Counsel, and Service Awards of \$2,500 each to the Class Representatives. You may appear at the hearing, either yourself or through an attorney hired by you, but you don't have to.

This Notice is only a summary. For more information or to change your address, visit www.XXX.com or call toll-free **(XXX) XXX-XXXX**.

Visit www.XXX.com or call **(XXX) XXX-XXXX**

Postage
Required

Settlement Administrator - **xxxxx**
c/o Kroll Settlement Administration LLC
P.O. Box **XXX**
New York, NY **XXXXX**

Unique ID: <<refnum>>

Claim Form for Goodrum et al. v. Veradigm, Inc.

Claims for Cash Payment B – Alternate Cash and/or Medical Data Monitoring do not require documentation and may be submitted using this tear-off claim form, for which the postage is prepaid.

Unique ID: <<RefNum>>

If different than the preprinted data on the left, please print your correct information:

<<firstname>> <<mi>> <<lastname>>
<<address1>> <<address2>>
<<City>>, <<State>> <<Zip>>

First Name	MI	Last Name
Address		
City	State	Zip Code

Please select below the claim(s) you would like to make (insert an "X" in the box):

I would like a Cash Payment in the **estimated** amount of up to \$50.00.
 I would like to receive two (2) years of CyEx's Medical Shield Complete with one credit reporting agency.

Claims for Cash Payment A – Documented Losses require supporting documentation and cannot be made using this tear-off Claim Form. Any such Claims should be submitted through the Settlement Website at www.XXX.com or by mailing a completed full Claim Form (available on the Settlement Website) and supporting documentation to the Settlement Administrator.

Verification & Signature: I swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature: _____ Date: _____ / _____ /

Email Address: _____ @ _____