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Your Claim must
be submitted
online or
postmarked by:

<<Claims
Deadline>>

CLAIM FORM FOR HCA DATA INCIDENT ACTION

In re: HCA Healthcare, Inc. Data Security Litigation

Case No. 3:23-cv-00684

United States District Court for the Middle District of Tennessee

HCA-C

GENERAL INSTRUCTIONS

You have been identified by the Settlement Administrator as a Settlement Class Member who is a current HCA patient residing in the United States whose personal information was compromised in the Data Incident that HCA announced on or about July 10, 2023. You may submit a claim for a Settlement Benefit, outlined below.

Please refer to the Long Form Notice posted on the Settlement Website www.Website.com, for more information on submitting a Claim Form and if you part of the Settlement Class.

To receive a Settlement Benefit from this Settlement via an electronic payment, you must submit the Claim Form below electronically at www.Website.com by <<Claims Deadline>>.

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:

In re HCA Healthcare, Inc., Data Security Litigation
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

Settlement Class Members that submit a valid and timely Claim Form may select one or both of the following Settlement Benefits:

- a) Credit Monitoring and Insurance Services. One (1) year of Credit Monitoring and Insurance Services. CMIS will include credit monitoring, fraud consultation, and identity theft restoration services. A Settlement Class Member who chooses CMIS as their respective Settlement Benefit and already maintains a credit monitoring service may elect to defer their enrollment in the CMIS for a period of twelve (12) months for no additional charge.

AND

- b) Documented Loss Payment. Settlement Class Members may submit a claim for a Documented Loss payment of up to \$5,000 with supporting documentation.

I. PAYMENT SELECTION

If you would like to elect to receive your cash payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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II. 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

Email Address: _____@_____

Telephone Number (optional): (_____) _____ - _____

III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

☐ Check this box to certify if you are a current HCA patient residing in the United States whose personal information was compromised in the Data Incident that HCA announced on or about July 10, 2023.

Enter the Class Member ID Number provided on your Email Notice:

Class Member ID: 0 0 0 0 0 _____

IV. CREDIT MONITORING AND INSURANCE SERVICES

☐ One (1) year of CMIS

CMIS will include credit monitoring, fraud consultation, and identity theft restoration services. A Settlement Class Member who chooses CMIS as their respective Settlement Benefit and already maintains a credit monitoring service may elect to defer their enrollment in the CMIS for a period of twelve (12) months for no additional charge. The CMIS will include the following services, among other features, to be provided to each Settlement Class Member who submits an Approved Claim for CMIS: (i) up to \$1 million dollars of identity theft insurance coverage; and (ii) one-bureau credit monitoring providing notice of changes to the Settlement Class Member's credit profile.

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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VIII. PAYMENT FOR DOCUMENTED LOSSES AND EXPENSES

All Settlement Class Members may submit a claim for Documented Loss or Expense Payment capped up to \$5,000 per person. Do not submit a claim for CMIS above.

To receive Documented Loss payment, a Settlement Class Member must choose to do so on their given Claim Form and submit to the Settlement Administrator the following:

- (i) a valid Claim Form electing to receive the Documented Loss Payment benefit;
- (ii) an attestation regarding any actual and unreimbursed Documented Loss; and
- (iii) Reasonable Documentation that demonstrates the Documented Loss to be reimbursed pursuant to the terms of the Settlement. If a Settlement Class Member does not submit Reasonable Documentation supporting a Documented Loss payment claim, or if a Settlement Class Member’s claim for a Documented Loss payment is rejected by the Settlement Administrator for any reason, the Settlement Class Member shall be provided with an opportunity to cure their claim and provide additional documentation, as directed by the Settlement Administrator.

Settlement Class Members with documented losses must submit documentation supporting their claims. This can include receipts or other documentation not “self-prepared” by the claimant that document the costs incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.

You must have documented ordinary losses incurred as a result of the Data Incident and submit documentation to obtain this benefit.

☐ I have attached documentation showing that the documented ordinary losses were more likely than not caused by the Data Incident. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Cost Type (Fill all that apply)	Approximate Date of Documented Loss	Amount of Documented Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 7/17/2 0 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yy)	\$_____.	
	____/____/____ (mm/dd/yy)	\$_____.	
	____/____/____ (mm/dd/yy)	\$_____.	

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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XI. ATTESTATION & 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

Print Name

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.