Exhibit E

In re: Kelly Benefits Data Breach Litigation
Kroll Settlement Administration LLC
P.O. Box XXXXXX
New York, NY 10150-XXXX

U.S. POSTAGE PAID
CITY, ST
PERMIT NO. XXXX

ELECTRONIC SERVICE REQUESTED

NOTICE OF CLASS ACTION SETTLEMENT

Records indicate your Private Information may have been compromised by a Data Breach on or around December 17, 2024. You may be eligible for benefits from a class action settlement.

www.[website].com

<<Refnum Barcode>>

Class Member ID: <<Refnum>>

Postal Service: Please do not mark or cover

<<FirstName>> <<LastName>>
<<Address>>
<<Address2>>
<<City>>, <<ST>> <<Zip>>-<<zip4>>
<<Country>>

A Settlement has been reached with Kelly & Associates Insurance Group, Inc. d/b/a Kelly Benefits (the "Defendant" or "Kelly") in a class action lawsuit called *In re: Kelly Benefits Data Breach Litigation,* Case No. 1:25-cv-01304-SAG. The Litigation is about a data breach on or around December 17, 2024 (the "Data Breach"). During the Data Breach, cybercriminals gained unauthorized access to Kelly's computer systems, compromising certain Private Information. The Plaintiffs allege claims for negligence and negligence per se, breach of third-party beneficiary contract, and unjust enrichment, among others. The Defendant denies all allegations and any wrongdoing.

Am I included? The Defendant's records identify you as a Settlement Class Member. The Settlement Class consists of all individuals residing in the United States whose Private Information was compromised in the Data Breach of Kelly & Associates Insurance Group, Inc. during the period December 12, 2024 through December 17, 2024.

What does the Settlement provide? Under the proposed Settlement, Kelly will pay $5,000,000 into a Settlement Fund to resolve the lawsuit. The Settlement Fund will provide cash payments of up to $5,000 per Settlement Class Member for Documented Monetary Losses, Pro Rata Cash Payments estimated to be $50, Credit Monitoring, and a California Statutory Payment estimated to be $100 (for eligible Settlement Class Members). The Settlement Fund will also pay Claims Administration Expenses, Service Awards, and attorneys' fees, costs, and expenses.

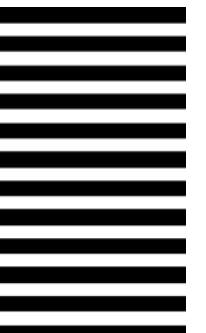
How do I get Settlement Class Benefits? You must file a Claim Form, with any necessary supporting documentation, online at www.[website].com or by mail to the address on the Claim Form postmarked by **Month XX, 202X**. The Claim Form is available on the Settlement Website or by calling (XXX) XXX-XXXX. You may also use the attached tear-off Claim Form to claim certain benefits.

What are my other options? If you do nothing, you will not receive any Settlement Class 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 Class 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 Approval Hearing. The Court will hold a hearing on **Month XX, 202X** to decide whether to approve the Settlement, Class Counsel's request for attorneys' fees of up to $1,666,666, plus reimbursement of reasonable out-of-pocket litigation costs and expenses, and a $2,500 Service Award to each of the eight (8) Class Representatives who brought this Litigation on behalf of the Settlement Class. You or your lawyer may attend the hearing at your own expense.

For more information or to update your address: Visit 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 XXXX
NEW YORK NY 10150-XXXX

<<Barcode>>

Class Member ID: <<Refnum>>

POSTCARD CLAIM FORM

Claim Forms must be postmarked or submitted online no later than **Month XX, 202X**. To receive payment electronically or to file a claim for a cash payment for **Documented Monetary Losses**, you MUST submit a Claim Form online or use the full Claim Form available on the Settlement Website.

Class Member ID: <<refnum>>
<<firstname>> <<mi>> <<lastname>>
<<address1>> <<address2>> <<City>>,
<<State>> <<Zip>>

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

Address

City State Zip Code

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

All Settlement Class Members may claim both a Pro Rata Cash Payment and Credit Monitoring. If you had a California address on December 12, 2024, you may also claim a California Statutory Payment.

☐ **Pro Rata Cash Payment**: I want to receive a *pro rata* (proportional) cash payment, estimated to be $50.*

*The amount of the Pro Rata Cash Payments will be increased or decreased on a *pro rata* basis, depending upon the number of Valid Claims filed.

☐ **Credit Monitoring**: I want to receive three (3) years of single-bureau Credit Monitoring. If you submit a Valid Claim for this benefit, you will receive an activation code for the Credit Monitoring after the Court grants final approval of the Settlement.

☐ **California Statutory Payment**: I want to receive cash payment estimated to be $100.*

*The amount of the Pro Rata Cash Payments will be increased or decreased on a *pro rata* basis, depending upon the number of Valid Claims filed.

By signing below, I swear and affirm under the laws of the United States and under penalty of perjury that the information supplied in this Claim Form is true and correct to the best of my knowledge or recollection:

Signature:	**Date (MM/DD/YYYY):**