

# Exhibit E



Mailing Address, Line 1: Street Address/P.O. Box

[Grid for Mailing Address, Line 1]

Mailing Address, Line 2:

[Grid for Mailing Address, Line 2]

City:

[Grid for City]

State:

[Grid for State]

Zip Code:

[Grid for Zip Code]

Cellphone Number

[Grid for Cellphone Number]

Home Telephone Number

[Grid for Home Telephone Number]

Email Address

[Grid for Email Address]

Date of Birth (mm/dd/yyyy)

[Grid for Date of Birth]

Unique ID Number Provided on mailed Notice (if known)

[Grid for Unique ID Number]

**III. CLASS MEMBERSHIP**

Please check this box if you received a notice related to this Class Action, and you have provided your Unique ID Number in Section II above.

Please check this box if you have **not** received a letter notice but believe that you should be included in the Class. You must provide reasonable documentation demonstrating that you were impacted by the Lansing Community College Data Security Incident and are a Class Member.

**IV. CLAIMANT SELECTION OF SETTLEMENT OPTION**

**You may select ONE (1) of the following options:**

**(1) ALTERNATIVE CASH PAYMENT**

If you wish to receive an Alternative Cash Payment, you must check off the box for this section, and then simply return this Claim Form.

The amount of the Alternative Cash Payment will be determined after the Settlement Fund is used to pay for reasonable Administrative Expenses, Service Awards approved by the Court, any amounts approved by the Court for the Attorney’s Fee Award and Costs, Taxes, and Approved Claims for Reimbursements for Actual Out-of-Pocket Losses and Attested Time (up to the \$150,000 cap).

**OR**

**(2) REIMBURSEMENT FOR DOCUMENTED LOSSES**

Please check off this box for this section if you are electing to seek reimbursement for up to \$2,000 of Documented Losses you incurred that are more likely than not traceable to the Lansing Community College Data Security Incident and not otherwise reimbursable by insurance. Documented Losses include unreimbursed losses and consequential expenses that are more likely than not related to the Lansing Community College Data Security Incident and incurred on or after December 25, 2022.



<b>Cost Type</b> (Fill all that apply)	<b>Approximate Date of Loss</b>	<b>Amount of Loss</b>	<b>Description of Supporting Reasonable Documentation</b> (Identify what you are attaching and why)																											
<input type="radio"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long- distance telephone charges	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td colspan="8">(mm/dd/yy)</td> </tr> </table>			/			/			(mm/dd/yy)								<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">\$</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">.</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	\$								.			<i>Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office), indication of why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the Lansing Community College Data Security Incident</i>
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<input type="radio"/> Other (provide detailed description)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td colspan="8">(mm/dd/yy)</td> </tr> </table>			/			/			(mm/dd/yy)								<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">\$</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">.</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	\$								.			<i>Please provide detailed description below or in a separate document submitted with this Claim Form</i>
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**If you do not submit Reasonable Documentation supporting a Documented Loss Payment claim, or your claim for a Documented Loss Payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, your claim will be considered for an Alternative Cash Payment.**

### V. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I further submit to the jurisdiction of the Court with respect to my claim and for purposes of enforcing the releases set forth in any Final Judgment that may be entered in the Action.

I acknowledge that, as of the Effective Date of the Settlement, pursuant to the terms set forth in the Settlement Agreement, and by operation of law and the Final Judgment, I shall be deemed to release and forever discharge and shall be forever enjoined from prosecuting any claims relating to the Data Security Incident and the Released Claims against Lansing Community College and the Released Parties (as more fully defined in the Settlement Agreement and/or Final Judgment).

I declare under penalty of perjury under the laws of Michigan that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

\_\_\_\_\_  
Signature:

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

**VI. ATTESTATION  
(REQUIRED FOR DOCUMENTED LOSS PAYMENT CLAIMS ONLY)**

I, \_\_\_\_\_, declare that I suffered the Documented Losses claimed above.  
[Name]

I also attest that the Documented Losses claimed above are accurate and were not otherwise reimbursable by insurance.

I declare under penalty of perjury under the laws of my state of residence that the foregoing is true and correct.

Executed on \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_.  
[Date] [City] [State]

\_\_\_\_\_  
[Signature]