Exhibit E

CLAIM FORM

Lansing Community College ("LCC") Data Breach Litigation

In Re Lansing Community College Data Breach Litigation, Case No. 1:23-cv-00738 (W.D. Mich.)

The DEADLINE to submit this Claim Form is postmarked: [XXXX XX, 2024]

I. GENERAL INSTRUCTIONS

If you are an individual who was notified that your Personal Information was potentially compromised because of a data security incident that involved an unauthorized actor hacking LCC's computer network between December 25, 2022, and March 15, 2023 (the "Data Security Incident"), you are a Class Member and eligible for compensation.

As a Class Member, you are eligible to make a claim for **ONE (1)** of the following two options; you may **NOT** select both:

(1) Reimbursement for Actual Out-of-Pocket Losses and Attested Time ("Documented Loss Payments") (up to \$2,000.00 per individual).

OR

(2) an Alternative Cash Payment, the amount of which will depend on the number of Class Members who participate in the Settlement and submit claims for Documented Loss Payments.

If the aggregate number of valid claims for Actual Out-of-Pocket Losses and Attested Time exceeds \$150,000 then the payments for those claims will be reduced and paid proportionally to one another out of the \$150,000 cap for these claims.

Complete information about the Settlement and its benefits are available at www.xxxxxxxxxxxxxx.com.

Please complete this Claim Form on behalf of the individual who received a notification from Lansing Community College.

In re Lansing Community College Data Breach Litigation c/o Kroll Settlement Administration PO Box 225391
New York, NY 10150-5391

II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments, you must notify the Settlement Administrator in writing at the address above.

Alternative Name(s)		
First Name	M.I.	Last Name

Questions? Go to www.xxxxxxxxxxxxxcom or call 1-XXX-XXX-XXXX

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Examples of Documented Losses include: (i) Long distance telephone charges; (ii) cell phone minutes (if charged by the minute); (iii) internet usage charges (if either charged by the minute or incurred solely as a result of the Data Security Incident); (iv) costs of credit reports purchased between December 25, 2022 and the Claims Deadline; (v) documented costs paid for credit monitoring services and/or fraud resolution services purchased between December 25, 2022 and the Claims Deadline; (vi) documented expenses directly associated with dealing with identity theft or identity fraud related to the Data Security Incident; (vii) other documented losses incurred by Class Members that are more likely than not related to the Data Security Incident as reasonably determined by the Settlement Administrator.

In order to make a claim for a Documented Loss Payment, you <u>MUST</u> (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (Section VI); and (iii) include Reasonable Documentation supporting each claimed cost along with this Claim Form. Documented Losses need to be deemed more likely than not due to the Lansing Community College Data Security Incident by the Settlement Administrator based on the documentation you provide and the facts of the Lansing Community College Data Security Incident. <u>Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.</u>

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)
O Unreimbursed fraud losses or charges	(mm/dd/yy)	\$.	Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges
O Professional fees incurred in connection with identity theft or falsified tax returns	(mm/dd/yy)	\$	Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return
O Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing	mm/dd/yy)	\$	Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount
O Credit freeze	(mm/dd/yy)	\$	Examples: Notices or account statements reflecting payment for a credit freeze
O Credit monitoring that was ordered between March 2, 2023, and the Claims Deadline	(mm/dd/yy)	\$	Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services

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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)		
O Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long- distance telephone charges	mm/dd/yy)	\$	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		
O Other (provide detailed description)	[\$	College Data Security Incident Please provide detailed description below or in a separate document submitted with this Claim Form		

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.

	Date:
Signature:	
Print Name	

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

l, [Name]	, dec	lare that I suffered	the Documented Losses cla	med above.
[Ivame]				
I also attest that t insurance.	he Documented Losses clain	ned above are accur	ate and were not otherwise	reimbursable by
-	enalty of perjury under the la	ws of my state of re	esidence that the foregoing	is true and correct.
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