

Exhibit E

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

<<Refnum Barcode>>

Postal Service: Please do not mark barcode

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<<FirstName>> <<LastName>>
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<<City>, <<State>> <<Zip>> <<zip4>>
<<Country>>
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A proposed Settlement has been reached in a class action lawsuit known as In Re: ALN Medical Management LLC Data Incident Litigation, in United States District Court for the District of Nebraska, Case No. 4:25-cv-03067-SMB-MDN.

Why am I receiving this Notice? You are receiving this Notice because the records of ALN Medical Management, LLC ("Defendant ALN") 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 who was sent a notice of the Data Incident indicating their Private Information may have been impacted in the Data Incident.

What are the Settlement Class Members Benefits? Settlement Class Members who submit a Valid Claim may receive: (a) Cash Payment A – Documented Losses up to \$5,000.00 per Settlement Class Member upon presentation of reasonable documentation; or (b) Cash Payment B – Alternate Cash currently estimated to be a \$50.00; and in addition to a Cash Payment, (c) Medical Data Monitoring that includes one (1) year of CyEx's Medical Shield Complete with one bureau credit monitoring, which will provide the following benefits: medical identity monitoring, real-time alerts, and insurance coverage for up to \$1,000,000.00 for medical identity theft. 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 xxx, New York, NY xxxx-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 ALN and the Released Parties 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 Jeff Ostrow of Kopelowitz Ostrow P.A., Andrew Shamis of Shamis & Gentile, P.A., and John Nelson of Millberg Coleman Bryson Phillips Grossman, PLLC, as Class Counsel to represent the Settlement Class in Settlement negotiations. 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 (\$1,333,333.33), plus reimbursement of costs for Class Counsel, and Service Awards of \$2,500.00 each to the Class Representatives. You may appear at the Final Approval Hearing, either yourself or through an attorney hired by you, but you don't have to. The Final Approval Hearing may be held remotely, so please check the settlement website for more information.

This Postcard 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 toll-free XXX XXX-XXXX

Postage
Required

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

<<Barcode>>
Class Member ID: <<Refnum>>

Address Update

If you have an address different from where this postcard was mailed, please write your correct mailing and email address below and return this portion to the address provided on the other side.

**** THIS NOTICE IS NOT A CLAIM FORM ****

DO NOT USE THIS POSTCARD TO FILE A CLAIM, AN EXCLUSION, OR OBJECTION.

Name: _____ M.I. _____ Last Name _____
Street Address: _____
Street Address 2: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ @ _____