

Exhibit E

Settlement Administrator
c/o Kroll Settlement Administration LLC
P.O. Box XXXXX
New York, NY 10150-XXXX

ELECTRONIC SERVICE REQUESTED

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

**Court-Approved
Legal Notice**



**This is an important notice about
a class action lawsuit.**

<<Refnum Barcode>>

CLASS MEMBER ID: <<Refnum>>

Postal Service: Please do not mark or cover barcode

<<FirstName>> <<LastName>>

<<Company>>

<<Address1>>

<<Address2>>

<<City>>, <<State>> <<Zip>>-<<zip4>>

<<Country>>

What is this lawsuit about? This is a Court-authorized Class Notice of a proposed Settlement in a class action lawsuit, In re: Sequoia Benefits & Insurance Data Breach Litigation, No. 22-cv-08217-RFL ("Action"), pending in the United States District Court for the Northern District of California. The Settlement will resolve a lawsuit brought on behalf of persons who allege Sequoia Benefits and Insurance Services, LLC and Sequoia One PEO, LLC (collectively, "Sequoia" or "Defendants") committed legal violations in connection with a September 22, 2022 data incident (the "Data Security Incident"). Sequoia denies these allegations, denies violations of any law, and denies all liability.

Who is a Class Member? The Class includes all persons in the United States to whom Sequoia sent notice of the Data Security Incident. There is also a California Subclass that includes all California residents at the time of the Data Security Incident, which occurred between September 22 and October 6, 2022, to whom Sequoia sent notice of the Data Security Incident.

What are the benefits? The Settlement provides the following benefits:

- **Compensation for Out-of-Pocket Losses and Lost Time:** Class Members may submit a claim for Out-of-Pocket Losses up to seven-thousand and five-hundred dollars (\$7,500) per individual. Defendants will pay valid and timely submitted claims for the following: unreimbursed costs, expenses or charges incurred addressing or remedying identity theft, fraud, or misuse of personal information and/or other issues reasonably traceable to the Data Security Incident upon submission of an approved claim and supporting third-party documentation. Individuals with documented out of pocket losses can receive compensation for time spent responding to the Data Security Incident at a rate of \$30 per hour for up to 4 hours of time as part of their out-of-pocket losses. If you intend to claim these benefits, it is recommended that you file your claim online, as opposed to using the claim form attached to this notice.

- **Alternative Cash Payments:** Class Members may claim an alternative cash payment in an amount estimated to be approximately \$75 by submitting a timely and valid Claim Form. California Subclass Members can submit a claim for an additional cash payment in an amount estimated to be approximately \$150 by submitting a timely and valid Claim Form. These payments are in the alternative to (not in addition to) any compensation for documented out of pocket losses.

How to file a claim. You must file a Claim Form by mail postmarked by DATE, and mailed to the Settlement Administrator's address below, or online at WEBSITE by DATE to receive compensation from the Settlement.

What are my other options?

- **Do Nothing:** If you do nothing, you remain in the Settlement. You give your rights to sue but you will not get any compensation as a Class Member.
- **Exclude Yourself:** You can get out of the Settlement and keep your right to sue about the claims in this Action, but you will not get any compensation from the Settlement. You must submit a Request for Exclusion to the Settlement Administrator by DATE.
- **Object:** You can stay in the Settlement but tell the Court why you think the Settlement should not be approved. Your written objection must be submitted by DATE. Detailed instructions on how to file a Claim Form, exclude yourself, or object can be found on the Class Notice found on the Settlement Website. The Court will require only substantial compliance with objection requirements. The requirement to make your objection in writing may be excused upon a showing of good cause.
- **Attend a hearing:** The Court will hold the Final Approval Hearing on DATE at TIME PT, to consider whether the proposed Settlement is fair, reasonable, and adequate, to consider Plaintiff's Counsel's Fees and Expenses amount for attorneys' fees and costs not to exceed \$2,175,000 plus reasonable expenses, and request a Service Award of \$3,500 for each Class Representative (\$21,000 total), and to consider whether and if it should be approved. The date and time of the hearing may change without further notice, so you are advised to check WEBSITE or the Court's PACER site (<https://ecf.cand.uscourts.gov>) to confirm that date has not been changed. You may attend the hearing, with your own attorney, at your own expense, but you do not have to.

This is only a summary. For additional information, including a copy of the Settlement Agreement and other documents, visit the documents section of the Settlement Website or contact class counsel at NUMBER OR EMAIL. You may also contact the Settlement Administrator to update your address or contact information at CONTACT INFORMATION. PLEASE DO NOT TELEPHONE THE COURT OR THE COURT CLERK'S OFFICE TO INQUIRE ABOUT THIS SETTLEMENT OR THE CLAIM PROCESS.

Postage
Required

Settlement Administrator
c/o Kroll Settlement Administration LLC
P.O. Box XXXXX
New York, NY 10150-XXX

<<Barcode>>

Class Member ID: <<Refnum>>



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

CLAIM FORM

Claims must be submitted online or postmarked no later than DATE.

All class members can submit a claim form online at www.Website.com or the QR Code above.

If you are seeking only Alternative Cash Payment, you can complete and mail this Claim Form back to the Settlement Administrator.

Claims for reimbursement of out-of-pocket losses and lost time must be submitted through the settlement website.

Class Member ID: <<refnum>>

<<firstname>> <<mi>> <<lastname>>

<<address1>> <<address2>>

<<City>>, <<State>> <<Zip>>

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

First Name _____ Last Name _____

Address _____

City _____ State _____ ZipCode _____

Alternative Cash Compensation

1. Would you like to receive a cash payment? YES or NO (circle)
2. Were you a California resident between September 22 and October 6, 2022? YES or NO (circle)

All Class Members may elect to receive a cash payment, currently projected to be \$75. If you were a California resident between September 22 and October 6, 2022, you will receive an additional cash payment, currently projected to be \$150. The actual amounts of these payments will be adjusted up or down on a *pro rata* basis as described in the notices of settlement.

The Settlement Administrator may contact you for additional information. If you fail to respond, or the information that you provide cannot be verified, you may not receive the benefits that you have requested.

By signing my name below, I swear and affirm that the information included on this claim form is true and accurate, and that I am completing this Claim Form to the best of my personal knowledge.

Signature: _____ Dated: _____ / _____ / _____