

Exhibit E

In re AACOM Data Breach Litigation
c/o Kroll Settlement Administration LLC
P.O. Box XXXX
New York, NY 10150-XXXX

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

ELECTRONIC SERVICE REQUESTED

Legal Notice

In re AACOM Data Breach Litigation
Case No. 8:25-cv-01239-tjs

If you are an individual residing in the United States whose personally identifiable information (“PII”) or personal health information (“PHI”) was identified as at issue in the Data Incident discovered by AACOM in September 2024, including all those individuals who received notice of the Data Incident, you are eligible to receive a Settlement benefit from a class action Settlement

*A Court has authorized this Notice. This is **not** a solicitation from a lawyer.*

For more information, please visit

[www.WEBSITE.com](#)

<<Refnum Barcode>>

CLASS MEMBER ID: <<Refnum>>

Postal Service: Please do not mark barcode

<<FirstName>> <<LastName>>

<<Company>>

<<Address1>>

<<Address2>>

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

A \$700,000 Settlement has been reached in a class action lawsuit concerning a Data Incident perpetrated against Defendant American Association of Colleges of Osteopathic Medicine or AACOM. The Litigation alleges that on or about September 26, 2024, an unauthorized individual, or unauthorized individuals, gained access to the email account of an AACOM employee, and subsequently, the names, Social Security Numbers, and medical information of approximately 67,804 individuals. AACOMt denies any wrongdoing whatsoever and the Court has not ruled that AACOM did anything wrong.

Who is included in the Settlement? You are affected by the Settlement and potentially a Settlement Class Member if you are an individual residing in the United States whose personally identifying information (PII) or personal health information (PHI) was identified as at issue in the Data Incident discovered by AACOM in September 2024, including all those individuals who received notice of the Data Incident.

What are the Settlement benefits? The Settlement provides a Settlement Fund shall be used by the Settlement Administrator to pay for: (i) reasonable Notice and Claims Administration Costs incurred pursuant to this Settlement Agreement as approved by the Parties and approved by the Court, (ii) any taxes owed by the Settlement Fund, (iii) any Service Awards approved by the Court, (iv) any Attorneys' Fee Award, Costs, and Expenses as approved by the Court, and (v) any benefits to Settlement Class Members. Settlement Class Members may elect to file a claim for either (1) an Alternative Cash Payment or (2) a claim for Compensation for Out-of-Pocket Losses and (3) Credit Monitoring services. Visit www.website.com or call the toll-free telephone number below for complete benefit details.

How do I receive a payment or other benefit? To receive a payment under the settlement, you **MUST** submit a claim. To submit a claim, you may either: (i) fill out, detach, and mail the attached postcard Claim Form to the Settlement Administrator; or (ii) submit a Claim Form by mail or online at www.website.com. You may also call (XXX) XXX-XXXX to request that a Claim Form be mailed to you. **Claims must be submitted online or by mail postmarked by [DATE]. TO RECEIVE AN ELECTRONIC OR ACH PAYMENT FOR YOUR VALID CLAIM, YOU MUST FILE A CLAIM FORM ONLINE AT WWW.WEBSITE.COM.**

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 the Defendants and other Released Persons as defined in the Settlement Agreement. If you do not want to be legally bound by the Settlement, you must **Exclude Yourself** by **[DATE]**, or you will not be able to sue the Defendants or any other Released Persons for Released Claims relating to the Data Incident. If you exclude yourself, you cannot get a Settlement benefit from this Settlement. If you want to **Object** to the Settlement, you may file an Objection by **[DATE]**. The Long-Form Notice, posted on the Settlement Website, explains how to submit a Claim Form, exclude yourself, or object.

Do I have a lawyer in this case? Yes, the Court appointed David K. Lietz of Milberg Coleman Bryson Phillips Grossman PLLC, Raina Borrelli of Strauss Borrelli PLLC, Leanna Loginov of Shamis & Gentile, P.A., and Leigh Montgomery of EKSM, LLP, as Settlement Class Counsel for the Settlement Class. If you want to be represented by your own lawyer, you may hire one at your own expense.

When will the Court decide whether to approve the Settlement? The Court is scheduled to hold a Final Approval Hearing on [DATE] at [TIME] ET, at the <Court address> to consider whether to approve the Settlement, the attorneys' fees not to exceed one third of the Settlement Fund (\$233,333.33) and reimbursement of the reasonable Costs and Expenses incurred in prosecuting the Litigation, and Service Award payments of \$5,000 to each Settlement Class Representative. You may appear at the hearing, either yourself or through an attorney hired by you, but you don't have to.

This Notice is only a summary. For more information including a copy of the Settlement Agreement, Long Form Notice, Claim Form, and other documents, or to update your contact information, call toll-free (XXX) XXX-XXXX or visit www.WEBSITE.com.

Postage
Required

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

<<Barcode>>

Class Member ID: <<Refnum>>



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

POSTCARD CLAIM FORM

To submit a claim for Cash Compensation and/or Credit Monitoring, please complete the below form, sign, and mail this portion of the postcard to the Settlement Administrator by **no later than [DATE]**. **Note:** Claims for Compensation for Out-of-Pocket Losses require supporting documentation and therefore must be submitted online at www.website.com or mailed to the Settlement Administrator with a separate Claim Form. To receive a Settlement benefit from this Settlement via an electronic payment, you must submit a Claim Form electronically at www.website.com by **[DATE]**.

Class Member ID: <<refnum>>

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

<<address1>> <<address2>>

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

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

First Name Last Name

Address

City State ZipCode

() -
Telephone Number

@
Email Address

Cash Compensation

☐ I would like to receive an estimated \$50 Alternative Cash Payment
(subject to a pro rata proportional adjustment)
of seeking Compensation for Out-of-Pocket Losses.

Credit Monitoring

☐ I would like to receive twenty-four (24) months of credit *instead*
and identity theft monitoring with 3-credit bureaus.

SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury that the information supplied in this Claim Form is true and correct. I authorize the Settlement Administrator to contact me, using the contact information set forth above, to obtain any necessary supplemental information

Signature: _____ Print Name: _____ Dated: ____ / ____ / ____