# Exhibit E

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| Your claim must be submitted online or **postmarked by**: **Month XX, 2026** | **CLAIM FORM**<br>*In re American Renal Management LLC Data Breach Litigation*<br>Case No. 3:25-cv-00248-EJR<br>United States District Court for the Middle District of Tennessee | |
|---|---|---|

## GENERAL INSTRUCTIONS

If you live in the United States and your Private Information was potentially impacted in the Data Incident affecting American Renal Management LLC d/b/a Innovative Renal Care ("Defendant" or "IRC") between February 21, 2024 and March 1, 2024, and/or you were sent a notice of the Data Incident, you may submit a claim for Settlement Class Benefits as outlined below using this Claim Form. Please refer to the Long Notice posted on the Settlement Website **www.[website].com** for more information.

**To receive Settlement Class Benefits, you must submit a Claim Form by Month XX, 2026.**

Claims may be submitted online at **www.[website].com** or by mail at the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. Mail, postmarked by the deadline above, to:

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

### Settlement Class Benefits

You may submit a claim to receive one or both of the following cash payments – Documented Monetary Loss and/or a Pro Rata Cash Payment – as well as Credit Monitoring.

**Check the box(es) below to select the appropriate payment option(s):**

☐ **Documented Monetary Loss**: : Up to $5,000 per Settlement Class Member for documented out-of-pocket monetary losses related to the Data Incident. Documentation must be provided. See Section III of this Claim Form for more information.

AND/OR

☐ **Pro Rata Cash Payment**: A cash payment estimated to be $100, subject to *pro rata* (proportional) adjustment based on the amount of Valid Claims. No documentation is required

**Check the box below if you would also like to receive Credit Monitoring Services:**

☐ **Credit Monitoring**: Two (2) years of Credit Monitoring that will include one-bureau credit monitoring, dark web monitoring, identity theft insurance coverage for up to $1,000,000.00, and fully managed identity recovery services. If you submit a Valid Claim for Credit Monitoring, once the Settlement receives final approval, you will be able to activate the Credit Monitoring benefit using the enrollment code in the Notice you received. If you did not receive a Notice or do not know your enrollment code, please contact the Settlement Administrator at (XXX) XXX-XXXX or use the "Contact Us" form on the Settlement Website.

## I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

_____ _____

**First Name** **Last Name**

_____

**Address 1**

_____

**Address 2**

_____ ____ ____ ____ ____ ____ ____ ____

**City** **State** **Zip Code**

**Telephone Number: ( _____ _____ _____ ) _____ _____ _____ - _____ _____ _____ _____**

**Email Address: _____**

**Class Member ID (if known): 00000 ___ ___ ___ ___ ___ ___ ___ ___**

## II. PAYMENT SELECTION

If you would like to receive your payment through electronic transfer, please visit the Settlement Website (**www.[website].com**) and timely file your Claim Form online on or before **Month XX, 2026**. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option. If you submit this Claim Form by mail, you will receive your payment by check.

## III. DOCUMENTED MONETARY LOSSES

All Settlement Class Members may submit a claim for a cash payment for up to $5,000 per person for documented monetary losses related to the Data Incident. Documented Losses may include but are not limited to: (i) out of pocket credit monitoring costs that were incurred on or after February 14, 2025 through [Claims Deadline date]; (ii) unreimbursed losses associated with actual fraud or identity theft; and (iii) unreimbursed bank fees, long distance phone charges, postage, or mileage at the prevailing IRS business use mileage rate for the year incurred for local travel.

This list of examples of reimbursable documented out-of-pocket losses is not meant to be exhaustive. You may claim any documented unreimbursed out-of-pocket losses reasonably related to the Data Incident or to mitigating the effects of the Data Incident.

You cannot be reimbursed for expenses if you have been reimbursed for the same expenses by another source, including compensation provided in connection with the credit monitoring and identity theft protection product offered as part of the notification letter provided by Defendant or otherwise.

To receive a cash payment for Documented Losses, you must attest that the losses or expenses were incurred as a result of the Data Incident and provide reasonable third-party documentation. Examples of reasonable

third-party documentation include, but are not limited to, identity theft monitoring expenses, credit card statements, phone bills, etc. which support your losses.

If you do not submit reasonable documentation supporting a loss, or if your claim is rejected by the Settlement Administrator for any reason, and you fail to cure your claim, it will be rejected and the Settlement Administrator will regard it as a claim for a Pro Rata Cash Payment only. If you submit a claim for reimbursement of fraudulent charges or withdrawals, you must provide some evidence that the charges or withdrawals were not reimbursed, such as a letter from the financial institution. Claims for Documented Monetary Loss must be itemized on the Claim Form.

Please confirm that you have attached documentation for your claim by checking the box below.

☐ I have attached documentation showing that the documented losses listed below were related to the Data Incident.

| **Cost Type** (Fill all that apply) | **Approximate Date of Loss** | **Amount of Loss** | **Description of Supporting Documentation** (Identify what you are attaching and why) |
|---|---|---|---|
| Example: Credit Monitoring Service | 02/21/24 (mm/dd/yy) | $100.00 | Copy of credit monitoring service bill |
| | __ __ / __ __ / __ __ (mm/dd/yy) | $_____.____ | |
| | __ __ / __ __ / __ __ (mm/dd/yy) | $_____.____ | |
| | __ __ / __ __ / __ __ (mm/dd/yy) | $_____.____ | |

## IV. ATTESTATION & SIGNATURE

I swear and affirm under the laws of the United States and under penalty of perjury that the information supplied in this Claim Form and any documents submitted with this Claim Form are true and correct to the best of my knowledge or recollection.

_____ ____ ____ / ____ ____ / ____ ____ ____ ____

Signature Date (mm/dd/yyyy)

_____

Print Name

**Reminder**: If your address changes or you need to make a future correction/update to the address you provide on this Claim Form, please use the "Contact Us" form on the Settlement Website to provide your updated address information. Make sure to include your Class Member ID and your telephone number in case we need to contact you in order to complete your request.