

# Exhibit E

Your claim must be  
submitted online or  
postmarked by:  
**MONTH DD, 2025**

## **CLAIM FORM FOR DATA INCIDENT SETTLEMENT**

*In re Geisinger Health Data Security Incident Litigation*  
Case No. 4:24-cv-01071-MWB

**Geisinger  
Health**

### **GENERAL INSTRUCTIONS**

If you were notified that your personal information, including your personally identifiable information or personal health information was accessed as a result of the data security incident that occurred on or about November 29, 2023, wherein an unauthorized individual gained access to certain patient information from Geisinger Health ("Data Incident"), you are a member of the Settlement Class and are eligible to complete this Claim Form. If you are a Settlement Class Member, you are eligible to request one of the following forms of settlement relief: either (1) reimbursement for out-of-pocket losses up to \$5,000 or (2) an Alternative Cash Payment the amount of which will depend on the amount remaining in the Settlement Fund after the amounts in the Settlement Fund have been distributed in accordance with the Settlement Agreement. In addition to choosing one of these options of relief, all Settlement Class Members are eligible to request one year of credit/medical monitoring and identity theft protection ("Credit/Medical Monitoring").

Please read this Claim Form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

**To receive a Settlement Benefit from this Settlement via an electronic payment, you must submit the Claim Form below electronically at [www.Website.com](http://www.Website.com) by <<Claim Form Deadline>>.**

This Claim Form may be submitted electronically via the Settlement Website at **URL** or completed and mailed to the address below. The Claim Form must be submitted online or **postmarked by MONTH DD, 2025**. 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 to:

**Geisinger Health Data Incident**  
**c/o Kroll Settlement Administration LLC**  
P.O. Box **XXXX**  
New York, NY 10150-**XXXX**

### **I. PAYMENT SELECTION**

If you would like to elect to receive a cash payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option

### **II. 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 form.

**First Name**

**Last Name**

**Street Address**

Questions? Go to **URL** or call **(XXX) XXX-XXXX**.

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**Geisinger  
Health**

**City**

**State**

**Zip Code**

**Email Address**

**Telephone Number**

### **III. PROOF OF SETTLEMENT CLASS MEMBERSHIP**

- ☐ Check this box to certify that you received a notification that your personal data was impacted in the Data Incident.

Enter the Unique ID Number provided on the Notice you received from the Settlement Administrator:

**0 0 0 0 0** \_\_\_\_\_

### **IV. CREDIT/MEDICAL MONITORING AND IDENTITY THEFT PROTECTION**

- ☐ Check this box if you wish to receive one (1) year of Credit/Medical Monitoring and Identity Theft Protection Services.

The Credit/Medical Monitoring and Identity Theft Protection Services will have the following features, at minimum: (a) Real time monitoring of the credit file at all three major credit bureaus; (b) Identity theft insurance (no deductible) of \$1,000,000; (c) Dark web monitoring; (d) Medical record monitoring; (e) Health insurance plan number monitoring; (f) Medical beneficiary identifier monitoring; (g) Health savings account monitoring; and (h) Access to fraud resolution agents to help resolve identity theft.

### **V. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES**

All members of the Settlement Class who submit a Valid Claim using this Claim Form and supporting documentation are eligible for reimbursement of documented out-of-pocket losses up to \$5,000.00 that were incurred as a result of the Data Incident, so long as they did not select the Alternative Cash Payment above.

You must reasonably describe the out-of-pocket losses, provide supporting documentation, and attest that the losses were incurred, more likely than not, as a result of the Data Incident. Please provide as much information as you can to help us determine if you are entitled to a settlement payment.

*Examples: Unreimbursed fraud, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), fees for credit reports, credit monitoring, or other identity theft insurance products purchased between November 29, 2023 and [Claim Deadline].*

Questions? Go to **URL** or call **(XXX) XXX-XXXX**.

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☐ I incurred out-of-pocket losses as a result of the Data Incident totaling \$ \_\_\_\_\_ (max \$5,000).

Describe your out-of-pocket losses below, including the date the loss was incurred and its relation to the Data Incident:

**Documentation of out-of-pocket losses is required.** You may redact any transactions that are not relevant to your claim before sending in the documentation.

If you are seeking reimbursement for fees, expenses, or charges, you **MUST** attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred. If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance products purchased between November 29, 2023 and **[CLAIM DEADLINE]**, you **MUST** attach a copy of a receipt or other proof of purchase for each credit report or product purchased.

*Examples: Phone bills, postage receipts, receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.*

All out-of-pocket losses must be more likely than not attributable to the Data Incident and must not have been previously reimbursed.

☐ I attest and affirm under penalty of perjury that to the best of my knowledge and belief any claimed out-of-pocket losses have not been previously reimbursed and were incurred as a result of the Data Incident.

**VI. ALTERNATIVE CASH PAYMENT**

☐ Check this box if you wish to receive an Alternative Cash Payment instead of reimbursement for out-of-pocket losses. The amount of the Alternative Cash Payment will depend on the amount of claims for Alternative Cash Payments and the amount of funds remaining in the Settlement Fund after all other distributions have been made, as explained in the Settlement Agreement.

*You may **NOT** claim the Alternative Cash Payment AND claim Reimbursement for Out-of-Pocket Losses. If you claim the Alternative Cash Payment, you give up the right to receive Reimbursement for Out-of-Pocket Losses.*

**VII. ATTESTATION & SIGNATURE**

I swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Questions? Go to **URL** or call **(XXX) XXX-XXXX**.

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