

# Exhibit E

**CLAIM FORM FOR THE PANERA, LLC INCIDENT BENEFITS**

**USE THIS FORM TO MAKE A CLAIM FOR AN UNREIMBURSED ORDINARY OUT-OF-POCKET LOSS PAYMENT, UNREIMBURSED EXTRAORDINARY LOSS AND ATTESTED TIME PAYMENT, A CALIFORNIA STATUTORY PAYMENT, AND/OR A RESIDUAL CASH PAYMENT**

For more information, call **1-888-888-8888** or visit the website *www.PaneraSettlement.com*

**The DEADLINE to submit this Claim Form online (or have it postmarked for mailing) is**

**[XXXX XX, 2025]**

**I. GENERAL INSTRUCTIONS**

If you previously received a notice letter notifying you of the data incident Panera discovered in March 2024, you are a Settlement Class Member. The event that caused your data to be lost is referred to here as the “Incident.”

The Settlement establishes a \$2,500,000 fund to compensate Settlement Class Members for their lost time and out-of-pocket losses or expenses as well as for the costs of notice and administration, and attorneys’ fees and expenses as awarded by the Court. As a Settlement Class Member, you are eligible for cash payments as reimbursement for your money spent in response to the Incident (such as money spent on credit monitoring or as a result of incidents of fraud or identity theft caused by the Incident), money spent on miscellaneous expenses incurred related to the Incident, a Residual Cash Payment, as well a California Statutory Payment for Approved Claims submitted by California residents.

The benefits are as follows:

**a. Unreimbursed Ordinary Out-of-Pocket Losses**

You are eligible to receive reimbursement of actual, documented, Unreimbursed Ordinary Out-of-Pocket Losses resulting from the Incident (up to \$500 in total), including, without limitation;

- Costs associated with accessing or freezing/unfreezing credit reports with any credit-reporting agency
- Other miscellaneous expenses incurred related to any Ordinary Out-of-Pocket Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges
- Credit monitoring or other mitigative costs.

These Unreimbursed Ordinary Out-of-Pocket Losses must be documented; you must submit copies of documents supporting your claims, such as receipts or other documentation. “Self-prepared” documents, such as handwritten receipts, will not count as documentation, but you can submit them as clarification to other, official documents.

**b. Unreimbursed Extraordinary Losses and Attested Time**

You are eligible to receive reimbursement of actual, documented, Unreimbursed Extraordinary Losses and Attested Time (up to \$6,500 in total) for unreimbursed costs, losses, or expenditures that are fairly traceable to the Incident, and are not reimbursable as Ordinary Out-of-Pocket Losses, including, without limitation:

- Costs, losses, or expenditures incurred as a result of:
  - Identity theft
  - Identity fraud
  - Falsified tax returns
  - Other possible misuse of personal information

In addition, Settlement Class Members with valid, documented Extraordinary Losses may also submit a claim for

up to 10 hours of time spent remedying issues related to the Incident at a rate of \$25 per hour by providing an attestation and a brief description of (1) the actions taken in response to the Incident; and (2) the time associated with each action.

These Unreimbursed Extraordinary Losses and Attested Time must be documented; you must submit copies of documents supporting your claims, such as receipts or other documentation. “Self-prepared” documents, such as handwritten receipts, will not count as documentation, but you can submit them as clarification to other, official documents.

\* Note that if the aggregate amount of Approved Claims for Ordinary Out-of-Pocket Losses and Approved Claims for Extraordinary Losses and Attested Time exceeds the remaining amount of the Settlement Fund after payment for Cost of Claims Administration, service award payments approved by the Court, and attorneys’ fees and expenses awarded by the Court, Approved Claims for Ordinary Out-of-Pocket Losses and Approved Claims for Extraordinary Losses and Attested Time will be decreased *pro rata* to consume the remaining amount of the Settlement Fund.

**c. California Statutory Payment**

Settlement Class Members who resided in California at the time of the Incident are eligible to receive a California Statutory Payment of up to \$100, on a claims-made basis.

\* Note that If the aggregate amount of Approved Claims for a California Statutory Payment exceeds the remaining amount of the Settlement Fund after payment for Approved Claims for Ordinary Out-of-Pocket Losses, Approved Claims for Extraordinary Losses and Attested Time, Cost of Claims Administration, service award payments approved by the Court, and attorneys’ fees and expenses awarded by the Court, Approved Claims for a California Statutory Payment will be decreased *pro rata* to consume the remaining amount of the Settlement Fund.

**d. Residual Cash Payment**

In addition to, or in the alternative to, making Claims for Ordinary Out-of-Pocket Losses, Claims for Extraordinary Losses and Attested Time, and/or Claims for a California Statutory Payment, Settlement Class Members may elect to receive a cash payment of up to \$250 on a claims-made basis.

All Settlement Class Members with an Approved Claim will receive the Residual Cash Payment, if funds are available. The amount of the payment will be calculated by dividing the funds remaining in the Settlement Fund after payment of Approved Claims for Ordinary Out-of-Pocket Losses, Approved Claims for Extraordinary Losses and Attested Time, Approved Claims for a California Statutory Payment, Cost of Claims Administration, service award payments approved by the Court, and attorneys’ fees and expenses awarded by the Court by the number of Settlement Class Members with an Approved Claim, and thus could be less than \$250.

**Completing the Claim Form**

This Claim Form may be submitted online at [www.PaneraSettlement.com](http://www.PaneraSettlement.com) or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. If submitting by U.S. mail, mail your completed Claim Form, including any supporting documentation, to:

Panera Incident  
Settlement Administrator  
P.O. Box XXXX  
XXXXXX, XX XXXXX

## II. CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments, you must notify the Settlement Administrator in writing at the address above.

Claimant Name: \_\_\_\_\_  
First Name MI Last Name

Street Address: \_\_\_\_\_

Street Address Second Line: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Class Member ID: \_\_\_\_\_

If you received a notice of this Settlement by U.S. mail, your Class Member ID is on the envelope or postcard.

If you received a notice of this Settlement by email, your Class Member ID is in the email.

E-mail Address: \_\_\_\_\_

[optional] Daytime Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

[optional] Evening Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### **You may submit a claim for one or more of these benefits:**

#### **1) CASH PAYMENT**

**Residual Cash Payment:** Would you like to receive a cash payment under the Settlement? **(circle one)**

Yes No

\*\* The payment under this option will originally be set at \$250; however, the value of the cash payment under this option may be decreased *pro rata* based on the balance of the Settlement Fund after the payment of other benefits and attorneys' and Claims Administrator fees and expenses.

#### **2) UNREIMBURSED ORDINARY OUT-OF-POCKET LOSSES**

☐ Please check this box here if you are electing to seek reimbursement for **Unreimbursed Ordinary Out-of-Pocket Losses** and such claimed losses above will total no more than \$500. You must provide reasonable documentation of the claimed Unreimbursed Economic Losses. Self-attested documentation will not suffice.

### **Making a Claim for an Unreimbursed Ordinary Out-of-Pocket Loss Payment**

In order to make a claim for Unreimbursed Ordinary Out-of-Pocket Losses, **you must** (i) fill out the information below to be submitted with this Claim Form; (ii) sign the Certification at the end of this Claim Form (section III); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Unreimbursed Ordinary Out-of-Pocket Losses need to be deemed fairly traceable to the Incident by the Settlement Administrator based on the documentation you provide and the facts of the Incident.

**Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.**

### **3) UNREIMBURSED EXTRAORDINARY LOSSES AND ATTESTED TIME**

☐ Please check this box here if you are electing to seek reimbursement for **Unreimbursed Extraordinary Losses and/or Attested Time** and such claimed losses above will total no more than \$6,500. You must provide reasonable documentation of the claimed Unreimbursed Extraordinary Losses and/or Attested Time. Self-attested documentation will not suffice.

#### **Making a Claim for an Unreimbursed Extraordinary Loss**

In order to make a claim for Unreimbursed Extraordinary Losses and/or Attested Time, **you must** (i) fill out the information below to be submitted with this Claim Form; (ii) sign the Certification at the end of this Claim Form (section III); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Unreimbursed Extraordinary Losses and/or Attested Time need to be deemed fairly traceable to the Incident by the Settlement Administrator based on the documentation you provide and the facts of the Incident.

#### **Making a Claim for Attested Time**

☐ Please check off this box for this section if you are electing to seek reimbursement for Attested Time (which is only available if you are also making a claim for reimbursement of an unreimbursed extraordinary loss) you undertook remedying issues related to the Incident. Settlement Class Members who elect to submit a claim for reimbursement of Attested Time may claim up to ten (10) hours of lost time at a rate of \$25 per hour, for a maximum of \$250.

Please indicate below how much time (round to the nearest hour and check only one box) that you spent remedying issues related to the Incident:

☐ 1 Hour    ☐ 2 Hours    ☐ 3 Hours    ☐ 4 Hours    ☐ 5 Hours  
☐ 6 Hours    ☐ 7 Hours    ☐ 8 Hours    ☐ 9 Hours    ☐ 10 Hours

***Examples:*** Select “1 Hour” if you spent at least one full hour calling customer service lines, writing letters or emails, or on the Internet trying to get unauthorized charges reversed or reimbursed. Please note that the time it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

***Required:*** If time was spent on the telephone or online in an attempt to prevent fraud or identity theft, in the space below, describe what you did, or attach a copy of any letters or emails that you wrote. If the time was spent trying to get unauthorized charges reversed or reimbursed, describe what you did.

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**Failure to meet the requirements of this section may result in your claim being rejected by the Claims Administrator.**

**4) CALIFORNIA STATUTORY PAYMENT**

☐

Please check this box here if you are electing to seek a California Statutory Payment, which will total no more than \$100.

**Failure to meet the requirements of this section may result in your claim being rejected by the Claims Administrator.**



<input type="checkbox"/> Other (provide detailed description).	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>[ ][ ] / [ ][ ] / [ ][ ]</span> </div> </div> <div style="text-align: center;">(mm/dd/yy)</div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>\$ [ ][ ][ ][ ] . [ ][ ]</span> </div> </div>	<p><i>Please provide detailed description below or in a separate document submitted with this Claim Form.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Fraudulent bank or credit card charges.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>[ ][ ] / [ ][ ] / [ ][ ]</span> </div> </div> <div style="text-align: center;">(mm/dd/yy)</div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>\$ [ ][ ][ ][ ] . [ ][ ]</span> </div> </div>	<p><i>Examples: Account statement with unauthorized charges highlighted; correspondence with credit card company disputing the charges.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Fraudulent tax filings.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>[ ][ ] / [ ][ ] / [ ][ ]</span> </div> </div> <div style="text-align: center;">(mm/dd/yy)</div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>\$ [ ][ ][ ][ ] . [ ][ ]</span> </div> </div>	<p><i>Examples: Letter from IRS or state about tax fraud in your name; Accountant bill for re-filing tax return.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Opening of bank accounts and/or credit cards in your name.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>[ ][ ] / [ ][ ] / [ ][ ]</span> </div> </div> <div style="text-align: center;">(mm/dd/yy)</div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>\$ [ ][ ][ ][ ] . [ ][ ]</span> </div> </div>	<p><i>Examples: Notification from bank of new credit card or account; correspondence with bank about closing the account.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Government benefits taken in your name.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>[ ][ ] / [ ][ ] / [ ][ ]</span> </div> </div> <div style="text-align: center;">(mm/dd/yy)</div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>\$ [ ][ ][ ][ ] . [ ][ ]</span> </div> </div>	<p><i>Examples: Notification of unemployment benefits being taken; correspondence with agency regarding issue.</i></p> <p>Your documents: _____</p>

If you **do not submit** reasonable documentation supporting a claim for Unreimbursed Economic Losses, or your claim for an Unreimbursed Economic Loss payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your claim *Pro Rata* Cash Payment, if such claim is made, will be considered.



### **III. CERTIFICATION**

By submitting this Claim Form, I certify that I am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments are true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Claims Administrator may require supplementation of this claim or additional information from me. I also understand that all claims for payments under this Settlement are subject to the availability of Settlement Funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Claims Administrator.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_