

Exhibit E

000000000000

0 0 0 0 0 0 0 0 0 0 0 0 0

Your claim must
be submitted
online or
postmarked by:
**<<Deadline to
Submit Claims>>**

CLAIM FORM FOR FORTIVE DATA INCIDENT ACTION

In re: Fortive Data Security Litigation
Case No. 2:24-CV-01668-RAJ
United States District Court for the Western District of Washington

FORTIVE-C

GENERAL INSTRUCTIONS

You are a Class Member if you are an individual whose personal information may have been compromised as a result of the Data Incident, as identified on the Class List. You may submit a claim for a settlement benefit, outlined below.

Please refer to the Detailed Notice posted on the Settlement Website www.Website.com, for more information on submitting a Claim Form and if you part of the Settlement Class.

To receive a settlement benefit from this Settlement via an electronic payment, you must submit the Claim Form below electronically at www.Website.com by <<Deadline to Submit Claims>>.

This Claim Form may also be mailed to 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 to:

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

Class Members who submit a claim under the Settlement Agreement will be eligible to receive one or more of the following Settlement Class Member Benefits:

- ❖ **Identity Theft Protection Services** – Class Members who make a valid claim for Identity Theft Protection Services of **three (3) bureau credit monitoring for three (3) years**, to include identity theft insurance of no less than \$1,000,000;
- ❖ **Reimbursement for Out-of-Pocket Losses:** All Class Members who submit a valid claim, including necessary supporting documentation, are eligible for the following Out-of-Pocket Losses, **up to \$5,000** per Class Member that are fairly traceable to the Data Incident;
- ❖ **Reimbursement for Lost Time:** Class Members are also eligible to receive reimbursement for up to **\$20 per hour, up to four (4) hours per claimant**, relating to the Data Incident, including but not limited to, time spent acquiring credit freezes, remedying actual fraud, monitoring statements, etc.

AND

- ❖ **Cash Payment** – Class Members will receive a *pro rata* Cash Payment from the Cash Payment Fund from the Net Settlement Fund minus all amounts to be paid for valid claims for Identity Theft Protection Services, Out-of-Pocket Losses, and Lost Time but no less than \$5 per claimant. If a Class Member submits a claim for Identity Theft Protection Services, Out-of-Pocket Losses, or Lost Time, the Class Member will also be considered to have submitted a claim for a Cash Payment, regardless of the validity of any other claim.

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

00000

000000

CF

CF

Page 1 of 6

Page 1 of 6

000000000000

0 0 0 0 0 0 0 0 0 0 0 0

The Settlement Fund will pay all valid claims for a Cash Payment on a *pro rata* basis per claim by dividing the Cash Payment Fund by the number of valid claimants. If the amount due for Cash Payments is less than \$5 per claimant, then each of the payments for valid claims for Out-of-Pocket Losses and Lost Time will be reduced *pro rata* (for example, by 5%) until the amount due for Cash Payments equals \$5 per claimant.

I. PAYMENT SELECTION

If you would like to elect to receive your settlement benefit 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 Claim Form.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address:

@

III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

Check this box to certify if you are an individual whose personal information may have been compromised as a result of the Data Incident, as identified on the Class List.

Enter the Class Member ID Number provided on your Summary Notice:

Class Member ID: 0 0 0 0 0 _____

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

00000

000000

CF

CF

Page 2 of 4

Page 2 of 4

000000000000

0 0 0 0 0 0 0 0 0 0 0 0 0

IV. IDENTITY THEFT PROTECTION SERVICES **Three (3) years of identity theft insurance**

Class Members who make a valid claim for Identity Theft Protection Services of three (3) bureau credit monitoring for three (3) years, to include identity theft insurance of no less than \$1,000,000. **You may also select any of the settlement benefits below.**

V. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

All Class Members who submit a valid claim, including necessary supporting documentation, are eligible for the following Out-of-Pocket Losses, up to \$5,000 per Class Member that are fairly traceable to the Data Incident including but not limited to:

- (i) bank fees, 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), miscellaneous qualified expenses subject to explanation, such as postage, notary, fax, copying, mileage, and/or gasoline for local travel; (ii) fees for credit reports, credit monitoring, and/or other identity theft insurance product purchased between January 25, 2023 and the **Deadline to Submit Claims**; and (iii) actual fraud that occurred between January 25, 2023 and the **Deadline to Submit Claims**.

Documentation supporting Out-of-Pocket Losses can include receipts or other documentation not “self-prepared” by the Class Member that documents the unreimbursed cost, loss, or expenditure incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

You must have documented Out-of-Pocket Losses incurred as a result of the Data Incident and submit documentation to obtain this benefit.

I have attached documentation showing that the documented Out-of-Pocket Losses were more likely than not caused by the Data Incident. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Cost Type (Fill all that apply)	Approximate Date of Documented Out-of- Pocket Losses	Amount of Documented Out-of-Pocket Losses	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 7 / 17 / 2 0 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	— / — / — (mm/dd/yy)	\$ _____ . _____	
	— / — / — (mm/dd/yy)	\$ _____ . _____	

Questions? Go to www.Website.com or call toll-free **(XXX) XXX-XXXX**.

00000

000000

CF

CF

Page 3 of 4

Page 3 of 4

00000000000000

0 0 0 0 0 0 0 0 0 0 0 0

Cost Type (Fill all that apply)	Approximate Date of Documented Out-of-Pocket Losses	Amount of Documented Out-of-Pocket Losses	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
	— — / — / — (mm/dd/yy)	\$ _____.	

VI. REIMBURSEMENT FOR LOST TIME

Lost Time. Are you claiming Lost Time related to the Data Incident? If yes, fill out the section below.

I affirm that I spent time acquiring credit freezes, remedying actual fraud, monitoring statements, etc. related to the Data Incident, calculated at \$20 per hour for up to four (4) hours.

Time Spent: 1 hour 2 hours 3 hours 4 hours

VII. CASH PAYMENT

All Class Members who submit a claim will receive a *pro rata* Cash Payment from the Cash Payment Fund from the Net Settlement Fund minus all amounts to be paid for valid claims for Identity Theft Protection Services, Out-of-Pocket Losses, and Lost Time but no less than \$5 per claimant.

If a Class Member submits a claim for Identity Theft Protection Services, Out-of-Pocket Losses, or Lost Time, the Class Member will also be considered to have submitted a claim for a Cash Payment, regardless of the validity of any other claim.

VIII. 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

_____ / _____ / _____
Date

Print Name

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

00000

000000

CF

CF

Page 4 of 4

Page 4 of 4