

# Exhibit E

\*0000000000000\*

00000000000000

**Your claim must  
be submitted  
online or  
postmarked by:  
February 12, 2025**

**CLAIM FORM FOR NONSTOP DATA BREACH**

**NONSTOP-  
C**

*Prutsman, et al. v. Nonstop Administration and Insurance Services, Inc.*

Case No.: 3:23-cv-01131-RFL

United States District Court for the Northern District of California

**USE THIS FORM ONLY IF YOU ARE CLASS MEMBER**

**GENERAL INSTRUCTIONS**

If you received Class Notice of this Settlement, the Settlement Administrator identified you as a Class Member who may have been involved in the Data Breach and were notified by Nonstop Administration and Insurance Services, Inc. on or about February 3, 2023, that they suffered a data incident. You may submit a claim for Settlement compensation, outlined below. Please refer to the Class Notice posted on the Settlement Website [www.xxxxxxxxxxxxxxxxxxxxxx.com](http://www.xxxxxxxxxxxxxxxxxxxxxx.com), for more information on submitting a Claim Form and information on the aggregate cap on claims.

**To receive Out-of-Pocket Losses benefits from this Settlement, you must submit the Claim Form below electronically at [www.xxxxxxxxxxxxxxxxxxxxxx.com](http://www.xxxxxxxxxxxxxxxxxxxxxx.com) by February 12, 2025.**

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:

Settlement Administrator - XXXXXX  
c/o Kroll Settlement Administration LLC  
PO Box XXXX  
New York, NY 10150-XXXX

**You may submit a claim for the following benefits:**

Reimbursement Claims:

- 1) **Compensation for Out-of-Pocket Losses:** All Class Members may submit a claim for Out-of-Pocket Losses up to five thousand dollars (\$5,000) per individual, as result of the Data Breach.  
OR
- 2) **Alternative Cash Payment:** Class Members may claim an alternative cash payment in an amount estimated to be approximately fifty dollars (\$50) by submitting a timely and valid Claim Form. However, the amount of this alternative cash payment shall be *pro rata* (increased or decreased, including to zero) based on the funds remaining in the Settlement Fund following the payment of Attorneys' Fees and Expenses Award, any Service Award, the costs of Settlement Administration, CAFA Notice, and claims for Out-of-Pocket Losses and California Statutory Payments.  
AND
- 3) **California Statutory Payments:** Class Members who were residents of California at any time from December 22, 2022 to the end of the claims period can submit a claim for a California Statutory Payment of \$100 for their statutory claims in addition to either reimbursement of claims. The California Statutory Payment is an additional settlement benefit made available to California Settlement Class Members that is in addition to either reimbursement of claims for Out-of-Pocket Losses or the Alternative *Pro Rata* Cash Payment, and is subject to a *pro rata* decrease (including to zero) based on the amount remaining in the Settlement Fund following payment of the Attorneys' Fees and Expenses Award, any Service Award, the costs of Settlement administration, CAFA Notice, and claims for Out-of-Pocket Losses.

Questions? Go to [www.xxxxxxxxxxxxxxxxxxxxxx.com](http://www.xxxxxxxxxxxxxxxxxxxxxx.com) or call (XXX) XXX-XXXX.

\*00000\*  
XXXXX

\*CF\*  
CF

\*Page 1 of 4\*  
Page 1 of 4

\*00000000000000\*

00000000000000

**I. PAYMENT SELECTION**

If you would like to elect to receive your cash compensation 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. 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 (optional):** \_\_\_\_\_@\_\_\_\_\_.com

**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**III. PROOF OF DATA BREACH SETTLEMENT CLASS MEMBERSHIP**

Check this box to certify that you are an individual who may have been involved in the Data Breach and were notified that their PHI/PII may have been impacted as a result of the Data Breach.

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

**Class Member ID : 0 0 0 0** \_\_\_\_\_

Questions? Go to [www.xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.com](http://www.xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.com) or call (XXX) XXX-XXXX.

\*00000\*

\*CF\*

\*Page 2 of 4\*

XXXXX

CF

Page 2 of 4

\*0000000000000\*

0000000000000

**IV. COMPENSATION FOR OUT-OF-POCKET LOSSES**

All Class Members are also eligible to recover compensation for up to \$5,000 per person for Out-of-Pocket Losses incurred as a result of the Data Breach, including:

*Out-of-pocket expenses incurred* as a direct result of the Data Breach, including but not limited to unreimbursed costs, expenses or charges incurred addressing or remedying identity theft, fraud, or misuse of personal information and/or other issues reasonably traceable to the Data Breach, and that are reasonably described and supported by an attestation under penalty of perjury.

Class Members who elect to submit a claim for reimbursement of Out-of-Pocket Losses must provide to the Settlement Administrator the information required to evaluate the claim, including: (1) the Class Member’s name and current address, (2) documentation supporting their claim, or (3) an attestation and a brief description of Out-of-Pocket Losses and how they were incurred.

This payment can be in addition to the California Statutory Payment.

**You must have unreimbursed Out-of-Pocket Losses incurred as a result of the Data Breach and submit documentation to obtain this reimbursement.**

I have attached documentation showing that the claimed losses were more likely than not caused by the Data Breach. “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 Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	(mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	

Questions? Go to [www.xxxxxxxxxxxxxxxxxxxxxxxxxxxxx.com](http://www.xxxxxxxxxxxxxxxxxxxxxxxxxxxxx.com) or call (XXX) XXX-XXXX.

\*00000\*

\*CF\*

\*Page 3 of 4\*

XXXXX

CF

Page 3 of 4

\*00000000000000\*

00000000000000

**IV. ALTERNATIVE CASH PAYMENT**

By checking the below box, I choose an estimated \$50 *pro rata* alternative cash payment.

Yes, I choose a *pro rata* alternative cash payment estimated to be \$50. You may also submit a claim for California Statutory Payment below, if you are an individual within the State of California whose PHI/PII was exposed to unauthorized third parties as a result of the data breach discovered by Defendant on or about December 22, 2022.

**IV. CALIFORNIA STATUTORY PAYMENT**

By checking the below box, I choose an estimated \$100 *pro rata* Cash Fund Payment. Please confirm you had a residential address in California at any time between December 22, 2022 and the end of the claims period below.

Yes, I choose a California Statutory Payment estimated to be \$100. I affirm that I am an individual within the State of California whose PHI/PII was exposed to unauthorized third parties as a result of the Data Breach discovered by Defendant on or about December 22, 2022. You may also submit a claim for Out-of-Pocket Losses OR the alternative cash payment above.

Address 1

Address 2

City

State

Zip Code

**VI. 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.abcdefghijklmnopqrstuvwxyz.com](http://www.abcdefghijklmnopqrstuvwxyz.com) or call (XXX) XXX-XXXX.

\*00000\*  
XXXXX

\*CF\*  
CF

\*Page 4 of 4\*

Page 4 of 4