Exhibit E

Your claim must be submitted online or postmarked by:

<Claims
Deadline>>

CLAIM FORM FOR AGH DATA INCIDENT

Rentschler, et al. v. Atlantic General Hospital Corporation
Case No.: 1:23-cv-01005
United States District Court, District of Maryland

ATLANTIC-C

GENERAL INSTRUCTIONS

If you wish to receive Credit Monitoring and Insurance Services, a Documented Loss Payment for reimbursement related to the Data Incident, or a pro rata Cash Award from this settlement, you must submit the Claim Form below by <<Claims Deadline>>.

> AGH Data Incident Settlement c/o Kroll Settlement Administration LLC PO Box XXXX New York, NY 10150-XXXX

You may submit a Settlement Claim for the following benefits:

Documented Loss Payment: Settlement Class Members may submit a Settlement Claim for a Settlement Payment of up to \$5,000 for reimbursement in the form of a Documented Loss Payment. To receive a Documented Loss Payment, a Settlement Class Member must choose to do so on this Claim Form and submit to the Settlement Administrator the following: (i) a valid Claim Form electing to receive the documented loss payment benefit; (ii) an attestation regarding any actual and unreimbursed documented loss; and (iii) reasonable documentation that demonstrates the Documented Loss to be reimbursed.

OR

2) Cash Award: In the alternative to claiming reimbursement for Documented Losses, Settlement Class Members who submit a valid and timely Claim Form may elect a to claim a Cash Award. The amount of the Cash Award depends on the total of Post Loss Payment Net Settlement Funds remaining after payment of all other claim types.

AND

3) **Credit Monitoring and Insurance Services:** In addition to the benefits above, each Settlement Class Member who submits a valid and timely Claim Form may elect to receive three (3) years of Credit Monitoring and Insurance Services ("CMIS") regardless of whether they make a Settlement Claim for a Documented Loss Payment or Cash Award.

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I. PAYMENT SELECTION

If you would like to elect to receive your Settlement 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. CLASS MEMBER NAME AND CONTACT INFORMATION

First Name	Last Name	
	2	
Address 1		
Address 2		
City	State	
Email Address (optional):	@	

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III. PROOF	F OF DATA INCIDENT SETTLEMENT CLASS MEMB	ERSHIP				
Check this box to certify that you are an individual who may have been involved in the Data Incident and were notified that their Private Information may have been impacted as a result of the Data Incident.						
Enter the Clas	ss Member ID Number provided on your Short Notice:					
Class Membe	er ID : 0 0 0 0 0					
IV. CASH A	WARD					
depends on the be calculated	Award . Check the box if you wish to receive a Cash Award to total Post Loss Payment Net Settlement Funds remaining aft by dividing the Post Loss Payment Net Settlement Fund by the ass Members who elected a Cash Award.	er payment of all other claim types, and shall				
V. DOCUMI	ENTED LOSS PAYMENT					
	embers are eligible to recover compensation for up to \$5,00 Losses incurred as a result of the Data Incident, including, but it	*				
(i) (ii)	Bank fees, long distance phone charges, cell phone charges (only if charged based on the amount of data used), miscelland such as postage, notary, fax, copying, mileage, and/or gasolin Fees for credit reports, credit monitoring, and/or other identities the date of the Data Incident and << Claims Deadline>>;	eous qualified expenses subject to explanation, ne for local travel;				
You must sub	bmit documentation to obtain this reimbursement.					
Incid	ve attached documentation showing that the claimed losses we dent. "Self-prepared" documents such as handwritten receipts bursement, but can be considered to add clarity or support to ot	s are, by themselves, insufficient to receive				
	Questions? Go to www.xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	n or call (XXX) XXX-XXXX.				
#####	*CF*	*Page 3 of 5*				

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Documented Loss 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	<u>0</u> <u>7/17/2</u> <u>0</u> (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	//	\$	
	// (mm/dd/yy)	\$	
	// (mm/dd/yy)	\$	

VI. CREDIT MONITORING AND INSURANCE SERVICES

☐ 3 years of Credit Monitoring and Insurance Service	ces	ervi	ance S	Insura	and	Monitoring	Credit	rs of	vear	3	
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Check the box above if you wish to receive 3 years of CMIS (including \$1,000,000 in identity theft insurance) at no cost to you. If your Settlement Claim is approved, you will receive an activation for the service by mail or email, along with instructions on how to activate the service. Settlement Class Members who already have a credit monitoring service may elect to defer their enrollment in the CMIS for a period of twelve (12) months for no additional charge. If you select this benefit, you may also claim reimbursement for documented lost payment or the Cash Award.

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VII. ATTESTATION & SIGNATUI	₹Ε.
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I swear and affirm under the laws the United States that the to the best of my recollection, and that this form was exe	ne information I have supplied in this Claim Form is true and correct cuted on the date set forth below.
Signature	//
Print Name	

Reminder Checklist.

- Keep copies of the completed Claim Form and documentation for your own records.
- If your address changes or you need to make a future correction/update to the address you provide on this Claim Form, please visit the Contact section of the Settlement Website at [insert Settlement Website URL] and provide your updated address information. Make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request.
- Please do not provide any sensitive documents that may contain Personal Information via email to the Settlement Administrator. If you need to supplement your claim submission with additional documentation, provide these documents by mail to the Settlement Administrator.

For more information, please visit the Settlement Website at [insert Settlement Website URL], or call the Settlement Administrator at (XXX) XXX-XXXX. Please do not call the Court or the Clerk of the Court for additional information.

Questions? Go to	<u>www.xxxxxxxxxxxxxxxxx.com</u> or cal	(XXX) XXX-XXXX.
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	CF	Page 5 of 5

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