

# Exhibit E

## CLAIM FORM

This claim form should be filled out online or submitted by mail if you received a notification from Marymount Manhattan College that your personal information was or may have been compromised in the data security incident in or about November 2021 (the "Data Incident"), and you had out-of-pocket expenses or lost time spent dealing with the Data Incident, or you wish to claim credit monitoring and identity protection services to be paid for by Virginia Mason Medical Center, or you wish to claim an alternative cash payment in lieu of any other benefits that may be available under the settlement. You may get a check if you fill out this claim form, if the settlement is approved, and if you are found to be eligible for a payment.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, [www.\\_\\_\\_\\_\\_.com](http://www._____.com), or call 1-\_\_\_\_\_ for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. This claim form must be mailed and postmarked by \_\_\_\_\_, 2023.

*Si necesita ayuda en español, comuníquese con el administrador al [insertar número].*

### 1. CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED):

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. PAYMENT ELIGIBILITY INFORMATION.

Please review the notice and Section II of the Settlement Agreement (available at [www.\\_\\_\\_\\_\\_.com](http://www._____.com)) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of benefits you would like to claim. Categories include: out-of-pocket expenses that you had to pay as a result of the Data Incident, time you had to spend dealing with the effects of the Data Incident, and up to one year of credit monitoring and identity protection services. Alternatively, you may claim an alternative cash payment in lieu of any other benefits that may be available under this settlement.

Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

#### a. Ordinary Out-of-Pocket Expenses Resulting from the Data Incident:

\_\_\_\_\_ I incurred unreimbursed charges incurred as a result of the Data Incident.

Examples - unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after November 12, 2021 through [INSERT CLAIM DEADLINE]; and miscellaneous expenses such as notary, fax, postage, copying, mileage and long-distance telephone charges, that were incurred on or after November 12, 2021 through [INSERT CLAIM DEADLINE].

Total amount for this category \$ \_\_\_\_\_

**If you are seeking reimbursement for fees, expenses, or charges, please 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 product purchased between November 12, 2021 through [INSERT CLAIM DEADLINE, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Data Incident and not for any other purpose).**

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

**b. Extraordinary Out-of-Pocket Expenses Resulting from the Data Incident:**

\_\_\_\_\_ I incurred unreimbursed charges incurred as a result of the Data Incident.

Examples - unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after November 12, 2021 through [INSERT CLAIM DEADLINE]; and miscellaneous expenses such as notary, fax, postage, copying, mileage and long-distance telephone charges, that were incurred on or after November 12, 2021 through [INSERT CLAIM DEADLINE].

Total amount for this category \$ \_\_\_\_\_

**If you are seeking reimbursement for fees, expenses, or charges, please 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 product purchased between November 12, 2021 through [INSERT CLAIM DEADLINE, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Data Incident and not for any other purpose).**

**Additionally, you must provide documentation demonstrating that you made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of the benefits made available any credit card, credit monitoring/identity protection or financial service(s).**

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

**c. Between one and five hours of documented time spent dealing with the Data Incident**

\_\_\_\_\_ I certify that I spent time dealing with the effects of the Data Incident.

Examples – You spent at least one full hour calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. You spent at least one full hour rescheduling medical appointments and/or finding alternative medical care and treatment, retaking or submitting to medical tests, locating medical records, retracing medical history as a result of the Data Incident.

I certify that the following amount of time in response to the Data incident:

\_\_\_\_ 1 hour                      \_\_\_\_ 2 hours                      \_\_\_\_ 3 hours  
\_\_\_\_ 4 hours                      \_\_\_\_ 5 hours

Please describe the time spent dealing with the effects of the Data Incident:

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d. Claim up to 1-year of credit monitoring and identity protection services.

\_\_\_\_ I would like to claim 1-year of credit monitoring and identity protection services.

The Settlement requires Marymount Manhattan College to provide up to one-year of credit monitoring and identity protection services to any class member who timely claims it.

e. In lieu of any other benefits above, claim an alternative cash payment.

\_\_\_\_ I would like to claim an alternative cash payment.

The Settlement requires Marymount Manhattan College to provide an alternative cash payment to any class member who timely claims it. This is in lieu of any other benefits which may be available under the settlement outlined above. You may not file a claim for both an alternative cash payment or any other benefits under (a) through (d) above.

3. SIGN AND DATE YOUR CLAIM FORM.

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator or Claims Referee before my claim will be considered complete and valid.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature    Print Name    Date

4. MAIL YOUR CLAIM FORM, OR SUBMIT YOUR CLAIM FORM ONLINE.

This claim form must be:

Postmarked by \_\_\_\_\_, 2023 and mailed to: \_\_\_\_\_, c/o \_\_\_\_\_; OR

Emailed by midnight on \_\_\_\_\_, 2023 to: \_\_\_\_\_; OR

Submitted through the Settlement Website by midnight on \_\_\_\_\_, 2023 at: \_\_\_\_\_.