

Exhibit E

CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you had documented out-of-pocket expenses, lost time spent dealing with the Data Incident, or documented, unreimbursed extraordinary monetary losses as a result of the Data Incident, or if you are requesting credit monitoring or the Alternative Cash Payment. Checks will be mailed, or electronic payments will be made, to eligible Settlement Class Members if the Settlement is approved by the Court.

The Settlement Notice describes your legal rights and options. Please visit the official settlement administration website, [INSERT WEBSITE], or call [INSERT PHONE #] for more information.

Claim submission options:

- File a claim online at [INSERT WEBSITE]. Your form must be submitted by [INSERT DATE & TIME].
- Print this form, complete the form in its entirety, and mail to the Claims Administrator at the address listed below. Your Claim Form must be postmarked by [INSERT DATE].
- You can contact the Claims Administrator to request a Claim Form be mailed to you. You must complete the Claim Form in its entirety and then mail the completed Claim Form so that it is postmarked by [INSERT DATE].

YOU MUST INCLUDE YOUR CLASS MEMBER ID in Section 1 below. You can locate your Class Member ID at the top of the postcard Notice that was sent to you.

1. CLASS MEMBER INFORMATION.

Class Member ID: _____

Name (REQUIRED): _____
First Name Mi Last Name

Number and Street Address (REQUIRED) _____

City (REQUIRED) _____ State (REQUIRED) _____ Zip Code (REQUIRED) _____

Telephone Number (REQUIRED): (_____) _____ - _____

Email Address (optional): _____@_____.

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the Notice and sections 2.1 through 2.2 of the Settlement Agreement (available at [INSERT WEBSITE]) 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 documented out-of-pocket expenses, fraudulent charges, or lost time that you incurred between January 16, 2021 and the Claims Deadline as a result of the Data Incident. 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).

Documented Expense Reimbursement Resulting from the Data Incident: (not to exceed \$350 per Settlement Class Member)

Unreimbursed bank fees as a result of the Data Incident.

Total amount claimed for this category \$ _____

I have attached a copy of a bank or credit card statement or other proof of the fees or charges.

(You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.)

Date reported: _____

Description of the person(s) and/or companies to whom you reported the fraud:

Other incidental telephone, internet, postage, or gasoline (for local travel only) expenses directly related to the Data Incident.

Examples - 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)

Total amount claimed for this category \$ _____

I have attached a copy of the bill from my telephone or mobile phone company or internet service provider, postage provider, or gasoline provider that shows the charges, receipts, or other proof or purchase of the fees or charges.

(You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.)

Fees for credit reports, credit monitoring, or other identity theft insurance product purchased between January 16, 2021 and the Claims Deadline related to the Data Incident.

Total amount claimed for this category \$ _____

I have attached a copy of a receipt or other proof of purchase for each credit report or product purchased related to the Data Incident.

(You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.)

- Between one (1) and four (4) hours of time spent dealing with the Data Incident (which will be calculated and paid at a rate of \$35 per hour).

Total number of hours claimed _____

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Incident, along with an attestation under penalty of perjury that you spent the claimed time responding to issues raised by the Data Incident.

I attest under penalty of perjury and the laws of the United States and my state of residence that I spent the below described lost time responding to issues raised by the Data Incident:

Documented Extraordinary Loss Reimbursement. If you wish to receive reimbursement of actual, documented, and unreimbursed losses (up to \$10,000), with submission of a proof of loss under penalty of perjury, that were caused by the Data Incident, occurred between January 16, 2021 and the Claims Deadline, and not already covered by one or more of the other categories of Settlement benefits, describe the unreimbursed losses claimed (including the amount of each loss), sign the attestation at the end of this Claim Form, and attach supporting documentation (if you provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). By signing the attestation below, you are affirming that the claimed losses were caused by the Data Incident.

Describe all actual, documented, and unreimbursed losses (including the amount of each loss and the total amount claimed) that were caused by the Data Incident.

| Description of Loss | Amount |
|------------------------------------|--------|
| | |
| | |
| | |
| TOTAL Amount Being Claimed: | |

- I have attached documentation showing that the claimed losses were caused by the Data Incident.***
- Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.**

