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Your claim must be submitted online or postmarked by: Month xx, 2026

FULL-LENGTH CLAIM FORM

Stroup, et al. v. Cardiovascular Consultants Ltd.
Case No. CV2023-020048
Superior Court of Arizona, Maricopa Country



GENERAL INSTRUCTIONS

If you received Notice of this Settlement, you have been identified as a Settlement Class Member whose Personal Information may have been compromised in the Data Incident that affected Cardiovascular Consultants Ltd. (“CVC”) which CVC discovered in or around September 2023. You may submit a claim for Settlement benefits as outlined below.

Please refer to the Long Form Notice posted on the Settlement Website [www.\[website\].com](http://www.[website].com) for more information.

To receive Medical Monitoring, reimbursement for Out-of-Pocket Losses and/or a Pro Rata Cash Payment YOU MUST SUBMIT A CLAIM BY MONTH XX, 2026.

Claims may be submitted online at [www.\[website\].com](http://www.[website].com) or by mail at 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:

Stroup, et al. v. Cardiovascular Consultants Ltd.
c/o Kroll Settlement Administration LLC
P.O. Box **XXXX**
New York, NY 10150-**XXXX**

You may submit a claim for any or all of the following Settlement Benefits:

You may submit a claim to receive a Pro Rata Cash Payment and/or reimbursement for Out-of-Pocket Losses, as well as for Medical Monitoring (with an individual total benefits cap of \$5,000).

Check the box(es) below to select the appropriate payment option(s):

- Pro Rata Cash Payment:** An estimated \$75 cash payment, subject to a *pro rata* (proportional) increase or decrease depending upon the number of valid claims received. No documentation is required.

AND/OR

- Out-of-Pocket Losses:** Up to \$5,000 for unreimbursed out-of-pocket losses and expenses fairly traceable to the Data Incident. Documentation must be provided. See Section III of this Claim Form for more information.

Check the box below if you would also like to receive Medical Monitoring:

- Medical Monitoring:** Two (2) years of Medical Monitoring. If you choose to receive this benefit, you will receive a code to enroll in the program after Final Approval of the Settlement.

I. PAYMENT SELECTION

If you would like to receive your payment through electronic transfer, please visit the Settlement Website ([www.\[website\].com](http://www.[website].com)) and timely file your Claim Form online on or before **Month XX, 2026**. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option. If you submit this Claim Form by mail, you will receive your payment by check.

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II. 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.

Class Member ID:		
First Name:	Last Name:	
Address 1:		
Address 2:		
City:	State:	Zip Code:
Email Address:	Phone Number: (___ ___) ___ ___ - ___ ___	

III. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

You may claim up to \$5,000 for unreimbursed losses and expenses that are “fairly traceable” to the Data Incident. Losses include: (1) unreimbursed costs, expenses, losses, or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your personal information; (2) costs incurred on or after September 27, 2023, associated with purchasing or extending additional credit monitoring or identity theft protection services and/or accessing or freezing/unfreezing credit reports with any credit reporting agency; and (3) other miscellaneous expenses incurred related to any Out-of-Pocket Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

“Fairly traceable” losses and expenses are those where the timing of the loss or expense occurred on or after September 27, 2023, and/or the Personal Information used to commit identity theft or fraud was the same type of Personal Information potentially impacted in the Data Incident.

To receive reimbursement of Out-of-Pocket Losses, you must submit complete this Claim Form and submit it by **Month XX, 2026** with “supporting documentation.” Supporting documentation is third-party documentation of losses and expenses such as credit card statements, phone bills, or credit monitoring or identity theft monitoring expenses that document the costs incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity to or support other submitted documentation. You cannot be reimbursed for Out-of-Pocket Losses if you have already been reimbursed for the same losses and expenses by another source. If you do not provide documentation or complete the Claim Form properly, your claim will be considered incomplete, and you will automatically receive a *Pro Rata* Cash Payment rather than your claim being rejected.

Please confirm that you have attached documentation for your claim by checking the box below:

I have attached documentation showing that the losses and expenses below were fairly traceable the Data Incident.

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: Credit Monitoring Service	<u>07/17/25</u> (mm/dd/yy)	\$50.00	Copy of credit monitoring service bill

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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)
	____/____/____ (mm/dd/yy)	\$_____.	
	____/____/____ (mm/dd/yy)	\$_____.	
	____/____/____ (mm/dd/yy)	\$_____.	

IV. ATTESTATION & SIGNATURE

I swear and affirm under the laws of the State of Arizona 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 (mm/dd/yyyy)

Print Name

For more information, visit [www.\[website\].com](http://www.[website].com) or call the Settlement Administrator toll free at (xxx) xxx-xxxx.