

Exhibit E

FIRST-CLASS MAIL
U.S. POSTAGE PAID
CITY, STATE ZIP
PERMIT NO. XXXX

P.O. Box XXXX

City, State Zip

NOTICE OF CLASS ACTION
SETTLEMENT

If you received a notice of a data breach from EyeMed Vision Care, LLC, that certain of your Personal Information was impacted in EyeMed's June 2020 Data Incident, you are entitled to submit a claim for monetary compensation under a class action settlement.

www.eyemeddatasettlement.com

<<Barcode>>

Class Member ID: <<Refnum>>

<<FirstName>> <<LastName>>

<<BusinessName>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<zip4>>

WHO IS A CLASS MEMBER?

Under the lawsuit, *Tina L. Eyemed Vision Care, LLC v. Class No. 121*, 2020-06-18/25 Page 67 of 89 PAGEID #: 6 United States District Court, Southern District of Ohio, you are a Class Member if your personal information was potentially compromised as a result of data incident that EyeMed Vision Care, LLC ("EyeMed") experienced on or around June 24, 2020 (the "Data Incident").

WHAT ARE THE SETTLEMENT BENEFITS AND TERMS?

Under the Settlement, EyeMed has agreed to pay \$5,000,000 into a Settlement Fund that will be distributed to Class Members who submit valid Claims, after deducting Class Counsel's attorneys' fees and expenses and settlement notice and administration costs and service awards, if such awards are approved by the Court. All Class Members may submit Claims to receive cash payments. Class Members who believe they suffered out-of-pocket expenses as a result of the Data Breach may claim up to \$10,000 for the reimbursement of sufficiently documented expenses. Class Members who spent time reviewing their personal information as a result of the Data Incident may claim up to \$100 for four hours of lost time at \$25/hr. An estimated \$50 *pro rata* cash payment may be made to claimants if there is a remaining balance in the Settlement Fund after payments for valid Claims, settlement administration costs and expenses, service awards and attorneys' fees and expenses. These cash payment amounts may not be exactly \$50, as they will be adjusted upwards or downwards depending on the amount of valid Claims. More information about the types of Claims and how to file them is available at www.eyemeddatasettlement.com ("Settlement Website").

WHAT ARE YOUR RIGHTS AND OPTIONS?

Submit a Claim Form. To qualify for a cash payment, you must timely mail a Claim Form that is attached to this notice or timely complete and submit a Claim Form online at www.eyemeddatasettlement.com. Your Claim Form must be postmarked or submitted online no later than [REDACTED], 2025. Kroll Settlement Administration, LLC is the Settlement Administrator.

Opt Out. You may exclude yourself from the Settlement and retain your ability to sue EyeMed on your own by mailing a written request for exclusion to the Settlement Administrator that is postmarked no later than [REDACTED], 2025. If you do not exclude yourself, then you will be bound by the Settlement and give up your right to sue regarding the Released Claims.

Object. If you do not exclude yourself, you have the right to object to the Settlement. Written objections must be signed, postmarked no later than [REDACTED], 2025, and provide the reasons for the objection. Please visit www.eyemeddatasettlement.com for more details.

Do Nothing. If you do nothing, you will not receive a Settlement payment and will lose the right to sue regarding the released claims. You will be bound by the Court's decision because this is a conditionally certified class action.

Attend the Final Approval Hearing. The Court will hold a **Final Approval Hearing at [REDACTED] m. EST on [REDACTED], 2025** to determine if the Settlement is fair, reasonable, and adequate. All persons who timely object to the Settlement may appear at the Final Approval Hearing.

Who are the attorneys for the Plaintiffs and the proposed Class? The Court appointed Bryan L. Bleichner of Chestnut Cambronne PA and Lori G. Feldman of George Feldman McDonald, PLLC as Class Counsel to represent the Class.

Do I have any obligation to pay attorneys' fees or expenses? No. The attorneys' fees and expenses will be paid exclusively from the Settlement Fund as awarded and approved by the Court. The attorneys' fees will be in an amount up to \$1,666,666.66 and the expenses will not exceed \$50,000. The Attorney Fee and Expense Application will be posted on the Settlement Website after it is filed with the Court. Plaintiffs will also seek Class Representative Service Awards in the amount of \$2,500 for each Class Representative.

Who is the Judge overseeing this settlement? Judge Douglas R. Cole, United States District Court, Southern District of Ohio.

Where may I locate a copy of the settlement agreement, learn more about the case, or learn more about submitting a Claim? Please visit www.eyemeddatasettlement.com.

*** Please note that if you wish to submit a claim for compensation for out-of-pocket expenses on the attached Claim Form, you will likely need to submit your claim online so you may attach all information necessary to support your request for payment. A longer version of the Claim Form may be accessed on the Settlement Website.

This Notice is a summary of the proposed Settlement.

Tate, et al. v. EyeMed Vision
Care, LLC
c/o Settlement Administrator
P.O. Box XXXX
City, State Zip

CLAIM FORM

Claims must be postmarked no later than , 2025. You may also submit a Claim Form online no later than , 2025.

NAME: _____ ADDRESS: _____

Monetary Compensation - You may file claims for **one or more** of the benefits in Sections 1, 2 and 3 below.

1. **Pro Rata Cash Payment of \$50:** Would you like to receive a *pro rata* cash payment of \$50? (circle one) Yes No

If you are a Class Member, you may receive a \$50 cash payment, which may be increased or decreased *pro rata* from funds remaining in the Settlement Fund after all claims are submitted and deductions are made from the Settlement Fund.

2. **Lost Time:** Members of the Class may submit a Claim for Lost Time at a rate of \$25/hour if at least one hour of time was spent in response to the Data Incident on remedying fraud, identity theft, or other alleged misuse of personal information caused by the Data Breach, or time spent on preventative and remedial measures to protect personal information caused by the Data Breach. You may claim up to 4 hours of lost time at \$25 per hour (\$100 maximum) under this settlement benefit. Claims for lost time can be combined with claims for Out-of-Pocket loss but are subject to the \$10,000 cap for Out-of-Pocket losses.

I spent (circle one if applicable) 1 2 3 4 hours

3. **Out-of-Pocket Expenses:** I am submitting a claim for out-of-pocket monetary expenses in the amount of \$ _____ (not more than \$10,000) on account of out-of-pocket expenses and/losses I incurred as a result of the Data Incident. I understand that I am required to provide third-party documentation to support my claim for Out-of-Pocket Expenses, such as providing copies of any receipts, bank statements, or other documentation supporting my claim. I understand that “self-prepared” documents are insufficient to receive payment. I understand the Settlement Administrator may contact me for additional information before processing my claim. I understand that if I lack information supporting my claim, then I will likely not receive compensation for this Settlement benefit. I understand any monetary compensation I may receive under the Settlement for out-of-pocket monetary expenses is capped at \$10,000.

By signing my name below, I swear and affirm that the information included on this Claim Form is true and accurate, and that I am completing this Claim Form to the best of my personal knowledge.

_____ (signature)