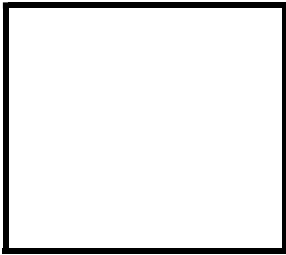


Exhibit E

Your claim must be submitted online or postmarked by: << Deadline to Submit Claims >>

CLAIM FORM FOR CORRECTCARE DATA BREACH



In Re: CorrectCare Data Breach Litigation
Case No.: 5:22-319-DCR
United States District Court Eastern District of Kentucky

GENERAL INSTRUCTIONS

If you received notice of this Settlement, the Settlement Administrator identified you as a Class Member who may have been involved in the Data Incident and were notified by CorrectCare Integrated Health, LLC that a server containing certain information (collectively, "Personal Information") may have been accessed by unauthorized individuals. You may submit a claim for Settlement compensation, outlined below. Please refer to the Detailed Notice posted on the Settlement Website, www.xxxxxxxxxxxxxxxxxx.com, for more information on submitting a Claim Form.

To receive benefits from this Settlement, you must submit a Claim Form by <<Deadline to Submit Claims>>.

This Claim Form may be submitted electronically via the Settlement Website at www.xxxxxxxxxxxxxxxxxx.com or completed and mailed to 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:

In Re: CorrectCare Data Breach Litigation
c/o Kroll Settlement Administration LLC
PO Box XXXX
New York, NY 10150-XXXX

You may submit a claim for the following benefits:

1) Compensation for Out-of-Pocket Losses: Class Members may make a claim for unreimbursed out-of-pocket expenses incurred, up to \$10,000 per claimant, that are fairly traceable to the Data Incident, , including but not limited to: (i) bank fees, 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), miscellaneous qualified expenses subject to explanation, such as postage, notary, fax, copying, mileage, and/or gasoline for local travel; (ii) fees for credit reports, credit monitoring, and/or other identity theft insurance product purchased between the date of the Data Incident and <<the Deadline to Submit Claims>>; (iii) actual fraud that occurred between the date of the Data Incident and <<the Deadline to Submit Claims>>. Class Members submitting claims for Out-of-Pocket Losses must submit documentation supporting their claims and an attestation under penalty of perjury, which is part of this Claim Form.

If the amount of valid claims for Out-of-Pocket Losses exceeds the limit for all claimants under the Settlement, then each payment will be reduced on a *pro rata* basis until all payments total the limit for all claimants.

OR

2) Alternative Cash Payment: In the alternative of a payment for Out-of-Pocket Losses, the Settlement Administrator will make Settlement payments, based on a formula detailed in the Settlement Agreement, from the Net Settlement Fund to each Class Member who submits a valid claim. If a claim for Out-of-Pocket Losses is determined by the Settlement Administrator as not valid or is valid for only an amount less than the Alternative Cash Payment, then the claim shall be treated as a valid claim for the Alternative Cash Payment, rather than for Out-of-Pocket Losses.

The Settlement Fund will pay all valid claims for an Alternative Cash Payment on a *pro rata* basis per claim for an Alternative Cash Payment, after deducting the amount of California Additional Cash Payments due.

3) California Additional Cash Payment: Any Class Member who is identified on the Class List as being eligible to receive a California Additional Cash Payment will automatically also receive such payment upon submission of a valid

claim for either Out-of-Pocket Losses or for an Alternative Cash Payment, based on a formula detailed in the Settlement Agreement.

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. Valid claims submitted using a paper Claim Form will be paid by check.

II. CLASS MEMBER 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.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address (optional): _____@_____

Telephone Number: (_____) _____ - _____

III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

Check this box to certify that you are an individual who may have been involved in the Data Incident and were notified that their Personal Information may have been impacted as a result of the Data Incident.

Enter the Class Member ID Number provided on your Summary Notice:

Class Member ID : 0 0 0 0 0 _____

IV. COMPENSATION FOR OUT-OF-POCKET LOSSES

All Class Members are eligible to recover compensation for up to \$10,000 per claimant for Out-of-Pocket Losses incurred as a result of the Data Incident, including but not limited to:

- (i) Bank fees, 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), miscellaneous qualified expenses subject to explanation, such as postage, notary, fax, copying, mileage, and/or gasoline for local travel;
- (ii) Fees for credit reports, credit monitoring, and/or other identity theft insurance product purchased between the date of the Data Incident and <<the Deadline to Submit Claims>>;
- (iii) Actual fraud that occurred between the date of the Data Incident and <<the Deadline to Submit Claims.>>

You must submit documentation to obtain this reimbursement.

- I have attached documentation showing that the claimed losses were more likely than not caused by the Data Incident. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

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: Identity Theft Protection Service	0 7/17/2 0 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yyyy)	\$ _____.	
	____/____/____ (mm/dd/yyyy)	\$ _____.	
	____/____/____ (mm/dd/yyyy)	\$ _____.	

V. CASH FUND PAYMENT

By checking the below box, I choose an Alternative Cash Payment.

- I choose an Alternative Cash Payment in the alternative to reimbursement of Out-of-Pocket Losses.

VI. CALIFORNIA CASH PAYMENT

If you are a Class Member identified on the Class List as eligible for such payment and make a valid claim for Out-of-Pocket Losses or for an Alternative Cash Payment, you will automatically also receive a California Cash Payment. The Settlement Administrator will pay each California Additional Cash Payment in an amount equal to one-half of the Alternative Cash Payment amount, in addition to the Alternative Cash Payment.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state 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

Print Name