

Instructions for Completing the Individual Economic Loss Claim Form (Blue Form)

Table of Contents

Title	Page
1. Instructions for Submitting an Individual Economic Loss Claim	3
2. Definitions	4
3. Detailed Instructions for Answering Individual Economic Loss Claim Form Questions	10
4. Documentation Required for an Individual Economic Loss Claim	22
A. All Claimants: All Claimants must submit the documents in this Section.	22
B. Claimants Employed on April 20, 2010, and Seasonal Employees, who are Not Career Changers or Claimants Without Twelve Months of Earnings History: Claimants who filled out Sections D.1 and D.2 on their Claim Form must submit the documents in this Section.	23
C. New Entrants: Claimants who filled out Section D.3 must submit the documents in this Section.	26
D. Career Changers/Claimants without Twelve Months of Earnings History: Claimants who filled out Section D.4 on their Claim Form must submit the documents in this Section.	29
E. Category IV: Claimants who cannot provide tax documentation and pay period documentation must submit the documents in this section.	31
F. Employment-Related Benefit Losses: Claimants who filled out Claim Form Section F.2 must submit the documents in this section.	32
G. One-Time, Non-Recurring Event Compensation: Claimants who checked "Yes" to Claim Form Question B.13 must submit the documents in this section.	35
H. Claimants Seeking Reimbursement for Claimant Accounting Support Services: Claimants who checked "Yes" to Claim Form Question H.5 must submit the documents in this section.	35

1. Instructions for Submitting an Individual Economic Loss Claim

1.	<p>To make an Individual Economic Loss Claim under the Deepwater Horizon Economic and Property Damages Settlement Agreement (the "Settlement") for damages arising from the Deepwater Horizon Incident on April 20, 2010, (the "Spill"), you must complete and submit this Claim Form and all documentation required by the Settlement ("Supporting Documentation") to the Claims Administrator on or before June 8, 2015.</p> <p>The final deadline to file claims with the Settlement Program was June 8, 2015. Accordingly, the Claims Administrator is no longer accepting new claim submissions at this time.</p> <p>The Individual Economic Loss Claim is for individuals who have experienced income losses caused by the Spill. If you pay taxes as an individual taxpayer on the income on which your claim for losses is based, you must fill out the Individual Economic Loss Claim Form. If you want to make a claim as the representative of a business or for losses for a business operation that you own and on which you pay taxes as a business taxpayer, then do not use this Individual Economic Loss Claim Form (Blue Form), but instead use the Business Economic Loss Claim Form (Purple Form). If you have both an Individual Claim and a Business Claim and want to assert both claims, you need to complete both forms.</p>				
2.	Do not use this Claim Form if you seek payment only for bodily injury arising from the Deepwater Horizon Incident. To get more information about the Medical Benefits Settlement and to determine whether you are eligible for benefits under that settlement, visit www.deepwaterhorizonsettlements.com or call 1-877-545-5111. For TTY assistance, call 1-800-877-8973.				
3.	If you have access to a computer with an internet connection, it will be far easier for you to fill out and submit your Claim Form online, rather than on this paper Claim Form. The online claim process will guide you through only the specific questions you need to answer, and will instruct you about the specific Supporting Documentation you must submit, based on the answers you enter as you go along. Go to www.deepwaterhorizonsettlements.com to submit a claim online.				
4.	If you choose to fill out a paper Claim Form, be sure to read the entire Claim Form and fill out every section needed to assert your claim, and also read Section 4 of this Instructions Booklet to find out what Supporting Documentation you have to submit along with your claim. If you need more space to answer any questions, put the answer on a separate page and attach it to your Claim Form.				
5.	As you complete your Claim Form and review the list of required Supporting Documentation, you may come across words that are unfamiliar to you. Section 2 of this Instructions Booklet defines many terms that are found in the Claim Form or in the Supporting Documentation descriptions. Consult these definitions if you need help understanding the meaning of a particular term.				
6.	Any term used in the Claim Form or in this Instructions Booklet that is defined in the Settlement will have the meaning set forth in the Settlement. If there is any conflict between the terms in the Settlement and the terms in the Claim Form or in this Instructions Booklet, the meaning set forth in the Settlement controls.				
7.	<p>Submit your Claim Form and all required Supporting Documentation by sending it to the Claims Administrator in one of these ways:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p style="text-align: center;">Regular Mail:</p> <p style="text-align: center;">Deepwater Horizon Economic Claims Center P.O. Box 10272 Dublin, OH 43017-5772</p> </td> <td style="width: 50%; border: none;"> <p style="text-align: center;">Fax:</p> <p style="text-align: center;">(888) 524-1583</p> </td> </tr> <tr> <td style="border: none;"> <p style="text-align: center;">Overnight, Certified or Registered Mail:</p> <p style="text-align: center;">Deepwater Horizon Economic Claims Center c/o Claims Administrator 5151 Blazer Parkway Suite A Dublin, OH 43017</p> </td> <td style="border: none;"> <p style="text-align: center;">Email Attachment:</p> <p style="text-align: center;">ClaimForms@deepwaterhorizoneconomicsettlement.com</p> </td> </tr> </table> <p>Your claim will be reviewed more quickly if you submit all of your Supporting Documentation along with your Claim Form. If you need to submit any Supporting Documentation separately, put your name and Tax Identification Number on a cover sheet or on the first page of what you submit, so the Claims Administrator can properly place the documents in your file.</p>	<p style="text-align: center;">Regular Mail:</p> <p style="text-align: center;">Deepwater Horizon Economic Claims Center P.O. Box 10272 Dublin, OH 43017-5772</p>	<p style="text-align: center;">Fax:</p> <p style="text-align: center;">(888) 524-1583</p>	<p style="text-align: center;">Overnight, Certified or Registered Mail:</p> <p style="text-align: center;">Deepwater Horizon Economic Claims Center c/o Claims Administrator 5151 Blazer Parkway Suite A Dublin, OH 43017</p>	<p style="text-align: center;">Email Attachment:</p> <p style="text-align: center;">ClaimForms@deepwaterhorizoneconomicsettlement.com</p>
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8.	If you have any questions about how to submit your claim, go to www.deepwaterhorizonsettlements.com , call toll free at 1-800-353-1262. Do not call the Court or any Judge's office to ask questions about how to complete this Claim Form, what documentation is required, or the status of your claim, in general.				

2. Definitions

1.	<p>Actual Earnings: Claimant's income actually earned from the Claiming Job(s) during the Compensation Period excluding Spill-Related Payments and employment earnings from the VoO program (if any). For purposes of calculating Claimant Lost Earnings, there may be adjustments to Actual Earnings pursuant to Step 5 of the Compensation Calculations set forth in Categories I, II and III.</p>
2.	<p>Base Year(s): A claimant selected period used for historical comparison and defined as one of the following options, provided that once selected, the same Base Year(s) shall be used the Framework for Individual Economic Loss Claims for all purposes for which a Base Year(s) is required:</p> <ul style="list-style-type: none"> A. 2009; or B. The average of 2008 and 2009; or C. The average of 2007, 2008 and 2009
3.	<p>Benchmark Period: A time period for which a claimant was engaged in a Claiming Job or a comparable job (where "comparable" shall mean a job with the same employer, or a job with a new employer where the claimant's earned income changed by less than 20% between January 1 – April 30 of the Base Year(s) and January 1 – April 30, 2010), and which a claimant chooses for the following:</p> <ul style="list-style-type: none"> A. To establish baseline earnings to be used in calculating the claimant's Expected Earnings. <ul style="list-style-type: none"> (1) For Categories I and II, the Benchmark Period is the time period of at least 90 consecutive days within the claimant-selected Base Year(s) that corresponds to the same calendar months and days selected by the claimant as the Compensation Period. In circumstances where the claimant chooses multiple Base Years, the Benchmark Period shall be calculated as the average of the time periods (of at least 90 consecutive days) from each Base Year that correspond to the same calendar months and days selected by the claimant as the Compensation Period. (2) For a claimant in Category III, 2011 Benchmark Period shall be defined as a 2011 time period of at least 90 consecutive days that corresponds to the same calendar months and days as the claimant's selected Compensation Period. (3) If the pay periods fall on different dates in the Benchmark Period or the 2011 Benchmark Period, earnings shall be allocated pro-rata to correspond to the dates of the Compensation Period. (4) Examples of Benchmark Period and 2011 Benchmark Period can be seen in Examples in Exhibit 8B of the Settlement. B. If applicable, to establish the baseline historical earnings to be used in calculating the Claimant Specific Growth Factor. For this purpose, the Benchmark Period is the consecutive pay periods which cover January through April of the claimant-selected Base Year(s). In circumstances where the claimant chooses multiple Base Years, the Benchmark Period shall be calculated as the average of the corresponding periods from each Base Year.
4.	<p>BP-branded Fuel Entities and Employees: BP-branded fuel entities and employees are businesses that sell or market fuel under the BP brand and individuals who were employees from April 20, 2010, through April 16, 2012, of such businesses.</p>
5.	<p>Category I Claimants: Individual claimants with contemporaneous tax documents for 2010 and Benchmark Period.</p>
6.	<p>Category II Claimants: Individual claimants without tax documents, but with Pay Period or other earnings documentation for 2010 and Benchmark Period.</p>
7.	<p>Category III Claimants: Individual claimants with earnings documentation for 2010 but without a comparable Benchmark Period, for example, Career Changers, Individuals with Less than Twelve Months of Earnings History, or New Entrants to Employment.</p>
8.	<p>Category IV Claimants: Individual claimants without earnings documentation who submit individual and employer Sworn Written Statements (from both the claimant and employer) presenting employment and compensation information for 2010.</p>
9.	<p>Charter Fishing: Owners, captains and deckhands that carry Passenger(s) for Hire to engage in Recreational Fishing.</p>
10.	<p>Claimant Accounting Support Services: Reasonable and necessary accounting fees related to claims preparation, either directly to the claimant, or counsel if individually represented (and/or his or her or its accountant) and/or through services made available by and through Class Counsel.</p>
11.	<p>Claimant Lost Earnings: The claimant's Expected Earnings from all Claiming Jobs minus the claimant's Actual Earnings from all Claiming Jobs during the Compensation Period, minus any Offsetting Earnings.</p>

12.	Claiming Job(s): The job held or secured by the claimant as of April 20, 2010, for which the claimant seeks compensation and for which causation requirements under the Framework for Individual Economic Loss are satisfied. Any job from which the claimant generated earnings during the Benchmark Period and/or the Compensation Period (including Schedule C or F activities) and for which the claimant does not seek compensation shall be a Non-Claiming Job .
13.	Claimants Without Comparable Benchmark Earnings: Individuals without historical earnings comparable to the Compensation Period employment shall use 2011 Benchmark Period earnings (if any) to establish Expected Earnings . Those claimants are: A. New Entrant to Employment: An Individual (i) who was not employed between January 1, 2007 and April 20, 2010, and (ii) who accepted an offer of first-time employment in a new job, full or part-time (including but not limited to seasonal employment), prior to April 20, 2010, to start working during the period April 21, 2010, to December 31, 2010, and (iii) whose offer was withdrawn or amended during 2010 after the Spill. For example, if as of April 20, 2010, an Individual who had never been employed had received and accepted an offer of employment to begin working between April 21 and December 31, 2010, the Individual shall be considered a New Entrant to Employment . Similarly, if an Individual had previously engaged in part-time work, but as of April 20, 2010, had accepted an offer for his or her first full-time position (or for his or her first seasonal employment position) to begin working between April 21 and December 31, 2010, the Individual shall also be considered a New Entrant to Employment . And, if an Individual had worked prior to 2007, but not between January 1, 2007 and April 20, 2010, and had accepted an offer of employment to begin working between April 21 and December 31, 2010, the Individual shall be considered a New Entrant to Employment . B. Claimant Who Had Less Than Twelve Months of Earnings History But was Employed on April 20, 2010: An Individual with 2010 earnings information who was employed on April 20, 2010, but who did not become employed until after April 20, 2009. C. Career Changer: An Individual who (i) changed employer(s) and line of work between the Benchmark Period and the Compensation Period and (ii) whose earnings during the period January 1 - April 30, 2010 changed by more than plus or minus 20% compared to their earnings during the period January 1 - April 30 of the Base Year(s) .
14.	Commercial Wholesale or Retail Dealer A: An entity or Natural Person that holds a commercial wholesale or retail dealer license issued by the State(s) of Alabama, Florida, Louisiana, Mississippi and/or Texas for which 75% or more of the 2009 cost or weight in pounds of the product it purchases constitutes Seafood purchased directly from Commercial Fisherman or Landing Site and re-sells to Primary Seafood Processors, Seafood Distributors, Seafood Wholesalers and Seafood Retailers.
15.	Commercial Wholesale or Retail Dealer B: An entity or Natural Person that holds a commercial wholesale or retail dealer license issued by the State(s) of Alabama, Florida, Louisiana, Mississippi and/or Texas for which less than 75% of the cost or weight in pounds of the product it purchases constitutes Seafood purchased directly from a Commercial Fisherman or Landing Site, and re-sells to Primary Seafood Processors, Seafood Distributors, Seafood Wholesalers and Seafood Retailers.
16.	Compensation Period: The Compensation Period is selected by the claimant. It must include 90 or more consecutive days between April 21, 2010, and December 31, 2010, except for claimants who are in the Primary Seafood Industry for which the time period is 90 or more consecutive days between April 21, 2010, and April 30, 2011. Claimant can select only one Compensation Period, and the Compensation Period must correspond with the pay periods used by the employer (<i>i.e.</i> , start and end with the standard daily, weekly, or monthly pay period used by the employer).
17.	Defense Contractors/Subcontractors: Businesses for which at least 50% of annual revenue is generated from contracts with the United States Department of Defense and Individuals whose employer qualifies as a Defense Contractor.
18.	Economic Loss Zones A, B, C, and D: To determine in which Economic Loss Zone your employer is located, go online to www.dhhs.gov , or call toll free at 1-800-353-1262.
19.	Effective Date: The date that the Settlement becomes effective, which is after the Court grants "final approval" of the Settlement and any appeals are resolved.
20.	Eligible Employer: An employer that (a) filed a claim in the Deepwater Horizon Settlement Program and established causation according to rules described in Causation Requirements For Business Economic Loss Claims or (b) received a compensation offer from the GCCF.
21.	Employment-Related Benefits Losses: Health Care Coverage Losses and/or Retirement Benefits Losses sustained as a result of change in employer Plan or change in claimant's employment status which resulted in a loss or reduction of employer-provided benefits.

22.	Expected Earnings: Claimant's earnings in the Compensation Period in the Claiming Job that would have been expected in the absence of the Spill.
23.	Final Claimant Compensation: The Final Compensation Amount shall be the amount owed to the claimant.
24.	Financial Institutions: This category of businesses and employers includes: commercial banks; savings institutions; credit card issuers; credit insurers; factors or other sales finance entities; financial or investment advisers or portfolio managers; fund managers; investment banking entities; lending institutions; real estate mortgage or lending entities; brokers or dealers of securities, commodities, commodity contracts or loans; securities or commodities exchanges; entities serving as custodians, fiduciaries or trustees of securities or other financial assets; or entities engaged in other financial transaction intermediation, processing, reserve or clearinghouse activities. The following are not excluded as financial institutions: standalone ATMs, credit unions, pawn shops, businesses engaged predominantly in making payday loans or paycheck advances and businesses that sell goods and services and offer financing on these purchases to their customers. A complete list of excluded Financial Institutions by NAICS code is available in Exhibit 18 of the Settlement Agreement.
25.	Funds, Financial Trusts, and Other Financial Vehicles: This category of business and employers includes by way of example: public-open end investment funds; investment funds; real estate investment trusts; REMICS; mutual funds; money market funds; derivatives; health and welfare funds; insurance funds; pension funds; financial trusts; and special purpose financial vehicles. The following are not excluded as Funds, Financial Trusts, and Other Financial Vehicles solely by reason of their form of legal or juridical structure or organization: successions, estates, testamentary trusts, trusts of Natural Persons, bankruptcy estates, limited liability companies, corporations, Sub-Chapter "S" corporations, partnerships, limited partnerships, joint ventures, and any other businesses or juridical Entities. A complete list of excluded Funds, Financial Trusts and Other Financial Vehicles by NAICS code is available in Exhibit 18 of the Settlement Agreement.
26.	Gaming Entity: This category of business and employers includes by way of example: casinos; casino hotels; off-track betting parlors; racetracks and other gambling establishments. The following are not excluded as Gaming Entities: bingo parlors; and video gaming at bars, bingo parlors, hotels, off-track betting parlors, racetracks, restaurants and truck stops. A complete list of excluded Gaming Entities by NAICS code is available in Exhibit 18 of the Settlement Agreement.
27.	<p>Growth Factor: For claimants in Categories I – III only, Growth Factor shall be defined as any of the growth-related factors described below that may be applied in the calculation of a claimant's Expected Earnings, where the claimant is eligible, including the Claimant Specific Growth Factor or the General Growth Factor, and, if applicable, the Industry Growth Factor. Only certain claimants who qualify for compensation pursuant to Categories I, II and III below are eligible to receive any applicable factors. Growth Factors are not applicable in Category IV.</p> <p>A. Claimant Specific Growth Factor: Claimant Specific Growth Factor shall be defined as an individualized Growth Factor for each Claiming Job for which the claimant provides Pay Period Earnings Documentation. The Claimant Specific Growth Factor shall be calculated as the ratio of the claimant's actual January-April 2010 base earnings (including commissions but excluding bonuses) in the Claiming Job divided by actual January-April base earnings in the Base Year(s) (including commissions but excluding bonuses), provided that if the calculated rate is greater than +10%, the Claimant Specific Growth Rate shall be +10%, and if the calculated rate is less than -1.5%, the Claimant Specific Growth Rate shall be -1.5%. If the Claimant Specific Growth Factor reflects a change of plus or minus 20% <i>and</i> the Individual was employed in a new line of work with a new employer, claimant shall be considered a Career Changer and be subject to the requirements of Category III: INDIVIDUAL CLAIMANTS WITH EARNINGS DOCUMENTATION FOR 2010 BUT WITHOUT COMPARABLE BENCHMARK PERIOD EARNINGS.</p> <p>B. General Growth Factor: General Growth Factor shall be defined as a Growth Factor of 2.0% that shall be assumed and applied for a claimant in Category I or Category II who does not provide Pay Period Earnings Documentation or who is a Seasonal Employee (and therefore has no Claimant Specific Growth Factor because he or she has provided no basis for calculating it). For a claimant in Category III who has 2011 Benchmark Period earnings, those earnings shall be decreased by the General Growth Factor to calculate Expected Earnings. For a Career Changer who does not have 2011 earnings information for the 2011 Benchmark Period, the General Growth Factor may apply in establishing Expected Earnings pursuant to Category III.</p> <p>C. Industry Growth Factor: Industry Growth Factor shall be defined as a Growth Factor of 1.5% and may be applied to claimants in Categories I, II and III in certain circumstances where the Claiming Job is a non-salaried, hourly wage job in both (i) the Compensation Period and (ii) the Benchmark Period or 2011, as relevant.</p>

28.	Incompetent Class Member: A Natural Person who lacks the capacity to enter into a contract on his or her behalf at the time of a Claims Form submission to the Claims Administrator, in accordance with the state laws of that person's domicile as applied to adult capacity issues, whether through power of attorney, agency documents, guardianship, conservatorship, tutorship, or otherwise.
29.	Insurance Entities: This category of business and employers includes by way of example: insurance carriers issuing disability, health, life, medical, property and casualty, title or other insurance; reinsurers; insurance agencies and brokerages; underwriting agencies or organizations; claims adjusters and processors; third-party insurance or fund administrators; or other insurance-related businesses. A complete list of excluded Insurance Entities by NAICS code is available in Exhibit 18 of the Settlement Agreement.
30.	Landing Site: A business at which boats first land their catch, including facilities for unloading and handling Seafood . A Landing Site may also include the provision of ice, fresh water fuel and boat repair or service in connection with the landing of Seafood .
31.	Minor Class Member: A Natural Person whose age is below that of the majority rule for the state in which the minor resides at the time of a Claim Form submission to the Claims Administrator.
32.	Moratoria Loss: This category includes any loss whatsoever caused by or resulting from federal regulatory action or inaction directed at offshore oil industry activity --including shallow water and deep water activity -- that occurred after May 28, 2010, including the federal moratoria on offshore permitting and drilling activities imposed on May 28, 2010 and July 12, 2010 and new or revised safety rules, regulations, inspections or permitting practices. Claims of Natural Persons and Entities for Moratoria Losses are excluded from the Settlement. All Natural Persons and Entities are barred from recovery for Moratoria Losses. A complete list of Industry Types Subject to Review by Claims Administrator for Potential Moratoria Losses is available in Exhibit 19 of the Settlement Agreement.
33.	NAICS Code: NAICS is an abbreviation for North American Industry Classification System. It is a six digit code used by various federal agencies to classify business establishments according to the primary revenue-producing business activity conducted by that entity. NAICS is a self-assigned system and NAICS codes are not assigned by a certain agency.
34.	Natural Person: A human being; includes the estate of a human being who died on or after April 20, 2010. For purposes of the Settlement, a Natural Person that is the estate of a human being who died on or after April 20, 2010, a Minor Class Member or Incompetent Class Member, shall be deemed to act through his, her or its Representative.
35.	<p>Offsetting Earnings: Earnings from any Non-Claiming Job(s) during the claimant's Compensation Period in excess of earnings from any Non-Claiming Job(s) during the claimant's Benchmark Period, if any, shall offset Claimant Lost Earnings unless:</p> <p>A. If the claimant provides documentation, as set forth in Section 4, establishing that he or she worked the same or more total hours at all Claiming Job(s) during the Compensation Period (as compared to the Benchmark Period), then (a) no Offsetting Earnings shall apply, and (b) to the extent the claimant worked more total hours in all Claiming Jobs in the Compensation Period (relative to the Benchmark Period), Actual Earnings shall be limited as set forth in Step 5 of the Compensation Calculations set forth in Categories I, II and III; or</p> <p>B. If the claimant (i) provides documentation establishing that he or she worked fewer total hours at all Claiming Jobs during the Compensation Period (as compared to the Benchmark Period), and (ii) provides evidence as to the number of hours worked in a Non-Claiming Job(s) during the Compensation Period and the Benchmark Period, then Offsetting Earnings shall be calculated follows: The average hourly rate for the Non-Claiming Job(s) during the Compensation Period, multiplied by the <i>lesser</i> of either the total number of increased hours worked in the Non-Claiming Job(s) during the Compensation Period above the hours (if any) worked at that job or activity during the claimant's Benchmark Period (which may be zero); or the sum of the total number of hours lost in the Claiming Job(s).</p>

36.	Oil and Gas Industry: This category of business and employers includes firms engaged in the following activities, by way of example: extracting crude petroleum, natural gas or other hydrocarbons; drilling wells; preparing, maintaining or constructing petroleum or natural gas well-sites or other mineral extraction sites; mining; maintaining or constructing petroleum or natural gas pipeline or distribution facilities; pipeline distribution of crude petroleum, refined petroleum, oil or natural gas; petroleum or natural gas refining or other mineral refining and/or manufacturing; manufacturing petroleum lubricating oil and grease, petrochemical products, or other petroleum and coal products or chemical products derived from extracted minerals; merchant wholesaling of construction and mining (except oil well) machinery and equipment; wholesale distribution of oil well machinery, equipment and supplies; wholesale distribution of petroleum, petroleum products, other extracted minerals, chemical products produced from extracted or refined minerals, petroleum bulk stations and terminals, petroleum and petroleum products merchant wholesalers. A complete list of excluded Oil and Gas Industry entities by NAICS code is available in Exhibit 17 of the Settlement Agreement.
37.	One Time, Non-Recurring Event Compensation: If a claimant can establish lost earnings income or profit from a Claiming Job due to the cancellation of a contract for a One Time, Non-Recurring Event as set forth in the One Time Loss Addendum , the claimant may receive additional compensation in accord with One Time Loss Addendum .
38.	Pay Period Earnings Documentation: Documentation sufficient to establish a claimant's earnings from employment and hours worked during the applicable period(s), including (i) the Benchmark Period (relevant for Categories I and II), (ii) January through April of 2010 and the Base Year(s) , (iii) the Compensation Period (relevant for Categories I through III), and (iv) the 2011 Benchmark Period (relevant for Category III).
39.	Primary Seafood Industry: Entities and Natural Persons that satisfy the definitions of Landing Site, Commercial Wholesale or Retail Dealer A, and Primary Seafood Processor , and Natural Persons employed by a Landing Site, Commercial Wholesale or Retail Dealer A, or Primary Seafood Processor , including Seafood Dockside Workers .
40.	Primary Seafood Processor: An entity or Natural Person that receives and prepares Seafood purchased from a Commercial Fisherman, Landing Site, or Commercial Wholesale or Retail Dealer including but not limited to, cleaning, cooking, canning, smoking, salting, drying or freezing, grading by size, packing storing Seafood for shipment.
41.	Real Estate Developers: This category of business and employers includes any Natural Person or Entity that develops commercial, residential or industrial properties, including but is not limited to: any Entity developing an entire subdivision (as defined by the law of the state in which the parcel is located) of Real Property, including condominiums with multiple residential units and/or a residential subdivision with contiguous home sites and homes.
42.	Reimbursable Search Costs: Documented travel and job search costs actually incurred after April 20, 2010, in searching for alternative employment due to job loss or work reduction after the Spill.
43.	Reimbursable Search Cost Documentation: Documents reflecting all amounts incurred for Reimbursable Search Costs sought by the claimant.
44.	Reimbursable Training Costs: Training, licensing and educational tuition, fees, and similar expenses for courses or programs related to improving job skills or securing alternate employment (<i>i.e.</i> , education not in pursuit of a two- or four-year degree) in which claimant enrolled and participated commencing on or after April 21, 2010, through December 31, 2010, due to job loss or work reduction after the Spill.
45.	Reimbursable Training Cost Documentation: Documents reflecting all amounts paid for Reimbursable Training Costs sought by the claimant, and all certificates, course credits, diplomas, or licenses obtained by the claimant based upon the claimant's completion of such training.
46.	Representative: If a claimant is a Minor or Incompetent, the Representative is the legal guardian of the claimant. If the claimant is deceased, the Representative is the duly authorized legal representative of the claimant's estate.
47.	Risk Transfer Premium ("RTP"): A factor by which Claimant Lost Income may be multiplied as defined and agreed to in the Economic And Property Damages Settlement Agreement .
48.	Seafood Dockside Workers: A Natural Person performing services for a Landing Site .
49.	Seafood Retailers: An entity that is an end user of Seafood such as a restaurant, fish market or super market for which 25% or more of total food costs for 2009 constitute Seafood.
50.	Seafood Distributor: An entity or Natural Person that purchases Seafood in bulk quantities and sells to retailers such as restaurants, fish shop and supermarkets; also called a Seafood Wholesaler .
51.	Seasonal Employee: An Individual with earnings during 6 or fewer consecutive months during the Base Year(s) but who was not employed as of April 20, 2010, and who as of that date had accepted an offer of employment for a later period in 2010 which subsequently was withdrawn or amended during 2010 after the Spill.

52.	Secondary Seafood Industry: Entities that satisfy the definitions of Commercial Wholesale or Retail Dealer B, Secondary Seafood Processor, Seafood Wholesaler or Distributor, and Seafood Retailer, and Natural Persons employed by a Commercial Wholesale or Retail Dealer B, Secondary Seafood Processor, Seafood Wholesaler or Distributor, or Seafood Retailer.
53.	Secondary Seafood Processor: An entity or Natural Person that purchases Seafood from a Primary Seafood Processor in order to add further value including, but not limited to, cleaning, cooking, canning, smoking, salting, drying or freezing, grading by size, packing and storing Seafood for shipment.
54.	Spill-Related Payments: Compensation paid to a claimant by BP or GCCF related to the Spill for loss of earnings for the Claiming Job, including (but not limited to) payments made pursuant to the BP/GCCF Oil Pollution Act of 1990 ("OPA") claims facilities.
55.	Sworn Written Statement: A written statement submitted under penalties of perjury, which may be submitted electronically, along with any attachments, but which must be manually signed by the person making the statement and reflect such manual signature. In addition, the statement may have a second, electronic signature using an approved technology such as (but not limited to) Adobe Echosign. A Sworn Written Statement submitted by a claimant is a Claimant Sworn Written Statement and a Sworn Written Statement submitted by a claimant's employer is an Employer Sworn Written Statement. The Program will not accept claimant- or firm-created documents in lieu of Sworn Written Statements.
56.	Tax Information Documents: Tax Returns and Forms W-2 and/or 1099.
57.	Tax Returns: Federal or state income tax returns, including any relevant supporting schedules.
58.	Tourism: Tourism means businesses which provide services such as attracting, transporting, accommodating or catering to the needs or wants of persons traveling to, or staying in, places outside their home community. To determine if your employer falls within the Tourism Definition, go online to www.deepwaterhorizonsettlements.com , or call toll free at 1-800-353-1262.

3. Detailed Instructions for Answering Individual Economic Loss Claim Form Questions

The following instructions will take you step-by-step through the Individual Economic Loss Claim Form. The sections and numbers in these instructions refer to the same sections and numbers in the Claim Form.

The final deadline to file claims with the Settlement Program was June 8, 2015. Accordingly, the Claims Administrator is no longer accepting new claim submissions or Parcel Eligibility Request Forms at this time.

A. Claimant Information

If you are completing this Claim Form on your own behalf, provide your personal information in this section. If you are completing this Claim Form on behalf of the claimant, fill in the claimant's information.

1.	Name of Natural Person	Print your last name, first name, and middle initial in the appropriate box.
2.	Social Security Number <i>or</i> Individual Taxpayer Identification Number <i>or</i> Employer Identification Number	Provide your Social Security Number or Individual Taxpayer Identification Number by putting one digit in each space. There are nine spaces provided in this format: XXX-XX-XXXX.
3.	Claimant Number	<p>If you filed a claim with the GCCF, your GCCF Claimant Number will also be your Claimant Number in the Deepwater Horizon Settlement Program. If you did not file a claim with the GCCF, you will receive a new nine-digit Claimant Number when you file your initial Registration Form with the Deepwater Horizon Settlement Program.</p> <p>If you filed a claim with the GCCF, check the box next to "GCCF Claimant Number" and write your seven-digit Claimant Number in the spaces provided. Write one number in each space.</p> <p>If you already have a Deepwater Horizon Settlement Program Claimant Number, check the box next to "Deepwater Horizon Settlement Program Claimant Number" and write your nine-digit Claimant Number in the spaces provided. Write one number in each space.</p> <p>If you do not already have a Deepwater Horizon Settlement Program Claimant Number and you did not file a claim with the GCCF, leave this question blank.</p>
4.	You cannot seek economic losses relating to a job in any of the following lines of work. If any of the following apply to the employer of any job you have or had, check the box. Check all that apply to you.	<p>You must determine if any of the following descriptions apply to the employer of a job from which you are seeking losses:</p> <ul style="list-style-type: none"> (a) Financial Institution. (b) A fund, financial trust, or other financial vehicle. (c) Gaming. (d) Insurance. (e) Oil and gas industry. (f) Defense contractor or subcontractor. (g) Real estate development. (h) Selling or marketing BP-branded fuel at anytime from April 20, 2010, through April 16, 2012. <p>If any of the above descriptions apply, then you must check the box on the Claim Form next to the applicable description.</p> <p>If you check the box next to any of those descriptions, then you are not eligible to file an Individual Economic Loss Claim for that job. Do not complete or submit this Claim Form for a job with an employer described above. If you did not check the box next to any of the descriptions and if you are submitting this claim for economic losses from jobs in industries not described in (a) – (h) above, continue.</p>

B. Information About Your Compensation Period

Choose 90 or more consecutive days from April 21, 2010, through December 31, 2010, for the purposes of comparing your losses from this Period to a Period of the same length and dates in a Base Year(s) that you will choose later in this Form. The Claims Administrator will review all the documents and information you submit to determine the best Compensation Period that maximizes your recovery, even if that differs from the period you select. If you do not wish to pick a Compensation Period at all and instead would like the Claims Administrator to select your best Compensation Period, select "Claims Administrator Selected Compensation Period." Refer to the Settlement for further information on how your Compensation Period will be used in calculating Claimant Lost Earnings.

If you are claiming losses from a job where your employer meets the definition of Primary Seafood Industry, you may select a Compensation Period of 90 or more consecutive days from April 21, 2010, through April 30, 2011. Refer to the Definitions to determine if your employer meets this definition.

Your Compensation Period must start and end with pay period used by your employer, which means that your Compensation Period cannot start or end in the middle of a weekly, biweekly, monthly, or other pay period.

Put a check in the box next to your selected Compensation Period.

C. Information About Your Claiming Job(s)

1.	<p>Provide Information About Your Claiming Job(s)</p>	<p>Provide information about the job for which you are seeking losses because of the Spill in this box. This is considered your "Claiming Job." You may have more than one Claiming Job. If you have more than one Claiming Job and are completing a hard copy Claim Form, photocopy Sections C through D of the Claim Form and fill this out for each claiming job. Answer all of the questions applicable in Sections C through D as they relate to the job you indicate in this box is your Claiming Job.</p> <p>A Claiming Job must be a job that you were either working on April 20, 2010, had accepted an offer for new employment as of April 20, 2010, and expected that employment to begin between April 21, 2010, and December 31, 2010, or you were expecting to return to seasonal employment in the Gulf after April 20, 2010, for six or fewer months.</p> <p>Provide the Business Name, Street, City, State and Zip Code. Provide the Parish or County, if applicable and if you know this information. Provide the phone number to this business location. Provide the Employer's Identification Number (EIN), if you know it. This number can be found on your W-2 or 1099 Form. Provide your Supervisor or Manager's Last Name, First Name and Middle Initial. Describe your employer's line of work and your position. For example, if you waited tables, state that you worked in a restaurant, and were a waitress or server.</p>
2.	<p>Is this an hourly wage job?</p>	<p>Check "Yes" if you were paid by the hour in your Claiming Job. Check "No" if you were a salaried or commissioned employee.</p>
3.	<p>Is your employer's address you entered above different than the location where you actually worked?</p>	<p>Check "Yes" if you reported to work at a location that is different from the employer's business location that you provided in Question 1. Check "No" if you reported to work at the location you listed in Question 1.</p> <p>If you checked "Yes," then provide the Street, City, State and Zip Code. Provide the Parish or County, if applicable and if you know this information. Provide the phone number to this business location.</p>

4.	In 2009, did your employer provide significant services, goods, and/or supplies to businesses in the offshore oil & gas industry in the Gulf of Mexico?	Check "Yes" if your employer provided significant services, goods, and/or supplies to businesses in the offshore oil & gas industry in the Gulf of Mexico. Check "No" if your employer did not provide significant services, goods, and/or supplies to businesses in the offshore oil & gas industry in the Gulf of Mexico.
5.	Were you working at this Claiming Job in the Gulf on April 20, 2010?	Check "Yes" if you were working at the Claiming Job on April 20, 2010. Check "No" if you were not working at the Claiming Job on April 20, 2010. If you checked "Yes," go to Question 8. If you checked "No," go to Question 6.
6.	Is this Claiming Job a seasonal job that you have held in past years in the Gulf for less than six months per year in this Job or a comparable job, and were planning to return to the same or comparable job after April 20, 2010?	A Seasonal Employee is defined as "An Individual with earnings during six or fewer consecutive months during the Base Year(s) but who was not employed as of April 20, 2010, and who as of that date had accepted an offer of employment for a later period in 2010 which subsequently was withdrawn or amended during 2010 after the Spill." You will pick your Base Year(s) later in this Claim Form. Check "Yes" if the Claiming Job is one where you were not working on April 20, 2010, but planned to return to the same job or a comparable job as you worked in past years in the Gulf after April 20, 2010. If you check "Yes," you are a Seasonal Employee and must answer Questions 11 through 14 and then go to Section D.2 of the Claim Form. Check "No" if the Claiming Job is not seasonal. Go to Question 7.
7.A	Is your Claiming Job one where, as of April 20, 2010, you had received and accepted an offer to start your first full-time or part-time employment, since January 1, 2007, to begin work in the Gulf during April 21, 2010, to December 31, 2010, and was that job offer withdrawn or amended because of the Spill?	A New Entrant to employment is defined as "An Individual (i) who was not employed between January 1, 2007 and April 20, 2010, and (ii) who accepted an offer of first-time employment in a new job, full or part-time (including but not limited to seasonal employment), prior to April 20, 2010, to start working during the period April 21, 2010, to December 31, 2010, and (iii) whose offer was withdrawn or amended during 2010 after the Spill." For examples, see the Definitions Section. Check "Yes" if you meet <i>all</i> of the requirements listed in the question. Your offer must have been negatively affected by the Spill. Answer Question 7.B and 11 through 14, and then go to Section D.3 of the Claim Form. Check "No" if you had employment with this Claiming Job, or a comparable job, between January 2, 2007 and April 20, 2010, did not have an offer of employment on April 20, 2010, to begin between April 21, 2010, and December 31, 2010, or had not accepted your job offer for as of April 20, 2010.
7.B.	Describe how your employment offer was withdrawn or amended after April 20, 2010.	Provide a description of how your offer was negatively affected by the Spill, including whether the offer was withdrawn, or altered in a way that made the position less lucrative than it would have been absent the Spill. For example, describe if your salary offer was reduced, or your offer for full-time employment was reduced to part-time employment. Answer Questions 11 through 14 and then go to Section D.3.
8.	Were you working in this Claiming Job, or a comparable job, before April 20, 2009?	The Claims Administrator will use this information to establish a comparison between your income during your Compensation Period in 2010 and a Base Year(s), described below. If you have more than twelve months of employment history in the Claiming Job or a comparable job, check "Yes," and answer Question 9. If you were not working in the Claiming Job or a comparable job for twelve or more months as of April 20, 2010, then check "No." Answer Questions 11 through 14 and go to Section D.4 of this Claim Form.

9.	By January 1, 2010, had you changed your employer and line of work from the employer and line of work that you had before January 1, 2010?	<p>If your work at the Claiming Job is with a different employer, and in a different line of work than the work you previously held in January through April of your Base Year(s), check "Yes." To check "Yes," you must have changed both the employer <i>and</i> line of work. Check "No" if you changed neither your employer nor line of work, and check "No" if you changed only one of the two.</p> <p>If you check "Yes," answer Question 10. If you check "No," answer Questions 11 through 14 and then go to Section D.1.</p>
10.	Were your earnings during January 1, 2010, to April 30, 2010, in this Claiming Job more than 20% higher or lower than your earnings from January 1 to April 30 of your Base Year(s)? The Claims Administrator will verify this calculation. Refer to Section D for more information about "Base Year(s)."	<p>The Claims Administrator will consider you a Career Changer under the Settlement if you checked "Yes" to Question 9, <i>and</i> your income changed by more or less than 20% between January through April of 2010 in your Claiming Job and January through April of your Base Year(s), described below. You may estimate to answer this question, and the Claims Administrator will verify this calculation from the documentation you will submit with your claim. The more accurately this question is answered, however, the less time it will likely take for your claim to be processed.</p> <p>If you check "Yes," then you are a Career Changer, and must answer Questions 11 through 14 and then go to Section D.4. If you check "No," then you are not a Career Changer. Answer Questions 11 through 14 and then go to Section D.1.</p>
11.A	Was your position one that required a government-issued license or permit?	<p>If your employment with the Claiming Job required you to hold a government-issued license or permit as an individual to perform the job, you must submit the license or permit to be eligible to receive compensation under the Settlement. The license or permit must have been valid during the Compensation Period in 2010 and in the corresponding Base Year(s), described below. (Upon agreement by the Parties, the Claims Administrator removed this document requirement on 9/17/12.)</p> <p>Check "Yes" if your Claiming Job required a license or a permit, and answer Question 11.B. Check "No" if you were not required to hold a government-issued license or permit in your Claiming Job, and go to Question 12.</p>
11.B	Identify the government-issued license or permit.	<p>If you checked "Yes" to Question 11.A, describe the type of license or permit, how long the license or permit was valid, and the government agency that issued the license or permit. (Upon agreement by the Parties, the Claims Administrator removed this document requirement on 9/17/12.)</p>
12.A	Was your employment with the Claiming Job terminated after April 20, 2010?	<p>If you lost your Claiming Job after the Spill, but before December 31, 2010, check "Yes," and answer 12.B and 12.C. If you were not terminated from the Claiming Job between April 21, 2010, and December 31, 2010, check "No," and go to Question 13.</p>
12.B	Date Employment Was Terminated	<p>If you checked "Yes" to Question 12.A, provide the date that your employment was terminated.</p>
12.C	Reason(s) for Termination	<p>If you checked "Yes" to Question 12.C, describe the reason(s) for your termination. If you were terminated due to or related to the Spill, describe this in detail.</p>

13.A	Are you seeking losses associated with a One Time, Non-Recurring Event?	<p>A One Time Loss is an event or sale that (a) would have occurred in the Claiming Job between April 21, 2010, and December 31, 2010, and (b) had not been included in the Individual's income from the Claiming Job in 2007, 2008 or 2009, and (c) was canceled due to or resulting from Spill. If your Claiming Job is one where you held a contract or agreement to perform a service or provide a good that would not re-occur in upcoming years and had not occurred in the past, check "Yes."</p> <p>You may only check "Yes" if this income is not already claimed within your Claiming Job losses in other parts of this Form or shown in your income documentation that you will submit.</p> <p>Check "No" if this does not apply to your income from the Claiming Job, or you are not seeking these types of losses.</p>
13.B	Enter the amount you claim related to the cancellation of a One Time, Non-Recurring Event.	<p>If you checked "Yes" to Question 13.A, enter the amount of loss you are claiming related to the cancellation of the One Time Loss.</p>
14.A	Spill-Related Payments	<p>A Spill-Related Payment can be any amount of money you received from BP, the Real Estate Fund or the GCCF. Check "Yes" only if the Spill-Related Payments were not received as compensation for the job listed as your Claiming Job. If you did not receive payments or received them based on lost income from the Claiming Job, check "No."</p>
14.B	Source of Payment	<p>If you checked "Yes" to Question 14.B, state the source of the payment. For example, write GCCF if you received any payments from the Gulf Coast Claims Facility. State the amount of these payments.</p>

D. Base Year and Benchmark Period Information

1. Base Year(s) for Claimants Employed on April 20, 2010, and who are not Career Changers or Claimants Without Twelve Months of Earnings History

A.	Select Your Base Years(s)	<p>A Base Year(s) is a claimant selected period used for historical comparison and defined as one of the following options:</p> <ol style="list-style-type: none"> 1. 2009; or 2. The average of 2008 and 2009; or 3. The average of 2007, 2008 and 2009 <p>The Base Year(s) selected is used by the Claims Administrator to determine your Expected Earnings and to calculate the difference between your Actual Earnings during the Compensation Period and what you expected to earn if not for the Spill. If you were directed to answer the questions in this Section you may choose one of the above options.</p> <p>The Claims Administrator will review all the documents and information you submit to determine the Base Year(s) that maximizes your recovery, even if that differs from the period you select. If you do not wish to pick a Base Year(s) at all and instead would like the Claims Administrator to select your Base Year(s), select "Claims Administrator Selected Base Year(s)."</p>
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B.	Employer Information in Your Benchmark Period	<p>A Benchmark Period is a period of time during your Base Year(s) selected in Question A. The Benchmark Period is of the same length and dates as your Compensation Period. A Benchmark Period is the period of time the Claims Administrator will use to compare your earnings during your Compensation Period to your earnings during your Benchmark Period to determine your losses, if any. The Benchmark Period will mirror what you picked in Section B. If you did not pick a Compensation Period, the Claims Administrator will pick the Benchmark Period that mirrors the Compensation Period and maximizes your recovery.</p> <p>You must provide employer information for the Claiming Job, or comparable jobs worked during the same length and dates during your Base Year(s) as you chose in your Compensation Period. If you have more than one job during this period, photocopy this section and provide employer information for each employer during this time period.</p> <p>If you selected "Claims Administrator Selected Base Year(s)," and/or "Claims Administrator Selected Compensation Period," provide information for each employer during the Base Year(s) that you wish the Claims Administrator to consider in determining the maximum recovery.</p> <p>If the job you held during your Benchmark Period is the same job with the same employer as your Claiming Job, you may check the box stating "Check here if the Employer during your Benchmark Period is the same employer as you listed for your Claiming Job in Section C. If so, you do not need to provide the information again here on your employer."</p> <p>If your employer or position with the employer is not the same in your Benchmark Period as your Claiming Job, you must provide the Business Name, Street, City, State and Zip Code. Provide the Parish or County, if applicable and if you know this information. Provide the phone number to this business location. Provide your Supervisor or Manager's name and your line of business and your position.</p>
C.	Is this an hourly wage job?	<p>Check "Yes" if you were paid by the hour in your Claiming Job, or comparable job during the Benchmark Period. Check "No" if you were a salaried or commissioned employee.</p>

2. Base Year(s) Information for Seasonal Employees

A.	Select Your Base Years(s)	<p>A Base Year(s) is a claimant selected period used for historical comparison and defined as one of the following options:</p> <ol style="list-style-type: none"> 1. 2009; or 2. The average of 2008 and 2009; or 3. The average of 2007, 2008 and 2009 <p>The Base Year(s) selected is used by the Claims Administrator to determine your Expected Earnings and to calculate the difference between your Actual Earnings during the Compensation Period and what you were expected to earn if not for the Spill. If you were directed to answer the questions in this Section you may choose one of the above options.</p> <p>The Claims Administrator will review all the documents and information you submit to determine the Base Year(s) that maximizes your recovery, even if that differs from the period you select. If you do not wish to pick a Base Year(s) at all and instead would like the Claims Administrator to select your Base Year(s), select "Claims Administrator Selected Base Year(s)."</p>
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B.	Employer Information in Your Benchmark Period	<p>A Benchmark Period is a period of time during your Base Year(s) selected in Question A. The Benchmark Period is of the same length and dates as your Compensation Period. A Benchmark Period is the period of time the Claims Administrator will use to compare your earnings during your Compensation Period to your earnings during your Benchmark Period to determine your losses, if any. The Benchmark Period will mirror what you picked in Section B. If you did not pick a Compensation Period, the Claims Administrator will pick the Benchmark Period that mirrors the Compensation Period and maximizes your recovery.</p> <p>You must provide employer information for the Claiming Job, or comparable jobs worked during the same length and dates during your Base Year(s) as you chose in your Compensation Period. If you have more than one job during this period, photocopy this section and provide employer information for each employer during this time period.</p> <p>If you selected "Claims Administrator Selected Base Year(s)," and/or "Claims Administrator Selected Compensation Period," provide information for each employer during the Base Year(s) that you wish the Claims Administrator to consider in determining the maximum recovery.</p> <p>If your job held during your Benchmark Period is the same job with the same employer as your Claiming Job, you may check the box stating "Check here if the Employer during your Benchmark Period is the same employer as you listed for your Claiming Job in Section C. If so, you do not need to provide the information again here on your employer."</p> <p>If your employer or position with the employer is not the same in your Benchmark Period as your Claiming Job, you must provide the Business Name, Street, City, State and Zip Code. Provide the Parish or County, if applicable and if you know this information. Provide the phone number to this business location. Provide your Supervisor or Manager's name and your line of business and your position.</p>
C.	Is this an hourly wage job?	Check "Yes" if you were paid by the hour in your Claiming Job, or comparable job during the Benchmark Period. Check "No" if you were a salaried or commissioned employee.
3. Base Year Information for New Entrants to Employment		
A.	Base Year Required Information for New Entrants	If you are a New Entrant to Employment under this Settlement Agreement, and were directed to answer the Questions in this Section, you will be using 2011 as your Base Year if you were employed in the same or comparable job as during your Compensation Period. The Claims Administrator will use 2011 to determine your losses, if any, in 2010 as a result of the Spill. If you were not employed in 2011, you will be directed to provide additional information in Question D.

<p>B.</p>	<p>Employer Information for 2011 Benchmark Period</p>	<p>The Benchmark Period is of the same length and dates in 2011 as your Compensation Period. A Benchmark Period is the period of time the Claims Administrator will use to compare your earnings during your Compensation Period to your earnings during your 2011 Benchmark Period to determine your losses, if any. The 2011 Benchmark Period will mirror what you picked in Section B. If you did not pick a Compensation Period, the Claims Administrator will pick the Benchmark Period in 2011 that mirrors the Compensation Period that maximizes your recovery.</p> <p>You must provide employer information for the Claiming Job, or comparable jobs worked during the same length and dates during 2011 as you chose in your Compensation Period. If you have more than one job during this period, photocopy this section and provide employer information for each employer during this time period.</p> <p>If you selected "Claims Administrator Selected Compensation Period," provide information for each employer during 2011 that you wish the Claims Administrator to consider in determining the maximum recovery.</p> <p>If your job held during your Benchmark Period is the same job with the same employer as your Claiming Job, you may check the box stating "Check here if the Employer during your Benchmark Period is the same employer as you listed for your Claiming Job in Section C. If so, you do not need to provide the information again here on your employer."</p> <p>If your employer or position with the employer is not the same in your 2011 Benchmark Period as your Claiming Job, you must provide the Business Name, Street, City, State and Zip Code. Provide the Parish or County, if applicable and if you know this information. Provide the phone number to this business location. Provide your Supervisor or Manager's name and your line of business and your position.</p>
<p>C.</p>	<p>Is this an hourly wage job?</p>	<p>Check "Yes" if you were paid by the hour in your Claiming Job, or comparable job during the 2011 Benchmark Period. Check "No" if you were a salaried or commissioned employee.</p>
<p>D.</p>	<p>If you were not employed in 2011</p>	<p>If you were not employed in 2011 for the same length and dates as your Compensation Period, check the box next to the description that most accurately describes why you were not working during the 2011 Benchmark Period. You will be asked to submit additional documentation based on your selection in Section 4 of these Instructions.</p> <p>If you selected "Claims Administrator Selected Compensation Period," and were not working in 2011 for at least some of the year, check the box next to the description of why you were not working in 2011, and provide the additional documentation in Section 4 so that the Claims Administrator can select the period during 2010 that maximizes your recovery.</p>

4. Base Year(s) for Claimants Without Twelve Months of Earnings History or who are Career Changers

<p>A.</p>	<p>Base Year Information for Claimants Without Twelve Months of Earnings History or who are Career Changers</p>	<p>If you have fewer than twelve months of earnings history or are a Career Changer, you will be using 2011 as your Base Year if you were employed in the same or comparable job as during your Compensation Period. The Claims Administrator will use 2011 to determine your losses, if any, in 2010 as a result of the Spill. If you were not employed in 2011, you will be directed to provide additional information in Question D.</p> <p>If you are a Career Changer and were not employed in 2011 for one of the reasons set forth in Question 4.D, or were not employed in a comparable job to your Claiming Job in 2011, 2009 will be your Base Year. The Claims Administrator will use 2009 to determine your losses, if any, in 2010 as a result of the Spill.</p> <p>Based on the description, select the box to indicate which Base Year will apply to you. You must select 2011, unless you are a Career Changer who did not work in 2011, or did not work in a comparable job to your Claiming Job in 2011. In those situations, you must select 2009 as your Base Year.</p>
<p>B.</p>	<p>Employer Information for 2011 Benchmark Period (or 2009 Benchmark, if you are a Career Changer)</p>	<p>The Benchmark Period is of the same length and dates in 2011 (or 2009, if you selected the 2009 box in Question A) as your Compensation Period. A Benchmark Period is the period of time the Claims Administrator will use to calculate your Expected Earnings, which will be compared to your actual earnings to determine your losses, if any. The 2011 (or 2009) Benchmark Period will mirror what you picked in Section B. If you did not pick a Compensation Period, the Claims Administrator will pick the Benchmark Period in 2011 (or 2009) that mirrors the Compensation Period and maximizes your recovery.</p> <p>You must provide employer information for the Claiming Job, or comparable jobs worked during the same length and dates during 2011 (or 2009) as you chose in your Compensation Period. If you have more than one job during this period, photocopy this section and provide employer information for each employer during this time period.</p> <p>If you selected "Claims Administrator Selected Compensation Period," provide information for each employer during the 2011 (or 2009) that you wish the Claims Administrator to consider in determining the maximum recovery.</p> <p>If your job held during your Benchmark Period is the same job with the same employer as your Claiming Job, you may check the box stating "Check here if the Employer during your Benchmark Period is the same employer as you listed for your Claiming Job in Section C. If so, you do not need to provide the information again here on your employer."</p> <p>If your employer or position with the employer is not the same in your 2011 (or 2009) Benchmark Period as your Claiming Job, you must provide the Business Name, Street, City, State and Zip Code. Provide the Parish or County, if applicable and if you know this information. Provide the phone number to this business location. Provide your Supervisor or Manager's name and your line of business and your position.</p>
<p>C.</p>	<p>Is this an hourly wage job?</p>	<p>Check "Yes" if you were paid by the hour in your Claiming Job, or comparable job during the 2011 (or 2009) Benchmark Period. Check "No" if you were a salaried or commissioned employee.</p>

D.	If you were not employed in 2011	<p>If you were not employed in 2011 for the same length and dates as your Compensation Period, check the box next to the description that most accurately describes why you were not working during the 2011 Benchmark Period. You will be asked to submit additional documentation based on your selection in Section 4 of these Instructions.</p> <p>If you selected "Claims Administrator Selected Compensation Period," and were not working in 2011 for at least some of the year, check the box and provide the additional documentation so that the Claims Administrator can select the period during 2010 that maximizes your recovery.</p>
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E. Non-Claiming Jobs

1.	Provide information for any jobs worked during 2007 through present	<p>Any job that you worked during 2007 through the present, that you are not claiming losses from is a Non-Claiming Job. Provide the information requested for each employer you held that is not a Claiming Job(s). If you have more than one Non-Claiming Job, photocopy this section and complete it for each employer you held during your Base Year(s).</p> <p>For each employer, provide the Business Name, Street, City, State and Zip Code. Provide the Parish or County, if applicable and if you know this information. Provide the phone number to this business location. Provide your Supervisor or Manager's name and your line of business and your position.</p>
2.	Is this an hourly wage job?	<p>Check "Yes" if you were paid by the hour in your Non-Claiming Job. Check "No" if you were a salaried or commissioned employee.</p>

F. Other Employment-Related Losses

1. Job Training and Job Search Losses

A(1)	Are you seeking reimbursement for expenses related to training, licensing or educational expenses related to improving your job skills or securing alternate employment after the Spill?	<p>Reimbursable Job Training costs include training, licensing and educational tuition, fees, and similar expenses for courses or programs related to improving job skills or securing alternate employment (<i>i.e.</i>, education not in pursuit of a two- or four-year degree) in which claimant enrolled and participated commencing on or after April 21, 2010, through December 31, 2010, due to job loss or work reduction after the Spill.</p> <p>Check "Yes" if you are seeking reimbursement for job training that you enrolled and participated in after the Spill to assist you in securing alternate employment due to the Spill.</p> <p>Check "No" if you are not seeking reimbursement for job training expenses, or this does not apply to you. Go to Question B.1.</p>
A(2)	Enter the amount you claim as such expenses	<p>If you checked "Yes" for A(1), enter the amount of expenses you are claiming.</p>
A(3)	Did the training lead to securing employment in 2010?	<p>If the job training in which you were enrolled and participated led to securing a job in a related field in 2010, check "Yes." If the training did not lead to employment in 2010, check "No."</p>
A(4)	If the training did lead to securing employment in 2010, provide the following information about the employment	<p>If you checked "Yes" for Question A(3), provide the Business Name, Street, City, State and Zip Code of the job you secured in 2010. Provide the Parish or County, if applicable and if you know this information of the job in which you secured employment in 2010. Provide the phone number to this business location. Provide your Supervisor or Manager's name and your line of business and your position.</p>

B(1)	Are you seeking reimbursement for expenses related to job search costs you incurred looking for alternate employment after the Spill?	Reimbursable job search costs include documented travel and job search costs actually incurred on or after April 21, 2010, in searching for alternative employment due to job loss or work reduction after the Spill. If the Spill caused you to incur these job search costs and you are seeking reimbursement, check "Yes." If you are not seeking these costs, or this is inapplicable to you, check "No."
B(2)	Enter the amount you claim as job search reimbursement expenses:	If you checked "Yes" for B(1), enter the amount of costs you are claiming.

2. Loss of Employment Related Benefits Income

A.	Indicate the Health Insurance Coverage Losses you are claiming. State the Claiming Job to which your losses relate	Employment-Related Benefits Losses include Health Care Coverage Losses and sustained as a result of change in employer Plan or change in claimant's employment status which resulted in a loss or reduction of employer-provided benefits. You may claim compensation from loss of Health Care from medical, prescription drug, dental, and vision coverages. Check any plan type from which you are seeking losses. You may check more than one. You must provide documentation for each type of Health Care Coverage you check. Identify the relevant Claiming Job from which you lost the Health Care Coverage after the Spill.
B.	Indicate the amount of Health Insurance Coverage Losses you Incurred	Enter the amount of Health Care Coverage Losses you are seeking for each type of plan from the date of termination of the Health Care Coverage Plan until the earliest of (1) the date that you secured a replacement plan, not in connection with COBRA, new employment or an alternative health care insurance plan for which the claimant was eligible (<i>e.g.</i> , through a spouse or parent), or (2) December 31, 2011.
C.	For each type of Health Insurance Coverage Loss you are claiming, indicate whether or not you obtained alternative health insurance coverage prior to December 31, 2011	For each type of Health Insurance Plan, check "Yes" if you obtained alternative health care coverage prior to December 31, 2011. Alternative health care coverage includes, but is not limited to insurance obtained through COBRA, new employment, or coverage purchased independently of employment.
D.	Indicate the Retirement Benefit Losses you are claiming. State the Claiming Job to which your losses relate on the line	Employment-Related Benefits Losses include Retirement Benefit Losses and sustained as a result of change in employer Plan or change in claimant's employment status which resulted in a loss or reduction of employer-provided benefits. You may claim losses of Retirement Benefits from any employer provided or sponsored plan. Check the Retirement Plan type from which you are seeking losses. You may select more than one type of Plan. Identify the relevant Claiming Job from which you lost, or experienced a reduction in, Retirement Benefits after the Spill.
E.	If you answered "Yes" to D(5) Other Type of Retirement Account, describe the type of account below	If your employer provided or sponsored a Retirement Plan not listed in (1) through (4), name the plan and briefly describe what type of Retirement Plan was offered including the benefits provided by the Retirement Plan.
F.	Indicate the amount of Retirement Benefit Losses you incurred	Enter the amount of Retirement Benefit losses you are seeking for each type of plan from the date of termination or reduction in of the Retirement Plan Benefits until the earliest of (1) the date that you secured a replacement plan, or (2) December 31, 2011.

G. Documentation Required for an Individual Economic Loss Claim

You are required to submit Supporting Documentation with your Claim Form. The documentation requirements can be found in Section 4 of this Instructions Booklet. You must submit the documents in each Section that the Claim Form directed you based on your answers in the Claim Form. If you do not submit these documents, the Claims Administrator will not be able to review your claim and you may not be compensated for any losses.

H. Payment

1.	If You Have Your Own Attorney	Only answer Question H.1 if you have your own attorney. If an attorney is representing you in connection with your Spill-related lawsuit or claim, the Claims Administrator will make payments to both you and your attorney. If you agree to this, you do not need to do anything. If you would rather the Claims Administrator make payments only to your attorney, check the box.
2.	If You Do Not Have Your Own Attorney	If you are not represented by an attorney, you must read Item 2 carefully.
3.	Garnishments, Liens, and other Attachments	Garnishments, liens and other attachments to your claim will be deducted from any payment you receive.
4.	W-9 Form Requirement	All claimants must submit a W-9 Form. To obtain a copy of that form, go to www.deepwaterhorizonsettlements.com , or by calling 1-800-353-1262.
5.	Do you intend to seek reimbursement for Claimant Accounting Support Services in connection with your claim?	<p>Check "Yes" if you intend to seek reimbursement for Claimant Accounting Support Services in connection with your claim. If you check "Yes," you must submit the documents listed in Section 4.H of this Instructions Booklet.</p> <p>Check "No" if you do not intend to seek reimbursement for Claimant Accounting Support Services.</p>

4. Documentation Required For An Individual Economic Loss Claim

Review the claimant categories below and find the sections that best fit the answers you provided on your Claim Form. The documents listed in the applicable sections are required for an evaluation of your claim. You may use the checkboxes next to the document descriptions to keep track of what you need to submit.

Claimant Categories

- A. All Claimants.** All Claimants must submit the documents in this Section.
- B. Claimants Employed on April 20, 2010, and Seasonal Employees, who are Not Career Changers or Claimants Without Twelve Months of Earnings History.** Claimants who filled out Sections D.1 and D.2 on their Claim Form must submit the documents in this Section.
- C. New Entrants.** Claimants who filled out Section D.3 must submit the documents in this Section.
- D. Career Changers/Claimants Without Twelve Months of Earnings History.** Claimants who filled out Section D.4 on their Claim Form must submit the documents in this Section.
- E. Category IV Claimants.** Claimants who cannot provide tax documentation or pay period documentation must submit the documents in this section.
- F. Employment-Related Benefit Losses.** Claimants who filled out Claim Form Section F.2 must submit the documents in this section.
- G. One-Time, Non-Recurring Event Compensation.** Claimants who checked "Yes" to Claim Form Question C.13 must submit the documents in this section.
- H. Reimbursement for Claimant Accounting Support Services.** Claimants who checked "Yes" for Claim Form Question H.5 must submit the documents in this section.

A. All Claimants Submitting an Individual Economic Loss Claim

<input type="checkbox"/>	<p>(1) Proof of Identity. Provide one of the following that was valid as of April 20, 2010:</p> <ul style="list-style-type: none"> (a) Driver's License or Government-Issued ID (b) Social Security Card (c) Temporary Worker Visa (d) Green Card <p>(Upon agreement by the Parties, the Claims Administrator removed this document requirement on 9/17/12.)</p>
<input type="checkbox"/>	<p>(2) Proof of Age. Provide one of the following to prove you were at least 16 years of age on April 20, 2010:</p> <ul style="list-style-type: none"> (a) Driver's License (b) Passport (c) Certified Copy of Birth Certificate <p>(Upon agreement by the Parties, the Claims Administrator removed this document requirement on 9/17/12.)</p>
<input type="checkbox"/>	<p>(3) License or Permit. If your employment required a license or permit, you must provide a copy of a valid license or permit from 2010 and 2011. (Upon agreement by the Parties, the Claims Administrator removed this document requirement on 9/17/12.)</p>
<input type="checkbox"/>	<p>(4) Bonus/Commission Documents. Provide all documentation of Bonuses and/or Commissions earned during the following periods, if any:</p> <ul style="list-style-type: none"> (a) January or February of your Base Year, 2010 AND 2011; (b) Bonuses or Commissions earned during the Compensation Period; and (c) Bonuses or Commissions earned during same period of time as your Compensation Period in your Base Year(s), or in 2011, as applicable.

4. Documentation Required For An Individual Economic Loss Claim

- (5) **Job Training Expenses.** If you are seeking Job Training Expenses, (Claim Form Question 14) provide one or more of the following documents showing amounts paid for training, licenses or certificates earned:
- (a) Receipts or Other Documentation reflecting amounts paid for training
 - (b) Certificates
 - (c) Documents showing course credits earned
 - (d) Diplomas
 - (e) Licenses obtained as a result of training
 - (f) Other documentation showing amounts paid for training, licenses, or certificates earned
- (6) **Job Search Costs.** If you are seeking Job Search Expenses (Claim Form Question 15), provide one more of the following documents showing amounts paid searching for a new job:
- (a) Gas receipts
 - (b) Other travel costs
- (7) **Moratoria Losses.** If your employer is a business that fits within the description of "Industry Types Subject to Review by Claims Administrator for Potential Moratorium Losses" in Exhibit 19, you must submit documentation from each such employer affirming (a) whether, in 2009, that business/employer provided significant services, goods, and/or supplies to businesses in the offshore oil & gas industry in the Gulf of Mexico; and (b) the specific type or types of work in which you were engaged for that business/employer. A complete list of the Support Services to Oil & Gas Industry is available in Exhibit 19 of the Settlement Agreement. To obtain a copy of the Employer Sworn Written Statement (non-Category IV) (SWS-12), go to [www.deepwaterhorizonsettlements.com](#), or call toll free at 1-800-353-1262.
- (8) **Authorization for Release of Employment or Educational Records.** If you wish the Claims Administrator to gather additional information when reviewing your claim, complete the Authorization for Release of Employment or Education Records (A-1). Do not date the Authorization. To obtain a copy of this Authorization, go to [www.deepwaterhorizonsettlements.com](#), or call toll free at 1-800-353-1262.
- (9) **W-9 Form.** To obtain a copy of your W-9 Form, go to [www.deepwaterhorizonsettlements.com](#), or by calling 1-800-353-1262. If you are making multiple claims under the Settlement, you only need to submit the W-9 Form once.
- (10) **Alternative Location of Loss.** If you worked at least fifty percent of your time at a location that was different from the address you provided for your employer in response to Question C.3 of the Claim Form, provide a letter from your employer providing the address(s) of this location.

B. Claimants Employed on 4/20/10 and Seasonal Employees, who are not Career Changers or Claimants Without Twelve Months of Earnings History

Claimants who filled out Claim Form Sections D.1 and D.2 must provide all of the documentation in this section for evaluation of your claim, to the extent that the information exists.

- (1) **Tax Documents.** Provide one or more of the following Tax Documents for 2010 and the Base Year(s) you selected on the Claim Form. If the Claims Administrator is selecting your Base Year(s), provide Tax Documents for the years you would like the Claims Administrator to consider for your Base Years:
- (a) Form 1040 pages 1 and 2, all pages of Schedules C, E, and F, and any supporting statements attached to the Form 1040 filing (including W-2's for joint returns); or
 - (b) State tax returns; or
 - (c) Forms W-2 documenting earnings; or
 - (d) Forms 1099 documenting earnings
- If you do not have Tax Documents for any one or more of the above periods and have made a diligent effort to retrieve them but cannot, you must provide a Sworn Written Statement attesting that no tax returns are available for the year(s) you indicate. For example, if you have located tax returns for 2010, but 2009 tax returns are unavailable, you must submit the Sworn Statement for 2009. If both 2009 and 2010 tax returns are not available, you must submit the Sworn Statement for both 2009 and 2010. To obtain a copy of the Missing Tax and Pay Period Documentation Sworn Written Statement (SWS-9), go to [www.deepwaterhorizonsettlements.com](#), or call toll free at 1-800-353-1262.**

4. Documentation Required For An Individual Economic Loss Claim

(2) Pay Period Earnings. To the extent available, or if Tax Information Documents are not available, provide one or more of the following Pay Period Earnings Documentation for ALL jobs worked. You must provide this documentation for (1) your Compensation Period, or the period you wish for the Claims Administrator to consider for your Compensation Period; and (2) for your Benchmark Period, or the period of time that you would like the Claims Administrator to consider for your Benchmark Period in your Base Year(s).

For example, if you selected May 1, 2010-August 1, 2010 as your Compensation Period, provide Pay Period Earnings Documentation for that period of time and from May 1-August 1 for each of the Base Year(s) you selected. If available, provide Pay Period Earnings Documentation for ALL jobs worked during January through April of 2010. If the Claims Administrator is selecting your Base Year(s), provide Pay Period Earnings Documentation for the years you would like the Claims Administrator to consider for your Base Years:

- (a) Paycheck Stubs; or
- (b) Other Employer-provided payroll records documenting actual amounts paid; or
- (c) Pay Period Earnings detail submitted under oath and included in a court filing; or
- (d) Bank records showing income deposits and supporting documentation indicating the source of the deposits; or
- (e) Bank statement showing absence of income; or
- (f) Receipts or records from check cashing or payday loans; or
- (g) Contracts for employment accompanied by documentation establishing wages or other amounts to be paid under the contract were actually paid

If you cannot provide documentation of your Pay Period Earnings for any one of the above periods, you must submit a Sworn Written Statement attesting that no Pay Period Earnings Documentation is available for 2010 and/or any Benchmark Period in the year(s) you indicate. For example, if you selected a Compensation Period of May 1, 2010 to August 1, 2010, and cannot provide Pay Period Earnings Documents from May 1, 2009 to August 1, 2009, you must submit the Sworn Written Statement listing the dates that your Pay Period Earnings Documentation are unavailable in 2009. To obtain a copy of the Missing Tax and Pay Period Documentation Sworn Written Statement (SWS-9), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.

(3) Income from Other Sources. If you have post-Spill income during your Compensation Period from a source other than your Claiming Job, provide the following documents showing the amount received and the source of the income:

- (a) W-2's, paycheck stubs, or other employer-provided payroll documentation; and/or
- (b) Bank records showing income deposits and supporting documents indicating the source of the deposits; and/or
- (c) Documents from BP/GCCF showing payment and BP/GCCF claim number, and other Spill-related income including Vessels of Opportunity payments; and/or
- (d) 1099's; and/or
- (e) Receipts from check cashing services; and/or
- (f) Other employer-provided documents showing required hours, hours worked, and compensation rate

4. Documentation Required For An Individual Economic Loss Claim

(4) Proof of Causation. If you did not work for one of the following types of employers during the Compensation Period you must submit an Employer Sworn Written Statement. To obtain a copy of the Employer Sworn Written Statement (non-Category IV) (SWS-12), go to [www.deepwaterhorizonsettlements.com](#), or call toll free at 1-800-353-1262:

- (a) An employer that filed a claim in the Deepwater Horizon Settlement Program and established Causation, or received a compensation offer from the GCCF; or
- (b) An employer located in Economic Loss Zone A that is not subject to review for Moratoria Losses; or
- (c) An employer that satisfies the definition of Primary Seafood Industry, or an employer who exclusively serviced an entity that satisfies the definition of Primary Seafood Industry; or
- (d) An employer that satisfies the definition of Secondary Seafood Industry and is located in Economic Loss Zones B or C; or
- (e) An employer located in Economic Loss Zone B that meets the definition of Tourism; or
- (f) An employer that satisfies the definition of Charter Fishing and the business is located in Economic Loss Zones A, B, or C

If you are unsure in which Economic Loss Zone your employer is located, or if they meet any of the definitions, you can go online to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.

(5) Termination Documents: If you checked "Yes" to Question 12 on the Individual Economic Loss Claim Form and were terminated from your job between April 20, 2010, and December 31, 2010, you must provide documents demonstrating that you were not terminated for cause. You must provide one of the following:

- (a) Documents establishing that you filed for and received unemployment, for example, Form 1099G; or
- (b) A letter from the former employer confirming that the termination was not for cause; or
- (c) Employer Sworn Written Statement confirming that the termination was not for cause. To obtain a copy of the Employer Sworn Written Statement (non-Category IV) (SWS-12), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262; or
- (d) Other documentation that establishes that you were not terminated for cause

(6) Offsetting Earnings: For all jobs you worked (both Claiming Job(s) and Non-Claiming Job(s)) during the Compensation Period you selected and the period of time during your Base Year(s) of the same length of dates, you must provide the following documentation establishing the number of hours you worked. If the Claims Administrator is selecting your Base Year(s), provide the following documentation for the years you would like the Claims Administrator to consider for your Base Years. Examples of this documentation would be pay stubs or other employer records documenting number of hours worked.

- (a) For all hourly jobs, provide documentation establishing the number of hours you worked.
- (b) For all non-hourly jobs, provide an Employer Sworn Written Statement and any other documentation establishing the number of hours worked for each non-hourly job, including documentation of all over-time worked. To obtain a copy of the Employer Sworn Written Statement (non-Category IV) (SWS-12), call toll free at 1-800-353-1262; and/or
- (c) If you submitted Tax Information Documents including Schedules C and/or F, you may provide a Claimant Sworn Written Statement and all available supporting documentation establishing the number of hours worked in connection with each activity for which you submitted a Schedule C or F. If you provide this Sworn Written Statement, the Settlement Program will adjust the earnings after the Spill if we determine you worked more hours in the Compensation Period as compared to the Benchmark Period. You do not have to submit this Sworn Written Statement unless you want the Program to make this adjustment (by agreement of parties. Pol-275). For a more complete description of Actual Earnings and Offsetting Earnings, see the definition section of this Booklet. To obtain a copy of the Schedule C or F Activity Claimant Sworn Written Statement, go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.

4. Documentation Required For An Individual Economic Loss Claim

C. New Entrants to Employment

Claimants who filled out Section D.3 on their Claim Form are "New Entrants." You must provide all of the documentation in this section for evaluation of your claim, to the extent that the information exists.

<input type="checkbox"/>	<p>(1) Proof of Residency. As a New Entrant, you must provide proof of residency, or that you took significant steps to establish residency, within close enough proximity to the anticipated location of your employment to travel to the job as frequently as required by your employer for a period of at least 60 days after April 20, 2010, but before December 31, 2010. Provide one or more of the following or other documentation establishing residency or took substantial steps to residency:</p> <ul style="list-style-type: none">(a) A lease or rental agreement(b) A sublease agreement(c) Contemporaneous utility bills
<input type="checkbox"/>	<p>(2) Proof of Causation: Provide the following information about your expected employer:</p> <p>(a) If your job or expected job was with an employer described below, provide documentation showing proof of an offer of employment made and accepted prior to April 20, 2010, for employment to begin April 21, 2010, through December 31, 2010 (or through April 30, 2011, if you worked for or exclusively serviced an employer in the Primary Seafood Industry). Documentation must be sufficient to determine proposed start and end date, wage rate, projected hours, and the withdrawal of or change in the offer. If you do not have an offer letter or your job or expected job was not with an employer described below, see Question (2)(b).</p> <ul style="list-style-type: none">(1) An employer that filed a claim in the Deepwater Horizon Settlement Program and established Causation, or received a compensation offer from the GCCF and that is not subject to review for Moratoria Losses; or(2) An employer located in Economic Loss Zone A and that is not subject to review for Moratoria Losses; or(3) An employer that satisfies the definition of Primary Seafood Industry, or an employer who exclusively serviced an entity that satisfies the definition of Primary Seafood Industry; or(4) An employer that satisfies the definition of Secondary Seafood Industry and is located in Economic Loss Zones B or C; or(5) An employer located in Economic Loss Zone B that meets the definition of Tourism; or(6) An employer that satisfies the definition of Charter Fishing and the business is located in Economic Loss Zones A, B, or C <p>(b) You must provide an Employer Sworn Written Statement if you do not have a written job offer or if your expected employer was not one described in 2(a)(1) through (6). To obtain a copy of the Employer Sworn Written Statement (non-Category IV) (SWS-12), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.</p> <p>If you are unsure in which Economic Loss Zone your employer is located, or if they meet any of the definitions, you can go online to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.</p>
<input type="checkbox"/>	<p>(3) Tax Documents: If available, provide one or more of the following Tax Documents from BOTH 2010 and 2011:</p> <ul style="list-style-type: none">(a) Form 1040 pages 1 and 2, all pages of Schedules C, E, and F, and any supporting statements attached to the Form 1040 filing (including W-2's for joint returns); or(b) State tax returns; or(c) Forms W-2 documenting earnings; or(d) Forms 1099 documenting earnings <p>If you do not have Tax Documents for any one or more of the above periods and have made a diligent effort to retrieve them but cannot, you must provide a Sworn Written Statement attesting that no tax returns are available for the year(s) you indicate. For example, if you have located tax returns for 2010, but 2011 tax returns are unavailable, you must submit the Sworn Statement for 2011. If both 2010 and 2011 tax returns are not available, you must submit the Sworn Statement for both 2010 and 2011. To obtain a copy of the Missing Tax and Pay Period Documentation Sworn Written Statement (SWS-9), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.</p>

4. Documentation Required For An Individual Economic Loss Claim

(4) Pay Period Earnings: To the extent available, or if Tax Information Documents are not available, provide one or more of the following Pay Period Earnings Documentation for ALL jobs worked. You must provide this documentation for (1) your Compensation Period, or the period you wish for the Claims Administrator to consider for your Compensation Period; and (2) for your Benchmark Period, or the period of time that you would like the Claims Administrator to consider for your Benchmark Period in 2011.

For example, if you selected May 1, 2010-August 1, 2010 as your Compensation Period, provide Pay Period Earnings Documentation for that period of time and from May 1-August 1 for each of 2011. If available, provide Pay Period Earnings Documentation for ALL jobs worked during January through April of 2010:

- (a) Paycheck stubs; and/or
- (b) Other employer records documenting actual amounts paid; and/or
- (c) Bank records showing income deposits and supporting documentation indicating the source of the deposits; and/or
- (d) Bank statement or other contemporaneous documents verifying absence of income all or part of Benchmark Period; and/or
- (e) Receipts or records from check cashing and payday loan services; and/or
- (f) Contracts for employment accompanied by documentation establishing wages or other amounts to be paid under the contract were actually paid; and/or
- (g) Pay Period Earnings Detail submitted under oath and included in court filings

If you cannot provide documentation of your Pay Period Earnings for any one of the above periods, you must submit a Sworn Written Statement attesting that no Pay Period Earnings Documentation is available for 2010 and/or 2011. For example, if you selected a Compensation Period of May 1, 2010 to August 1, 2010, and cannot provide Pay Period Earnings Documents from May 1, 2011 to August 1, 2011, you must submit the Sworn Written Statement listing the dates that your Pay Period Earnings Documentation are unavailable in 2011. To obtain a copy of the Missing Tax and Pay Period Documentation Sworn Written Statement (SWS-9), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.

(5) Unable to Work in 2011: If you were unable to work in 2011 for the period that corresponds with your Compensation Period, you must provide the following documents to establish the reason why you were unable to work:

- (a) For claimants medically incapacitated either temporarily and expected to return to the workforce, or permanently and not expected to return to the workforce – documentation reflecting disability, such as hospital or medical records or records reflecting receipt of Social Security benefits or other disability benefits; or
- (b) For claimants who took leave under The Family Medical Leave Act – documentation of activities or condition requiring the leave such as hospital or medical records, and/or communication with the employer regarding the same; or
- (c) For involuntarily unemployed claimants - contemporaneous documentation evidencing a job search; and/or documentation that you filed for and received unemployment benefits, such as a Form 1099G. If you were terminated but did not receive unemployment benefits, documentation from employer confirming termination was not for cause including contact information for employer; or
- (d) For full-time students – documentation reflecting full-time matriculation like a matriculation certificate, tuition bill and evidence of payment, transcript, degree, certificate, or diploma, or letter from college or university registrar verifying your matriculation; or
- (e) For full-time volunteers, missionaries, or those who chose to leave the workforce to serve as a full-time parent or guardian – documentation of the reason not involved in work for monetary compensation.

4. Documentation Required For An Individual Economic Loss Claim

<input type="checkbox"/>	<p>(6) Income from Other Sources: If you have post-Spill income during 2010 from a source other than the employment reflected in the tax information or pay period documentation, provide the following documents showing the amount received and the source of the income:</p> <ul style="list-style-type: none">(a) W-2's, paycheck stubs, or other employer-provided payroll documentation; and/or(b) Bank records showing income deposits and supporting documents indicating the source of the deposits; and/or(c) Documents from BP/GCCF showing payment and BP/GCCF claim number, and other Spill-related income including Vessels of Opportunity payments; and/or(d) 1099's; and/or(e) Receipts from check cashing services; and/or(f) Other employer-provided documents showing required hours, hours worked, and compensation rate
<input type="checkbox"/>	<p>(7) Termination Documents: If you checked "Yes" to Question 12 on the Individual Economic Loss Claim Form and were terminated from your job between April 20, 2010, and December 31, 2010, you must provide documents demonstrating that you were not terminated for cause. You must provide one of the following:</p> <ul style="list-style-type: none">(a) Documents establishing that you filed for and received unemployment, for example, 1099G; or(b) A letter from the former employer confirming that the termination was not for cause; or(c) Employer Sworn Written Statement confirming that the termination was not for cause. To obtain a copy of the Employer Sworn Written Statement (non-Category IV) (SWS-12), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262; or(d) Other Documentation that establishes that you were not terminated for cause
<input type="checkbox"/>	<p>(8) Offsetting Earnings: For all jobs you worked (both Claiming Job(s) and Non-Claiming Job(s)) during the Compensation Period you selected and the period of time during 2011 of the same length of dates, you must provide the following documentation establishing the number of hours you worked. Examples of this documentation would be pay stubs or other employer records documenting number of hours worked:</p> <ul style="list-style-type: none">(a) For all hourly jobs, provide documentation establishing the number of hours you worked;(b) For all non-hourly jobs, provide an Employer Sworn Written Statement and any other documentation establishing the number of hours worked for each non-hourly job, including documentation of all over-time worked. To obtain a copy of the Employer Sworn Written Statement (non-Category IV) (SWS-12), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262; and/or(c) If you submitted Tax Information Documents including Schedules C and/or F, you may provide a Claimant Sworn Written Statement and all available supporting documentation establishing the number of hours worked in connection with each activity for which you submitted a Schedule C or F. If you provide this Sworn Written Statement, the Settlement Program will adjust the earnings after the Spill if we determine you worked more hours in the Compensation Period as compared to the Benchmark Period. You do not have to submit this Sworn Written Statement unless you want the Program to make this adjustment (by agreement of parties. Pol-275). For a more complete description of Actual Earnings and Offsetting Earnings, see the definition section of this Booklet. To obtain a copy of the Schedule C or F Activity Claimant Sworn Written Statement, go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.

4. Documentation Required For An Individual Economic Loss Claim

D. Career Changers or Claimants Without Twelve Months of Earnings History

Claimants who filled out Section D.4 on their Claim Form are "Career Changers," or "Claimants Without Twelve Months of Earnings History." You must provide all of the documentation in this section for evaluation of your claim, to the extent that the information exists.

(1) Tax Documents: If available, provide one or more of the following tax documents from BOTH 2010 and 2011, and if a **Career Changer** for 2009.

- (a) Form 1040 pages 1 and 2, all pages of Schedules C, E, and F, and any supporting statements attached to the Form 1040 filing (including W-2's for joint returns); or
- (b) State tax returns; or
- (c) Forms W-2 documenting earnings; or
- (d) Forms 1099 documenting earnings

If you do not have Tax Documents for any one or more of the above periods and have made a diligent effort to retrieve them but cannot, you must provide a Sworn Written Statement attesting that no tax returns are available for the year(s) you indicate. For example, if you are a Career Changer and have located tax returns for 2010, but 2009 tax returns are unavailable, you must submit the Sworn Statement for 2009. If both 2009 and 2010 tax returns are not available, you must submit the Sworn Statement for both 2009 and 2010. To obtain a copy of the Missing Tax and Pay Period Documentation Sworn Written Statement (SWS-9), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.

(2) Pay Period Earnings: To the extent available, or if Tax Information Documents are not available, provide one or more of the following Pay Period Earnings Documentation for ALL jobs worked. You must provide this documentation for (1) your Compensation Period, or the period you wish for the Claims Administrator to consider for your Compensation Period; and (2) for your Benchmark Period, or the period of time that you would like the Claims Administrator to consider for your Benchmark Period in your Base Year(s).

For example, if you selected May 1, 2010-August 1, 2010 as your Compensation Period, provide Pay Period Earnings Documentation for that period of time and from May 1-August 1 for the Base Year you selected. If available, provide Pay Period Earnings Documentation for ALL jobs worked during January through April of 2010:

- (a) Paycheck stubs; and/or
- (b) Other employer records documenting actual amounts paid; and/or
- (c) Bank records showing income deposits and supporting documentation indicating the source of the deposits; and/or
- (d) Bank statement or other contemporaneous documents verifying absence of income all or part of Benchmark Period; and/or
- (e) Receipts or records from check cashing and payday loan services; and/or
- (f) Contracts for employment accompanied by documentation establishing wages or other amounts to be paid under the contract were actually paid; and/or
- (g) Pay Period Earnings details submitted under oath and included in court filings

If you cannot provide documentation of your Pay Period Earnings for any one of the above periods, you must submit a Sworn Written Statement attesting that no Pay Period Earnings Documentation is available for 2010 and/or any Benchmark Period in the year(s) you indicate. For example, if you are a Career Changer and selected a Compensation Period of May 1, 2010 to August 1, 2010, and cannot provide Pay Period Earnings Documents from May 1, 2009 to August 1, 2009, you must submit the Sworn Written Statement listing the dates that your Pay Period Earnings Documentation are unavailable in 2009. To obtain a copy of the Missing Tax and Pay Period Documentation Sworn Written Statement (SWS-9), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.

4. Documentation Required For An Individual Economic Loss Claim

(3) Unable to Work in 2011: If you were unable to work in 2011 for the period that corresponds with your Compensation Period, you must provide the following documents to establish the reason why you were unable to work:

- (a) For claimants medically incapacitated either temporarily and expected to return to the workforce, or permanently and not expected to return to the workforce – documentation reflecting disability, such as hospital or medical records or records reflecting receipt of Social Security benefits or other disability benefits; or
- (b) For claimants who took leave under The Family Medical Leave Act – documentation of activities or condition requiring the leave such as hospital or medical records, and/or communication with the employer regarding the same; or
- (c) For involuntarily unemployed claimants – contemporaneous documentation evidencing a job search; and/or documentation that you filed for and received unemployment benefits, such as a Form 1099G. If you were terminated but did not receive unemployment benefits, documentation from employer confirming termination was not for cause including contact information for employer; or
- (d) For full-time students – documentation reflecting full-time matriculation like a matriculation certificate, tuition bill and evidence of payment, transcript, degree, certificate, or diploma, or letter from college or university registrar verifying your matriculation; or
- (e) For full-time volunteers, missionaries, or those who chose to leave the workforce to serve as a full-time parent or guardian – documentation of the reason not involved in work for monetary compensation

If you cannot provide one of the documents above establishing the reason why you were unable to work in 2011, you are considered a Category IV Claimant and must submit the documents required in Section E.

(4) Income from Other Sources: If you have post-Spill income during your Compensation Period from a source other than your Claiming Job, provide the following documents showing the amount received and the source of the income:

- (a) W-2's, paycheck stubs, or other employer-provided payroll documentation; and/or
- (b) Bank records showing income deposits and supporting documents indicating the source of the deposits; and/or
- (c) Documents from BP/GCCF showing payment and BP/GCCF claim number, and other Spill-related income including Vessels of Opportunity payments; and/or
- (d) 1099's; and/or
- (e) Receipts from check cashing services; and/or
- (f) Other employer-provided documents showing required hours, hours worked, and compensation rate

(5) Proof of Causation. If you did not work for one of the following types of employers during the Compensation Period, you must submit an Employer Sworn Written Statement. To obtain a copy of the Employer Sworn Written Statement (non-Category IV) (SWS-12), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262:

- (a) An employer that filed a claim in the Deepwater Horizon Settlement Program and established Causation, or received a compensation offer from the GCCF and that is not subject to review for Moratoria Losses; or
- (b) An employer located in Economic Loss Zone A and that is not subject to review for Moratoria Losses; or
- (c) An employer that satisfies the definition of Primary Seafood Industry, or an employer who exclusively serviced an entity that satisfies the definition of Primary Seafood Industry; or
- (d) An employer that satisfies the definition of Secondary Seafood Industry and is located in Economic Loss Zones B or C; or
- (e) An employer located in Zone B that meets the definition of Tourism; or
- (f) An employer that satisfies the definition of Charter Fishing and the business is located in Economic Loss Zones A, B, or C

If you are unsure in which Economic Loss Zone your employer is located, or if they meet any of the definitions, you can go online to , or call toll free at 1-800-353-1262.

4. Documentation Required For An Individual Economic Loss Claim

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| <input type="checkbox"/> | <p>(6) Termination Documents: If you checked "Yes" to Question 12 on the Individual Economic Loss Claim Form and were terminated from your job between April 20, 2010, and December 31, 2010, you must provide documents demonstrating that you were not terminated for cause. You must provide one of the following:</p> <ul style="list-style-type: none">(a) Documents establishing that you filed for and received unemployment, for example, 1099G; or(b) A letter from the former employer confirming that the termination was not for cause; or(c) Employer Sworn Written Statement confirming that the termination was not for cause. To obtain a copy of the Employer Sworn Written Statement (non-Category IV) (SWS-12), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262; or(d) Other documentation that establishes that you were not terminated for cause |
| <input type="checkbox"/> | <p>(7) Offsetting Earnings: For all jobs you worked (both Claiming Job(s) and Non-Claiming Job(s)) during the Compensation Period you selected and the period of time during your Base Year of the same length of dates, you must provide the following documentation establishing the number of hours you worked. Examples of this documentation would be pay stubs or other employer records documenting number of hours worked.</p> <ul style="list-style-type: none">(a) For all hourly jobs, provide documentation establishing the number of hours you worked;(b) For all non-hourly jobs, provide an Employer Sworn Written Statement and any other documentation establishing the number of hours worked for each non-hourly job, including documentation of all over-time worked. To obtain a copy of the Employer Sworn Written Statement (non-Category IV) (SWS-12), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262; and/or(c) If you submitted Tax Information Documents including Schedules C and/or F, you may provide a Claimant Sworn Written Statement and all available supporting documentation establishing the number of hours worked in connection with each activity for which you submitted a Schedule C or F. If you provide this Sworn Written Statement, the Settlement Program will adjust the earnings after the Spill if we determine you worked more hours in the Compensation Period as compared to the Benchmark Period. You do not have to submit this Sworn Written Statement unless you want the Program to make this adjustment. For a more complete description of Actual Earnings and Offsetting Earnings, see the definition section of this Booklet. To obtain a copy of the Schedule C or F Activity Claimant Sworn Written Statement, go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262. |

E. Category IV Claimants

If you were able to answer the Claim Form, but do not have either tax or pay period earnings documentation for the Base Year(s) and the Compensation Period to submit with your claim, you must submit the following documents. This section does not apply to New Entrants to Employment.

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| <input type="checkbox"/> | <p>(1) Claimant Sworn Written Statement: You must provide a Claimant Sworn Written Statement in support of your claim. To obtain a copy of the Category IV Claimant Sworn Written Statement (SWS-7), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.</p> |
| <input type="checkbox"/> | <p>(2) Employer Sworn Written Statement: You must provide an Employer Written Statement from at least one of your employers during April 21, 2009, to December 31, 2009 <i>and</i> April 21, 2010, to December 31, 2010, (or during April 21, 2009, to April 20, 2010, <i>and</i> April 21, 2010, to April 20, 2011, if your employer was in the Primary Seafood Industry). To obtain a copy of the Category IV Employer Sworn Written Statement (SWS-8), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.</p> |

4. Documentation Required For An Individual Economic Loss Claim

F. Employment-Related Benefit Losses

If you filled out Section F.2 on your Claim Form, you must provide the documents in this Section, in addition to the documents provided under Sections C through E above. If you are not seeking to recover loss of Health Insurance Coverage and/or Retirement Benefit Losses, you do not need to submit the documents described in this Section.

Individual Economic Loss claimants who qualify for compensation under Appendix 8A, Category I, II, and III of the Settlement Agreement may qualify to recover Employment-Related Benefit Losses. Employment-Related Benefit Losses include Health Insurance Plan Coverage Losses and/or Retirement Benefit Losses. If you are seeking to recover for Loss of Employment-Related Benefits for Health Insurance Coverage Losses and/or Retirement Benefit Losses, you must submit the additional document requirements set forth in this Section.

(1) Health Care Benefits-Not a New Entrant. If you are seeking losses from Health Insurance Coverage and are not a New Entrant to employment (did **not** complete Section D.3 on the Claim Form), you must provide the all of the following information for each type of health plan from which you are seeking losses (*i.e.*, medical, prescription drug, dental, and/or vision). Each of these types of plans will be evaluated separately. You must submit the documentation for each type of health insurance plan for which you are seeking losses. Acceptable documents could include an April 2010 pay stub evidencing premium deductions, insurance cards, and other relevant employer provided documentation. The documentation you provide must include all of the following information:

- (a) Documentation showing that you participated in one or more pre-Spill Insurance Plan Coverage(s) provided by a pre-Spill employer as of April 20, 2010;
- (b) Documentation of whether you were enrolled as an Individual or Family for the plan(s);
- (c) Documentation showing periodic (annual, monthly, etc.) premium costs to you, if any, in effect at the time of the Spill;
- (d) Documentation establishing the termination and effective termination date(s) of the Plan Coverages as a result of either (1) post-Spill termination of employment; or (2) post-Spill change in employment status that lead to a termination in coverage;
- (e) If you choose, you may also submit a Sworn Written Statement from an authorized representative of the pre-Spill employer stating the amount of periodic premiums that would have been paid for the Insurance Plan Coverage absent the Spill. To obtain a copy of the Benefits Employer Sworn Written Statement (SWS-39), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.

4. Documentation Required For An Individual Economic Loss Claim

(2) Health Care Benefits-New Entrant. If you are a New Entrant (completed Section D.3 on the Claim Form) and are seeking Health Care Coverage Losses from an employer from which you had and accepted an offer of employment on April 20, 2010, you must provide all of the following information for EACH TYPE of health plan from which you are seeking losses. Acceptable documents could include your offer letter, insurance plan information from your employer, and/or a Sworn Written Statement from an authorized representative of the employer with relevant information regarding the coverage(s). The documentation you provide must include all of the following information:

- (a) Documents demonstrating that the offer of employment included pre-Spill Insurance Plan Coverage;
- (b) Evidence that as of April 20, 2010, the New Entrant planned to participate in one or more of those pre-Spill Insurance Plan Coverages commencing between May 1, 2010 and December 31, 2010, including:
 - (1) Specific identification of all relevant pre-Spill Insurance Plan Coverages;
 - (2) Whether you planned to enroll as an individual or family;
 - (3) The date on which the coverage would have begun; and
 - (4) The amount of periodic (annual, monthly, etc.) premium costs for which you would have been responsible, if any, for each pre-Spill Insurance Plan Coverage;
- (c) If your offer was amended, rather than withdrawn, you must demonstrate that the inability to participate in the Insurance Plan was due to the Spill, including the specific basis.
- (d) If your offer was withdrawn or amended resulting in ineligibility in the pre-Spill Plan Coverage, and you were not able to find Replacement Health Insurance Coverage (other than in connection with COBRA, or another insurance plan under which you were eligible, *e.g.*, through a spouse, domestic partnership, parent), or a New Employer Insurance Plan prior to December 31, 2011, you must provide an Employer Sworn Written Statement from an authorized representative indicating the amount of periodic premiums that would have been paid for the pre-Spill Insurance Plan Coverage by the Employer. To obtain a copy of the Benefits Employer Sworn Written Statement (SWS-39), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.

(3) Health Care Benefits-COBRA. If, after termination of any pre-Spill Plan Coverage, you obtained health insurance coverage through COBRA, you must provide:

- (a) Documents showing COBRA coverage, including first and last effective dates of coverage;
- (b) Documents showing each COBRA premium and the date(s) to which each premium relates, through the earlier of (a) the termination of COBRA, or (b) December 31, 2011;
- (c) Documents showing each payment of a COBRA premium through the earlier of (a) the termination of COBRA, or (b) December 31, 2011 for each policy of COBRA for which you seek reimbursements;
- (d) If you were offered, but did not accept COBRA, provide contemporaneous documents showing the terms of any offer of COBRA coverage, including the premium;
- (e) If you were not eligible for COBRA because the pre-Spill employer no longer provided insurance to its employees, or because it was not required by law, you must certify in writing by checking the box on the Claim Form that no COBRA coverage was offered.

(4) Health Care Benefits-Replacement Health Insurance Coverage. If after termination of coverage you obtained and paid for any replacement insurance other than COBRA, New Employer coverage, or another insurance plan under which you were eligible (*e.g.*, through a spouse, domestic partnership, parent), you must submit documentation to provide evidence of all of the following:

- (a) Documents showing the first and also effective dates of coverage, not beyond December 31, 2011;
- (b) Documents showing each premium amount and the date(s) to which each premium relates through the earlier of (a) the termination of the Replacement Health Coverage, or (b) December 31, 2011;
- (c) Documents showing each payment of a Replacement Health premium through the earlier of (a) the termination of Replacement Health Coverage, or (b) December 31, 2011 for each policy of Replacement Health Coverage for which you seek reimbursements
- (d) If you were offered, but did not accept Replacement Health Coverage, provide contemporaneous documents showing the terms of any offer of Replacement Health Coverage, including the premium.

(5) Health Care Benefits-New Employer Coverage or Eligible Coverage. If you obtained health insurance coverage from a new or former employer, or by another plan for which you were eligible (*e.g.*, through a spouse, domestic partnership, parent) after termination of pre-Spill benefits, but prior to December 31, 2011, you must provide documents setting forth the type and effective date of any post-Spill Insurance Plan Coverage.

4. Documentation Required For An Individual Economic Loss Claim

(6) **Retirement Benefit Losses.** The required documentation for retirement benefit losses varies depending on if you were enrolled in the plan(s) as of April 20, 2010. You must submit the documentation for each type of retirement benefit for which you are seeking losses. The documentation must include all of the following information:

- (a) Documentation that you were enrolled, eligible for and receiving vested pre-Spill Retirement Benefits from a pre-Spill Benefit Providing Employer as of April 20, 2010, (*e.g.*, a paystub showing matching contributions, investment statements, or other third-party documents showing employer contributions and the vesting schedule);
- (b) Documents establishing that the pre-Spill benefits were terminated after April 20, 2010, as a result of either (1) the post-Spill termination of employment; or (2) a post-Spill change in your employment status with the employer;
- (c) Documentation establishing the amount of vested pre-Spill Benefits contributed on behalf of you by the employer between May 1, 2009 and the termination of the pre-Spill Benefits. If you worked less than twelve months, provide this information from the start date of employment through the date the Benefits ceased;
- (d) If your Benefits were terminated, you must provide evidence of the termination of the pre-Spill Benefits including the date of termination;
- (e) If you experienced a post-Spill reduction in Benefits, you must provide:
 - (1) Documents showing any Benefits provided by the pre-Spill employer after the Spill;
 - (2) If applicable, documents showing a change in the terms by which the pre-Spill employer provide the pre-Spill Benefits, or a change in vesting schedule unrelated to the Spill;
 - (3) Unless you provide contemporaneous notification from, or a Sworn Employer Statement provided by the authorized representative of the employer stating otherwise, it will be assumed that the plan change was unrelated to the Spill. To obtain a copy of the Benefits Employer Sworn Written Statement (SWS-39), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.

(7) **Retirement Benefit Losses-New Entrants:** If you are a New Entrant (completed Section D.3 on the Claim Form) who expected to receive Retirement Benefits absent the Spill, you must provide documentation establishing all of the following information. Acceptable documentation may include a copy of a relevant employment offer letter, retirement plan information from the employer and/or a Sworn Written Statement from an authorized representative of the employer with relevant information such as contributions and the claimant's eligibility:

- (a) Offer letter documenting pre-Spill Retirement Benefits as of April 20, 2010, that included retirement benefits as part of a benefits package commencing within the period of May 1, 2010 to December 31, 2011;
- (b) Documentation showing as of April 20, 2010, you planned to participate in the Benefits;
- (c) Documentation showing the amount of Benefits for which you would have been eligible, the vesting schedule, and if the amount or vesting was contingent upon your contributions, your planned contributions;
- (d) If your offer was amended, rather than withdrawn, documentation showing your and your employer's actual post-Spill contributions to the Benefit Plan.
- (e) If you obtained Retirement Benefits from a new employer after the termination of the pre-Spill Benefits, but prior to December 31, 2011, you must provide the documents setting forth the effective date of any New Employer Retirement Benefits.

To obtain a copy of the Benefits Employer Sworn Written Statement (SWS-39), go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262.

G. One Time, Non-Recurring Event Compensation

If you are seeking compensation from a One Time, Non-Recurring Event (the Event), and checked "Yes" to Question 13 on the Claim Form, you must submit the documentation below in addition to the documentation you are providing under one or more of the sections above.

A **One Time, Non-Recurring Event** is defined as an event or sale that (1) would have occurred in the Claiming Job between April 21, 2010, and December 31, 2010, and (2) has not been included in the income from the Claiming Job in 2007, 2008, or 2009, and (3) was canceled due to or resulting from the Spill.

(1) **Contract:** Provide a copy of the contract for the Event scheduled to occur during the period April 21, 2010, and December 31, 2010, and canceled subsequent to April 21, 2010. The contract must include the (a) date, (b) time, and (c) details of the event.

4. Documentation Required For An Individual Economic Loss Claim

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| <input type="checkbox"/> | (2) Lost Earnings: Provide documentation to establish the lost earnings, income or profit, owed to you with respect to the Event. This can be submitted in the form of a Sworn Written Statement by the party responsible for canceling the contract for the Event. To obtain a copy of the One Time Loss Sworn Written Statement (SWS-11), go to www.deepwaterhorizonsettlements.com , or call toll free at 1-800-353-1262. |
| <input type="checkbox"/> | (3) Number of Sales Per Year: Provide the following information below that is applicable to you:
(a) If you have more than 10 sales per year in your chosen Base Year, then you must provide documentation establishing that lost earnings, income or profit is equal to or greater than 10% of your earnings in the Base Year from the Claiming Job; or
(b) If you have 10 or fewer sales per year in the Base Year, then you must provide documentation establishing that lost earnings, income or profit is greater than two times your average commission on all transactions in the Base Year from the Claiming Job. |
| <input type="checkbox"/> | (4) Proof of Causation: Provide documentation sufficient to establish that the cancellation of the Event was due to or resulted from the Spill, and the cancellation was a loss to you. This documentation can include a Sworn Written Statement by the party responsible for canceling the contract for the Event. To obtain a copy of the One Time Loss Sworn Written Statement (SWS-11), go to www.deepwaterhorizonsettlements.com , or call toll free at 1-800-353-1262. |
| <input type="checkbox"/> | (5) Duplication: Provide documentation establishing that the lost earnings, income or profit are not duplicative of the amounts set forth under the document requirements in Sections C through E above. |
| <input type="checkbox"/> | (6) Commission Statements: Provide itemized commission statements for 2007, 2008, and 2009, if applicable. |

H. Reimbursement for Claimant Accounting Support Services

If you are seeking reimbursement for Claimant Accounting Support Services, you must submit the documents below in addition to the documentation you are providing under one or more of the sections above.

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| <input type="checkbox"/> | (1) Claimant Accounting Support Sworn Written Statement: To obtain a copy of the Claimant Accounting Support Sworn Written Statement (SWS-38), go to www.deepwaterhorizonsettlements.com , or call toll free at 1-800-353-1262. |
| <input type="checkbox"/> | (2) Accountant Time Sheet: Time sheet prepared by your accountant itemizing the following to establish the reasonableness of the Claimant Accounting Support Services fees:
(a) Date;
(b) Person performing the work; and
(c) Billing rate of the person performing the work. |