

DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT INDIVIDUAL ECONOMIC LOSS CLAIM FORM (BLUE FORM)



After you complete and sign your Claim Form, submit it to the Claims Administrator as directed in the Instructions Booklet that accompanies this Claim Form. If you submit your Claim Form by mail or delivery, do not separate this cover page from the Claim Form. If you have to take this Claim Form apart to photocopy or fax it, make sure you include this cover page as the first page when you submit it.

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:

- (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.

Refer to the **Instructions for Completing the Individual Economic Loss Claim Form (Blue Form)** for definitions of these excluded businesses. You cannot file an Individual Economic Loss Claim for any type job you checked above. Even if you checked one or more of these boxes, you still may seek economic losses from jobs in other industries.

B. Information About Your Compensation Period

Select Your Compensation Period. This is the time period after the Spill that you choose to establish your post-Spill earnings. The Claims Administrator will use this period to determine your losses by comparing the Compensation Period to a Benchmark Period in a Base Year(s) that you will choose later in this Claim Form. Choose 90 or more consecutive days from April 21, 2010, through December 31, 2010, except that if your employer meets the definition of Primary Seafood Industry, you may pick 90 consecutive days between April 21, 2010, and April 30, 2011. Your Compensation Period must start and end with pay periods 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. Your Compensation Period must be at least 90 days long.

Start:	___/___/2010	End:	___/___/201_
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The Claims Administrator will review all the documents and information you submit to determine the Compensation Period that maximizes your recovery based on that information, even if that differs from the period you select above. 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, check here:

Claims Administrator Selected Compensation Period

C. Information About Your Claiming Job(s)

1. Provide the following information about your Claiming Job(s). A "Claiming Job" is the job held or secured by you as of April 20, 2010, for which you are seeking compensation for losses related to the Spill. You can have more than one Claiming Job. Your Claiming Job(s) must be a job that you held during your Compensation Period. If you are requesting that the Claims Administrator select your Compensation Period, provide the following information on the job(s) held or secured as of April 20, 2010.

A job offered to you to start work in the Gulf during April 21, 2010, to December 31, 2010, that you had accepted before April 20, 2010, can be a Claiming Job.

A job you held in the years before the Spill and that you always start after April 20, 2010 (a Seasonal Employee) can be a Claiming Job.

Enter your employer's address and information below. If you are seeking compensation for more than one Claiming Job, photocopy Sections C through D of this Claim Form as many times as necessary for each Claiming Job for which you seek payment for losses.

Employer Name	Period of Employment
Street	From ___/___/___ to: ___/___/___

<p>(3) The nature of the work (full-time, part-time, or seasonal) for this job is different from any of the jobs you had during the period from January 1, 2007, to April 20, 2010?</p> <p>If you checked "Yes," then you are a New Entrant to Employment. Answer Questions 7.B and 11 through 14 and then go to Section D.3 of this Claim Form. If you checked "No," then this Claiming Job does not qualify for review as an Individual Economic Loss Claim in the Settlement and you can stop filling out this Claim Form on that job.</p>	
<p>B. Describe how your employment offer was withdrawn or amended after April 20, 2010:</p>	
<p>8. Were you working in this Claiming Job, or a comparable job, before April 20, 2009?</p> <p>If you checked "Yes," answer Question 9. If you checked "No," then you are a Claimant Without Twelve Months of Earnings History. Answer Questions 11 through 14 and then go to Section D.4 of this Claim Form.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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> <p>If you checked "Yes," answer Question 10. If you checked "No," answer Questions 11 through 14 and then go to Section D.1 of this Claim Form.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<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> <p>If you checked "Yes," then you are a Career Changer. Answer Questions 11 through 14 and then go to Section D.4 of this Claim Form. If you checked "No," then answer Questions 11 through 14 and then go to Section D.1 of this Claim Form.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. This Question Intentionally Removed.</p>	
<p>12. A. Was your employment with the Claiming Job terminated after April 20, 2010?</p> <p>If you checked "Yes," answer Questions 12.B and 12.C. If you checked "No," go to Question 13.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B. Date Employment Was Terminated:</p>	<p>____/____/____ (Month/Day/Year)</p>

C. Reason(s) for Termination:	
<p>13. One Time, Non-Recurring Loss: 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 the Spill.</p> <p>A. Are you seeking losses associated with a One Time, Non-Recurring Event?</p> <p>If you checked "Yes," answer Question 13.B. If you checked "No," go to Question 14.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>B. Enter the amount you claim related to the cancellation of a One Time, Non-Recurring Event.</p>	<p>\$</p>
<p>14. A. Spill-Related Payments: Did you receive any Spill-Related Payments from BP, a Real Estate Fund, or the GCCF that were not in connection with this Claiming Job?</p> <p>If you checked "Yes," provide the amount and source of payments in 14.B.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>B. Source of Payment:</p>	<p>Amount:</p> <p>\$</p>

C. Is this an hourly wage job?

Yes No

Go to Section E to List Your Non-Claiming Job(s).

2. Base Year(s) Information for Seasonal Employees

A. Select Your Base Year(s). If you have earnings history the same or comparable to the Compensation Period, you must select the years used to measure your past earnings to project your Expected Earnings during the Compensation Period if the Spill had not occurred. The Claims Administrator will subtract your earnings in the Compensation Period from your Expected Earnings. Your Expected Earnings are your earnings in the Benchmark Period to which relevant Growth Factors are applied. The Benchmark Period is a period of 90 or more consecutive days during the Base Year(s) that correspond to the dates chosen in your Compensation Period during which you worked the same job or a comparable job as during the Compensation Period. If you wish the Claims Administrator to choose your Base Year(s), check the box below. Choose only one of the following time periods as your Base Year(s):

- 2009; or
- Average of 2008 and 2009; or
- Average of 2007, 2008, and 2009.

The Claims Administrator will review all the documents and information you submit to determine the Base Year(s) that maximize your recovery based on that information, even if that differs from Base Year(s) you select above. If you do not wish to pick your Base Year(s) at all and instead would like the Claims Administrator to select your Base Year(s), check here:

Claims Administrator Selected Base Year(s).

B. Employer Information in Your Benchmark Period. A Benchmark Period is a time during your Base Year of the same length and dates as your Compensation Period. Provide the following information about your Claiming Job(s), or comparable job(s), during the Benchmark Period. If the Claims Administrator is selecting your Base Year(s), provide information about your Claiming Job(s), or comparable job(s), during the period of time you would like the Claims Administrator to consider for your Base Year(s). If you were not employed in the same seasonal job(s) in your Benchmark Period as your Compensation Period, provide a description of the comparable position and employer's line of business:

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 will not need to provide the information again on your employer.

Employer Name		Period of Employment	
Street		From ____/____/____ to: ____/____/____ (Month/Day/Year) (Month/Day/Year)	
City	State	Zip Code	
Parish/County		Phone Number	
Employer Identification Number (EIN)			
_ _ _ _ - _ _ _ _ _ _ _ _ _ _ (from your W-2 or 1099 Form)			
Supervisor/Manager Name- Last Name		First Name	Middle Initial
Describe your Employer's Line of Business and Your Position:			

D. If you were not employed in 2011 for the same length and dates as the Compensation Period, you must submit documentation found in Section 4 of the **Instructions for Completing the Individual Economic Loss Claim Form (Blue Form)** establishing that you were not employed in 2011 during that period for one of the following reasons. Check the box that applies to you. In 2011, I was:

- Temporarily medically incapacitated but expected to return to the workforce shortly thereafter.
- Engaged in activities or a condition entitling me to leave under the Family Medical Leave Act, and did not receive compensation in 2011 for the same length and dates as the Compensation Period.
- Involuntarily unemployed.
- A full-time student.
- Medically incapacitated and not expected to return to the workforce.
- Engaged as a full-time volunteer or in missionary work.
- Serving as a full-time parent or legal guardian and not in the workforce.
- Other

Go to Section E to List Your Non-Claiming Job(s).

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

A. Base Year Information for Claimants Without Twelve Months of Earnings History or who are Career Changers. If you have earnings in 2011 that are the same or comparable to the Compensation Period, your Base Year will be 2011 and 2011 will be used to measure your earnings to project your Expected Earnings during the Compensation Period if the Spill had not occurred. The Claims Administrator will subtract your earnings in the Compensation Period from your Expected Earnings. Your Expected Earnings are your earnings in the 2011 Benchmark Period to which relevant Growth Factors are applied. The 2011 Benchmark Period is a period of 90 or more consecutive days during 2011 that correspond to the dates chosen in your Compensation Period during which you worked the same job or a comparable job as during the Compensation Period.

If you are a Career Changer who was not employed during the 2011 Benchmark Period for one of the reasons set forth in Question 4.D, you must submit earnings from 2009 during the Benchmark Period that corresponds to the dates chosen in your Compensation Period.

Select the Base Year that applies to you:

- 2011; or**
- 2009**

B. Employer Information for 2011 Benchmark Period (or 2009 Benchmark, if you are a Career Changer).

Provide the following information about your job(s) during the Benchmark Period. If you were not employed in the same job(s) in your 2011 Benchmark Period (or 2009 Benchmark Period) as your Compensation Period, provide a description of the comparable position and employer's line of business. If the Claims Administrator is selecting your Compensation Period, provide the following information about your Claiming Job(s), or comparable job(s), during 2011 (or 2009, if you are a Career Changer):

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 will not need to provide the information again on your employer.

Employer Name		Period of Employment	
Street		From ___/___/___ to: ___/___/___	
City	State	Zip Code	

Parish/County		Phone Number																									
Employer Identification Number (EIN)																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;">-</td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> </tr> </table> <i>(if you know this)</i>							-																				
			-																								
Supervisor/Manager Name- Last Name		First Name		Middle Initial																							
Describe your Employer's Line of Business and Your Position:																											
C. Is this an hourly wage job?		<input type="checkbox"/> Yes <input type="checkbox"/> No																									
<p>D. If you were not employed in 2011 for the same length and dates as the Compensation Period, you must submit documentation found in Section 4 of the Instructions for Completing the Individual Economic Loss Claim Form (Blue Form) establishing that you were not employed in 2011 during that period for one of the following reasons. Check the box that applies to you. In 2011, I was:</p> <p><input type="checkbox"/> Temporarily medically incapacitated but expected to return to the workforce shortly thereafter.</p> <p><input type="checkbox"/> Engaged in activities or a condition entitling me to leave under the Family Medical Leave Act, and did not receive compensation in 2011 for the same length and dates as the Compensation Period.</p> <p><input type="checkbox"/> Involuntarily unemployed.</p> <p><input type="checkbox"/> A full-time student.</p> <p><input type="checkbox"/> Medically incapacitated and not expected to return to the workforce.</p> <p><input type="checkbox"/> Engaged as a full-time volunteer or in missionary work.</p> <p><input type="checkbox"/> Serving as a full-time parent or legal guardian and not in the workforce.</p> <p><input type="checkbox"/> Other</p>																											
Go to Section E to List Your Non-Claiming Job(s).																											
E. Non-Claiming Jobs																											
<p>1. Provide the following information for any jobs worked during 2007 through the present, or from any year(s) within that time period that you would like the Claims Administrator to consider as your Base Year(s), from which you are NOT claiming losses under the Deepwater Horizon Property and Economic Settlement. These are your Non-Claiming Jobs. Photocopy this section and complete it for each employer and position you held during all the periods from 2007 through the present, or from any year(s) within that time period that you would like the Claims Administrator to consider as your Base Year(s).</p>																											
Employer Name		Period of Employment																									
Street		From ___/___/___ to: ___/___/___																									
City	State	Zip Code																									
Parish/County		Phone Number																									

(2) Enter the amount you claim as job search reimbursement expenses:

\$

2. Loss of Employment-Related Benefits Income

If you qualify for Individual Economic Losses, you may also qualify for Health Insurance Coverage Losses and/or Retirement Benefits Losses. To be eligible for these additional losses, you must either (1) have been covered by a health insurance and/or retirement plan provided by your employer as of April 20, 2010, or (2) have had and accepted an offer from an employer that included healthcare insurance coverage and/or retirement benefits commencing within the period May 1, 2010, through December 31, 2010.

A. Indicate the Health Insurance Coverage Losses You are Claiming. State the Claiming Job to which your losses relate:

If "Yes," Identify Relevant Claiming Job:

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| (1) Medical | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| (2) Prescription Drug | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| (3) Dental | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| (4) Vision | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

B. Indicate the Amount of Health Insurance Coverage Losses You Incurred:

- | | |
|-----------------------|----|
| (1) Medical | \$ |
| (2) Prescription Drug | \$ |
| (3) Dental | \$ |
| (4) Vision | \$ |

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:

- | | | |
|-----------------------|------------------------------|-----------------------------|
| (1) Medical | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Prescription Drug | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Dental | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Vision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you lost your Health Care Coverage, and were not offered COBRA from your employer, check the box below:

I certify that I was not offered COBRA coverage from my pre-Spill Benefit Providing Employer, or former employer, after April 20, 2010.

D. Indicate the Retirement Benefit Losses you are claiming. State the Claiming Job to which your losses relate on the line:

(1) Employer Pension Payments

Yes No

(2) Employer Contributions to Your 401(k) Account

Yes No

(3) Employer Contributions to Your 403(b) Account

Yes No

(4) Employer Contributions to Your Profit Sharing Plan

Yes No

(5) Employer Contributions to Other Type of Retirement Account

Yes No

E. If you checked "Yes" to D(5) "Other Type of Retirement Account," describe the type of account below:

F. Indicate the amount of Retirement Benefit Losses you incurred:

(1) Employer Pension Payments \$

(2) Employer Contributions to Your 401(k) Account \$

(3) Employer Contributions to Your 403(b) Account \$

(4) Employer Contributions to Your Profit Sharing Plan \$

(5) Employer Contributions to Other Type of Retirement Account \$

G. Documentation Required for an Individual Economic Loss Claim

In addition to this Claim Form, you must submit certain Supporting Documentation to prove your Individual Economic Loss Claim. The list of required documents, and instructions for how to submit them, are in Section 4 of the Individual Economic Loss Instructions Booklet. If you do not submit the required Supporting Documentation, the Claims Administrator will not be able to review your claim and you will not receive payment for your claim.

H. Payment

1. If You Have Your Own Attorney. Unless you check the box below, the Claims Administrator will make any payments jointly to you and to your attorney, which means that both you and your attorney will need to endorse the check before a bank will honor it.

Check here if you want the Claims Administrator to make payments in connection with this and any other claim you may file in the Deepwater Horizon Economic and Property Settlement *only to your attorney*. This means that the Claims Administrator will send your payment to your attorney, who will then pay you pursuant to the retainer agreement you have with him/her.

2. If You Do Not Have Your Own Attorney. If you have not retained an attorney to represent you in connection with your Spill-related claim, the Claims Administrator will make any payments to which you are entitled directly to you by check. Payment checks will be sent by First Class Mail to the address you provided in the Registration Form or to the address that the Claims Administrator confirms for you during the processing of your Claim. **You have an obligation to notify the Claims Administrator if your address changes.**

The Claims Administrator will report annually to federal and state taxing authorities, using a Form 1099 or state form equivalent, for certain payments made. The Claims Administrator will send you a copy of that form, but cannot give you any tax advice regarding any payment issued to you. You should consult with your own tax advisor to determine the tax impact of any payment you receive from the Claims Administrator.

3. Garnishments, Liens, and other Attachments. Legally authorized garnishments, liens, or similar forms of attachments relating to your claim will be honored and deducted from your payment.

4. W-9 Form Requirement. All Claimants must provide a W-9 Form. To obtain a copy of that form, go to www.deepwaterhorizonsettlements.com, or request one at a Claimant Assistance Center or by calling 1-866-992-6174.

5. Do you intend to seek reimbursement for Claimant Accounting Support Services in connection with your claim?

Yes No

If you check "Yes" for Question H.5, you must submit the documents listed in Section 4.H of the Individual Economic Loss Instructions Booklet.

I. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Claim Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Claim Form may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

By submitting this Claim Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim for compensation and any payment resulting from that claim.

Signature:				Date:	____/____/____ (Month/Day/Year)
Printed Name:	First	Middle	Last		

The claimant must sign this Claim Form personally. No one can sign on behalf of the claimant unless the claimant is deceased, a Minor, or Incompetent. If the claimant is deceased, a Minor, or Incompetent, an authorized Representative may sign.