

submitted to the CLAIMS ADMINISTRATOR; you may, however, direct the CLAIMS ADMINISTRATOR to records you have previously provided.

This form is an official court document sanctioned by the COURT that presides over the class actions arising from the *DEEPWATER HORIZON* INCIDENT. Submitting this document to the CLAIMS ADMINISTRATOR is equivalent to filing it with the COURT, and I declare under penalty of perjury that the information provided in this form is true and correct to the best of my knowledge, information, and belief.

Signature of MEDICAL BENEFITS SETTLEMENT CLASS MEMBER Date: ____ / ____ / ____

or

Signature of AUTHORIZED REPRESENTATIVE, if any Date: ____ / ____ / ____

You may complete this form online via the Medical Benefits Settlement Web Portal at www.deepwaterhorizonmedicalsettlement.com, but you must print it out in its entirety and submit the signed form, and any additional records or materials in support of your request, to:

Epiq Mass Tort
Attn: **DWH** Medical Benefits Class Action Settlement
P.O. Box 3420
Portland, OR 97208-3420

REQUEST FOR REVIEW FORM