

<b>DEEPWATER HORIZON MEDICAL BENEFITS CLASS ACTION SETTLEMENT COURT APPROVED PROCEDURE</b>			
Court Approved Procedure Number	1A	Effective Date	January 22, 2018
<b>Subject</b>	<b>Amended Procedure for Processing Claims on Behalf of Class Members who are Deceased, Minors, Lacking Capacity, or Incompetent</b>		

1. ***Defined Terms.*** All undefined terms used in this Procedure shall have the same meanings given to such terms in the Medical Benefits Class Action Settlement Agreement (as amended on May 2, 2012) ("Medical Settlement Agreement").

2. ***The Purpose of this Procedure.*** This Procedure defines the process by which the Claims Administrator will process and pay the claims of Class Members who are deceased, minors, lacking capacity, or incompetent.

3. ***Proof of Authority to Represent Class Members who are Deceased, Minors, Lacking Capacity or Incompetent.***

(a) Pursuant to Section II.G of the Medical Settlement Agreement, an Authorized Representative for a Class Member who is deceased, a minor, lacking capacity, or incompetent is the guardian, conservator, tutor, executor, personal representative, administrator, or other representative authorized under or by operation of applicable law to protect the rights and interests of that Class Member. The procedures governing the Proof of Claim Form provide that a purported Authorized Representative must submit documentary proof of the Authorized Representative's authority to act on behalf of the Class Member who is deceased, a minor, lacking capacity, or incompetent.

(b) In processing and paying the claims of those Class Members, the Claims Administrator is authorized to rely upon the documentary proof submitted and representations made in support of the Authorized Representative's authority. In particular, in lieu of any other documentation that may be required under state law to establish the Authorized Representative's authority, the Claims Administrator may accept and rely upon a certificate of authority (in such form as the Claims Administrator may determine from time to time) signed by the Authorized Representative which certifies that the Authorized Representative is authorized by applicable state law to sign the Proof of Claim Form, effectuate a release of claims on behalf of the Class Member and any others claiming by or through the Class Member, and receive payment of the Class Member's settlement award ("Authorized Representative Certificate of Authority").

4. ***Deadline for Submission of Proof of Authority to Represent Class Members who are Deceased, Minors, Lacking Capacity or Incompetent.*** Pursuant to Section XXI.C.4.k of the Medical Settlement Agreement, a valid Proof of Claim Form must (i) identify the name, address, telephone number, and email address of the Authorized Representative, (ii) identify the authority giving the Authorized Representative the right to act on behalf of the Medical Benefits Settlement Class Member, and (iii) include documentation sufficient to verify that the Authorized Representative is legally authorized to submit a claim on behalf of the Medical Benefits Settlement Class Member. Throughout the course of the settlement program, the Claims Administrator has observed that some Authorized Representatives do not provide this information and documentation even after multiple attempts to obtain it. The Claims Administrator cannot wait indefinitely for Authorized Representatives to submit the required information and documentation. To fulfill the Claims

Administrator's duty to timely pay all eligible claims while providing Class Members with notice and due process, the Claims Administrator will implement the following procedure to elicit the necessary information and documentation to establish the Authorized Representative's authority to act on behalf of a Class Member who is deceased, a minor, lacking capacity, or incompetent:

(a) The Claims Administrator shall provide the Authorized Representative with a Notice of Defect or Notice of Payment Deficiency that identifies the missing information and/or documentation, and shall provide the Authorized Representative with 120 days to respond and cure the defects.

(b) If the Authorized Representative fails to provide sufficient information and documentation within the 120-day cure period, the Claims Administrator shall issue a reminder notice and provide an additional 30 days for the Authorized Representative to respond and cure the defects.

(c) If the Authorized Representative fails to timely provide sufficient information and documentation in response to the notices above, the Claims Administrator shall issue a final notice and shall provide a final 30 days for the Authorized Representative to respond with the requested information and/or documentation. The final notice will inform the Authorized Representative that failure to respond and cure within 30 days shall result in denial of the claim.

(d) If the Authorized Representative does not provide the required information and documentation within 30 days of the final notice, the Claims Administrator shall take all appropriate actions necessary to retract the Determination Notice and deny the claim. Such action by the Claims Administrator shall be final and not subject to any appeal or review.

**5. Federal Court Approval.** If a claim on behalf of a Class Member who is deceased, a minor, lacking capacity, or incompetent is found payable and the Authorized Representative has provided the required information and documentation to establish the Authorized Representative's authority under this procedure, the Claims Administrator shall prepare a motion to file with the United States District Court for the Eastern District of Louisiana requesting that the court issue an order approving the settlement. The Claims Administrator and the Class Member's Authorized Representative shall file the motion jointly with the court. The motion shall ask the federal court to enter an order of approval stating that:

(a) The settlement of the claim for the payment amount is fair, reasonable, adequate, and in the case of a minor Class Member, is in the best interests of that Class Member.

(b) The Claims Administrator shall make the payment to the Class Member's Authorized Representative(s), free from any liability for making such payments under this Order. The Class Member's Authorized Representative(s) shall distribute the amount in accordance with applicable state law.

(c) The Release as set forth in the Medical Settlement Agreement and the release, indemnifications, and settlement conditions in Section X of the Proof of Claim Form signed by the Class Member's Authorized Representative(s) are fully binding on the Class Member, the Class Member's Authorized Representative(s), and all persons who may claim any damages by or through any relationship with the Class Member.

(d) Any future settlements and payments on claims on behalf of the Class Member made in accordance with the Medical Settlement Agreement are approved as fair,

reasonable and adequate, and in the case of minors, are approved as being in the minors' best interests. The Claims Administrator shall issue payment on such claims to the Class Member's Authorized Representative(s), and such Authorized Representative shall distribute such funds in accordance with applicable state law.

**6. *Manner and Distribution of Payment.*** After the Claims Administrator receives a copy of the federal order of approval, the Claims Administrator shall issue payment to the Authorized Representative(s). After such payment, the Claims Administrator shall have no further liability to the Authorized Representatives, the Class Members, or any other person relating to the claim giving rise to this payment or to any future payments made to the Authorized Representative under the Settlement Agreement.

**7. *Implementation of this Procedure.*** The Claims Administrator has the discretion to adopt and/or administer any steps necessary to implement this procedure. This procedure shall apply to all Authorized Representatives and to all notices and correspondence previously sent to the Authorized Representatives in accordance with this procedure.

**8. *Deadlines.*** Time is of the essence in this procedure. The time limits set forth in this procedure are and will be strictly enforced; *provided, however*, that the Claims Administrator may grant extensions of time in its sole and absolute discretion.

**9. *Amendments to this Procedure.*** Any amendments to this procedure shall be subject to Court approval.

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF LOUISIANA**

<b>In Re: Oil Spill by the Oil Rig "Deepwater Horizon" in the Gulf of Mexico, on April 20, 2010</b>	*	<b>MDL NO. 2179</b>
	*	
	*	<b>SECTION: J</b>
	*	
<b>This filing relates to: <i>All Cases</i> (including Civil Action No. 12-970)</b>	*	<b>JUDGE CARL J. BARBIER</b>
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**JOINT MOTION FOR APPROVAL OF SETTLEMENT OF CLAIM UNDER THE  
MEDICAL BENEFITS CLASS  
ACTION SETTLEMENT AGREEMENT**

The Authorized Representative(s) of [Name of Class Member], a Class Member who is [deceased, a minor, lacking capacity, or incompetent], and the Claims Administrator of the Deepwater Horizon Medical Benefits Class Action Settlement respectfully move this Court to (1) approve the settlement of the claim filed on behalf of [Name of Class Member] for [dollar amount of claim] as fair, reasonable and adequate, [and in the best interests of the minor] and (2) approve all future settlements on behalf of this Class Member in compliance with the Medical Benefits Class Action Settlement Agreement as fair, reasonable and adequate [and in the best interests of the minor].

A proposed Order accompanies this Motion.

[Date]

Respectfully submitted,

/s/ \_\_\_\_\_

/s/ \_\_\_\_\_

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF LOUISIANA**

<b>In Re: Oil Spill by the Oil Rig "Deepwater</b>	*	<b>MDL NO. 2179</b>
<b>Horizon" in the Gulf of Mexico, on</b>	*	
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<b>This filing relates to: <i>All Cases</i></b>	*	<b>JUDGE CARL J. BARBIER</b>
<b>(including Civil Action No. 12-970)</b>	*	
	*	

**ORDER APPROVING SETTLEMENT OF  
MEDICAL BENEFITS CLASS ACTION SETTLEMENT CLAIM**

Now before the Court is the Joint Motion for Approval of Settlement of Claim Under the Medical Benefits Class Action Settlement Agreement by the Authorized Representative(s) of [Class Member's Name], a Class Member who is [deceased, a minor, lacking capacity, or incompetent] and the Claims Administrator of the Deepwater Horizon Medical Benefits Class Action Settlement ("Claims Administrator").

The Court makes the following findings:

1. The Class Member's claim was submitted to the Claims Administrator by [Name of Authorized Representative(s)], who has certified that [he],[she] [they] is [are] fully authorized to bring the claim and to resolve it and execute a Release on behalf of the Class Member and all other persons who may claim any damages by or through any relationship with the Class Member ("Derivative Claimants").
2. The Claims Administrator has reviewed the claim in accordance with the Deepwater Horizon Medical Benefits Class Action Settlement Agreement ("Medical Settlement Agreement") and has calculated the payment amount of [\$] ("Payment Amount") as payable on such claim.
3. The Class Member's Authorized Representative(s) has [have] accepted the payment amount as the full resolution of the Class Member's claim and has executed a Full and Final Release, Settlement and Covenant Not to Sue ("Release") on such claim.

Accordingly, the foregoing Motion is **GRANTED AND IT IS HEREBY ORDERED AND DECLARED THAT:**

1. The settlement of the Class Member's claim for the payment amount is approved as fair, reasonable and adequate [and in the best interests of the minor].
2. The Claims Administrator shall distribute the amount to the Class Member's Authorized Representative(s), free from any liability for making such distributions under this Order.
3. The Class Member's Authorized Representative shall distribute such funds in accordance with applicable state law.

4. The Release as set forth in the Medical Settlement Agreement and the release, indemnifications, and settlement conditions in Section X of the Proof of Claim Form signed by the Class Member's Authorized Representative(s) are fully binding on the Class Member, the Class Member's Authorized Representative(s) and all Derivative Claimants of the Class Member.

5. Any future settlements and payments on claims on behalf of the Class Member made in accordance with the Medical Settlement Agreement are approved as fair, reasonable and adequate [and in the best interests of the minor]. The Claims Administrator shall issue payment on such claims to the Class Member's Authorized Representative(s), and such Authorized Representative shall distribute such funds in accordance with applicable state law.

ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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