



SPECIFIED PHYSICAL CONDITION WITHDRAWAL FORM

Class Members may withdraw claims for designated Specified Physical Conditions. Use this Specified Physical Condition Withdrawal Form to withdraw your claim for any Specified Physical Condition for which you do not want the Claims Administrator to issue a determination.

Please note that the withdrawal of a Specified Physical Condition does not result in the withdrawal of any documentation previously submitted to the Claims Administrator. The Claims Administrator will review your entire Proof of Claim Form and all supporting documentation when determining whether you qualify for compensation for your remaining Specified Physical Condition(s).

WITHDRAWAL CERTIFICATION

Class Member: _____

Authorized Representative (if applicable): _____

SPC _____

I hereby **withdraw** the Class Member's claim for compensation for each Specified Physical Condition, associated symptom, and compensation level selected on the attached Specified Physical Condition chart. I request the Claims Administrator to determine whether the Class Member qualifies for compensation for a Specified Physical Condition and/or qualifies to participate in the Periodic Medical Consultation Program based on the Class Member's remaining claimed Specified Physical Condition(s).

Name of Medical Benefits Settlement
Class Member (*print*)

Signature

Date

OR

Name and title of Authorized
Representative, if applicable (*print*)

Signature

Date

OR

Name of Counsel (if retained) (*print*)

Signature

Date

Please return the signed **Specified Physical Condition Withdrawal Form** to the Claims Administrator at the following address:

DEEPWATER HORIZON MEDICAL BENEFITS
CLAIMS ADMINISTRATOR
P.O. Box 53407
New Orleans, LA 70153

SPC _____

SPECIFIED PHYSICAL CONDITION WITHDRAWAL FORM

Please select every Specified Physical Condition, associated symptom, and compensation level you wish to withdraw (select ***all*** that apply):

Withdrawn Specified Physical Condition/Associated Symptoms	Withdrawn Compensation Level(s) (check all that apply)				
	A1	A2	A3	A4	B1
ACUTE OCULAR					
Conditions:					
Conjunctivitis					
Corneal Ulcer					
Keratitis					
Associated Symptoms for the Above Conditions:					
Eye irritation					
Eye burn					
ACUTE UPPER AIRWAY/RESPIRATORY					
Conditions:					
Acute Rhinosinusitis					
Acute Tracheobronchitis					
Acute Bronchitis					
Associated Symptoms for the Above Conditions:					
Nasal congestion, nasal discharge or post-nasal drip					
Headache, facial pain/pressure or sinus pain					
Decreased sense of smell					
Cough					
Sputum production					
Wheezing					
Shortness of breath					
Conditions:					
Acute Exacerbation of Pre-Existing Asthma					
Acute Exacerbation of COPD					
Epistaxis (nose bleeding)					
ACUTE ENT					
Condition:					
Acute Pharyngitis (throat irritation)					
ACUTE DERMAL					
Conditions:					
Acute Contact Dermatitis (rash)					
Atopic Dermatitis (rash)					
Eczematous Reaction					
Folliculitis					
Irritant Contact Dermatitis					
Urticaria (hives)					
Associated Symptoms for the Above Conditions:					
Redness					
Inflammation or pain					
Blistering					

SPC _____

SPECIFIED PHYSICAL CONDITION WITHDRAWAL FORM

Please select every Specified Physical Condition, associated symptom, and compensation level you wish to withdraw (select ***all*** that apply):

Withdrawn Specified Physical Condition/Associated Symptoms	Withdrawn Compensation Level(s) (check all that apply)				
	A1	A2	A3	A4	B1
Crusting					
Swelling					
Itching					
Lesion					
Dryness or Flaking					
Peeling					
Scaly skin					
Welts					
Pimples					
Conditions:					
Acne Vulgaris					
Oil Acne					
ACUTE NEUROPHYSIOLOGICAL/NEUROLOGICAL/ODOR-RELATED					
Condition:					
Gastrointestinal Distress					
Associated Symptoms for the Above Condition:					
Nausea					
Diarrhea					
Vomiting					
Abdominal cramps					
Abdominal pain					
Conditions:					
Headache					
Dizziness					
Fainting					
Seizure					
CATEGORY 1 CLAIMS IN MEDICAL ENCOUNTERS DATABASE					
051- Chemical Burns					
0721- Sunstroke (heat stroke)					
0722- Loss of consciousness (fainting) due to heat					
0723- Heat fatigue (exhaustion)					
140- Respiratory diseases, unspecified					
141- Acute respiratory infections (including common cold, sinus symptoms)					
182- Dermatitis (rash)					
1431- Pneumonia					
1432- Influenza, influenza-like illness					
1440- Chronic Obstructive Pulmonary Disease and allied conditions, unspecified					
1443- Asthma					
4112- Convulsions, seizures					

SPECIFIED PHYSICAL CONDITION WITHDRAWAL FORM

Please select every Specified Physical Condition, associated symptom, and compensation level you wish to withdraw (select **all** that apply):

Withdrawn Specified Physical Condition/Associated Symptoms	Withdrawn Compensation Level(s) (check all that apply)				
	A1	A2	A3	A4	B1
4141- Headache					
4171- Nausea and vomiting					
4175- Abdominal pain					
CATEGORY 2 CLAIMS IN MEDICAL ENCOUNTERS DATABASE					
070- Effects of environmental conditions, unspecified					
125- Disorders of the eye, adnexa, vision					
150- Digestive system diseases and disorders, unspecified					
180- Disorders of the skin and subcutaneous tissue, unspecified					
181- Infections of the skin and subcutaneous tissue					
0950- Other poisonings and toxic effects, unspecified (carbon monoxide poisoning, smoke inhalation)					
1421- Allergic rhinitis					
1839- Other inflammatory conditions of skin, not elsewhere classified (sunburn)					
1895- Disorders of sweat glands, including heat rash					
9999- Non-classifiable					
CATEGORY 3 CLAIMS IN MEDICAL ENCOUNTERS DATABASE					
120- Nervous system and sense organs diseases, unspecified					
1232- Migraine					
4111- Loss of consciousness, not heat-related (fainting)					
4113- Malaise and fatigue					
4114- Dizziness					
4115- Non-specific allergic reaction					
419- Other symptoms, not elsewhere classified (swelling of limb)					
HEAT-RELATED CONDITIONS					
Sunstroke (heat stroke)					
Loss of consciousness (fainting) due to heat					
Heat Fatigue (exhaustion)					
Disorders of Sweat Glands (including heat rash)					
CHRONIC OCULAR					
Sequela From Direct Chemical Splash to Eye					
CHRONIC RESPIRATORY					
Chronic Rhinosinusitis					
Reactive Airways Dysfunction Syndrome (Irritant-Induced Asthma)					
CHRONIC DERMAL					
Chronic Contact Dermatitis at the site of contact					
Chronic Eczematous reaction at the site of contact					