

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA**

In re: Oil Spill by the Oil Rig	*	MDL NO. 2179
“Deepwater Horizon” in the Gulf of	*	
Mexico, on April 20, 2010	*	SECTION J
	*	
This document relates to:	*	JUDGE BARBIER
	*	
Civil Action No. 12-968	*	MAG. JUDGE SHUSHAN
	*	

ORDER

[Directing Medical Benefits Settlement Claims Administrator to Send Letters Regarding Requests to Revoke Exclusion (Opt-Out) Requests]

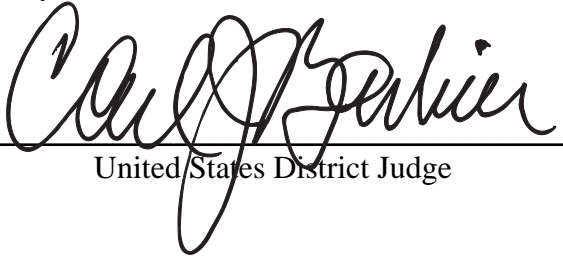
IT IS ORDERED that:

In its November 16, 2012 Order Extending Deadlines for Revocation of Exclusion (Opt-Out) Requests for the *Deepwater Horizon* Economic and Property Damages Settlement Agreement and the *Deepwater Horizon* Medical Benefits Class Action Settlement Agreement (Rec. Doc. 7928), this Court extended the deadline by which potential class members who had requested exclusion could elect to revoke such exclusion requests. For the Medical Benefits Class Action Settlement, the Court extended the revocation deadline to the latter of December 15, 2012 or the date of this Court’s final approval of the Medical Benefits Class Action Settlement, which occurred on January 11, 2013. That revocation deadline has now passed. The Medical Benefits Class Action Settlement Agreement provides, however, that revocation requests made after final approval of the Medical Benefits Class Action Settlement may be accepted with BP’s written consent, which consent shall not be unreasonably withheld.

In order to provide further notice of the opportunity to request revocation with BP’s consent, the Court hereby directs the Claims Administrator for the Medical Benefits Class Action

Settlement to send the letter and form attached as Exhibit A to potential class members who have timely and properly requested exclusion from the Medical Benefits Settlement Class. Such potential class members may complete, sign, and return the form included in Exhibit A to the Medical Benefits Settlement Claims Administrator to request BP's consent to revoke his or her opt out request.

New Orleans, Louisiana, this 16th day of January, 2013.


United States District Judge



First Name, Last Name

Street Address

City, ST Zip

MEDICAL BENEFITS CLASS ACTION SETTLEMENT

Date: mm/dd/yyyy

Re: Procedure for Requesting Revocation of Opt Out Request

Dear [FNAME][LNAME]:

The deadline to revoke requests for exclusion (“opt out requests”) from the Medical Benefits Settlement Class was January 11, 2013, the date the United States District Court for the Eastern District of Louisiana granted final approval to the Medical Benefits Class Action Settlement. The Medical Benefits Settlement Agreement, however, allows for revocations after this date with BP’s consent, which shall not be unreasonably withheld. Medical Settlement Agreement, § XI.G.

We received a request to exclude you from the Medical Settlement Class. *If you still wish to exclude yourself from the Medical Settlement Class, no action is required, and you may disregard this letter.*

If you would like to revoke your opt out request, you may request BP’s consent by completing the enclosed revocation request form and returning it to the following address:

Deepwater Horizon Medical Benefits Settlement Claims Administrator
935 Gravier Street, Suite 1400
New Orleans, LA 70112

Your revocation request must be personally signed by you, not your attorney. Your request will be forwarded to BP, and you will receive a response in writing as to whether BP agrees to accept your request.

If you choose to revoke your opt out request, this does not mean that you are automatically a member of the Medical Benefits Settlement Class or are otherwise eligible for benefits under the Settlement. These determinations are made under the terms of the Medical Benefits Settlement Agreement, which is available at www.deepwaterhorizonmedicalsettlement.com.

Pursuant to the terms of the Medical Settlement Agreement, no claims for compensation will be paid or Periodic Medical Consultation Program visits provided until after the Effective Date. The Effective Date will occur either when no appeals of the Court’s final approval of the Medical Benefits Class Action Settlement have been timely filed or when any such appeals have been resolved. In the meantime, the Claims Administrator is continuing to process all Proof of Claim Forms and to respond to requests for information.

If you are represented by an attorney, you should consult your attorney about the decision to remain excluded from the Medical Benefits Settlement Class or to submit an opt out revocation request. If you are not represented, and have questions about this letter, you may call the Claims



Administrator at 1-877-545-5111.

Sincerely,

**DEEPWATER HORIZON MEDICAL BENEFITS
CLAIMS ADMINISTRATOR**

cc: [COUNSEL FOR OPT OUT, IF ANY]



OPT OUT REVOCATION REQUEST

NAME OF POTENTIAL CLASS MEMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (Optional): _____

GCCF ID (Optional): _____

MEDICAL BENEFITS CLAIM NUMBER (Optional): _____

ATTORNEY (Optional): _____

I wish to revoke my request to opt out of the Medical Benefits Settlement Class. By revoking my opt out request, I hereby withdraw and waive any and all current and future objections that I may have to the Medical Benefits Class Action Settlement.

Printed Name of Potential Class Member
(or Authorized Representative)

Signature of Potential Class Member
(or Authorized Representative)

Date