

GCCF: Supporting Documentation Required For All Claims

Name: SSN or EIN: Claimant #:

GCCF 2000-F **GULF COAST CLAIMS FACILITY**
FULL REVIEW FINAL PAYMENT CLAIM FORM

This Full Review Final Payment Claim Form is to be completed for individuals or businesses who wish to receive a **Full Review Final Claim Payment** for damages suffered as a result of the Deepwater Horizon incident on April 20, 2010, and resulting oil discharges (the "Spill").

A claim result of Final P...
Covena...
Final C...
releasin...
Injury")...
connect...
Release...
accept t...
actions...
"Coast...
To learn...
www.gi...

SECTION IV. CLAIM INFORMATION FOR FULL REVIEW FINAL PAYMENT

Check which Claim Type(s) you want to submit. Enter the amount you are claiming for each Claim Type. If you have previously received a payment, do not include that amount in the amount you are requesting. **All Claimants must complete this Section. You must indicate each Claim Type that you want considered in your Final Payment Offer below; you will receive only one Final Payment Offer based on an evaluation of all Claim Types indicated below.**

You must provide documentation or evidence of the damage or injury for each Claim Type checked below. The Gulf Coast Claims Facility Document Requirements accompanies this Full Review Final Payment Claim Form and lists the REQUIRED supporting documentation you must submit to support each Claim Type. For each Claim Type you submit, you must provide documentation to support your Claim. You must complete this form and submit the completed form to the GCCF along with all supporting documentation. (You are not required to resubmit any documentation you previously submitted with an Emergency Advance Payment Claim or Interim Payment Claim.)

1. If y...
Not...
If d...
Ide...
thru...

- 1. If you get information about your claim online at www.gulfcoastclaimsfacility.com, by phone toll free at 1-800-916-4893, or in person at a GCCF Claims Site Office.
- 2. If you are an Individual Claimant, enter your Social Security Number in the box at the top of each page. If you are a Business Claimant, enter your Employer Identification Number in the box at the top of each page.
- 3. The Claimant must print the name of the Individual or Business Claimant and sign and date the Claim Form in Section VIII.
- 4. You may fill out and submit a Full Review Final Payment Claim Form and provide supporting documents to the GCCF online by visiting the GCCF's website at www.gulfcoastclaimsfacility.com, or by mail, email, overnight delivery, fax or in person. If you submit your Full Review Final Payment Claim Form online, you must submit all supporting documentation within five (5) days of your online filing. If you submit your Full Review Final Payment Claim Form by mail, email, overnight delivery, fax or in person, you must submit all supporting documentation with your Claim Form. Claim applications and supporting documentation that are submitted in person are not retained at the GCCF Claims Site Offices. These materials are sent to the GCCF processing center in Dublin, Ohio, or are scanned and sent to the processing center via the internet.