# APPEAL PANEL DECISION FORM

## I. CLAIMANT AND CLAIM INFORMATION

| **Claimant Name** | Last/Name of Business | | First | | Middle |
|---|---|---|---|---|---|
| | ███████ | | ████ | | |

| **Claimant ID** | ████████ | **Claim ID** | ██████ |
|---|---|---|---|

| **Claim Type** | Subsistence |
|---|---|

| **Law Firm** | ██████████████ |
|---|---|

## II. DECISION

Select the Compensation Amount set forth in either BP's Final Proposal or the Claimant's Final Proposal as the final outcome on the claim and check the appropriate box to signify your decision.

| ☒ **BP's Final Proposal** | **Compensation Amount** | $0 |
|---|---|---|
| | **Risk Transfer Premium** | 2.25 |
| | **Prior Payment Offset** | $0 |
| ☐ **Claimant's Final Proposal** | **Compensation Amount** | $440 |
| | **Risk Transfer Premium** | 2.25 |
| | **Prior Payment Offset** | $0 |

## III. PRIMARY BASIS FOR PANELIST DECISION

Please select the primary basis for your decision. You may also write a comment describing the basis for your decision.

☐ **Error in documentation review.**

☐ **Error in calculation.**

☐ **Error in RTP multiplier.**

☐ **Error in Prior Spill-Related Payment Amount.**

☒ **No error.**

**Comment** *(optional)*:

Decision comment uploaded.

**Claim ID No.** ████

Claimant ██████████ appeals from the Post-Reconsideration Eligibility Notice for an Award of $0 on this Subsistence Claim. On his Claim Form, Claimant alleged that he provided subsistence for six dependents. The Settlement Program deemed Claimant technically eligible for compensation, but was unable to verify the identity of any of Claimant's dependents. In order to receive subsistence compensation for a dependent, the identity of the dependent must be verified. Settlement Program policy (Policy 472, at 3) requires the submission and verification of Social Security Numbers (SSN) or Individual Taxpayer Identification Numbers (ITIN) for claimants and all claimed family members.

Claimant has not submitted any of this identifying information for any of his dependents. As a result, the Settlement Program issued an Eligibility Notice and a Post-Reconsideration Eligibility Notice for $0 each because the Settlement Program was unable to verify any of the dependents. On appeal, Claimant has still failed to provide the necessary identifying information for his dependents. However, in his Notice of Claimant Appeal, Claimant, for the first time, seeks to amend his claim to include himself and provides his Social Security number. Apparently abandoning the claims for his dependants, he makes a single Subsistence Claim for himself, and fashions his Final Proposal accordingly.

Claims Administrator's Policy 469 sets forth the Settlement Program's policy with respect to the opportunity to resubmit a claim by filing a new Claim Form, as attempted by Claimant in this instance. It clearly requires that any such resubmission take place before the Settlement program terminates.  This new Claim Form was submitted September 18, 2015, well past the claim deadline, which was June 8, 2015.

Claimant's opportunity to file a new Claim Form terminated with the Settlement Program's claim deadline.  Accordingly, the Award is hereby affirmed, and BP's Final Proposal, consistent therewith, is hereby selected.