

EXHIBIT 8C

Addendum Regarding Compensation Related to a Claimant's Loss of Employment-Related Benefits Income as a Result of the DWH Spill

I. Eligibility:

Only **Eligible Claimants** shall qualify for compensation pursuant to this Addendum. To be an **Eligible Claimant**, a claimant must satisfy all of the following **Eligibility Criteria**:

1. The claimant must qualify for compensation pursuant to Section I, Section II or Section III of the **Framework for Individual Economic Loss Claims**.
2. Unless the claimant is a **New Entrant to Employment**, the claimant must have been covered by a health insurance and/or retirement plan provided by the claimant's employer as of April 20, 2010 ("**Pre-Spill Benefit Providing Employer**").
3. If the claimant is a **New Entrant to Employment**, then as of April 20, 2010 the claimant must have had and accepted an offer from a **Pre-Spill Benefit Providing Employer** which included healthcare insurance coverage and/or retirement benefits commencing within the period May 1, 2010 through December 31, 2011.
4. The claimant must demonstrate "**Employment-Related Benefit Losses**". **Employment Related Benefits Losses** shall consist of (i) **Health Insurance Coverage Losses** and/or (b) **Retirement Benefit Losses** (both of which are defined below) due to:
 - a. The termination of the claimant's employment by the **Pre-Spill Benefit Providing Employer**; or
 - b. Other termination of claimant's benefits (e.g., a change in employee's eligibility); or
 - c. A reduction in claimant's compensation related to the DWH Spill; or
 - d. For **New Entrants to Employment**, that the healthcare insurance and/or retirement benefits became unavailable as a result of the offer being withdrawn or amended as a result of the DWH Spill.

"**Health Insurance Coverage Losses**" and "**Retirement Benefit Losses**" shall be defined as follows:

- a. **Health Insurance Coverage Losses**: The claimant's post-DWH Spill loss of income related to the loss of coverage under a health insurance plan from a **Pre-Spill Benefit Providing Employer** in which the claimant was enrolled as of April 20, 2010 (or which was part of the benefits package a **New Entrant to Employment** would have received from his or her **Pre-Spill Benefit Providing Employer**), including any medical, prescription drug, dental and/or vision insurance plan coverages ("**Pre-Spill Insurance Plan Coverages**");¹

AND/OR

¹ For purposes of this addendum, each individual health insurance policy coverage (i.e., medical, prescription drug, dental, and/or vision) will be evaluated separately.

- b. **Retirement Benefit Losses:** The claimant's post-DWH Spill loss of income related to the loss of or reduction in retirement or pension benefits provided by his or her **Pre-Spill Benefit Providing Employer**, including employer pension payments, and/or other employer contributions related to a claimant's 401(k) or 403(b) account, profit sharing plan or other type of retirement account ("**Pre-Spill Retirement Benefits**").

II. Supplemental Documentation

Each **Eligible Claimant** must provide the documentation set forth below (in addition to other documentation required to establish their individual economic loss claim).

A. Health Insurance Coverage Losses

An **Eligible Claimant** seeking compensation for **Health Insurance Coverage Losses** must provide the following documentation:

1. For all claimants other than **New Entrants to Employment**, documentation establishing that the **Eligible Claimant** participated in one or more **Pre-Spill Insurance Plan Coverage(s)** provided by the **Pre-Spill Benefit-Providing Employer** as of April 20, 2010, and certain relevant information regarding the **Pre-Spill Insurance Plan Coverage(s)**, including the following:
 - a. Documentation establishing whether the **Eligible Claimant** was enrolled in an individual or family plan coverage for each of the **Pre-Spill Insurance Plan Coverages**.
 - b. Documentation evidencing periodic (annual, monthly, etc.) premium costs to the claimant, if any, in effect at the time of the DWH Spill for each **Pre-Spill Insurance Plan Coverage**.
 - c. Documentation establishing the termination and effective termination date(s) of any of **Eligible Claimant's Pre-Spill Insurance Plan Coverages** as a result of either (i) the post-Spill termination of the **Eligible Claimant's** employment by the **Pre-Spill Benefit-Providing Employer**, or (ii) a post-Spill change in the **Eligible Claimant's** employment status with the **Pre-Spill Benefit-Providing Employer** leading to termination of the **Eligible Claimant's** coverage.
 - d. If available, and if the **Eligible Claimant** so chooses, a **Sworn Written Statement** from an authorized representative of the **Pre-Spill Benefit Providing Employer** indicating the amount of periodic premiums (pay period, monthly, annual, etc.) that would have been paid for the **Eligible Claimant's Pre-Spill Insurance Plan Coverage(s)** by the **Pre-Spill Benefit Providing Employer** absent the DWH Spill.

Documentation may include, for example, an April 2010 paystub evidencing premium deductions for qualifying **Pre-Spill Insurance Plan Coverages**, insurance cards, and other relevant employer provided documentation, etc.

2. For **New Entrants to Employment**, documentation establishing the following:

- a. That the **Eligible Claimant's** offer included **Pre-Spill Insurance Plan Coverage(s)**.
- b. That as of April 20, 2010, the **New Entrant to Employment** planned to participate in one or more of those **Pre-Spill Insurance Plan Coverage(s)**, including (i) specific identification of all relevant **Pre-Spill Insurance Plan Coverage(s)**, (ii) whether the **Eligible Claimant** intended to enroll as an individual or family, and (iii) the date on which the coverage would have begun, as relevant.
- c. The amount of periodic (annual, monthly, etc.) premium costs for which the claimant would have been responsible, if any, for each **Pre-Spill Insurance Plan Coverage**.
- d. If the **New Entrant to Employment's** offer was amended rather than withdrawn, that the inability to participate in the **Pre-Spill Insurance Plan Coverage(s)** was due to the DWH Spill, including the specific basis.
- e. The **New Entrant to Employment** shall provide a **Sworn Written Statement** from an authorized representative of the **Pre-Spill Benefit Providing Employer** indicating the amount of periodic premiums (pay period, monthly, annual, etc.) that would have been paid for the **Eligible Claimant's Pre-Spill Insurance Plan Coverage(s)** by the **Pre-Spill Benefit Providing Employer** absent the DWH Spill if the following apply:
 - i. If the **New Entrant to Employment's** offer was withdrawn, or if the **New Entrant to Employment's** offer was only amended, but he or she was no longer eligible for **Pre-Spill Insurance Plan Coverage**; and
 - ii. If the **New Entrant to Employment** did not obtain **Replacement Health Insurance Coverage** or a **New Employer Insurance Plan** (as defined herein) prior to December 31, 2011.

Documentation may include, for example, the **Eligible Claimant's** relevant offer letter, insurance plan information received from the **Pre-Spill Benefit-Providing Employer**, and/or a **Sworn Written Statement** from an authorized representative of the from the **Pre-Spill Benefit-Providing Employer** with relevant information regarding the **Pre-Spill Insurance Plan Coverage(s)**, such as premium information, the claimant's eligibility, etc., as applicable.

3. If, after the termination of any **Pre-Spill Insurance Plan Coverage**, the **Eligible Claimant** obtained health insurance coverage through COBRA, the **Eligible Claimant** shall provide all of the following:
 - a. Documents evidencing the period for which the **Eligible Claimant** was covered by COBRA, including the first and last effective dates of coverage.
 - b. Documents evidencing the COBRA premiums (and the period to which each premium relates) through the earlier of (i) the termination of COBRA, or (ii) December 31, 2011.
 - c. Documents evidencing the claimant's payment of any COBRA premiums for which the **Eligible Claimant** seeks reimbursement.
4. If, after the termination of any **Pre-Spill Insurance Plan Coverage**, the **Eligible Claimant** obtained and paid for replacement health insurance other than in connection with COBRA,

new employment or an alternative health care insurance plan for which the claimant was eligible (as discussed below)(“**Replacement Health Insurance Coverage**”), the **Eligible Claimant** shall provide all of the following:

- a. Documents evidencing the period for which the **Eligible Claimant** procured any **Replacement Health Insurance Coverage**, including the first and last effective dates of coverage, provided that evidence of coverage beyond December 31, 2011 need not be provided.
 - b. Documents evidencing the premium amounts (and the period to which each premium relates), as well as claimant’s payment of those premiums, for each policy providing **Replacement Health Insurance Coverage** through the earlier of (i) the termination of the policy providing **Replacement Health Insurance Coverage**, or (ii) December 31, 2011.
5. If, after the termination of any **Pre-Spill Insurance Plan Coverages**, the **Eligible Claimant** was offered but did not accept health insurance coverage pursuant to COBRA or a policy providing **Replacement Health Insurance Coverage**, the **Eligible Claimant** shall provide contemporaneous documents evidencing the terms of any offer of COBRA coverage, including the corresponding premium. If the **Eligible Claimant** was not eligible for COBRA because the **Pre-Spill Benefit-Providing Employer** no longer provided health insurance to its existing employees, or because it was not required by law to provide such coverage, the claimant should certify in writing that no COBRA coverage was offered.
6. If the **Eligible Claimant** obtained or was covered by health insurance from a new or former employer, or by an alternative health care insurance plan for which the claimant was eligible (through, for example, a spouse, domestic partner, parent, legal guardian, veteran’s or other plan, as applicable) after the termination of the **Pre-Spill Insurance Plans**, but prior to December 31, 2011 (“**Post-Spill Employer Insurance Plan Coverage**”), the **Eligible Claimant** shall provide documents setting forth the type and effective date(s) of any **Post-Spill Employer Insurance Plan Coverages**.

B. Retirement Benefit Losses

An **Eligible Claimant** seeking compensation for **Retirement Benefit Losses** must provide the following documentation:

1. Documentation establishing that the **Eligible Claimant** was enrolled, eligible for and receiving vested **Pre-Spill Retirement Benefits** from the **Pre-Spill Benefit-Providing Employer** as of April 20, 2010. Documentation evidencing **Pre-Spill Retirement Benefits** could include, for example, a paystub including matching contributions, investment statement, or other third party document evidencing the employer’s contributions to or payment of **Pre-Spill Retirement Benefits** on behalf of the **Eligible Claimant**, and the vesting schedule.

2. Documentation establishing that the **Eligible Claimant's Pre-Spill Retirement Benefits** were terminated after April 20, 2010 as a result of either (i) the post-Spill termination of the **Eligible Claimant's** employment by the **Pre-Spill Benefit-Providing Employer**, or (ii) a post-Spill change in the **Eligible Claimant's** employment status with the **Pre-Spill Benefit-Providing Employer**.
3. Documentation evidencing the amount of vested **Pre-Spill Retirement Benefits** contributed on behalf of the **Eligible Claimant** by the **Pre-Spill Benefit-Providing Employer** between May 1, 2009 and the documented termination date of the **Pre-Spill Retirement Benefits**. To the extent the **Eligible Claimant** had been employed with the **Pre-Spill Benefit-Providing Employer** for less than twelve months, he or she should provide the requested information from his or her start date with the **Pre-Spill Benefit-Providing Employer** through the date **Pre-Spill Retirement Benefits** ceased.
4. If the **Eligible Claimant's Pre-Spill Retirement Benefits** were terminated, the claimant shall provide documentation evidencing the termination of the **Eligible Claimant's Pre-Spill Retirement Benefits**, including the effective date of termination.
5. If the **Eligible Claimant** experienced a post-DWH Spill reduction in **Pre-Spill Retirement Benefits**, the claimant shall provide the following:
 - a. Documents regarding any retirement benefits provided by the **Pre-Spill Benefit-Providing Employer** after the DWH Spill ("**Actual Post-Spill Retirement Benefits**"); and
 - b. If applicable, any documents evidencing a change in the terms by which the **Pre-Spill Benefit-Providing Employer** provided the **Pre-Spill Retirement Benefits** (e.g., such as an elimination of employer matching) or a change in vesting schedule terms unrelated to the DWH Spill ("**Unrelated Plan Change**"). It will be assumed that any plan change is unrelated to the DWH Spill for purposes of this addendum, unless the claimant provides documentation establishing that the plan change was due to or resulting from the DWH Spill ("**Spill-Related Plan Change**"). Documentation could include, for example, contemporaneous notification received from, or a **Sworn Written Statement** provided by an authorized representative of, the **Pre-Spill Benefit Providing Employer**.
7. For **New Entrants to Employment**, documentation establishing all of the following:
 - a. That the **Eligible Claimant's** offer included **Pre-Spill Retirement Benefits**.
 - b. That as of April 20, 2010, the **New Entrant to Employment** planned to participate in the offered **Pre-Spill Retirement Benefits**.
 - c. The amount of **Pre-Spill Retirement Benefits** for which the **Eligible Claimant** would have been eligible, the vesting schedule for such benefits, and, if the amount or

vesting of **Pre-Spill Retirement Benefits** was contingent upon the **Eligible Claimant's** contributions, the planned contributions of the **Eligible Claimant**.

- d. If the **New Entrant to Employment's** offer was amended rather than withdrawn, the **Eligible Claimant's** and his or her **Pre-Spill Benefit Providing Employer's** actual post-DWH Spill contributions to the **Pre-Spill Retirement Plan**.

Documentation may include, for example, the **Eligible Claimant's** relevant offer letter, retirement plan information received from the **Pre-Spill Benefit-Providing Employer**, and/or a **Sworn Written Statement** from an authorized representative of the **Pre-Spill Benefit-Providing Employer** with relevant information regarding the **Pre-Spill Retirement Benefits**, such as contribution terms and conditions, the claimant's eligibility, etc.

6. If the **Eligible Claimant** obtained retirement benefits from a new employer after the termination of the **Pre-Spill Retirement Benefits**, but prior to December 31, 2011 ("**New Employer Retirement Benefits**"), the claimant shall provide documents setting forth the effective date(s) of any **New Employer Retirement Benefits**.

III. Compensation for Health Insurance Coverage Losses

Eligible Claimants who assert **Health Insurance Coverage Losses** shall be eligible for compensation pursuant to one of the following methodologies, if applicable:

1. **Compensation Based on COBRA or Replacement Health Insurance Coverage Premiums²**: The **Eligible Claimant** may be reimbursed based on premium(s) paid for COBRA, or the premium(s) paid for policies providing **Replacement Health Insurance Coverage** in which the **Eligible Claimant** enrolled after the termination of a corresponding **Pre-Spill Insurance Plan Coverage**. The total loss of income will equal (i) the daily rate for such COBRA or **Replacement Health Insurance Coverage**, less the daily rate for the **Eligible Claimant's** portion of the premium on the **Pre-Spill Insurance Plan Coverages**, multiplied by (ii) the total number of days in the period for which the **Eligible Claimant** qualifies for **Health Insurance Coverage Losses**, provided that if the result in (i) is negative, no compensation will be paid to the **Eligible Claimant**. **Health Insurance Coverage Losses** will be calculated over the period extending from:
 - a. The termination of the **Pre-Spill Insurance Plan Coverage** or, for **New Entrants to Employment**, the date on which the **Pre-Spill Insurance Plan Coverage** would have begun absent the DWH Spill, until
 - b. The earlier of (i) the **Eligible Claimant's** enrollment in a **New Employer Insurance Plan**, or (ii) December 31, 2011.

OR

² **Eligible Claimants** who qualify for compensation pursuant to Option 1 may alternatively be compensated on the basis of Option 2 (if the appropriate information is provided).

2. **Compensation Based on Documentation Regarding Premiums Paid by the Pre-Spill Benefit Providing Employer**³: If the **Eligible Claimant** provides a **Sworn Written Statement** from an authorized representative of the **Pre-Spill Benefit Providing Employer**, the **Eligible Claimant** may be reimbursed based on the premium(s) paid for the **Pre-Spill Insurance Plan Coverage(s)** by the **Pre-Spill Benefit Providing Employer**. The total loss of income will equal (i) the daily rate funded by the **Pre-Spill Benefit Providing Employer** multiplied by (ii) the total number of days in the period for which the **Eligible Claimant** qualifies for **Health Insurance Coverage Losses**. **Health Insurance Coverage Losses** will be calculated over the period extending from:
- a. The termination of the **Pre-Spill Insurance Plan Coverage** or, for **New Entrants to Employment**, the date on which the **Pre-Spill Insurance Plan Coverage** would have begun absent the DWH Spill, until
 - b. The earlier of (i) the **Eligible Claimant's** enrollment in a **New Employer Insurance Plan**, or (ii) December 31, 2011.

OR

3. **Compensation Based on Estimated Premiums Paid by the Pre-Spill Benefit Providing Employer**⁴: An **Eligible Claimant** who did not replace coverage through COBRA or **Replacement Health Insurance Coverage**, the **Eligible Claimant's Health Insurance Coverage Losses** will be calculated as follows:
- a. **Step 1: Establish the Pre-Spill Employer Premium**
 - i. For all **Eligible Claimants** who were not **New Entrants to Employment**:
 1. Identify the participating premiums paid by the **Eligible Claimant** as evidenced by payroll deductions for the relevant **Pre-Spill Insurance Plan Coverage** in April 2010, or other relevant documentation evidencing the **Eligible Claimant's** premiums related to the **Pre-Spill Insurance Plan Coverage(s)**.
 2. If the **Eligible Claimant** participated in an individual plan, divide the premium by 0.2, and if the premium related to a family plan, divide the premium by 0.4⁵ to calculate the "**Gross Premium**" associated with the **Pre-Spill Insurance Plan Coverage**, inclusive of both the portion funded by the claimant and the portion funded by the employer.

³ **Eligible Claimants** who qualify for compensation pursuant to Option 2 may alternatively be compensated on the basis of Option 1 (if the appropriate information is provided).

⁴ Option 3 will only be used in circumstances where the **Eligible Claimant** is unable to provide the information necessary to perform the calculations set forth in Options 1 or 2.

⁵ These factors represent the approximate portion of healthcare insurance premiums funded by employees based on data from the Bureau of Labor Statistics Employee Benefits Survey.

3. Multiply the **Gross Premium** by 0.8 for claimants with individual plans and 0.6 for claimants with family plans⁶ to estimate the portion of the premium funded by the employer ("**Pre-Spill Employer Premium**").
- ii. For all **New Entrants to Employment**:
 1. The **Pre-Spill Employer Premium** will be the premium that would have been funded by the **Pre-Spill Benefit Providing Employer** for the **New Entrant to Employment's Pre-Spill Insurance Plan Coverage** absent the DWH Spill according to the **Sworn Written Statement** from the **Pre-Spill Benefit Providing Employer**.
- b. **Step 2: Calculate the Daily Pre-Spill Employer:** Divide the **Pre-Spill Employer Premium** by the number of days covered by the premium to calculate a "**Daily Employer Premium**".
- c. **Step 3: Calculate Health Insurance Coverage Losses:**
 - i. For all **Eligible Claimants** who were not **New Entrants to Employment**:
 1. Multiply the **Daily Employer Premium** by the number of days between the effective termination date of the relevant **Pre-Spill Insurance Plan Coverage** and the earlier of (i) the effective date of any corresponding **Post-Spill Employer Insurance Plan Coverage**, if applicable⁷, or (ii) December 31, 2011.
 - ii. For all **New Entrants to Employment**:
 1. Multiply the **Daily Employer Premium** by the number of days between the day on which the **Pre-Spill Insurance Plan Coverage** would have taken effect absent the DWH Spill, and the earlier of (i) the effective date of any corresponding **Post-Spill Employer Insurance Plan Coverage**, if applicable, or (ii) December 31, 2011.

No RTP will be applied to any calculated **Health Insurance Coverage Losses**.

IV. Compensation for Retirement Benefit Losses

Eligible Claimants who claim **Retirement Benefit Losses** shall be compensated in an amount equal to the **Pre-Spill Retirement Benefits** contributed on behalf of or paid to the **Eligible Claimant** by the **Pre-Spill Benefit-Providing Employer** for a period extending from:

- a. The termination of or reduction to the **Pre-Spill Retirement Benefits** or, for **New Entrants to Employment**, the date on which the **Pre-Spill Retirement Benefits** would have begun absent the DWH Spill, to

⁶ These factors represent the approximate portion of healthcare insurance premiums funded by employees based on data from the Bureau of Labor Statistics Employee Benefits Survey.

⁷ For example, if the **Eligible Claimant** received coverage from **Post-Spill Employer Insurance Plan Coverage** as of the date of the termination of the **Eligible Claimant's Pre-Spill Insurance Plan Coverage**, the claimant will not have suffered a compensable loss and will therefore not receive compensation.

- b. The earlier of (i) the effective date of any **New Employer Retirement Benefits**, or (ii) December 31, 2011.

The Eligible Claimant's **Retirement Benefit Losses** shall be determined as follows:

1. Step 1: Establish Daily Retirement Benefits Rate(s)

- a. If the **Eligible Claimant's Pre-Spill Retirement Benefits** were eliminated as described above, calculate the "**Pre-Spill Daily Retirement Benefits Rate**" by dividing (i) by (ii), as described below:
 - i. The total vested portion of the **Pre-Spill Retirement Benefits** contributed on behalf of the **Eligible Claimant** by the **Pre-Spill Benefit-Providing Employer** between the later of May 1, 2009 or the commencement date of the **Eligible Claimant's** employment with the **Pre-Spill Benefit-Providing Employer**, and the documented date on which the **Pre-Spill Retirement Benefits** were reduced or terminated, by
 - ii. The total number of days in that period.
- b. If the **Eligible Claimant's Pre-Spill Retirement Benefits** were reduced, then:
 - i. If there was no post-DWH Spill **Plan Change**, the **Pre-Spill Retirement Benefits Rate** calculated in (a) above will apply for all relevant periods; or
 - ii. If there was a post-DWH Spill **Plan Change**, then:
 - 1. The **Pre-Spill Daily Retirement Benefits Rate** calculated as in (a) above will apply for the relevant period prior to the **Plan Change**, and
 - 2. For the relevant period after the **Plan Change**, the "**Revised Daily Retirement Benefits Rate**" will be the expected daily rate based on the **Pre-Spill Benefit Providing Employer's** revised contribution terms relative to the **Eligible Claimant's** pre-DWH Spill earnings.
- c. If the **Eligible Claimant** was a **New Entrant to Employment**, the "**New Entrant Retirement Benefits Rate**" will be calculated as the **Pre-Spill Benefit Providing Employer's** expected average daily contribution on behalf of the **Eligible Claimant** based on documents provided by the **Eligible Claimant**.

2. Step 2: Calculate Expected Post- Spill Retirement Benefits

- a. If the **Eligible Claimant's Pre-Spill Retirement Benefits** were eliminated as described above, the **Eligible Claimant's** employer-funded retirement benefits expected in the absence of the DWH Spill ("**Expected Post-Spill Retirement Benefits**") are calculated by multiplying the **Pre-Spill Daily Retirement Benefits Rate** calculated in (1) by the total number of days between:
 - i. The termination of the **Eligible Claimant's Pre-Spill Retirement Benefits**, and
 - ii. The earlier of (i) the effective date of any **New Employer Retirement Benefits**, or (ii) December 31, 2011.
- b. If the **Eligible Claimant's Pre-Spill Retirement Benefits** were reduced rather than eliminated, then:

- i. If there was no post-DWH Spill **Plan Change**, the **Eligible Claimant's Expected Post-Spill Retirement Benefits** shall be calculated as in (a) above.
 - ii. If there was a post-DWH Spill **Plan Change**, the **Eligible Claimant's Expected Post-Spill Retirement Benefits** shall be calculated as the sum of the following:
 1. The **Pre-Spill Daily Retirement Benefits Rate** shall be multiplied by the number of days between (i) the **Eligible Claimant's** post-DWH Spill reduction in **Pre-Spill Retirement Benefits**, and (ii) the documented change in the terms of the **Pre-Spill Benefit Providing Employer's** retirement contributions; and
 2. The **Revised Daily Retirement Benefits Rate** shall be multiplied by the number of days between:
 - a. The effective date of the **Pre-Spill Benefit Providing Employer's** post-DWH Spill **Plan Change**; and
 - b. The earlier of (i) the effective date of any **New Employer Retirement Benefits**, or (ii) December 31, 2011.
 - c. If the **Eligible Claimant** was a **New Entrant to Employment**, the **Eligible Claimant's Expected Post-Spill Retirement Benefits** are calculated by multiplying the **New Entrant Retirement Benefits Rate** calculated in subpart (c) of Step 1 above by the total number of days between:
 - i. The date on which the **Eligible Claimant's** vested **Pre-Spill Retirement Benefits** would have begun absent the DWH Spill, or the date on which the reduced benefits actually began, and
 - ii. The earlier of (i) the effective date of any **New Employer Retirement Benefits**, or (ii) December 31, 2011.
3. **Step 3: Calculate Eligible Claimant's Retirement Benefit Losses**
- a. If the **Eligible Claimant's Pre-Spill Retirement Benefits** were terminated as a result of the DWH Spill, the **Eligible Claimant's Retirement Benefit Losses** shall be equal to the **Expected Post-Spill Retirement Benefits**; or
 - b. If the **Eligible Claimant's Pre-Spill Retirement Benefits** were reduced as a result of the DWH Spill, the **Eligible Claimant's Retirement Benefit Losses** shall be equal to the difference between **Expected Post-Spill Retirement Benefits** and the **Eligible Claimant's Actual Post-Spill Retirement Benefits** for the same period.
 - c. If the **Eligible Claimant** was a **New Entrant to Employment**, the **Eligible Claimant's Retirement Benefit Losses** shall be equal to the **Expected Post-Spill Retirement Benefits** calculated in subpart (c) of Step 2.

No RTP will be applied to any calculated **Retirement Benefit Losses**.