



Chevron Phillips Chemical Company LP Well-Being Reimbursement Account

You can submit online at
digital.alight.com/CPChem, through
the *Alight* Mobile App, or mail or fax
completed Alight claim form with
documentation to:

PO Box 64009
TheWoodlands, TX 77387-4009
Fax: 1-855-673-6719

Page 1 of

Receipt for Childcare/Elder care (family caregiver support) and pet expenses. If you do not have a receipt or itemized bill, fill out this form and have your caregiver sign below. If you have a receipt or itemized bill, you can send that in with your completed claim form and you do not need to use this form.

Examples of caregiver expenses that may not have a receipt:

Parent: Adult sitter **Spouse:** Adult sitter **Child:** Babysitter/parents night out

Note: If you do not have a receipt, this document must be attached with your completed claim form for us to process your Childcare/Elder care claims through your Well-Being Reimbursement Account.

| |
|---|
| Employee/Member Legal Name (Please print) |
| <input type="text"/> |

| Dates of Service | | Family Member Receiving Care: (Child, Parent, Disabled Family Member, Pet, etc.) | Amount Requested |
|----------------------|----------------------|---|-------------------------|
| From MM/DD/YYYY | To MM/DD/YYYY | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Total | | | \$ <input type="text"/> |

I certify that I provided general supervision for the person and/or pet listed above that needed care:

| | |
|---|------------------------------|
| Caregiver Signature <input type="checkbox"/> | Date <input type="text"/> |
|---|------------------------------|

I certify that I paid the above amount for the general supervision of my family member and/or pet needing care. I also certify that the family member caregiver expenses are *not* for medical services/treatment, housing/rent fees, or house cleaning services.

| | |
|--|------------------------------|
| Employee Signature <input type="checkbox"/> | Date <input type="text"/> |
|--|------------------------------|

*This document must be submitted with your claim form as proof of services incurred.

Alight cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions. Per IRS regulations, reimbursements from this arrangement are considered a taxable benefit. The value of the item redeemed will be included as imputed income on a future paycheck, resulting in applicable Federal, State, and local taxes being withheld and your net regular wages being reduced by the amount of the withholding.