



Well-Being Reimbursement Claim Form

WAIT! Did you know you can file your claim online or use the Inspira Financial Mobile® app? Log into your Inspira Financial member website or mobile app to get started.

Mail or Fax completed form and supporting documents to:

Inspira Financial
PO Box 2495
Omaha, NE 68103
Fax: 888-238-3539

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888-678-8242 (TTY: 711)

QUICK TIPS: To help avoid claim processing delays, you'll need to sign, date and complete this form. Then send it with supporting documents.

- You must send an itemized statement and detailed receipt for each amount requested.
- Supporting documents must include: Date of purchase, Well-being expense type, and the amount you had to pay.
- Be sure to keep a copy of this claim form and your supporting documents for your records. We won't return those documents to you.

Use a dark pen and all UPPER CASE letters to complete the form.

Member Identification Number (Employer/Member assigned number)	Member Full Name (Last Name, First, MI)
Member Address (Street, City, State, ZIP Code)	

Note: If you have an address change, please notify your employer. For security purposes, we can only accept an address change from your employer.

Employer Name Chevron Phillips Chemical Company, LP
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Well-being Expenses

Complete this section to request reimbursement. Information provided below must match your supporting documents.

HEALTH AND FITNESS EXPENSES

Expense type Category:

- ☐ Athletic shoes
 ☐ Body weight scale
 ☐ Exercise equipment
 ☐ Fitness center membership fees
☐ Group exercise class fees
 ☐ Mobile app well-being related subscription fees
 ☐ Multipurpose well-being tracking device
☐ Nutrition counseling fees
 ☐ Online fitness class and membership fees
 ☐ Personal training fees
☐ Sport and recreation lesson fees
 ☐ Weight management program membership fees
 ☐ Well-being related class fees
☐ Sleep Aid assistance

Claim 1: Date of Purchase (MM/DD/YYYY) **Amount Requested**

_____ _____

Claim 2: Date of Purchase (MM/DD/YYYY) **Amount Requested**

_____ _____

Claim 3: Date of Purchase (MM/DD/YYYY) **Amount Requested**

_____ _____

WORK LIFE EXPENSES

Expense type Category:

- ☐ Home office and Ergonomic Equipment

Claim 1: Date of Purchase (MM/DD/YYYY) **Amount Requested**

_____ _____

Claim 2: Date of Purchase (MM/DD/YYYY) **Amount Requested**

_____ _____

Claim 3: Date of Purchase (MM/DD/YYYY) **Amount Requested**

_____ _____

Continued on the next page.

FINANCIAL AND LEGAL EXPENSES	
Expense type Category: <input type="checkbox"/> Investment planning fees <input type="checkbox"/> Tax preparation fees and filing fees <input type="checkbox"/> Investment advisor fees	
Claim 1: Date of Purchase (MM/DD/YYYY) _____	Amount Requested _____
Claim 2: Date of Purchase (MM/DD/YYYY) _____	Amount Requested _____
Claim 3: Date of Purchase (MM/DD/YYYY) _____	Amount Requested _____

FAMILY AND LIFESTYLE EXPENSES	
Expense type Category: <input type="checkbox"/> Childcare <input type="checkbox"/> Elder care (nursing home or onsite help) <input type="checkbox"/> Pet fees <input type="checkbox"/> Healthy home meal delivery service fee	
Claim 1: Date of Purchase (MM/DD/YYYY) _____	Amount Requested _____
Claim 2: Date of Purchase (MM/DD/YYYY) _____	Amount Requested _____
Claim 3: Date of Purchase (MM/DD/YYYY) _____	Amount Requested _____

TOTAL AMOUNT REQUESTED – This is the total of all claims listed above.

If more lines are needed, please complete another claim form.

Signature Required

I'm requesting reimbursement for the expenses listed above. By signing below, I certify (promise) that:

I certify that I have incurred each expense on this form and the amount(s) requested are my out-of-pocket expenses that qualify as a valid expense under my Well-being Reimbursement Account. I understand that "incurred" means that the service has been provided. This is regardless of when I am billed, charged for or pay for the service. I have not received reimbursement for any of these expenses. I will not seek reimbursement elsewhere, including from a Health Savings Account (HSA). If I receive reimbursement, I and (if married) my spouse will not claim these same expenses on our income tax return. I have received and read the printed materials for the plan. I agree to all of the terms and conditions of the plan. Any person who, knowingly and with intent to defraud, files a statement of claim containing any material false, incomplete or misleading information is guilty of a crime.

Sign Here:

Date (MM/DD/YYYY)

Financial Sanctions Exclusions (Anti-Money Laundering-AML):

Inspira Financial 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 your Well-being account are considered a taxable benefit. The value of the item redeemed will be included as 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.