

Employee/Member Legal Name (Please print)

Chevron Phillips Chemical Company LP Well-Being Reimbursement Account

You can submit online at inspirafinancial.com, through the Inspira Financial Mobile App, or mail or fax completed form and documentation to:

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

Date

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888-678-8242 (TTY:711)

Receipt for Childcare/Elder care (family caregiver support) 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	y not have a	receipt:
	•	•	,	

Parent: Adult sitter Spouse: Adult sitter C	<u>ˈhild:</u> Babysitter/parents night out
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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.

Dates of Service		Family Member Receiving Care:	Amount
From MM/DD/YYYY	To MM/DD/YYYY	(Child, Parent, Disabled Family Member, etc.)	Requested
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	<u>.</u>	Total	\$

I certify that I paid the above amount for the general supervision of my family member 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	Date

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 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.

Caregiver Signature

ZQ.

^{*}This document must be submitted along your Inspira Financial claim form as proof of services incurred.