inspira™ FINANCIAL

Well-Being Reimbursement Claim Form

Mail or Fax completed form and supporting documents to:
Inspira Financial
PO Box 14879
Lexington, KY 40512-4879
Fax: 888-238-3539
Page 1 of
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

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 taining fees
Sport and recreation lesson fees   Weight management program membership fees   Well-being related class fees
Sleep Aid assistance Home office and Ergonomic Equipment   Healthy home meal delivery service fee
Investment planning fees Tax preparation fees and filing fees   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:

Childcare   Elder care (nursing home or onsite help   Pet 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**
_____ _____   _____ _____

CDB-180.1 (04/24) **Chevron Phillips** ©2024 Inspira Financial   I

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

_____

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

Continued on the next page.

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.