For International employees only

Everyday Well-being Program Reimbursement Request

To request reimbursement from the Everyday Well-being program, please provide the information below and attach appropriate supporting documentation. Email the form and documentation to **Winnie Tang** with cc to **Janet Arce** in Human Resources.

Type of expense

- ☐ Healthy living
- ☐ Childcare or eldercare
- ☐ Adoption
- ☐ Financial planning
- ☐ Legal assistance
- ☐ Funeral services for an immediate family member

Date or dates of expense	Add a date
Amount of requested reimbursement ($50 minimum)	Amount of requested reimbursement
Description of expense (e.g., purchase of Stairmaster, day care for two-year-old)	Add a description of expense
Name of provider	Add provider name

Examples of supporting documentation

- Itemized receipt for purchase of goods or services
- Invoice for health club membership dues and proof of payment
- Invoice or statement of services rendered from service provider, including name, service date(s) and services rendered and proof of payment

I certify that I have incurred the expenses for which reimbursement is claimed from the Segal Everyday Well-being program. I understand that submission of a fraudulent claim may lead to disciplinary action and/or require repayment of the reimbursement received. Reimbursement will be made to me and is considered taxable income.

☐ By checking this box, I, the **Employee**, verify the above information. I am also acknowledging that by entering my name below that this constitutes my Electronic Signature for purposes of this verification. I understand that my Electronic Signature is as legally valid and binding as if I signed a hard copy of this document.

Employee Name Add employee name

Employee ID Add Employee ID **Date:** Add the date