

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** (wtang@segalco.com), with cc to **Janet Arce** (jarce@segalco.com), 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.

Employee Name Add employee name

Employee ID Add Employee ID

Date: Add the date