

Everyday Well-being Program Reimbursement Request

To request reimbursement from the Everyday Well-being program, provide the information below and attach appropriate supporting documentation. Send the form and documentation to Human Resources in the New York Office, **Attention: Janet Arce**. Please review the policy posted on SegalNet prior to submitting this reimbursement request.

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:

Amount of requested reimbursement (\$50 minimum): _____

Description of expense (e.g., purchase of Stairmaster, day care for two-year-old):

Name of provider:

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.

Employee Name (please print)

Employee ID

Signature

Date