



# Request for Family Leave of Absence Without Pay F-16

You must have been employed on a part-time basis for the past six months or have at least six months of health and welfare eligibility service to be eligible for this leave. Family Leave may not exceed **six** months in any 12-month period. Time on this leave satisfies your statutory right under various state and federal laws.

**Employee:** Print in ink. Do not change the wording of this form. If you change what you have written, you must initial and date the change. After obtaining approval, keep a copy for your files.

This information is a summary of the conditions of this leave. For more information, contact the Human Resources (HR) Service Center at 1-888-825-5247. You will need your Social Security number and personal identification number (PIN).

Be sure to notify your supervisor of **all** absences. Additionally, call Reed Group, Chevron's Disability Management vendor, at 1-888-825-5247 and press 5 to report absences for injuries or illnesses which exceed five consecutive business days. Also, call Reed Group to report **any** absences taken that could possibly qualify as a leave under the Family and Medical Leave Act.

**Manager/Supervisor: Obtain counsel from your HR Business Partner about the use of this leave and how to enter it in My HR - Manager Services. After approving and signing this leave form, give a copy to the employee and the original to your HR Business Partner.**

**HR Business Partner: Mail or scan the original and send to the HR Service Center, P.O. Box 18012, Norfolk, VA 23501; huresic@chevron.com. Place a copy in the employee's personnel file.**

- Original Request
- Extension

Name		Personnel Number (PERNR)
Company		Location
Time Off Requested (use actual dates: month/day/year)		Show Dates of All Previous Family Leaves of Absence
From	Through	

**Reason for Request**

- Birth of Child
- Adoption or Foster Care of Child
- Seriously Ill Family Member:
  - Child
  - Spouse
  - Parent
  - Grandparent
  - Brother/Sister
  - Domestic Partner

**When this leave is granted, it will be subject to the following conditions:**

- 1. Basic Life Insurance Plan (BLIP) and Former Texaco Term Life Insurance Plans:** Your coverage will continue during your leave, but not for more than six months.
- 2. Former Texaco Contributory Term Life Insurance Plan:** If your leave is 31 days or less, contributions will be automatically deducted from your paycheck. If your leave is over 31 days, you will be billed. During your leave, you will continue to be covered automatically under your current option unless you contact the HR Service Center at 1-888-825-5247 and cancel your coverage. You will receive information from the HR Service Center about how to make premium payments during your leave. Once contributory coverage is cancelled, you must wait six months to re-enroll. Proof of good health will be required for re-enrollment. If you cancel coverage under the former Texaco Term Life Insurance Plan altogether (contributory and non-contributory), you cannot re-enroll in either part of the Texaco Term Life Plan; however, you will be eligible for coverage under the Chevron Basic Life Insurance Plan at two times your annualized salary.

3. **Long-Term Disability (LTD) Plan:** Your coverage is suspended during your leave. Basic Coverage is reinstated when you return to work, and Optional Coverage is reinstated the first day of the month after you return to work.
4. **Short-Term Disability (STD) Plan:** Your coverage is suspended on your last day of work. Coverage will be reinstated when you return to work.
5. **Vacation:** During the course of a leave of absence without pay, you do not accrue and cannot use any vacation.
6. **Dependent Day Care Spending Account:** If your leave is 31 days or less, your participation is suspended. You will be automatically reinstated when you return to work if you return within the calendar year in which your leave began. The total amount not already deducted for the year will be taken out of your remaining paychecks for the year. If your leave is over 31 days, your participation is cancelled. You must re-enroll when you return to work to resume participation.
7. **Continued Health Care Coverage:** Coverage under the following plans may be continued during your leave for yourself and any eligible dependent(s) at current employee rates, provided you pay any required contributions:
  - Medical coverage;
  - Dental coverage;
  - Mental Health/Substance Abuse (MH/SA) Plan.\*

If your leave is 31 days or less, contributions will be deducted from your paycheck. If your leave is over 31 days, you will be billed.

\*Your employee coverage under the Mental Health/Substance Abuse Plan will continue during your leave. Mental Health/Substance Abuse Plan coverage for your dependent(s) will continue only if you elect to continue their medical coverage.

Note: if you or your eligible dependent(s) are eligible for Medicare due to age, it is your responsibility to understand Medicare implications, if any. Information can be found online at <https://www.medicare.gov/>.

If you do not continue medical and dental coverage during your leave, it will be reinstated the first day of the month after you return from leave. If you return from leave in the calendar year in which your leave began, you will be automatically re-enrolled in the plans you were previously enrolled in. If you return to work in a different calendar year, you will be allowed to change your medical and dental coverage. This assumes you return to work with Chevron the first workday following the expiration of your leave.

During your leave, you and your dependents will continue to be covered automatically under your current options unless you contact the HR Service Center at 1-888-825-5247 and cancel your coverage. You will receive information from the HR Service Center about how to make premium payments during your leave.

8. **Health Care Spending Account:** You may continue participation in the Health Care Spending Account on an after-tax basis while on family leave. During your leave, you and your dependents will continue to be covered automatically under your current option unless you contact the HR Service Center at 1-888-825-5247 and cancel your coverage. You will receive information from the HR Service Center about how to make premium payments during your leave.

If you do not continue Health Care Spending Account participation during your leave, you must re-enroll to resume participation when you return to work, and you can't claim expenses incurred during the period you did not participate.

9. **Voluntary Group Accident Insurance Plan:** You can continue coverage for yourself and your covered dependents provided you pay any required contributions. If your leave is 31 days or less, contributions will be automatically deducted from your paycheck. If your leave is over 31 days, you will be billed. During your leave, you and your dependents will continue to be covered automatically under your current option unless you contact the HR Service Center at 1-888-825-5247 and cancel your coverage. You will receive information from the HR Service Center about how to make premium payments during your leave. If you do not continue coverage while on leave, the coverage you had before the leave will be reinstated effective the first day of the month after you return to work.
10. **Supplemental Life Insurance Plan, Dependent Life Insurance Plan:** You can continue coverage under these plans for yourself and your eligible dependents if you pay the required contributions. If your leave is 31 days or less, contributions will be automatically deducted from your paycheck. If your leave is over 31 days, you will be billed by the HR Service Center. If you elect not to continue coverage it will be reinstated at the coverage level in effect at the time of the leave, effective the first day of the month after you return from leave.

- 11. Long-Term Care Insurance Plan, Group Auto and Home Insurance:** You can continue coverage under these plans for yourself and your eligible dependents if you pay the required contributions. If your leave is 31 days or less, contributions will be automatically deducted from your paycheck. If your leave is over 31 days, you will be billed directly by Genworth or MetLife. Call 1-888-825-5247 and choose the option for other optional or voluntary benefit plans to speak to a representative.
- 12. Employee Savings Investment Plan (ESIP):** If you are a member, your participation is suspended during your leave. Your contributions and the company's contributions stop until you return to work. Your accounts remain invested and continue to share in earnings, gains and losses. You may make exchanges, withdrawals and take loans while on leave. Depending on the type of withdrawal, you may be suspended from the plan for three months when you return to work. If you have a loan outstanding and are on leave for more than 30 days, call the HR Service Center at 1-888-825-5247 and choose the option for the Employee Savings Investment Plan.
- 13. Return to Work:** You must apply for reinstatement before your leave ends. Upon receipt of your timely application for reinstatement, the company will reinstate you to your previous position or another position in the company or one of its affiliated companies in the same general geographical work location, which the company deems of equivalent level and pay. However, during this leave you will not be immune from the disciplinary process and will be subject to transfer, reassignment, severance, termination or demotion as a result of organizational changes or other business needs.
- 14. Service:** If you are reinstated to active employment, the entire period of your leave will be counted as vesting and eligibility service, benefit accrual service for the Retirement Plan and health and welfare eligibility service. If you work for others for pay during the leave without securing permission beforehand from Chevron; or if you do not return to work on the first day following expiration of the leave; or if you do not apply for reinstatement, your vesting and eligibility service and health and welfare eligibility service will end on the earliest of the following:
- a) 365 days from the date the leave began;
  - b) The date Chevron determines you began work for others for pay;
  - c) The date the leave ends.
- In these instances, time on leave will not count as benefit accrual service for the Retirement Plan.
- 15. Other Plans:** If you are a participant in a company-sponsored pension or profit sharing plan in place of, or in addition to, the Retirement Plan and Employee Savings Investment Plan (ESIP) (such as one of the Marine Pension Plans), the rules governing the recognition of your service for the period of this leave for benefit accrual and vesting purposes may be different from those described on this form. To determine the effect of this leave of absence on your benefits under such a plan, call the HR Service Center at 1-888-825-5247.
- 16. Extension:** Any request for extension of this Family Leave should be made to your supervisor before your leave ends. You must complete a new form. The total time allowed for a Family Leave cannot be more than six months in any 12-month period. Requests for additional time off after six months of Family Leave will be made as a personal leave of absence without pay. Personal leaves are granted solely at management's discretion.

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**Chevron reserves the right to change the terms and conditions of this leave, except for those subject to statutory requirements, at any time.**

**This form provides only certain highlights about the impact on benefits during a family leave of absence. It is not intended to be a complete explanation. If there are any discrepancies between this form and applicable legal plan documents, the legal plan documents will prevail to the extent permitted by law. There are no vested rights with respect to Chevron health care plans or any company contributions towards the cost of such health care plans. Rather, Chevron Corporation reserves all rights, for any reason and at any time, to amend, change or terminate these plans or to change or eliminate the company contribution toward the cost of such plans. Such amendments, changes, terminations or eliminations may be applicable without regard to whether someone previously terminated employment with Chevron or previously was subject to a grandfathering provision. Some benefit plans and policies described in this document may be subject to collective bargaining and, therefore, may not apply to union-represented employees.**

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I request a Family Leave of Absence Without Pay for the period and reason indicated on this form. I have read and understand the conditions that will apply to this leave.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(First Name/Middle Initial/Last Name)

Reviewed by (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

Noted by (Management) \_\_\_\_\_ Date \_\_\_\_\_