

## Surrogacy Reimbursement Request

<b>Employee Information</b>	<b>Reimbursable Surrogacy Expenses</b> Reimbursable Expenses are those expenses that are directly related to the adoption or birth of a child via surrogate, and include, but are not limited to, the items listed below: <ul style="list-style-type: none"> <li>• Surrogate agency fees;</li> <li>• Legal and court fees associated with the surrogacy contract;</li> <li>• Lodging (up to \$200 per night) for up to two weeks (14 calendar days) prior to the child's expected due date. Lodging reimbursement is capped at 14 days maximum, even if the child's due date changes; and</li> <li>• Medical expenses of the birth mother that are not covered under a medical plan.</li> </ul>		
Employee Name	Date Paid	Amount	Description
Personnel Number (PERNR)	_____	_____	_____
Service Date: Month-Day-Year	_____	_____	_____
Payroll Company	_____	_____	_____
Work Location	_____	_____	_____
Home Address: No. and Street	Total Reimbursement Requested: _____		
City	<ul style="list-style-type: none"> <li>• Please attach copies of receipts in U.S. Dollars for expenses listed above.</li> <li>• All reimbursements under the Surrogacy Reimbursement Program will be subject to all applicable tax withholding (e.g., federal income tax, FICA/FUTA tax, and state/local tax).</li> </ul>		
State      Zip Code			
Home Telephone	I would like to apply for reimbursement of the surrogacy expenses listed above.		
Work Telephone	I confirm that a Valid Surrogacy Contract was executed on (date) _____ and that such Valid Surrogacy Contract was completed on (date) _____.		
Cell	A "Valid Surrogacy Contract" is one that is legal in the U.S. state in which the parties enter into the surrogacy contract and is between the party who has agreed to become impregnated, carry and give birth to a child and the intended parent(s) of such child.		
Fax	A Valid Surrogacy Contract will be "completed" when it results in an Eligible Employee being recognized as the parent of a child on a birth certificate, court order of adoption, post-birth court order, or other court order recognizing the Eligible Employee's parental rights under applicable law.		
Email			
Does your spouse/domestic partner work for Chevron? [ ] Yes [ ] No	I certify that this is a claim for allowable expenses under Chevron's Surrogacy Reimbursement Program. I also certify that I am not requesting a separate surrogacy reimbursement for expenses related to a surrogacy agreement that are reimbursable under another employer's surrogacy reimbursement program.		
If yes, PERNR	I further certify that I am not requesting reimbursement under Chevron's Adoption Reimbursement Program for any expenses related to the same surrogacy contract.		
	Signature of Employee _____		Date _____
<b>Attach copies of receipts and e-mail the form to:</b> Chevron Surrogacy Reimbursement Sara Kashima SKSH@chevron.com Employee Assistance and WorkLife Services	For office use only: Amount to be reimbursed: _____ _____ Date		