



Maven Wallet for Wilbur Ellis

Welcome to Maven Wallet, an easy to use expense management tool offered by Wilbur Ellis for eligible expenses outlined in this document.

Let's explore what Maven Wallet can do for you. If you have any questions along the way, reach out at mavenwallet@mavenclinic.com.

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Your Maven Wallet Benefits at a Glance

Eligibility

To be eligible for Maven Wallet benefits you must be:

- A benefits eligible employee enrolled in a Wilbur Ellis health plan
- A spouse/ domestic partner or child dependent under the age of 26 of eligible employee enrolled in a Wilbur Ellis health plan

Expenses are eligible for Maven Wallet coverage if:

- Incurred after the employee enrollment in a Wilbur Ellis health plan or after January 1, 2026; whichever is later
- Paid for with your personal checking account or credit card.
- NOT already covered by any other employer or government fund; including but not limited to your health insurance, FSA, HSA, or your spouse/ domestic partner's benefits.
- Submitted for reimbursement with an itemized invoice and proof of payment to Maven Wallet within 180 days of your date of service or the date of finalized adoption/signed surrogacy agreement
- The eligible employee must submit all expenses for reimbursement, even if they were for a spouse or partner.

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Covered Programs

Program Type	Description	Benefit Amount
Fertility (including preservation)	Expenses for IUI/IVF treatment, preconception wellness for the covered employee and their covered dependent	\$15,000 USD lifetime maximum as a household.
Adoption	Expenses for the legal adoption of a child	
Surrogacy	Expenses for a legal arrangement between a third party gestational carrier and the covered employee and their covered dependent	

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The Maven Wallet Experience

We've made it simple to manage payments along your family-building journey so you can focus on what truly matters.

Activating your Wallet

1. Download the Maven Clinic app (from Google Play or the App Store) and enroll or sign in.
2. Tap "Maven Wallet" on your homepage or "My Maven Wallet" under the "Me" icon.
3. Apply to activate your Wallet. We'll verify your eligibility within one business day.
4. Once approved, the covered employee can start managing your family's expenses through Maven Wallet.

Getting reimbursed with your Maven Wallet

Your Maven Wallet account makes reimbursement for eligible expenses easy.

- See "Fertility, Adoption, Surrogacy" for a list of eligible expenses.
- Pay for eligible services using your personal credit or checking account; expenses paid for an HSA or FSA card are not eligible for reimbursement.
 - **Please Note: Prepaid services, including fertility treatment packages (e.g., multi-cycle packages, or money-back guarantee packages) cannot be reimbursed until the service you are seeking reimbursement for has been rendered or is complete.**
- All **Maven Wallet expenses submitted for reimbursement require that you submit an itemized invoice and proof of payment to Maven Wallet** within 180 days of your date of service or the date of finalized adoption/signed surrogacy agreement. Please refer to the examples listed in the "Resources" section. The itemized invoice must include:
 - Date of service
 - Description of service(s)
 - Service provider's name and contact information
 - A receipt showing your (or your eligible spouse's/domestic partner's) financial responsibility for the service.
 - Any other substantiation required for the particular expense

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- Adoption only: Documentation of finalized adoption
- Surrogacy only: Copy of legal surrogacy agreement or a letter from an attorney attesting that there is a signed agreement or that the arrangement is legal despite the absence of a signed agreement. Expenses incurred after the signed agreement must be submitted within 180 days of the date of service.
- Wellness only: A letter of medical necessity from your provider
- Be sure to add your bank account information to Maven Wallet to receive reimbursements through direct deposit. Maven will make every effort to ensure reimbursement within 10-14 days of receiving all required documentation.
- If your reimbursement is taxable, an appropriate tax withholding will be deducted from your next paycheck. Client will make a gross-up payment to cover the additional income and employment taxes required to be withheld and will be reflected in your paycheck.
- If your expense isn't eligible for reimbursement, we'll let you know by email. If you think there's an error, reach out to your Care Advocate for more information.

Coordination of Benefits in the U.S.

For employees in the U.S. When Maven Wallet is used for certain medical expenses covered under the Fertility Wallet sections additional rules apply:

- Wallet coverage for these services is only available to employees or spouses/domestic partners enrolled in a health insurance plan that meets the Affordable Care Act's requirement for minimum essential coverage.
- You may submit out-of-pocket copays/coinsurance for reimbursement for services that are covered by both your health insurance and Maven Wallet; the portion of services paid for by your health insurance carrier is not eligible for reimbursement.
- When activating your Wallet, you will be required to confirm if you or your spouse/ domestic partner are on a High Deductible Health Plan (HDHP) that is eligible for a Health Savings Account (HSA).
 - For most plans, Maven Wallet pays 100% of eligible expenses up to the maximum set by your employer.
 - For individuals on a HDHP that is HSA eligible, Maven Wallet pays 100% of eligible expenses after the deductible has been met. This value is set by the IRS and resets before every plan year; for 2026 it is \$1,700 for an individual plan, or \$3,400 for a family plan. IRS limits for the calendar year are updated each January but are applied to our health plan beginning January 1 of the same year, as this marks the start of our plan year.

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Eligible Maven Wallet Expenses

Fertility (IUI/IVF Only)

You can use your Maven Wallet to be reimbursed for the eligible fertility expenses listed in the table below.

- If you have insurance or government aid that covers fertility care, use that first. Maven Wallet is here to help with the costs your insurance or government aid doesn't cover. This might include:
 - Costs for eligible expenses not covered by insurance (up to lifetime maximums per household)
 - Deductibles (the amount you need to pay before your insurance kicks in)
 - For individuals contributing to a Health Savings Account, Maven Wallet pays 100% of eligible expenses after the minimum out-of-pocket spend has been met. This value is set by the IRS and resets before every plan year; for 2026 it is \$1,700 for an individual plan, or \$3,400 for a family plan.
 - Co-pays (the fixed amount you pay at the time of service)
 - Coinsurance (the percentage of the cost you share with your insurance)
- If your expenses are not eligible under other coverage, Maven Wallet can cover the full cost of eligible expenses (up to your lifetime maximum).
- **IMPORTANT:**
 - Any expense with an asterisk (*) must be accompanied by a letter of medical necessity from your provider
 - You must submit any claim for reimbursement within 180 days of incurring an eligible fertility expense
 - A medical diagnosis of infertility is not required to receive fertility coverage through this benefit
 - Some expenses vary on their eligibility/ineligibility by local laws and regulations. Employees are responsible for 100% of ineligible expenses.

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Eligible expenses

- Procedures related to initial evaluation and timed intercourse (TI); including but not limited to:
 - Office visit(s)
 - Related blood work
 - Related ultrasounds
 - Hysterosalpingography (HSG) or Saline Sonogram (SIS)
 - Semen analysis
- Procedures related to intrauterine insemination (IUI); including but not limited to:
 - All of the above, and
 - Simple or complex sperm wash & prep
 - Insemination
- Procedures related to preservation of extra eggs and/or embryos; including but not limited to:
 - All of the above, and
 - Anesthesia
 - Assisted hatching
 - Blastocyst culture
 - Intracytoplasmic sperm injection (ICSI)
 - Oocyte identification and fertilization
 - Preparation and cryopreservation of eggs, sperm, and/or embryos
 - Retrieval
 - Short Term tissue storage (1 year)
- Procedures related to in vitro fertilization (IVF); including but not limited to:
 - All of the above, and
 - Embryo thaw
 - Embryo transfer
 - INVOcell
- Medications related to egg stimulation, retrieval, and transfer
- Embryology diagnostic and screening tests specified herein: Preimplantation genetic screening (PGS), Preimplantation genetic testing (PGT)
- Surgery to reverse prior surgery that prevented the person operated on from having children (reversal of sterilization)
- Male fertility services specified herein: Consultations with a licensed fertility specialist, Male factor evaluation, including but not limited to semen analysis, bloodwork, and ultrasounds
 - Treatment for male factor infertility procedures; including but not limited to:
 - Testicular sperm extraction (TESE)
 - Percutaneous epididymal sperm aspiration (PESA)
 - Testicular microdissection
 - Varicocele
- Non-invasive medical procedures that are intended for fertility related wellness* (e.g., fertility related massage, acupuncture, sound therapy)
- Ovulation tracking or monitoring devices (the primary purpose of the device must be for ovulation tracking), kits, and services*
- At-home fertility and pregnancy tests

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Eligible expenses

- Herbal medicine and supplements, fertility supplements, and prenatal vitamins*
- At home insemination kits*
- At home sperm and hormone tests*

Ineligible expenses

- Expenses to donate sperm or eggs to any other person with the exception of your spouse or domestic partner
- Medical costs, once you or your spouse or domestic partner have become pregnant
- Egg/sperm/embryo storage longer than 1 year
- Monitoring devices where the primary purpose is not fertility/ovulation tracking (e.g. Apple watch)

Adoption

You can use your Maven Wallet to be reimbursed for the eligible adoption expenses listed in the table below if the expenses are for:

- The finalized adoption of any child who is under the age of 18 at the time you paid the expense, including:
 - Children adopted domestically or internationally
 - Relatives such as a niece, nephew, grandchild, or cousin
 - The child of your registered domestic partner (if you live in a state that allows a same-sex second parent or co-parent to adopt their partner's child)
- It does not include the child of your spouse (i.e., a stepchild).
- You will be required to provide documentation of the finalized adoption.
 - Some expenses vary on their eligibility/ineligibility by local laws and regulations. Employees are responsible for 100% of ineligible expenses.
- **IMPORTANT:** You must submit any claim for reimbursement within 180 days of finalizing an adoption for which you have incurred an eligible expense.

Eligible expenses

- Agency placement fees
- Court costs and legal fees
- Immigration, immunization, re-adoption, and translation fees

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- Reasonable travel and lodging costs for the intended parent(s) and any minor child(ren) associated with the adoption process (including ground and air travel)
- Required education directly related to the adoption
- Pre-adoption counseling directly related and for the principle purpose of the legal adoption of the child
- Home study fees

Ineligible expenses

- Expenses for the biological parents, such as living, counseling, compensation and medical expenses
- Guardianship or custody costs that are not associated with the legal adoption of the child(ren)
- Fees for temporary foster care
- Voluntary donations or contributions to the adoption agency
- Costs paid using funds from any federal, state, or local program for adoption
- Cost of living expenses and/or personal items such as: rent, utilities, food, over-the-counter supplements, clothing, childcare, car seat, transportation to doctor's appointments, etc.
- Loss of income, including but not limited to, loss of income due to complications of pregnancy such as bed rest for birth mother
- Costs for medical care for the child before the adoption has been finalized
- Expenses related to the adoption of embryos including but not limited to medical fees and legal/agency fees

Surrogacy

You can use your Maven Wallet to be reimbursed for the eligible surrogacy expenses listed in the table below, if:

- The surrogacy arrangement is supported by a legal agreement, whereby a person agrees to become pregnant and deliver a child for a contracted party (an individual or a couple) who is, or will ultimately become the parent(s) of the newborn child or children.
 - This includes a gestational surrogate—someone who carries a pregnancy and gives birth to a child for another person or couple, but has no biological connection to the child.
- The surrogacy arrangement must be a legally recognized agreement between the two parties. You'll be required to provide a copy of the formal, signed surrogacy agreement, or

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a letter from an attorney attesting that there is a signed agreement or that the arrangement is legal despite the absence of a signed agreement.

● **IMPORTANT:**

- Reimbursement for surrogacy costs is not available in every country. Please contact your Maven Care Advocate to see if you can be reimbursed for surrogacy costs in your country *before* incurring any surrogacy costs.
 - Any surrogacy arrangement or expense incurred in violation of applicable laws in the location where obtained or in the U.S. is ineligible for reimbursement.
- Expenses related to the retrieval of reproductive material (i.e. eggs, sperm) of the covered member for the purposes of being transferred to a gestational carrier are ineligible for reimbursement under the Surrogacy Wallet.
- Expenses are eligible for reimbursement 180 days after the signed surrogacy agreement or after the expense was incurred, whichever is later.

Eligible expenses

- Court costs, legal and attorney's fees
- Surrogacy agency fees
- Gestational carrier screening costs
- Surrogate/gestational carrier compensation
- Health care expenses for the surrogate mother related to the conception, pregnancy and delivery of the baby pursuant to the surrogacy arrangement
- Fees associated with the adoption of a surrogate child
- Reasonable travel and lodging costs for the intended parents and any minor children associated with the surrogacy process (including ground and air travel)

Ineligible expenses

- Gifts or personal expenses to a gestational carrier and/or family members
- Gifts or personal expenses to an egg, sperm or embryo donor
- Voluntary donations or contributions to the surrogacy agency
- Cost of living expenses and/or personal items such as: rent, utilities, food, over-the-counter supplements, clothing, transportation to doctor's appointments, etc.
- Loss of income, including but not limited to, loss of income due to complications of pregnancy such as bed rest for surrogacy
- Meals while traveling
- Testing related to the transfer of genetic material for anyone other than the donor; including but not limited to (infectious disease testing, risk assessment, physical exam, psychological evaluation)

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Important Tax Information

Your Maven Wallet program offers coverage for benefits that may be taxable to you. Client will generally cover any immediate tax liability in relation to such income by grossing up such income using statutory supplemental withholding tax rates, as applicable per country per applicable tax authorities. There may still be an ultimate tax liability depending on an employee's personal tax situation which is the responsibility of the employee. Employees should consult with a tax advisor. Please remember that Maven Clinic does not provide any legal or tax advice or guarantee any particular tax treatment of the benefits provided by your employer through Maven Wallet.

Fertility

Any fertility reimbursement you receive through Maven Wallet is intended to be treated as excludable from your taxable income.

Adoption

Adoption reimbursements you receive through Maven Wallet may be excludable from your income in accordance with IRS rules for maximum excludable amounts per adopted child and modified adjusted gross income caps on exclusions. Please review the IRS rules at <https://www.irs.gov/instructions/i8839> and follow the instructions therein. Adoption reimbursements are intended to be reported on your W-2 in box 12 with code T, subject to payroll tax withholding but not income tax withholding.

Surrogacy

Any surrogacy reimbursement you receive through Maven Wallet is intended to be treated as taxable income to you. These reimbursements are intended to be reported on your W-2 as wages that are subject to standard tax withholding.

Due to various factors, your withholding may be less than or more than your actual tax liability associated with Maven Wallet reimbursements. You should consult your payroll administrator if you have any questions. You should consult your personal tax advisor if you have questions about your personal tax situation, such as your ability to claim credits or deductions. You are solely responsible for complying with your personal income tax filing and payment obligations.

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Exhaustion/Termination of Benefits

Exhausting your benefits

You can submit expenses for reimbursement until you reach the maximum allowable benefit offered or until you're no longer eligible for Maven Wallet. If your final expenses are more than the remaining balance in your Maven Wallet, you will receive reimbursement up to the maximum Maven Wallet benefit amount outlined in this document. Any expenses incurred after that won't be covered by Maven Wallet.

If you leave your employer

You can submit eligible expenses for reimbursement if they happened on or before your last day of employment. You have up to 30 days after your last day of employment or when the expense submission timeline elapses, whichever comes first.

Continuing coverage (COBRA)

For U.S. employees, if applicable, you can elect to continue your Maven Wallet coverage for eligible medical expenses outlined under the Fertility sections after your employment ends through the Consolidated Omnibus Budget Reconciliation Act (COBRA). Please contact your HR representative for details on which benefits are eligible for COBRA continuation and how to enroll for continuing access to your Maven Wallet benefit.

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Helpful Invoice Tips and Tricks

- If you are submitting an invoice for medication or labwork, please ensure that the medication names prescribed or lab tests performed are clearly displayed on the invoice. Our team will not be able to submit any invoices that solely show Rx numbers or “Labwork” on the invoice without additional information.

FAQ

Can I use cash or checks for payment?

If you use cash, please message us when you submit your documents that you have done so. This will help our team as we process your expense! Additionally, the invoice should have a balance of \$0.00.

If you use checks for payment, please provide a credit card statement or screenshot of your bank app that shows the funds being withdrawn from your bank account.

If I am requesting reimbursement for a package (i.e. egg freezing cycle, IVF), what kind of documents do I need to send?

If you are requesting reimbursement for a package, you will need to submit an invoice that confirms the last date that services were provided to you OR a letter from your clinic that confirms that the package has been completed. This helps our team to confirm that this expense is eligible for reimbursement! If the services have not been completed, we won't be able to submit them until they are.

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Maven Wallet: Adoption Expense Assistance

Our team wants to make the reimbursement process as easy as possible for you! In order to process your expenses our team looks for a few documents that have the information we need to get you your reimbursement. We've included examples of this information below - if you have any questions, please message the Wallet Team!

If you are submitting adoption expenses, our team will need to see the following to process your expenses: the first and last page of your adoption court order, an invoice for the expense that you would like to be reimbursed and a receipt showing that you have paid.

Invoices

An **invoice** needs the following information:

1. Name of Service Provider
2. Name of Patient/Recipient of Service
3. Description of Service(s)
4. Date(s) of Service(s)
5. Cost of Service(s)

An invoice may have multiple services, like the one below. If you are submitting an invoice like the below, please ensure that you specify the amount that you are submitting this reimbursement for!

BILL TO	1. Granger Legal Clinic
2. Jane Doe	77 Varick St
29 Center St	New York, NY 10022
New York, NY 10001	4. 10/11/23

3. Item/Service	Amount
Contract Creation	4,000.00
Filing Fee	1,000.00
Appearance in Court	500.00
5. Subtotal	5,500.00

An **adoption court order** should clearly show the following information:

1. Name of Adoptive Parents
2. Date of Adoption

If you don't have a document like the shown example, don't worry! Message the Maven Wallet team - we can help you to obtain the necessary documents to get reimbursed.

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Maven Wallet: Adoption Expense Assistance

Receipts

A **receipt** needs the following information:

1. Cost of Service
2. Last four digits of payment method
3. Date of Payment

If a receipt from your service provider is not available, a **bank statement** or **screenshot** from your **mobile banking app** would work! Just make sure that your card number is prominently displayed.

Please note that even if your receipt says "Credit Card", "Debit Card" or "Bank", **we will not be able to accept it** unless it has the **last four digits of the payment method used**. This allows our team to confirm that the transaction has been processed.

Granger Legal Clinic

3. Payment Date: Friday, June 4, 2021 Receipt Number: 13B465830

Payment Details **1.**

Account Number	Facility Name	Service Date	Balance	Savings	Amount Paid
****1202	Granger Legal Clinic	5/13/2021	\$1,234.87	\$0.00	\$1,234.87

Total Paid: \$1,234.87
 Transaction Date: 6/4/2021
 Payment Method: Credit
2. Card Number: *****5806
 Cardholder's Name: Jane Doe
 Authorization Code: 917823

Note: Please allow 24-48 hours for your payment to be reflected on your account

1:08 5G

Transaction Details **2.** Card Ending: 1234

LEGAL SERVICES iPay

1. GRANGER LEGAL CLINIC

\$19.05

3. Apr 13, 2023

Approved

This is a Pending Transaction. Pending Transactions are purchases or Card pre-authorizations that are yet to appear on your Account balance.

Split It

FAQ

What if I've used cash to pay my adoption agency or other provider?

If you use cash, please message us when you submit your documents that you have done so. This will help our team as we process your expense! Additionally, the invoice should have a balance of \$0.00.

If you use checks for payment, please provide a credit card statement or screenshot of your bank app that shows the funds being withdrawn from your bank account.

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Maven Wallet: Surrogacy Expense Assistance

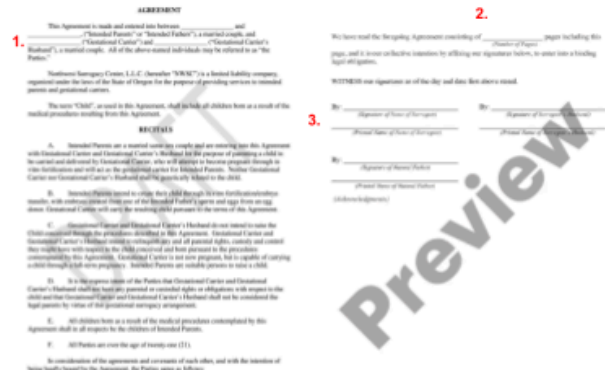
Our team wants to make the reimbursement process as easy as possible for you! In order to process your expenses our team looks for a few documents that have the information we need to get you your reimbursement. We've included examples of this information below - if you have any questions, please message the Wallet Team!

If you are submitting surrogacy expenses, our team will need to see the following to process your expenses: the first and last page of your surrogacy agreement, proof of funding of your escrow account and any applicable invoice for the expense (i.e. invoice from clinic for IVF)

Invoices

We just need the first page and last page of your surrogacy contract that shows the following details:

1. Intended Parents' Names
2. Date of Contract Execution
3. Signatures of Intended Parents and Surrogates



An invoice needs the following information:

1. Name of Service Provider
2. Name of Patient/Recipient of Service
3. Description of Service(s)
4. Date(s) of Service(s)
5. Cost of Service(s)

An invoice may have multiple services, like the one below. If you are submitting an invoice like the below, please ensure that you specify the amount that you are submitting this reimbursement for!

1. RMANORCAL
Reproductive Medicine Associates of North California
130 Spear St
San Francisco, CA 94105

Patient Invoice
Phone: (415) 962-8999
Fax: (415) 964-8124

Patient ID: 1234567
DOB: [Redacted]
Date of Birth: [Redacted]
100 Main Street
San Francisco, CA 94105

Birth Date: 01/01/1990
Service No: 2020
Billing Date: 05/10/2021
Service Date: 05/10/2021
Location: San Francisco
Physician: Dr. David

Insurance Snapshot	Policy Name	Insured	Payment Type	Amount
Aetna	F1120021408L1	Doc, Jane	Bill Insurance	\$0.00

Date	CPT Code	Description	Price	Mod	Dr. Codes
3/12/2021	9111	3. Ultrasound	\$300.00	\$0.00	
3/15/2021	9103	Venipuncture	\$100.00	\$0.00	
3/17/2021	9111	Ultrasound	\$300.00	\$0.00	
3/18/2021	3033	Progesterone	\$250.00	\$0.00	
3/19/2021	4444	HCG	\$250.00	\$0.00	
3/17/2021	3033	Anesthesia	\$3000.00	\$0.00	
3/10/2021	6006	Egg Retrieval	\$5000.00	\$0.00	
Total			5. \$9200.00		E2R.2

Helpful Tips and Tricks

If your company does require that you have a surrogacy agreement in order to submit expenses, all expenses should be submitted after your surrogacy contract is signed. Any expense that occurred before the contract was signed should be submitted within the required submission period after your contract has been signed.

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Maven Wallet: Surrogacy Expense Assistance

Escrow Account and Receipts

If your expense was paid via an escrow account, our team will need both the receipt from your escrow account and the receipt that shows the funding via an escrow account. If you did not pay via an escrow account, a receipt showing that the transaction has processed would be sufficient!

A **receipt** that shows payment from your escrow account needs the following information:

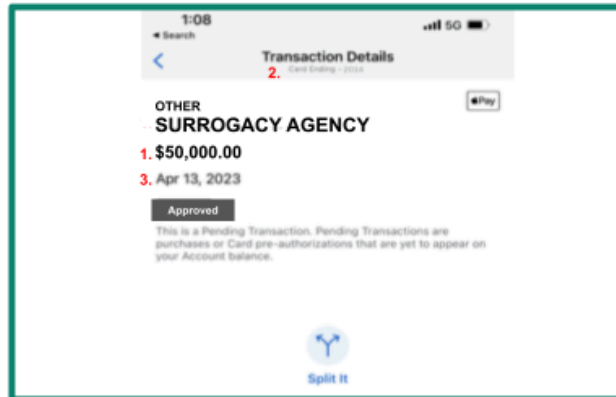
1. Cost of Service
2. Date of Payment
3. Name of Escrow Agency (we just need to see that this came from an escrow account!)

3. SeedTrust Escrow

Date	Amount	Description	Category
12/12/22	\$1,000.00	Escrow	Escrow
12/12/22	\$1,000.00	Escrow	Escrow
12/12/22	\$1,000.00	Escrow	Escrow
12/12/22	\$1,000.00	Escrow	Escrow
12/12/22	\$1,000.00	Escrow	Escrow
12/12/22	\$1,000.00	Escrow	Escrow
12/12/22	\$1,000.00	Escrow	Escrow
12/12/22	\$1,000.00	Escrow	Escrow
12/12/22	\$1,000.00	Escrow	Escrow
12/12/22	\$1,000.00	Escrow	Escrow

A **receipt** that shows the funding of your escrow account OR a receipt that was paid via credit card/check/wire needs the following information:

1. Cost of Service
2. Last four digits of payment method
3. Date of Payment



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FAQ

What if I've paid for an expense in cash?

If you use cash, please message us when you submit your documents that you have done so. This will help our team as we process your expense! Additionally, the invoice should have a balance of \$0.00.

If you use checks for payment, please provide a credit card statement or screenshot of your bank app that shows the funds being withdrawn from your bank account.

What documents do I need if I'm submitting a surrogacy travel or medical expense?

If you are submitting a surrogacy travel expense, we'll also need to see documentation of the travel reason. This documentation just needs to show why you were traveling (i.e. appointment invoice). If you're submitting a surrogacy medical expense, we'll need to see the invoice from the clinic as well.

What if I'm submitting a surrogacy expense that is outlined in my contract?

If you are submitting a surrogacy expense that is outlined in your contract (i.e. gestational carrier compensation), we'll need to see the page that outlines this expense in your contract as well. This, along with the screenshot from your escrow account can serve as the invoice for this expense!

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Letter of Medical Necessity Form - Maven Member Instructions

According to the Internal Revenue Code rules, some healthcare related services and products are only eligible for reimbursement from your health reimbursement arrangement (HRA) when your doctor or provider certifies that they are medically necessary. When required by your employer-sponsored Maven Wallet reimbursement program¹, submit this completed form with your claim submission as additional documentation. **This form should also be completed by the medical practitioner to confirm treatment is necessary for a specific medical condition.** Your provider can also submit a statement on their letterhead, as long as the letter includes all of the information on this form, including the certification of medical necessity. This information is strictly confidential and will be used only for the purposes of processing claims for reimbursement.

How to use the template form

Maven has developed this template form to assist you and your healthcare provider in providing the information we need to process your reimbursement claim. Your provider must indicate:

1. Your (or your spouse's or dependent's) specific diagnosis or condition as it relates to the service or product
 - a. *Note: The diagnosis must be specific. For example, a diagnosis of "elevated levels of triglycerides or cholesterol" is not specific. A diagnosis of "hypercholesterolemia" is specific.*
2. The specific treatment needed for the condition and description
 - a. *Note: The recommended treatment must be named and described by your licensed healthcare provider. A recommended treatment described as "doula care for pregnancy" or "vitamins for general health and wellness" is not enough information. Your provider must specifically name and describe the recommended treatment. For example, an acceptable description of treatment would be "I recommend a doula as necessary to address and support the unique physical and emotional needs of the patient with gestational diabetes during pregnancy, labor and postpartum."*
3. The start and end dates of treatment as it relates to the service or product
 - a. *Note: Your provider must state a specific treatment period (with clear start and end dates). Lifetime or indefinite lengths of treatment will not be approved. **You must submit a new letter of medical necessity at least each plan year** — they cannot be approved indefinitely.*
4. Certification that the treatment is medically necessary
 - a. *Note: Your licensed provider must complete, sign and date the form.*

Important things to remember

¹ Please refer to your employer-specific Program Overview to determine which expenses may be eligible under the program for reimbursement with a letter of medical necessity by your treating provider.

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Please keep a copy of all submitted documents for your records. Note: If a claim requires a Letter of Medical Necessity, the claim will not be paid until the Letter of Medical Necessity Form and any required supporting documentation is received. This form is subject to review and submitting this form does not guarantee that the expense will be reimbursed.

By submitting this letter of medical necessity, you certify that the expenses you are claiming are a direct result of the medical condition described, and you would not incur the expenses you are claiming if you were not treating this medical condition or diagnosis.

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Letter of Medical Necessity Form

Under Internal Revenue Code rules² some health care services and products are only eligible for reimbursement from your health reimbursement arrangement (HRA) when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your qualified dependent's) specific diagnosed medical condition, the specific treatment needed, the length of treatment, and how this treatment will alleviate your medical condition. Maven has developed this letter to assist you and your health care provider in providing the information needed in order to process your reimbursement claim. Your provider can also submit a statement on their letterhead, as long as the letter includes all the required information on this form. Services or products cannot be approved indefinitely. Submitting this form does not guarantee that you will be reimbursed for the expense.

To Be Completed By Maven Member

Patient First and Last Name: _____

Member Name (if different from above): _____

Member's Employer: _____

Certification & Signature

By signing below, I certify that the Medical Necessity and Provider Information and Certification sections were completed by the aforementioned treating healthcare provider. The expense I am claiming is not for general good health purposes but is the direct result of the medical condition as described by the healthcare provider. I also understand that this letter of medical necessity does not guarantee that the expense will be reimbursed under my plan.

Patient Signature _____

To Be Completed by Licensed Healthcare Provider

Description of Medical Necessity

Patient First and Last Name: _____

Medical Condition or Diagnosis: _____

Describe the recommended treatment. If recommending supplements, equipment, list specific name(s) and itemize. Reimbursements will be made according to listed items only:

Start Date of Treatment : End date of Treatment _____ : _____

Describe how the treatment will alleviate the medical condition _____

Recommending Provider Information & Certification

Print Name of Licensed Practitioner: _____

Provider License Number: _____

² IRC Sec 213 (d)

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Provider Phone Number: _____

Provider Address: _____

Certification & Signature

I certify that this service or product is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.

Signature _____

Date _____

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