

MAKE A FAMILY BENEFIT REIMBURSEMENT

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Amount

\$10,000 per calendar year; amount is not prorated based on how long employed during the calendar year, the full amount is available to anyone employed in the calendar year.

Eligibility

An "Eligible Employee" includes a regular Autodesk employee on the U.S. payroll regularly scheduled to work at least 20 hours a week. Services for the employee and their spouse/domestic partner are covered under this benefit. Independent Contractors, Consultants and Project Employees are not eligible for this benefit.

Reimbursement and taxes

The benefit is taxable income to you. After your submitted claim is approved by HealthEquity, you will receive reimbursement, minus applicable taxes, in your paycheck within a month.

Eligible expenses

The Make a Family Reimbursement Program covers four major expense categories:

1. Adoption
2. Surrogacy/Gestational Carrier, through an agency
3. Fertility services (e.g., for solo parenting or co-maternity), unrelated to infertility.
4. Egg/Embryo/Sperm Freezing costs, unrelated to infertility.

A more detailed list of eligible expenses under each category can be found when you log in to WageWorks/HealthEquity.

Ineligible expenses

Egg freezing and other services related to the disease of infertility are considered IRS Code Section 213(d) medical expenses that can only be paid through a health plan. Because the Make a Family program is not a health plan, services related to the disease of infertility are not eligible for reimbursement under this program. This is the case even if the services or costs are not covered by your medical plan. To learn about the infertility coverage available to you under all the Autodesk medical plans, please contact CareCounsel at 888-227-3334 or start a chat at www.carecounsel.com. If you are enrolled in a UnitedHealthcare (UHC) medical plan through Autodesk, you can also request a consultation with a UHC Fertility Solutions nurse by calling 866-774-4626.

Making the most of your benefit

If you are considering a family-making medical procedure unrelated to infertility, it's highly recommended that you reach out to Included Health at 1-800-929-0926 or <https://includedhealth.com/microsite/autodesk> for a no-cost consultation. Included Health can help you find network doctors for in-person visits and provide medical second opinions from nationally recognized experts specializing in your area of need. Included Health is available to employees and their family members (including spouses/partners, children, parents, parents-in-law, grandparents, and siblings). It is also highly recommended that you submit all medical expenses to your health insurance plan, even if you believe the expenses may be denied. Some services may be covered, which can help your \$10,000 per calendar year benefit to stretch further.

Instructions to file a claim for reimbursement

There are three methods to file a claim:

Method 1: Submit the claim online through the HealthEquity website:

1. Register and log in at www.healthequity.com/wageworks. In order to do so, you must know your ID Code, which is the last 4 digits of your SSN.
2. Under "Dashboard," click on "Submit Receipt or Claim" and follow the prompts to submit a claim.

Method 2: Submit the claim through the HealthEquity app:

1. Download the EZ Receipts app from the App Store or Play Store. Further instructions can be found [here](#).
2. Follow the instructions in the app to submit a claim.

Method 3: Submit a hard copy claim form:

1. Fill out the claim form, which can be found on the HealthEquity participant site at www.healthequity.com/wageworks.
2. Fax or email the form, along with the receipt.

Proof of expense

Along with submitting a claim form, you will need to provide proof of your expense(s) in the form of a receipt or other proof of payment. Proof will need to include the service provider name, date or period, amount, description of service, and must list the recipient's and employee's name. If you are submitting a claim on behalf of your domestic partner, additional proof will be requested from you.

Timing to submit claims

You can submit a claim form any time during the year. You have until March 31st of the following year to submit expenses for the previous year. Eligible expenses must be incurred and submitted for reimbursement while being an active employee. Specifically, services must be provided after an employee's hire date and a request for reimbursement must be complete before termination date.

Note to new employees: It can take up to two weeks before you are showing as active in the HealthEquity system, so it is suggested that you wait at least two weeks from your hire date before submitting any claims.

Contact with questions

You may contact HealthEquity at 877-924-3967 or visit their website at www.healthequity.com/wageworks.

This form does not add your domestic partner to insurance coverage.

If you have questions about how to add a dependent to insurance coverage, visit AskHR.

AUTODESK, INC.

ELIGIBILITY CERTIFICATION FOR NON-REGISTERED DOMESTIC PARTNERSHIP

This form does not need to be completed if your partnership is registered with a state or city.

I. Declaration

We, _____, and _____, certify:
employee name (print) non-registered domestic partner name (print)

Employee Initial	Non-Reg DP Initial	Employee and Non-Registered Domestic Partner - each initial to confirm you meet all of the following requirements.
		We are each other's sole domestic partner and intend to remain so indefinitely.
		We are engaged in a committed relationship of mutual caring and support, and are jointly responsible for our common welfare and financial obligations.
		We are both at least eighteen (18) years of age and mentally competent to consent to a contract.
		We are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside.
		We maintain the same residence(S) and intend to do so indefinitely.
		Neither of us is married to or legally separated from anyone else.

II. Acknowledgments

1. We have provided the information in this Certification for use by Autodesk, Inc. for the sole purpose of determining our eligibility for certain registered domestic partner benefits. We understand that the information provided in this form will be treated as confidential by Autodesk, Inc., but will be subject to disclosure; a) upon the express written authorization of the undersigned employee, or b) if otherwise required by law.
2. We understand that this Certification may have legal implications relating, for example, to our ownership of property, and that before signing this Certification we should seek competent legal advice concerning such matters.
3. We acknowledge that our Non-Registered Domestic Partnership began on or about:

Date _____.

We affirm, under penalty of perjury, that the statements in this Certification are true and correct. Falsification of this document in any way will require the undersigned employee to reimburse Autodesk for all company paid benefits based on these representations and may additionally result in termination of the employee's employment with Autodesk, at its sole discretion.

Employee Signature

Date

Non-Registered Domestic Partner Signature

Date

Please submit this form with your HealthEquity claim.