

AMP UNITED PER DIEM AGREEMENT

If you are required to work at a location away from your home, AMP United will reimburse you for some of your travel-related costs, up to AMP United’s standard amount for the area where you are working. AMP United uses a “per diem” payment that is intended to reimburse you for your approximate travel expenses, rather than require you to submit receipts documenting your expenses. **Per diem payments are not part of your compensation.** If your situation changes so that you are no longer incurring extra expenses from working away from your home, **you must notify AMP United Human Resources immediately and return any per diem that was paid for a day on which you did not have extra expenses from working away from your home area.**

You are not eligible for per diem if you live within 50 miles of the location where you are assigned to work or if you do not maintain separate household with ongoing expenses. You are not eligible for per diem if you have worked in the same location for the past 12 months or more (even if you maintain a separate home location). You are not eligible for per diem if you expect to work at the job site where you have been assigned for more than 12 months.

If you believe you are eligible for per diem, complete this form and turn it in to AMP United Human Resources. AMP United reserves the right to deny per diem payments pending verification of the information you provide and to suspend per diem payments. **By completing and submitting this form, you agree to the terms provided in this form,** including the per diem certification indemnity provision.

1. <u>Employee Name:</u>	2. <u>Employee Number:</u>
3. <u>Assigned Work Location</u>	4. <u>Employee Home Location</u> (City and State)
Per diem rate:	
5a. <u>Employee Driver’s License / Government ID Information:</u> State: Number: Address Listed:	5b. Have you worked at a location within 50 miles of the Assigned Work Location for the past 12 months or more? (circle one answer) <input type="checkbox"/> Yes <input type="checkbox"/> No
6a. Is your Home Location where you usually live and work? (circle one answer) <input type="checkbox"/> Yes <input type="checkbox"/> No	6b. If you selected “yes” in Item 6a, when was the last day you worked for pay in your Home Location? (Month/Year)

<p>7a. Do you not usually work in any one particular place? (for example, you usually work in one place for a few months, and then a different place for another few months, all while maintaining a household at your Home Location) (circle one)</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	<p>7b. If you selected “yes” in Item 7a, answer the following:</p> <ul style="list-style-type: none"> • Do you maintain a residence at your Home Location that you pay expenses for even when at your Work Location? (rent, mortgage, utilities, etc.) (circle one) <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> • When you are at your Home Location, do you usually do some paid work there? (circle one) <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> • Have you maintained other ties to your Home Location? (circle one) <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
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Per Diem Terms and Certification

1. I certify that all of the information I have provided on this form is true, correct, and complete to the best of my knowledge.
2. I understand that AMP United is relying on the information I provide to determine whether or not I am eligible for per diem payments.
3. In exchange for AMP United’s reimbursement of some of my travel-related expenses, I agree to immediately notify AMP United Human Resources in writing (or via electronic mail) if any of the information I have provided in this form changes.
4. **Indemnity:** In exchange for AMP United’s reimbursement of some of my travel-related expenses, I agree to indemnify and hold harmless AMP United, its officers, directors, members, affiliates, employees, agents, and representatives (the “Indemnified Parties”) from and against any and all damages, judgments, liabilities, fines, losses, costs, or expenses (including, but not limited to, reasonable attorneys’ fees) incurred by any Indemnified Parties as a result of any information I have provided on this form that is now or later becomes false or which, in any suit, demand, or civil, criminal, or administrative proceeding is alleged to be or have become false.

Signed: _____

Date: _____

Print Name: _____