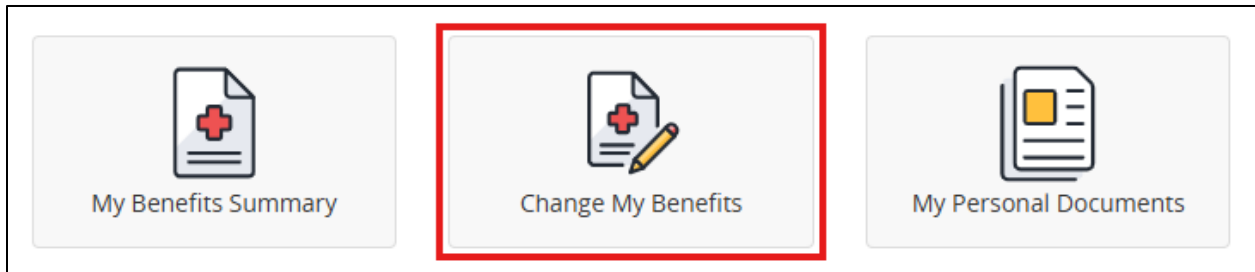


How to Complete your Attestation for the Mental and Financial Well-being Incentives

1. Login to [My Benefits](#).
2. Click “Change My Benefits.”



Then expand the “Life Event” menu and click “HIIP Attestation.”

Reason for Change

Search Reasons for Change

Select the reason for change that applies and enter the date of the event.


<p>► BASIC INFO</p> <p>Examples: Change of Address Change of Beneficiary</p>	<p>▼ LIFE EVENT</p> <p>Examples: Marriage/Divorce Birth/Death</p> <ul style="list-style-type: none">Birth, Adoption or Legal GuardianshipDivorce, Legal Separation, Annulment or Dissolution of domestic partnershipEmployee or Dependent Gains Benefits ElsewhereEmployee or Dependent Gains Medicare or Medicaid coverageEmployee or Dependent Loses Coverage ElsewhereEmployee or Dependent Loses Medicare or Medicaid coverageHIIP AttestationMarriage, Common Law or Establishment of Domestic PartnershipUpdate Dependent Care FSAUpdate HSAUpdate Life, LTD and/or AD&D
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3. In the HIIP Attestation window, insert today's date for the effective date of the change then click "Continue." **Please disregard the note that pops-up mentioning changes or coverage drops being effective. This will not make any changes to your current 2026 benefits.**

HIIP Attestation X

Reminder: Any resulting effective dates or termination dates will be based on the date of submission

What date are resulting changes effective? *



(MM/DD/YYYY)

Based on the date entered

- Any add or change in coverage will be effective on: **04/01/2026**
- Any coverage dropped or no longer continued will be terminated on: **03/31/2026**

Cancel Continue

4. Click the "Start Change" button at the bottom of the page.

Benefits Enrollment

Each year, we promote accountability for personal health through our [U.S. Health Improvement Incentive Program \(HIIP\)](#). This voluntary program encourages healthy behaviors, provides insights into potential health risks and offers opportunities to improve overall well-being.

For 2026, we have simplified the process to earn incentives and adjusted the deadline to Aug. 31, 2026. U.S. employees can continue to earn payroll incentive credits toward medical premiums by taking action in three focus areas - Physical, Mental and Financial Well-being:

Step 1: Complete a biometric screening to earn the Physical Well-being incentive and be eligible for the 2026 program: \$450/year

Step 2: Earn the Mental Well-being incentive: \$300/year
Watch an [on-demand webinar](#) provided by Concern between April 1 and Aug. 31, and complete an attestation through *My Benefits*.

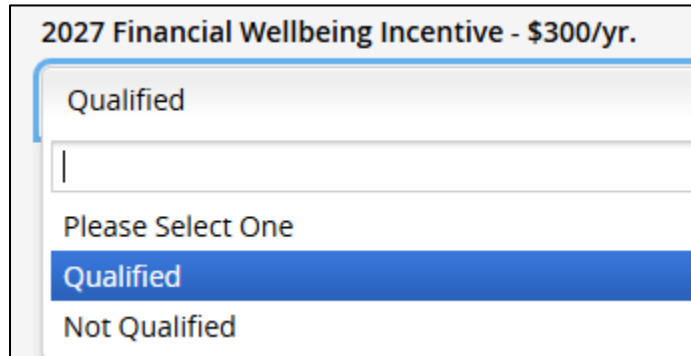
Step 3: Earn the Financial Well-being incentive: \$300/year
Complete one of the actions below between April 1 and Aug. 31, and submit an attestation through *My Benefits*.

- Log into [Fidelity Net Benefits](#) and register and attend a [live webinar](#) of your choice from the ConocoPhillips course selections.
- Attend an in-person meeting or workshop with Fidelity, where available.
- View an on-demand Fidelity workshop of choice through [Fidelity Net Benefits](#).

Please remember all employees are subject to the ConocoPhillips Code of Business Ethics & Conduct while participating in the U.S. Health Improvement Incentive Program, including at the time of attesting for incentives.

Start Change >

- To attest for the Financial Well-being incentive, change the status to “Qualified” if you have met the requirements, otherwise keep as “Not Qualified.”



2027 Financial Wellbeing Incentive - \$300/yr.

Qualified

|

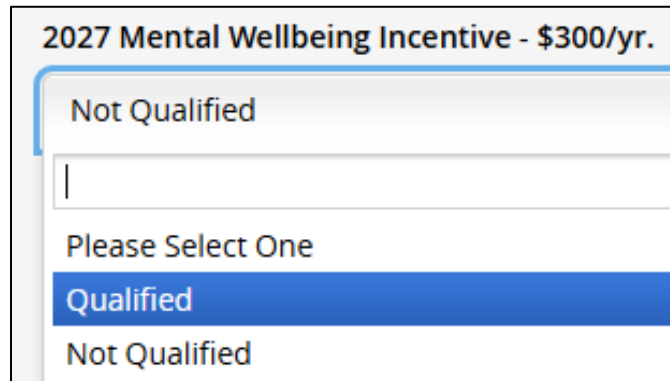
Please Select One

Qualified

Not Qualified

- Enter the date the activity was completed (the date must be between 02/01/2026 – 08/31/2026).

- To attest for the Mental Well-being incentive, change the status to “Qualified” if you have met the requirements, otherwise keep as “Not Qualified.”



2027 Mental Wellbeing Incentive - \$300/yr.

Not Qualified

|

Please Select One

Qualified

Not Qualified


- Enter the date the activity was completed (the date must be between 02/01/2026 – 08/31/2026).

****Note: You do not have to complete both attestations at the same time. If you have only completed the activity for a single incentive, you can complete that section, save and submit your changes and come back at a later date to complete the second incentive attestation.***

9. Click the “Next” button at the bottom of the page to continue to the review page.

10. Scroll down to the bottom of the Review page and click “Submit Elections” to submit your attestation.

Review Enrollment



You're almost done! Please review your elections below.
You must click the **Submit Elections** button below to complete your enrollment.

▶ About You

Total Cost **\$0.00**
Monthly

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your Evidence of Insurability (EOI) by the carrier.

◀ Back

✔ Submit Elections

11. Click “I Agree” to finish the attestation and return to the homepage.

Confirmation

By selecting “I Agree” you have confirmed your benefit elections for the next plan year of January 1 through December 31.

By selecting “I Disagree” your changes will not be submitted.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

✘ I Disagree

Total Employee Cost: \$0.00
Monthly

✔ I Agree