

Fax to (904) 543-2197
 Attn: Kelly Kristoff or
 Scan and email to
 KellyKristoff@PGATOURHQ.com



Or Mail to PGA TOUR
 Kelly Kristoff
 100 PGA TOUR Boulevard
 Ponte Vedra Beach, FL 32082

PGA TOUR/Champions Tour Caddies Insurance Claim Form January 1, 2020 – December 31, 2020

Name	Social Security Number (or Tax ID #)* _____ - _____ - _____
Mailing Address	Email Address
City State Zip	Phone Number ()
<p>*If you have not yet submitted a W-9 (or W-8BEN) please attach it to this claim form.</p> <p>Please be reminded that this plan year runs from January 1, 2020 - December 31, 2020</p> <p>Claims for this plan year must be submitted by April 30, 2021</p>	

Premium Month	Requested Amount (max \$625)
January, 2020	
February, 2020	
March, 2020	
April, 2020	
May, 2020	
June, 2020	
July, 2020	
August, 2020	
September, 2020	
October, 2020	
November, 2020	
December, 2020	
Total Amount Requested	\$

This claim will not be processed without your signature.	
I certify that the expenses listed above have been incurred by me. I understand that “expense incurred” means the service has been provided and has not been reimbursed, and I will not seek reimbursement from another source. <i>I also understand this payment is taxable income to me.</i>	
Participant Signature X	Date

If you wish to receive electronic payments you must submit the direct deposit form.

****This document will not be returned. Send copies of receipts. Do not send originals.****