

Fax to (904) 273-3463
 Attn: Leslie Manna or
 Scan and email to
LeslieManna@PGATOURHQ.com



Or Mail to PGA TOUR
 Leslie Manna
 1 PGA TOUR Boulevard
 Ponte Vedra Beach, FL 32082

**PGA TOUR/CHAMPIONS TOUR
 Caddie Health Insurance Premium Reimbursement Claim Form
 January 1, 2023 – December 31, 2023**

Name	Social Security Number (or Tax ID#)*
Mailing Address	Email Address
City State Zip	Phone Number ()

***If you have not yet submitted a W-9 (or W-8BEN) please attach it to this claim form.**

Please be reminded that this plan year runs from **January 1, 2023 - December 31, 2023**

Claims for the 2023 plan year must be submitted by April 30, 2024

Premium Month	Requested Amount (max \$750)
January, 2023	
February 2023	
March, 2023	
April, 2023	
May, 2023	
June, 2023	
July, 2023	
August, 2023	
September, 2023	
October, 2023	
November, 2023	
December, 2023	

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 also understand this payment is taxable income to me.*

Participant Signature X	Date
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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.****