

Fax to (904) 273-3463  
 Attn: Leslie Manna or  
 Scan and email to  
[LeslieManna@PGATOURHQ.com](mailto: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 \$625)
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 <b>X</b>	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.\*\***