

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, 2024 – December 31, 2024**

Name	Social Security Number (or Tax ID#)*		
Mailing Address	Email Address		
City	State	Zip	Phone Number (     )
<p><b>*If you have not yet submitted a W-9 (or W-8BEN) please attach it to this claim form.</b></p> <p>Please be reminded that this plan year runs from <b>January 1, 2024 - December 31, 2024</b></p> <p><b>Claims for the 2024 plan year must be submitted by April 30, 2025</b></p>			

Premium Month	Requested Amount (max \$750)
January, 2024	
February 2024	
March, 2024	
April, 2024	
May, 2024	
June, 2024	
July, 2024	
August, 2024	
September, 2024	
October, 2024	
November, 2024	
December, 2024	

**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.*

<b>Participant</b> 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.\*\***