

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, 2025 – December 31, 2025

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, 2025 - December 31, 2025	
Claims for the 2025 plan year must be submitted by April 30, 2026	

Premium Month	Requested Amount (max \$750)
January, 2025	
February 2025	
March, 2025	
April, 2025	
May, 2025	
June, 2025	
July, 2025	
August, 2025	
September, 2025	
October, 2025	
November, 2025	
December, 2025	

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.*****