



**CLAIM #3**Date of Purchase (MM/DD/YYYY)  
\_\_\_\_\_**Expense type (check one) Category:**

- Fitness Center Membership Fees    Group Exercise Class Fees  
 Weight Management Program Membership Fee    Personal Training Fees    Nutrition Counseling Fees  
 Exercise Equipment    Multi-purpose Well-being Tracking Devices    Mobile App Subscription Fees  
 Organized Sport Fees    Body Weight Scale  
 Sport & Recreation Lesson Fees

**Total Expense Amount****Amount Requested**  
\_\_\_\_\_**CLAIM #4**Date of Purchase (MM/DD/YYYY)  
\_\_\_\_\_**Expense type (check one) Category:**

- Fitness Center Membership Fees    Group Exercise Class Fees  
 Weight Management Program Membership Fee    Personal Training Fees    Nutrition Counseling Fees  
 Exercise Equipment    Multi-purpose Well-being Tracking Devices    Mobile App Subscription Fees  
 Organized Sport Fees    Body Weight Scale  
 Sport & Recreation Lesson Fees

**Total Expense Amount****Amount Requested**  
\_\_\_\_\_**TOTAL AMOUNT– This is the total of the Fitness Reimbursement Account claims listed above.**  
\_\_\_\_\_

If more lines are needed, please complete another claim form.

**Signature Required**

I'm requesting reimbursement for the expenses listed above. By signing below, I certify (promise) that:

I certify that I have incurred each expense on this form and the amount(s) requested are my out-of-pocket expenses for products and/or services provided for me that qualify as a valid expense under my Fitness Reimbursement Account. I understand that "incurred" means that the service has been provided. This is regardless of when I am billed, charged for or pay for the service. I have not received reimbursement for any of these expenses. I will not seek reimbursement elsewhere, including from a Health Savings Account (HSA). If I receive reimbursement, I and (if married) my spouse will not claim these same expenses on our income tax return. I have received and read the printed materials for the plan. I agree to all of the terms and conditions of the plan. Any person who, knowingly and with intent to defraud, files a statement of claim containing any material false, incomplete or misleading information is guilty of a crime.

**Sign Here:****Date (MM/DD/YYYY)**  
\_\_\_\_\_**Financial Sanctions Exclusions (Anti-Money Laundering-AML):**

PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions. Per IRS regulations, reimbursements from your Fitness Reimbursement Account are considered a taxable benefit. The value of the item redeemed will be included as income on a future paycheck, resulting in applicable Federal, State and local taxes being withheld and your net regular wages being reduced by the amount of the withholding.