

BARIATRIC SURGERY EXPENSE REIMBURSEMENT REQUEST FORM

Employee Name:		Date:		
Job Title:	Depar	tment:		
Preferred Contact (please circle whether home o	r work)			
Home/Work Phone:	Home/Work Email:			
EXPENSES SUB	MITTED	FOR REIMBURS	EMENT	
Type of Service	Service Provider	Date(s) of Service	Amount	
		Total		

Employee Statement of Understanding

I certify that I am eligible to participate in the Bariatric Surgery Expense Reimbursement Policy. That is, I am either: an active full or part-time employee with a benefits-eligible title and participating in the Fanatics Health Plan; or eligible to participate under the terms of a collective bargaining agreement that covers my employment.

I certify that the receipts or cancelled checks that I am submitting are qualified expenses under the Bariatric Surgery Expense Reimbursement Policy.

I understand that Fanatics does not make any commitment or guarantee that amounts paid to me under the Bariatric Surgery Expense Reimbursement Policy will be excludable from my gross income for federal, state or local income tax purposes, or that any other federal tax treatment will apply to or be available to

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me. I understand that it is my obligation to determine whether payments made under Bariatric Surgery Expense Reimbursement Policy is excludable from my gross income for federal income tax purposes.

Signature of Applicant:

Date:

Note:

This form can only be used for eligible bariatric claims incurred between July 1, 2022 and June 30, 2023. You must have been eligible for the benefit at the time you incurred the claim.