



**INFERTILITY TREATMENT EXPENSE
REIMBURSEMENT REQUEST FORM**

Employee Name:	Date:
Job Title:	Department:
Preferred Contact (please circle whether home or work)	
Home/Work Phone:	Home/Work Email:
Name of Spouse/Partner (if seeking reimbursement for expenses incurred by non-employee spouse or partner): Is this person a Fanatics Employee: Yes No	

EXPENSES SUBMITTED FOR REIMBURSEMENT

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 Infertility Expense Reimbursement Policy. That is, I am either: an active full or part-time employee with a benefits-eligible title; 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 Infertility Expense Reimbursement Policy.

I understand that Fanatics does not make any commitment or guarantee that amounts paid to me under the Infertility 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 me. I understand that it is my obligation to determine whether payments made under Infertility 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 fertility 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.