

GENDER AFFIRMING THERAPY EXPENSE REIMBURSEMENT REQUEST FORM					
Job Title:	Depar	tment:			
Preferred Contact (please circle whether home or	r work)				
Home/Work Phone:	Home	e/Work Email:			
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 Gender Affirming Therapy 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 Gender Affirming Therapy Expense Reimbursement Policy.

I understand that Fanatics does not make any commitment or guarantee that amounts paid to me under the Gender Affirming Therapy 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 Gender

Affirming Therapy 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 gender affirming 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.