

**OFFICER HOME FITNESS EQUIPMENT REIMBURSEMENT FORM**

Sammons Financial Group will pay a portion of an officer’s expense for the purchase of one piece of home fitness equipment. The Company’s portion of the reimbursement is up to $1,500 every 3 years. The 3 year time line will begin as of the date of reimbursement. All receipts must be turned in within 90 days of purchase in order to qualify.

Receipts submitted for reimbursement of fitness equipment must contain the following: Name of merchant where the equipment was purchased

Employee name

Type of equipment, i.e. treadmill, stair stepper, weight bench, etc. Cost of equipment including any sale price, discounts and sales tax Date paid and form of payment

Reimbursement for the purchase of home fitness equipment will occur only once during a 3 year eligibility period. Employee’s choosing to participate in the home fitness equipment program waive the benefit of a yearly membership reimbursement for 3 years. The amount of reimbursement will be the amount of the equipment purchased only, up to the maximum benefit amount.

**Please send reimbursement form and receipt to the Payroll department in Sioux Falls using one of the following:**

**Email:** **Payroll@SFGMembers.com**

**Fax: 605-373-8667**

**Reimbursements will be made directly to the individual through payroll. Reimbursement will occur with the next pay period following receipt of the form**.

All fitness equipment is subject to approval.

\*\*The amount of reimbursement provided by the company must be treated as income and is subject to Federal and State Income Tax withholding and Social Security withholding. The value of the reimbursement will be grossed up to include the applicable taxes. The total reimbursement amount will be reported as income on each individual’s year-end W-2 form.

**By submitting this form you hereby agree to the arrangements outlined within this agreement.**

Employee’s Name: Click or tap here to enter text.

Type of Equipment: Click or tap here to enter text.

***PAYROLL USE ONLY – DO NOT WRITE BELOW THIS LINE***

Company Authorized Signature

Date

Reimbursed Amount

*Revised JMZ 5- 2020*