**OFFICER FITNESS MEMBERSHIP REIMBURSEMENT FORM**

Sammons Financial Group will pay a portion of an Officer’s expense for a membership to a fitness center, gym, golf facility or Country Club (excluding a social membership) or alternative fitness activity. The Company’s portion of the membership is based on the level of the officer. The 12 month time period will begin as of the date of reimbursement.

Sr. VP and above – up to $5,000/yr maximum

AVP –VP up to $1,500/yr maximum

Receipts submitted for reimbursement of membership benefits must contain the following:

* Name of facility or club
* Employee name
* Level of membership, i.e. single, family, couple, etc
* Cost for each membership
* Term of membership, i.e. March, 2020 to February 2021
* Date paid and form of payment

Handwritten receipts on facility or club letterhead will be acceptable if accompanied by a copy of a cancelled check, bank statement or credit card statement. Reimbursements will be paid only once during a 12 month period and for the cost of membership only.

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

# Email: [Payroll@SFGMembers.com](mailto: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.

\*\*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.

Place of Membership: Click or tap here to enter text.

Membership Payment Frequency: Choose an item.

Type of Membership: Choose an item.

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

Company Authorized Signature

Date

Reimbursed Amount

*Revised JMZ 5/2020*