TAXSAVER PLAN

Paymentech Fitness Reimbursement Claim Form

__Paymentech_____
Name of Employer

_____ _____
Employee Last Name **Employee First Name**

_____
Employee Social Security Number

I have incurred the following expenses that qualify for reimbursement under the provisions of this Plan:

Fitness Facility Dues **$_____**

Reimbursement Expenses: You must submit a receipt that substantiates the date of the fitness facility dues, amounts paid and the name of the fitness facility. If you are submitting a debit or credit card record from an account, please be sure to include a copy of your contract with the fitness facility once a year. If you are paying a family membership fee, the amounts paid for your family are not considered reimbursable.

_____ _____
Employee Signature **Date**

Submit Expenses To:

Taxsaver Plan
PO Box 609002
Dallas, TX 75360
Fax 214-528-8122
claims@taxsaverplan.com (attach tiff or jpeg files scanned at a low resolution)
800-328-4337 – www.taxsaverplan.com