HealthEquity | WageWorks
www.healthequity.com

Wellness Allowance
Reimbursement Claim Form

PIXAR WELLNESS ALLOWANCE
REIMBURSEMENT CLAIM FORM INSTRUCTIONS
PLEASE READ THIS BEFORE SUBMITTING YOUR CLAIM FORM

You will need to provide two pieces of documentation with your claim form:

For the expense documentation, bank or credit card statements are acceptable as long as the required information is included. For the proof of visits, you can have the gym, studio, or instructor certify the date(s) of your visits. If you submit receipts for anything other than your single membership, like a dual or family membership, you must provide documentation and indicate how much an equivalent single membership would cost.

If you belong to a fitness center, you can have the fitness center manager confirm both your per-paycheck contribution and your number of visits on the fitness center reimbursement form available in the wellness section of www.wageworks.com.

Reimbursements will be processed on a weekly basis. You must submit your expenses for the plan year by October 31 of the current calendar year to be reimbursed.

Reimbursements are paid via your paycheck and are taxable income to you.

CLAIMS FILING Q&A

Q. How do I receive reimbursement?

A. Complete the claim form and submit to the fax number indicated on the form, along with appropriate documentation. Such documentation may include a receipt, credit card/bank statement, document on fitness club letterhead, or any other official documentation.
The following information should appear on the receipt:
(1) employee's name, (2) name of the service provider, (3) description of service, (4) payment amount (cost), and (5) service date/period. If you submit receipts for anything other than your single membership, such as a dual or family membership, you must provide documentation and indicate how much an equivalent single membership would cost.

Q. Can I submit for reimbursement online?

A. Yes, You may submit at www.wageworks.com or via the WageWorks EZ Receipts® mobile app.

Q. Can I submit multiple receipts on the same claim form?

A. Yes. You may submit multiple receipts on the same claim form.

WageWorks
www.wageworks.com

Wellness Allowance

Pay Me Back Claim Form

Claim Filing Options:

- **Toll-free fax**: (877) 353-9236
  Fax each claim form separately to ensure quick processing
- **Or, Mail to:** Claims Administrator, PO Box 14053, Lexington, KY 40512

PROGRAM SPONSOR: PIXAR ANIMATION STUDIOS, INC. WW ER ID: 1146

PIXAR EMPLOYEE INFORMATION

Last Name

First Name

Last 4 of your SSN

Zip Code

Birth Month/Day (MM/DD)

Email address (complete only if new)

CERTIFICATION AND AUTHORIZATION

I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible wellness expenses incurred by myself while I was an eligible participant in this program. I have not and will not seek reimbursement for these expenses from any other program or party. Use of this service indicates my acceptance of the WageWorks User Agreement (available upon registration at www.wageworks.com; enter user name and password or click on First Time User? link).

Signature of Account Holder:____________________ **Date:**____________

CLAIMS FILING INSTRUCTIONS

Complete this form in its entirety and submit to the fax number indicated above along with an appropriate receipt.

RECEIPT REQUIREMENTS

You must submit a receipt with each claim. The following information must appear on the receipt: (1) name of service provider, (2) itemized description of service, (3) cost, (4) service period / date, and (5) employee's name.

CLAIMS FOR ELIGIBLE WELLNESS ALLOWANCE EXPENSES *Complete one line for each expense.*

DESCRIPTION OF EXPENSE	EMPLOYEE'S NAME	MONTH START DATE (MM/DD/YY)	MONTH END DATE (MM/DD/YY)	TOTAL COST
				$
				$
				$
				$

YOU MUST PROVIDE AN APPROPRIATE RECEIPT FOR EACH AMOUNT ABOVE.

TOTAL THIS FORM $ 0

MORE EXPENSES? Complete another form.