



Employee Name_____

Employee ID# _____

Date of Service _____ Reimbursement # 1 _____ (mm-dd-yyyy)

Facility Name:

Requested Amount _____

Reimbursement # 2 (mm-dd-yyyy)

Date of Service _____ (mm-dd-yyyy)

Facility Name _____

Requested Amount _____

Reimbursement # 3 (mm-dd-yyyy)

Date of Service _____ (mm-dd-yyyy)

Facility Name _____

Requested Amount _____

Gym Reimbursement Submission Steps

% Complete the form

- Fill out all required fields.
- Include your Employee ID at the top of the form.
- Use the following format for the Employee ID: [] ^ c ^ A A { }

" Save and send the email

- Access to the helpdesk is available for all documents and scanned forms.
- Send email using your NXP email address.
- Send to: hr.helpdesk.amr@nxp.com.
- Subject Line: Gym Reimbursement.
- On the subject line, add the following text: `^@^a^ a^@^æ^ ^ ^á^&^a^o^Á^&^æ^ .Á`

Documentation You'll Need to Provide

It's important that you provide the appropriate receipt with your claim. Employees must submit the payment receipts **from the service provider or facility** to claim Gym reimbursement **with their name**. Transaction history, credit card or bank statement, money transfer app receipts etc., will not be accepted. The receipt must always contain the following and **must be saved in PDF format**:

- Full name of the employee (must match the name on the claim).
- Name of service provider or facility (the gym or fitness center's name (e.g., Planet Fitness, YMCA, etc.).
- Date of service (the actual date the service was provided, or the membership was paid for).
- Description of service ((Should clearly state what the payment was for (e.g., Monthly gym membership etc.).
- Total purchase amount (the full amount paid for the service).

Eligible and Ineligible Expenses

Eligible: Fitness centers, fitness classes and personal training

Ineligible: Acupuncture, apparel/clothing, chiropractor, exercise equipment, Evolt and Dexa scans, food and supplements, health education, high risk activities (horseback riding, snowboarding, scuba diving, rock climbing/gyms, skiing, sky diving and more), league and league fees (recreational activities, rounds of golf, driving range fees, soccer league fees, basketball league or play or any leagues not listed), massage, physical therapy, race entries, rentals of any kind (lockers, kayaks, stand up paddles, canoes and more), subscriptions, weight management, watches or any smart/tracking devices. A more in-depth list can be found at nxp.com/benefits. The list is not exhaustive. The absence of an activity does not imply that it is eligible.

Employee Certification

Employee Certification
By submitting your claim, you're acknowledging that your claim complies with the certifications listed above. It is paid only to NXP employees and hence, the amount will get divided in case of joint/group membership (Note: The employee name must be on the receipt to get reimbursed). Employees must be active as of the date the payment is to occur. I hereby certify that the above information is correct and that the expenses for which I've requested reimbursement, or for which I'm validating:

- Were incurred for services received by me under the plan and were for services furnished on or after the date my wellness program took effect.
- Haven't been previously reimbursed in any other way or from any other source and won't be submitted for future reimbursement and don't include any amounts that are otherwise payable by plans for which I am eligible.

Employee's Signature _____ Date _____

Important Reminders

Keep a copy of the receipt(s) for your records. The amount reimbursed is considered taxable income to you and is reported on your IRS Form W-2. You will receive reimbursement through Payroll within two pay cycles from the date the claim was approved. Request for reimbursement must be made by January 31 of the following year.