

CANADA GYM REIMBURSEMENT REQUEST FORM

NXP fitness reimbursement offers employees in Canada the opportunity to be reimbursed for up to \$300 annually to promote a healthy and balanced lifestyle.

EMPLOYEE INFORMATION						
Last Name	First Name	NXP Work ID	Facility Name		Total Amount Requested (CAD):	
Work Email	Municipality	Province	Pho	ne Number	Date of service:	
ELIGIBILITY						
All full-time or part-time indeterminate employees, intern or Coop student employees are eligible to participate. Contractors or temporary employees are not eligible for participation. The employee must be on active payroll to claim for reimbursement. If you resign from the organization your claim must be submitted prior to your last active working day with NXP and it may be pro-rated related to your amount of active service.						
		REMENTS				
NXP will reimburse a maximum of \$300 CAD per year (the equivalent of \$25/month), toward your monthly membership fees at any health or fitness facility.						
 Expenses must be: Incurred while you are an eligible NXP employee, and For services already rendered (not future dated services), and Submitted for reimbursement by no later than March 31 of the year following the date of service. 						
Eligible expenses are: Fitness and Sports Activities, Employee Membership Fees for a Fitness Facility and Health Education-Related Activities.						
Examples of Non-Eligible Expenses: Health Food or Supplements, High-Risk Sports Activities, Locker Rental Fee, Membership Fees for Family Members, Personal Trainers, Sports Apparel & Equipment.						
REIMBURSEMENT INSTRUCTIONS						
To have your claim approved, please sign this form, scan it in it as an attachment along with a copy of your claim to hr.helpdesk.amr@nxp.com with the required documentation.						
Subject line: Please include "Gym Reimbursement". Please remember to include your Employee ID at the top of this form and in the title of this document when you save it. You must email this form from your NXP email address in order for it to be successfully received by the HR Helpdesk Team.						
Receipts should be translated to English, if they are originated in a non-English language.						
Amounts paid pursuant to this policy are considered at taxable benefit.						

 Documentation You'll Need to Provide It's important that you provide the appropriate receipt w contain the following and must be saved in PDF formation Your name Name of service provider or facility Date of service Description of service Total purchase amount 	at:			
CERTIFICATION OF INFO	RMATION PROVIDED			
 I request reimbursement for eligible fitness expenses up to a maximum of \$300 CAD per year. I understand this is a taxable benefit and I am responsible for tax amounts owed. I hereby certify that all information that I have given is accurate. 				
Employee Signature	Date			