

Fitness Benefit

If you have Cigna benefits, we've got a healthy incentive for you!

As a customer of the Cigna Medical Plan and an employee of **Draftkings Inc.**, you are eligible for a fitness reimbursement of up **to \$300 per calendar year** in qualified health club membership fees, fitness class fees or online fitness class subscriptions.

What kind of health club membership or fitness class may qualify?

Start exercising your option by picking a qualified full-service health club that works for you. The facility you choose *must* have a vast array of cardiovascular and strength-training exercise equipment, such as traditional health clubs and YMCAs. You may also attend fitness classes at a qualified health club or studio without an annual membership. Online fitness class subscriptions (e.g. Daily Burn, Peloton, Beachbody) also qualify for the Fitness Reimbursement.

What does not qualify?

Health clubs or studios that do not qualify include martial arts centers, gymnastic facilities, country clubs, tennis, pool-only facilities, social clubs, or sports teams and leagues. Fees for personal training, lessons, coaching and exercise equipment or clothing purchases will *not* be covered.

Here's what you need to do:

At the time of reimbursement submission, the Cigna customer must be a current **Draftkings Inc.** employee and be a customer of the Cigna Medical Plan to be eligible for this reimbursement.

Reimbursement is based on your total receipts up to \$300 per calendar year. Reimbursement forms and receipts must be completed once per calendar year and submitted no later than March 31st of the following calendar year.

Simply send to Cigna:

- Completed Fitness Reimbursement Form
- Dated, original receipts from your health club/ studio/subscription or copies of bank or credit card statements (black out any reference to account or credit card numbers) showing:
 - The Cigna customer's name
 - Individual charges of each health club membership, fitness class fees or online fitness class subscription.
- Sign, date and mail the completed Fitness
 Reimbursement Form and the above information to the address below:

Cigna Health Promotions 1750 Elm Street, Suite 800 Manchester, NH 03104

Please allow 8-10 weeks for processing. If you have any questions, please call Customer Service at 1.800.244.6224.

FOR COVERED EMPLOYEES OF DRAFTKINGS INC.



Fitness Reimbursement Form

PLEASE PRINT ALL INFORMATION CLEARLY

Cigna ID Number	Last Name	Fir	rst Name	Middle Initial
Cigila ib Nullibel	Last Name	1 "	3t Name	Wildale IIIItlai
Home Address - Num	ber & Street	City	State	Zip Code
Employer's Name	PRAFTKINGS INC.	Gender: □ Male	□ Female	Date of Birth (MM/DD/YYYY):
		WHEN TO SUBMI	TFORM	
 After you have collected \$300 in receipts from a qualified health club, studio or online subscription. 				
 Once per calendar year, submit no later than March 31st of the following calendar year. 				
 At the time of reimbursement submission, the Cigna customer must be a current Draftkings Inc. employee and be a customer of the Cigna Medical Plan to be eligible for this reimbursement. 				
CLUB/CLASS INFORMATION REQUIRED (Attach itemized receipts)				
Name and Address of Health Club, Studio or Online Subscription				Dates of Service:
-		T		
Total number of receipts attached: Total Charges: \$				
Total Reimburseme	ent Amount Requested	: \$		
All fitness reimbursements will be sent to the Cigna customer's home address listed above.				
	•	•	alth club membership. I ce and has not been previou	•
Cigna Customer's Signature:Date:				
	•	-	address. Please allow 8-10.244.6224 for Customer Ser	·

Cigna Health Promotions 1750 Elm Street, Suite 800 Manchester, NH 03104

Note: If services are denied, a denial letter will be sent to the Cigna customer's home address. Please be sure to keep copies of your form and receipts, Cigna will not return any receipts or claim forms. The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.