

Adoption Assistance Reimbursement Request Form

Coordination with Other Benefits

At the time of placement, you may add your child to your medical and group life insurance policies. In addition, qualified employees may enroll in the Dependent Care Reimbursement Account. Any additions to your benefits plan must occur within 30 days of placement. You will need completed change forms and copy of the adoption City _____

Home Telephone # _____

Date Adoption Finalized _____

Eligible Adoption Expenses (An itemized statement of expenses may be attached in lieu of completing the following)

Date Paid	Amount	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Expenses: _____
x .80%

Eligible for Reimbursement _____ (\$3,000 maximum)

- Please attach receipts in U.S. dollars for all expenses listed above.
- Applicable federal, state, and local taxes will be withheld from your reimbursement.

I have read and understand the adoption assistance policy on reverse of this and I certify that the information I've provided is accurate to the best of my knowledge.

Employee name (print)

Signature

Date

Employee signature

Date

Adoption Assistance Policy

The University will reimburse an eligible employee 80% of specific, documented, and itemized adoption expenses up to a maximum of \$6,000 in total reimbursement. Such expenses include licensed agency fees, legal expenses, state-required home study fees, uninsured medical expenses of the birth mother, and charges for temporary foster care before placement.

Reimbursement will occur after the adoption is finalized. Itemized expenses must be presented for reimbursement. The maximum reimbursement to a University employee during his/her total employment with the University is \$6,000.

In cases where the adopting parents are both University employees, the reimbursement is paid only once to the family unit per adoption, not to each University employee individually.