Adoption Assistance Reimbursement Request Form

Coordination with Other Benefits

At the time of placement, you may a your child to your medical and grouifie insurance policis. In addition, qualified employees may enroll in the Dependent Care Reimbursement Account. Any additions to your benefits plan must occur within 30 days f placement. You will need complete dark forms and a py 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 r	naximum)
x Please attach receipts in Ux Applicable federal, state, a	J.S. double all expenses listed and local taxes will be withhel		reimbursement.
I have read and understand the ad	option assistance politice cerve	erse of this a	and I certify that the information

I've provided is accurate tube best of my knowledge.

Signature

Date

Employee signature

Employee name (print)

Date

Adoption Assistance Policy

The University will reimburse an eligite employee 80% of specific, documented, and itemized adoption expenses up to a maximut \$30,000 in total reimbursement. Such expenses include licensed agency fees, legal expenses equired home study fees, uninsured medical expenses of the birth mother, and charges for porary foster care before placement.

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

In cases where the adopting parents are **both**ersity employees, the reimbursement is paid only once to the family unit per adoptiont, **to**peach University employee individually.