



Adoption Assistance Request Form

Employee Name: _____ SS#: _____

Qualifying Expenses Incurred:

	Amount	Comments
Adoption Fee	_____	_____
Legal or Court Fee	_____	_____
Travel	_____	_____
Medical*	_____	_____
Other**	_____	_____
Total	_____	_____

*not covered by insurance

**details must be provided

Amount Approved _____ (not to exceed \$5,000)

Upon completion of the adoption the employee must provide documentation in order to be reimbursed for qualifying expenses. The amount reimbursed will be added to the employee's taxable earnings for FICA (6.2%) and Medicare (1.45%) withholding, but is not subject to income tax withholding. Reimbursements may be subject to income tax for employees with adjusted gross incomes in excess of certain limits. Consult your tax advisor for details.

The information provided is accurate and eligible for reimbursement under the Adoption Assistance Policy:

Employee Signature: _____ Date: _____

Company Representative: _____ Date: _____