



# ADOPTION REIMBURSEMENT APPLICATION

Employee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street, City, State & Zip Code

Department: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name of Adopted Child: \_\_\_\_\_

Source of Adoption (i.e. private, agency, foreign, church, etc.): \_\_\_\_\_

Name and address of Source: \_\_\_\_\_

Is this adoption final?  Yes  No

Have you attached a certified copy of the birth certificate or court decree?  Yes  No

Are these expenses related to:  Legal  Medical  Agency or Placement

Total amount being requested for reimbursement? \_\_\_\_\_

Please attach receipts or copies of cancelled checks to provide proof of adoption expenses.

★★ If your joint or single Adjusted Gross Income exceeds certain IRS limits, this adoption assistance is required to be added to your Gross Income and may be taxable. Please consult your tax advisor to get more information.

\_\_\_\_\_  
Signature of employee applicant \_\_\_\_\_  
Date

Reminders: Verify with EBS representative that all benefits relating to adoption are current.  
Meet with Employee Health Coordinator to discuss leave of absence requirements, if necessary.

## *Human Resources use only*

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Employee notified by: \_\_\_\_\_  
Name of HR representative Date

Dollar amount approved: \_\_\_\_\_

Date Check issued: \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_