

ADOPTION ASSISTANCE CLAIM FORM

All regular, benefits-eligible employees at the University of Chicago, who are building a family, may be eligible for financial support to help defray expenses related towards the costs associated with adopting a child. Qualified adoption expenses are reasonable and necessary adoption fees, court costs, attorneys' fees, and other expenses directly related to, and whose principal purpose is for, the legal adoption of an eligible child. An eligible child must be under age 18 (unless a special needs adoption), not be of the employee's spouse, University-Registered Same-Gender Domestic Partner or Illinois Civil Union Partner or part of a permanent family.

Please complete this form and return to Benefits, along with a copy of itemized bills, receipts/cancelled checks for each expense listed below as well as a copy of paperwork that demonstrates that a legal adoption has been finalized. If approved, the reimbursement amount will be included as taxable income on your paycheck and reported on your annual W2. Applications must be submitted no later than 90 days after the placement/adoption of an eligible child. Reimbursements will not be payable without a prior "Notice of Intent to Adopt" on file. Please refer to the Adoption Assistance Program policy for details.

There are several steps you may need to take in relation to your benefits when you become a new parent. If you are a medical, dental or vision plan participant, you may wish to increase your coverage to include your child. For details on how to make your changes, visit <http://humanresources.uchicago.edu/lifework/life/> *All changes must be completed within 31 days of the child's adoption date.*

Employee Name: _____ Last 4 of SSN: XXX - XX - ____ - ____
 Department Name: _____ Work Phone: _____
 Email Address: _____

Eligible Adoption Expenses:

Date of Expense (mm/dd/yyyy)	Paid To (name of person/organization)	Services Rendered (legal, medical, travel, lodging, immigration, other)	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Reimbursement			\$

Please attach a separate sheet for additional expenses and submit required documentation for each reimbursement item.

I certify that the receipts and cancelled checks I am submitting are qualified adoption expenses under University of Chicago Adoption Assistance Program. I also, certify that these eligible expenses, are in accordance with the University of Chicago Adoption Assistance Program and have not been nor will they be reimbursed under another employer plan or source, other than this Adoption Assistance Program.

I further acknowledge to the extent that any income tax exclusion or federal tax credit may be available to me, I cannot claim the exclusion and the federal tax credit for the same adoption expenses. I also, understand that it is my obligation to determine whether any payment made under the Adoption Assistance Program is excludable from my gross income for federal or state income tax purposes.

Employee Signature: _____ Date: _____

BENEFITS ONLY:

Approved & Reimbursement Amount: \$ _____

Denied & Reason: _____

Benefits Staff Signature: _____ Date: _____