



Adoption Assistance Program Reimbursement Form

Employee Last Name	First Name	M.I.	Employee ID # Internal Use Only		
Home Street Address	Apt/Unit	City	State	Zip	

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. Please redact all non-related expenses from bank statements submitted. 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 **12 months** after the placement/adoption of an eligible child. Reimbursements will not be payable without a prior to eligibility for the Adoption Assistance Program. Documented eligible expenses will be covered for a single child at 90% up to a maximum of \$5000 (or \$6000 for special needs child). 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/adjust your coverage to include your child. For details on how to make your changes, visit www.luc.edu/hr All changes must be completed within 31 days of the child's adoption date.

I wish to apply for reimbursement of the following adoption expenses related to the adoption of the child listed below (**1 form is needed per child**)

Adopted Child's Last Name		Adopted Child's First Name		M.I.	Child's SSN If Applicable
Date of Birth	Age of Child Years Months	Date Child Placed in Home	Date Adoption was Finalized or Anticipated Finalization Date	Does this child have special needs as defined in our policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date of Expense MM/DD/YYYY	Paid To (Name of Person or Organization)	Services Rendered (Legal, Medical, Travel, Lodging, Immigration, Other)	Amount
Total Reimbursement Amount			

By signing this application, I certify that I have attached all applicable documentation for reimbursement under Loyola University's Adoption Assistance Program. The receipts or cancelled checks that I have submitted are qualified adoption expenses under the university's program. "Qualified adoption expenses" means reasonable and necessary adoption fees, court costs, attorney's fees, and other expenses directly related to, and whose principal purpose is for, the legal adoption of an eligible child under 18 years of age. I certify that these expenses are not incurred in violation of state or federal law or in carrying out any surrogate parenting agreement, nor are these expenses incurred in connection of the child of my spouse or domestic partner. Furthermore, these expenses have not been nor will they be reimbursed under an employer plan other than this Adoption Assistance Program, nor have they been previously reimbursed by Loyola's Adoption Assistance Program, nor any other source. I understand that Loyola University does not make any commitment or guarantee that amounts paid to me under this Adoption Assistance Program will be excludable from my gross income for federal, state, or local income tax purposes, or that any other federal tax treatment will apply to or be available to me. I understand that it is my obligation to determine whether any payments made under the Adoption Assistance Program is excludable from my gross income for federal income tax purposes. I understand that it is my responsibility to report to Human Resources Benefits Department any changes regarding my adoption. I certify that the statements relating to this application are complete and correct to the best of my knowledge and I understand that any intentional misrepresentation in this application may result in cancellation and repayment of my adoption assistance reimbursement and/or may result in adverse employment consequences for myself.

Employee Signature: _____

Date: _____