

BNL ADOPTION ASSISTANCE REIMBURSEMENT REQUEST

Please complete this form and forward it to the Human Resources Division, Building 185. To be eligible for adoption assistance, the Human Resources Division must be notified in writing within 30 days of the time an adoption proceeding has commenced. Reimbursement will be made only after the adoption is final. Requests for reimbursement must be made within 90 days after the adoption is final. Itemized bills, proof of payment and a certified copy of the judicial order of adoption must be provided for a reimbursement to be processed. Reimbursements will be made directly to you. They are considered taxable income and are subject to withholdings at the time of the payment.

Name _____ Life No. _____ Most Recent Hire Date _____

Employment Status: Full-Time or Part-Time (20 or more hours per week): Yes _____ No _____

Department _____ Building No. _____ Lab Phone _____ Date Adoption Final _____

Name of Adoptive Child(ren) _____ Number of Adoptive Child(ren) _____

Relationship of Adoptive Child(ren): Not Related _____ Relative _____ Stepchild _____

Financial adoption assistance consists of reimbursement for specific adoption related expenses as follows: (1) licensed adoption agency fees (including fees for placement and parental counseling), (2) legal costs (including attorney's fees and court costs), and (3) charges for transportation to obtain physical custody of the adoptive child (including reasonable and customary travel expenses for both the adoptive parents and the adoptive child). Eligible expenses will be covered up to a maximum of \$3,000 per adopted child. The adoptive child may not be a relative or stepchild.

INDICATE BELOW THE EXPENSES FOR WHICH YOU ARE REQUESTING REIMBURSEMENT:

Type of Expense	Description of Expenses and Date Paid	Expenses
Adoption Agency		
Legal		
Transportation		
Total	All Expenses	\$

I represent, to the best of my knowledge and belief, that all of the above information is complete and true. I understand that any omission or misrepresentation of information on this reimbursement request may cause the reimbursement to be denied.

Employee's Signature _____ Date _____

FOR USE BY HUMAN RESOURCES DIVISION:

Date Adoption Proceeding Commenced _____ Date HR Division Notified _____

Date of Notification Within 30 Days of Date Adoption Proceeding Commenced: Yes _____ No _____

Date Adoption is Final _____ Date Reimbursement Request Received _____

Date Reimbursement Request Received Within 90 Days of Date Adoption Final: Yes _____ No _____

Total Expenses Submitted for Reimbursement: \$ _____

Total Expenses Approved for Reimbursement: \$ _____ (maximum \$3,000 per child)

Comments _____

Manager, Benefits Approval _____ Date _____

Date Forwarded to Fiscal for Payment: _____