

**BNL ADOPTION ASSISTANCE REIMBURSEMENT REQUEST**

Please complete this form and forward it to the Benefits Office, Building 400B. To be eligible for adoption assistance, the Benefits Office 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 Finalized \_\_\_\_\_

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 \$5,000 per adopted child. BNL spouses or same-sex domestic partners are eligible for a combined maximum reimbursement of \$10,000 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 BENEFITS OFFICE:**

Date Adoption Proceeding Commenced		Date Benefits Office Notified	
Date of Notification Within 30 Days of Date Adoption Proceeding Commenced?	circle one: YES / NO	Date Adoption Finalized	
Date Reimbursement Request Received		Date Reimbursement Request Received Within 90 Days of Date Adoption Finalized?	circle one: YES / NO
Total Expenses Submitted for Reimbursement		Total Expenses Approved for Reimbursement	
Comments			
Manager, Benefits Approval		Date Approved	
Date Forwarded to Fiscal for Payment		Date Payment Issued by Fiscal	

