

## Surrogacy Reimbursement Program Expense Reimbursement Form

Before completing this form, please read about ArentFox Schiff's Surrogacy Reimbursement Program on the FoxNet Hub at <https://arentfox.sharepoint.com/sites/BenefitsAndRetirement>. After you have completed, printed and signed this form, send to the Benefits and Leave Specialist, Attn: Patricia Griffin, with the required original documentation and itemized bills. Documentation can also be scanned and emailed to [patricia.griffin@afslaw.com](mailto:patricia.griffin@afslaw.com).

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### Employee/Income Partner Information

SSN: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

AFS Email Address: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

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### Child Information

I confirm the following:

- Child's Name: \_\_\_\_\_
- Child's Date of Birth\* (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### Request for Reimbursement

I am applying for reimbursement of the following surrogacy expenses:

Date of Expense (mm/dd/yyyy)	Description (Include name of person, organization, or entity to which expense was paid). Attach original itemized bills and receipts or cancelled checks, executed copy of Valid Surrogacy Contract and any documentation or court orders recognizing your parental rights.	Amount
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
Total Requested Reimbursement (not to exceed \$25,000):		\$

\*To be eligible for reimbursement, you must submit this form within 180 days of the date of a completed Valid Surrogacy Contract.

## Statement of Understanding

I certify that the receipts and/or cancelled checks I am submitting are qualified surrogacy expenses under ArentFox Schiff's Surrogacy Reimbursement Program. Qualified surrogacy expenses include surrogate agency fees; legal and court fees associated with the surrogacy contract; travel expenses associated with the surrogacy within the U.S.; and, lodging expenses for up to 14 days before the child's due date.

I certify that these expenses are not incurred in violation of state or federal law. Further, these expenses have not been nor will be reimbursed under an employer plan other than ArentFox Schiff's Surrogacy Reimbursement Program, nor have they previously been reimbursed by ArentFox Schiff's Adoption Reimbursement Program, nor by any other source.

I further acknowledge that to the extent any income tax exclusion or credit may be available to me, I cannot claim the exclusion and/or the credit for the same expense.

I understand that reimbursement under the Surrogacy Reimbursement Program will be paid to me as miscellaneous income, is fully taxable and is subject to all federal, state, local income and employment taxes.

Signature of Employee/Income Partner: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

### Reviewed and approved by:

Signature \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_  
Benefits and Leave Specialist

Name \_\_\_\_\_  
Benefits and Leave Specialist (*please print*)

Signature \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_  
Director, Benefits

Name \_\_\_\_\_  
Director, Benefits (*please print*)