

Adoption Reimbursement Program Expense Reimbursement Form

Before completing this form, please read about ArentFox Schiff's Adoption 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.

Employee/Income Partner Information

SSN: _____ Last Name: _____ First Name: _____

Home Address: _____ Apt. #: _____ City, State, ZIP: _____

AFS Email Address: _____ Phone: () - _____

Child Information

I confirm the following:

- Child's Name: _____
- Child's Date of Birth (mm/dd/yyyy): ____/____/____
- Date Child placed in my home for the purpose of adoption* (mm/dd/yyyy): ____/____/____

Request for Reimbursement

I am applying for reimbursement of the following adoption 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, agency documentation or court orders related to the adoption and the final adoption decree.	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 the adoption.

Statement of Understanding

I certify that the receipts and/or cancelled checks I am submitting are qualified adoption expenses under ArentFox Schiff's Adoption Reimbursement Program. Qualified adoption expenses include adoption agency placement fees; legal fees, court costs, birth certificate fees; temporary foster care expenses required by the State prior to adoption; fees related to the immigration, immunization or translating documents prepared in other languages; travel expenses related to the adoption if the child is born in another city or state and you need to travel to pick up the child; and, cost associated with a state-required home study.

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