

JEFFERSON ADOPTION ASSISTANCE PLAN REIMBURSEMENT REQUEST
FOR NON-BARGAINING EMPLOYEES ONLY

Employee Name _____ Social Security # _____

Home Address _____

Jefferson's Adoption Assistance Plan provides financial assistance towards expenses incurred in the adoption of a child under the age of 18. Jefferson will reimburse you for eligible charges up to the stated maximum allowable under the plan per child for each adoption per family. After your application is approved, payment will be made when the child has been placed in your home.

Name of Child _____ Date of Birth _____

Date of Placement in the Employee's Home _____

EXPENSES: (Attach documentation including receipts and cancelled checks)

ADOPTION AGENCY FEES \$ _____

PLACEMENT FEES \$ _____

ATTORNEY AND OTHER REQUIRED LEGAL FEES \$ _____

TEMPORARY FOSTER CHARGES (immediately preceding placement of the child with adoptive family) \$ _____

ELIGIBLE EXPENSES:

(a) TOTAL EXPENSES \$ _____

(b) MAXIMUM ADOPTION BENEFIT \$ 1,000.00

(c) REIMBURSEMENT AMOUNT*(lesser of line a or b) \$ _____

* This amount is subject to Federal, FICA, State and City tax withholdings.

There are certain expenses excluded under the Adoption Assistance Plan. These include, but are not limited to, travel expenses for the child or the adoptive parent(s), maternity fees (child's natural mother) and any expenses incurred to obtain guardianship of custody of one's natural child, stepchild or foster child.

I agree to provide proof of the final adoption. If I am reimbursed through another source for my adoption expenses, as well as through the Jefferson Adoption Assistance Plan, I agree to reimburse Jefferson for any duplication of payments made to me.

Signature of Employee _____ Date _____

Human Resources Approval _____ Date _____

Please return this form to:

April Leach
Employee Benefits
833 Chestnut Street, Suite 900
215-503-2959
april.leach@jefferson.edu