UNIVERSITY OF HARTFORD

ADOPTION ASSISTANCE CLAIM FORM

The University of Hartford's Adoption Assistance Policy provides all regular full-time faculty and staff reimbursement to help defray costs associated with legal adoption. This form is to be used to reimburse employees for eligible qualifying expenses associated with legal adoption. *See reverse side for instruction.*

Part 1 – Employee Information

Employee Name (Last and first)		Employee Social Security No.			
Employee Address (Street, City, State, Zip Code)					
Daytime Phone Number	Evening Phone Number				

Part 2 – Qualifying Expenses

Date	Explanation of Expense (Attach original receipts for each expense)	Amount

Total Reimbursement Request

Employee's Certification For Reimbursement

I certify that the expenses for reimbursement requested from the University of Hartford were incurred by me (and/or my spouse), were not reimbursed by any other plan and, to the best of my knowledge, are eligible for reimbursement under the University's Adoption Assistance Policy. I will not use the expenses reimbursed through this policy as deductions or credits when filing my individual income tax return.

Employee Signature:		_ Date:
HRD REVIEW: Benefit Eligibility Approved Denied	Reviewed by:	_ Date:
PAYROLL REVIEW: Amount of reimbursement:	Processed by:	_ Date:

Adoption Assistance Program

What is the Payable Benefit?

The University of Hartford will reimburse eligible employees for qualifying legal adoption related expenses up to a maximum of \$5,000 per child. There is a lifetime maximum benefit of \$10,000 per employee. Amounts of reimbursement are not currently subject to income tax withholding. However, these amounts are currently subject to Social Security, Medicare and federal unemployment taxes. Income limitations may apply. Ability to take advantage of this federal income tax exclusion depends upon individual circumstances. Staff and faculty should consult their personal tax advisors for clarification.

Who is Eligible for the Benefit?

Regular full-time faculty and staff are eligible for adoption assistance benefits immediately upon hire for qualified expenses incurred after their start date. If an employee and his/her spouse both work at the University of Hartford, only one spouse can utilize this benefit.

Who is an Eligible Dependent?

To be considered for this benefit, a legally adopted child must be under 18 years of age or have special needs (as defined in IRC Section 137). The adopted child may be biologically related to either parent.

What is a Qualifying Expense?

Eligible qualifying expenses include agency and placement fees, legal fees and court costs, medical expenses of the birth mother, medical expenses of the child not covered by insurance, temporary foster care costs, immigration, immunization and translation fees, as well as transportation and lodging relating to travel necessary for the adoption. Qualified expenses can be reimbursed prior to the finalization of the adoption.

How will I be Reimbursed?

HRD will verify eligibility will then forward to Payroll for reimbursement via your bi-weekly paycheck. Please allow four to six weeks for processing.

Instructions for Completing this Form

- 1. Complete all sections of Part 1 -Employee Information.
- 2. Complete all sections of Part 2 Qualifying Expenses. Identify each qualifying expense separately. Attach original itemized receipts to this form to ensure timely processing.
- 3. Read the Employee's Certification for Reimbursement statement. Sign and date the form where indicated.
- 4. Claim forms, with all attachments, should be submitted to Human Resources Development (HRD) within one year of adoption. All information will be confidentially maintained in HRD.
- 5. If you have any questions regarding the Adoption Assistance Policy or the completion of this form, please contact your designated Human Resources Service Partner.