

SANDIA PROPRIETARY INFORMATION
PERSONALLY IDENTIFIABLE INFORMATION (PII) WHEN COMPLETE

Adoption Assistance Claim Form

Instructions for Completing the Adoption Assistance Claim Form

Adoption Assistance Overview

Regular and part-time employees are eligible for reimbursement up to a maximum of \$2,000.00 for expenses associated with the legal adoption of a minor child (under 18 years of age). The child must have been placed in the home on or after January 1, 1991. Only **one** claim form may be submitted per child.

Part 1 - Employee Information

Complete all information in this section: full name, employee ID number, home and work address and telephone numbers, organization number, and mail stop.

Part 2 - Eligible Adoption Expenses

Enter the date and amount of each expense incurred.

Important: Expenses **not** covered include, but are not limited to:

- Transportation costs
- Expenses for the biological parent (e.g., medical, living, counseling, etc.)
- Voluntary donations or contributions
- Costs to obtain guardianship or custody of a child associated with the legal adoption of a child
- Medical expenses for children or adoptive parents (Sandia Total Health covers adopted child at date of placement.)

Note: Reimbursement of adoption expenses are considered to be taxable income and subject to all applicable withholding at the default tax rates.

Part 3 - Employee's Certification for Reimbursement

Complete all information in this section (child's name, birth date, date child was placed in the employee's home).

Send form to the address on the other side accompanied by all necessary original receipts (receipts must state that expenses have been paid).

Notes: Canceled checks are not acceptable as receipts. Original receipts will be returned upon request.

Submit this completed form, along with official confirmation of the child's placement in your home and all necessary original receipts, to:

**FAX to Benefits Customer Service at 505-844-7535
(please retain a copy of your fax confirmation for your records)**

OR

HAND-DELIVER to Benefits Customer Service, Bldg. 832

For questions regarding this form, contact Benefits Customer Service at 505-844-4237, option 2.

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Part 1 — Employee Information

Employee Name (Last, First, MI)		SNL ID	
Street Address	City	State	ZIP
Organization #	Mail-Stop		
Employee Home Telephone #	Employee Work Telephone #		

Part 2 — Eligible Adoption Expenses

<u>Date</u>	<u>Explanation</u>	<u>Amount</u>
_____	Private/Public Adoption Agency Fees	\$ _____
_____	Legal Fees	\$ _____
_____	Court Fees	\$ _____
_____	Temporary Child Care Charges Prior to Placement	\$ _____
_____	_____	\$ _____
		Total \$ _____

Notes: The maximum amount payable is \$2,000.00. All reimbursements are considered taxable income.
Payment will be made via normal payroll processing.

Part 3 — Employee's Certification for Reimbursement

I hereby certify that I have incurred the above expenses in connection with the adoption of _____.
(Child's name)

I also hereby certify that this child, whose birth date is _____, was placed in my home on _____.
(DOB) (Date)

The adoption date, if finalized, was _____.
(Date)

Employee Signature _____ Date _____

Benefits Use Only

_____ Date Received _____ Approved By _____ Date Approved _____