

Brown University Adoption Assistance Program

Reimbursement Form

Section 1: Employee Information		
Name (Last, First, Middle Initial)	Hire Date	Workday ID
Department		
Job Title		
Email Address		
Home Address		

Section 2: Child's Information		
Name (Last, First, Middle Initial)	Date of Birth	
Date Adoption Initiated	Date Child Placed in Home	Date Adoption Finalized

Section 3: Adoption Expense Information					
Date Expense Incurred	Date Expense Paid	Description of Eligible Expense	Amount of Eligible Expense	Invoice Attached	Proof of Payment Attached
			\$		
			\$		
			\$		
			\$		
			\$		
Total Amount Requested:			\$	Maximum allowable is \$5,000 for one adoption transaction per employee per calendar year.	
Total Amount to be Reimbursed: <i>(For University Human Resources/Benefits Department Use Only)</i>			\$		

By signing this form, I certify that I have attached all applicable documentation for reimbursement under Brown University's Adoption Assistance Program. The receipts or cancelled checks that I have submitted are qualified adoption expenses under the University's program. "Qualified adoption expenses" means reasonable and necessary adoption fees, court costs, attorney's fees, and other expenses directly related to, and whose principal purpose is for, the legal adoption of an eligible child under 18 years of age.

I certify that these expenses are not incurred in violation of state or federal law or in carrying out any surrogate parenting agreement, nor are expenses incurred in connection of the child of my spouse or domestic partner. Furthermore, these expenses have not been nor will they be reimbursed under an employer plan other than this Adoption Assistance Program, nor have they been previously reimbursed by Brown's Adoption Assistance Program, nor any other source.

I understand that Brown University does not make any commitment or guarantee that amounts paid to me under this Adoption Assistance Program will be excludable from my gross income for federal, state, or local income tax purposes, or that any other federal tax treatment will apply to or be available to me. I understand that it is my obligation to determine whether any payments made under the Adoption Assistance Program is excludable from my gross income for federal income tax purposes.

I understand that it is my responsibility to report to University Human Resources any changes regarding my adoption. I certify that the statements relating to this application are complete and correct to the best of my knowledge and I understand that any intentional misrepresentation in this application may result in cancellation and repayment of my adoption assistance reimbursement and/or may result in adverse employment consequences for myself.

Signature _____

Date _____

Send the completed Adoption Assistance Program reimbursement form, with verifying documents and invoice, to:

Email	Mail
Worklife@brown.edu	Brown University Benefits Office Box 1879 Providence, RI 02912

