

Adoption Assistance Reimbursement Request

Information about you:

Employee Last Name	Employee First Name	M.I.	Employee ID
Home Mailing Address	City	State	Zip
Department	Email		
Daytime Phone Number	Home Phone Number		

Information about your child:

Child's Name	Child's Date of Birth		
Adoption Agency or Institution	Contact		
Agency Address	City	State	Zip
Agency Phone Number	Date Adoption Finalized		

Upon finalization of the adoption, itemized receipts, a copy of the final adoption papers from the court and this completed form must be submitted to the Director of Benefits for review, approval and reimbursement. Allow a minimum of 14 business days for processing.

Qualified Expenses are: Adoption agency and placement fees, attorneys' fees/court costs, cost of temporary foster care for the child (during the adoption process), immunizations required for the adoption (during the adoption process and prior to the finalization of the adoption), and reasonable and necessary transportation and lodging directly associated with the adoption. It is intended that this Plan meet the criteria and conditions set forth in Section 137 of the Internal Revenue Code pertaining to adoption assistance programs.

Date of Expense	Description of Expense	Amount
Total (not to exceed \$3,000)		\$

Does your spouse work at Vanderbilt? Yes No

If yes, provide name _____ and dept _____

Have you received an Adoption Assistance benefit from Vanderbilt for another child? Yes No

If yes, provide child's name _____

I certify that the information I provided on this form is true and complete. I further certify that the child I am adopting is not married and not my stepchild and that documentation submitted with this application is true and complete.

Employee Signature _____ Date _____

Return form and supporting documentation to:

Vanderbilt University: Benefits Administration, PMB #407704, 2301 Vanderbilt Place, Nashville, TN 37235-7704

Vanderbilt University Adoption Assistance Policy

Full-time regular staff who meet the criteria listed below shall be eligible for reimbursement for eligible expenses related to the adoption process. Reimbursement will not exceed \$3,000 per child with a lifetime limit of two adoption reimbursements per staff member.

Criteria for Eligibility

- Staff with at least one year of continuous service in a full-time regular position at the time of application for the benefit
- The adopted child must be under the age of 18 at the time of adoption and must not be married
- The adoption must be finalized after the staff member has met eligibility

Benefits Office Use Only

ID# _____

Hire Date _____

Pay Group _____

Approval Date _____

Approved By _____

Amount _____

Center # 1-95-900-0022

Account _____

Exclusions

- Temporary, term, and part-time staff
- Children 18 years of age or older
- Stepchildren residing in the household of a natural parent
- Expenses related to the surrogate parent prior to the adoption
- Adoption expenses incurred prior to the effective date of this policy or to the eligibility of the staff member
- Reimbursement will not exceed \$3,000 per child with a lifetime maximum limit of two (2) adoptions per staff member

For more information, contact Human Resources at 615.343.4788.