

ADOPTION ASSISTANCE REQUEST FORM

EMPLOYEE NAME:

UNIVERSITY ID#

PHONE #:

EMAIL ADDRESS:

Complete the information below with the qualified adoption expenses you paid. (For information as to what expenses can and cannot be reimbursed, see the University of Iowa [Adoption Assistance Program](#) web page). Along with this form (properly completed and signed) you need to submit:

- documentation (bills, invoices, statements from independent third parties, receipts, etc.) showing your reimbursable expenses;
- a copy of the final decree of adoption; and
- any additional documentation that the University may request.

Be sure to provide all information requested and attach all required items. If the form is incomplete, or if required items are not submitted, you will not have completed the steps necessary to file a claim for reimbursement. Requests for reimbursement must be made within six (6) months after the adoption is finalized. Please send the reimbursement form and supporting documentation to University Benefits Office, 120 USB, Iowa City, IA 52242.

CHILD'S NAME:

DATE OF BIRTH:

FINAL ADOPTION DATE:

NAME OF ADOPTION AGENCY OR ATTORNEY:

TOTAL EXPENSES: \$

Do you have access to adoption assistance from a source other than the University?

Please check one: I DO I DO NOT

I certify I have received and read a copy of the University of Iowa Adoption Assistance Program and the expenses for which I am seeking reimbursement are qualified adoption expenses of the program. I also understand that the University does not make any commitment or guarantee that amounts paid to me under the program will be excludable from my income for federal, state, or local tax purposes, or that any other federal, state, or local tax treatment will apply to or be available to me. I understand that it is my obligation to determine whether any payment made under this program is excludable from my income for federal, state, or local tax purposes. I further acknowledge that to the extent any income tax exclusion or credit may be available to me; I cannot claim both the exclusion and the credit for the same expense.

I certify that the information provided on this form is correct and complete.

SIGNATURE (EMPLOYEE):

DATE:

BENEFITS OFFICE USE ONLY

UNIVERSITY APPROVAL (circle one):	APPROVE	DENY	AMOUNT:
SIGNATURE:	DATE:		
PRINT NAME:	TITLE:		