



## Adoption Assistance Claim Form

<b>Your Name (Last, First, MI)</b>		<b>Social Security No. or Employee ID</b>		<b>Your Employer's Name</b>	
				Iowa State University	
<b>Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email</b>				<b>Text Number</b>	
<b>To have reimbursement deposited to your bank account, please provide your Bank Name:</b>			<b>Bank Routing Number</b>		<b>Bank Account Number</b>
ISU USE ONLY ISU certifies this claimant is eligible.			<b>Signature:</b> _____ <b>Date:</b> _____		

### Adoption Assistance Claims

List the child's information and your eligible expenses below and attach copies of your itemized statements for each service provided. The statements should show the provider of service, the type of service, the date the service was provided, and the dollar amount charged.

Adopted Child Name	Adopted Child Date of Birth	Check if this is a Foreign Adoption or Special Needs Adoption (if neither, leave blank)	Adopted Child Social Security Number, Individual Tax Identification Number or Adoption Tax Identification Number
		<input type="checkbox"/> Foreign <input type="checkbox"/> Special Needs	

Date(s) of Service	Provider of the Service	Type of Service	Amount Requested
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total</b>			\$

I certify that I have received and read a copy of my employer Adoption Assistance Program Plan Document, and that all expenses for which reimbursement is requested were incurred by me for the qualified adoption of a qualifying dependent while I was covered under my employer Plan. I certify any claimed expenses are:

- a) directly related to, and the principal purposes of which is for, the legal adoption of an Eligible Child by me,
- b) not incurred in violation of state or federal law or in carrying out any surrogate parenting arrangement,
- c) not expenses in connection with the adoption of a child who is the child of my spouse, and
- d) have not been and will not be reimbursed from another source (e.g., grants, another employer) or taken as a tax credit on my income tax return.

I understand that I am fully responsible for the accuracy of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense. A claim will only be processed with a completed and signed claim form and correct documentation. Claims are not accepted by email due to privacy/security concerns. Visit the ISU Benefits website for plan information and instructions on how to file a claim.

✓ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_