NORTHWESTERN UNIVERSITY	Adoption Assistance Reimbursement Request Form	**Submit completed form and documentation to:** **Office of Work/Life Resources** 720 University Place, #106 Evanston, IL 60208

This reimbursement is available for all active benefits eligible faculty and staff, with at least three years of continuous service at the time of the adoption and whose adoption is complete on or after 1/1/15. The reimbursement will be processed through payroll.

EMPLOYEE INFORMATION

Employee Last Name:	Employee First Name:	Employee ID:
Email:	Department:	
Current: Faculty _____ Staff _____	Full Time: Yes No	Please list number(s) below for contact preference: Cell Phone: Campus Phone: Home Phone:

FAMILY INFORMATION

Name of Spouse or Partner:	Is your spouse or partner currently staff or faculty member at Northwestern University? Yes _____ No _____	
Name of Child:	Original Country of birth or residence:	Birth Date:

Have you or any member of your household previously utilized the Northwestern University Adoption Assistance Reimbursement? Yes _____ No _____

If yes, please indicate year(s) of use: _____

Name of faculty/staff member who received assistance: _____

Note: the reimbursement is restricted to two adoptions per household.

Date adoption was finalized: _____

In connection with the adoption of a child who is not a citizen or resident of the U.S., you must provide a copy of the final decree of adoption by a competent authority of the foreign-sending country establishing a parent-child relationship under the laws of the foreign-sending country, as well as evidence that the child has been issued the appropriate visa from the State Department of the United States.

In connection with the adoption of a child who is a citizen or resident of the U.S., you must provide a copy of the final decree of adoption or documentation of the termination of the adoption proceedings.

EXPENSES SUBMITTED FOR REIMBURSEMENT

Please indicate the type of service from the following categories: (Legal Costs, Attorney's Fees, Adoption Fees, Medical Costs, Travel Costs, Other – please explain)

Type of Service	Service Provider	Date(s) of Service	Amount
		TOTAL	

***Note: <u>All</u> expenses must be submitted within 6 months of the date the adoption was finalized and must be documented through detailed receipts, invoices, canceled checks, etc. Please attach to this form.**

EMPLOYEE STATEMENT OF UNDERSTANDING

I certify that I am eligible to participate in the Northwestern University Adoption Assistance Reimbursement program, and I am either: an active full-time benefits eligible faculty or staff member.

I certify that the receipts or cancelled checks that I am submitting are qualified adoption expenses under the Northwestern University Adoption Assistance Reimbursement 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 these expenses incurred in connection with my adoption of the child of my spouse or domestic partner. Furthermore, these expenses have not been nor will they be reimbursed under any plan other than this Adoption Assistance Reimbursement program or from any other source.

I certify that these expenses are within the limits of up to two adoptions per household for the lifetime of employment with the University. I further acknowledge that to the extent that any federal income tax exclusion or credit may be available to me, I cannot claim the exclusion and the credit for the same expense.

I understand that Northwestern University does not make any commitment or guarantee that the amounts paid to me under this Adoption Assistance Reimbursement 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 payment made under the Adoption Assistance Reimbursement program is excludable from my gross income for federal income tax purposes.

_____ _____

Signature of Applicant Date

PLEASE COMPLETE BOTH SIDES AND SUBMIT FORM TO:

The Office of Work/Life Resources
720 University Place, #106
Evanston, IL 60208
Questions may be directed to: Lori Anne Henderson: la-henderson@northwestern.edu or 847-491-3612.