

Adoption Assistance Program Reimbursement Request Form

Visit *Insight* for full program information – key words “Adoption Assistance”

Complete this form and submit it with your reimbursement request via HR Connect

Employee Name _____ Employee ID _____

Check all that apply:

- The child was **related to you** prior to adoption
- The child was **related to your spouse/domestic partner** prior to adoption
- The adoption of the child is required as part of a **surrogacy** agreement
- None** of the above

Required documentation for reimbursement:

- For a domestic adoption: Final adoption documentation
- For a foreign adoption: The final decree of adoption by the country establishing a parent-child relationship or the documentation for entry into the United States
- Qualified expense receipts (legal costs, attorney or agency fees, travel costs, etc)
- This form

**All requests must be submitted within 6 months of the date the adoption or entry to the US.*

EMPLOYEE STATEMENT OF UNDERSTANDING

- I certify that I am eligible to participate in the Intuit Adoption Assistance Program
- I certify that the expenses I am submitting are qualified adoption expenses
- I certify these expenses have not been nor will they be reimbursed under any plan or from any other source
- I understand that tax implications of this benefit are my responsibility and answers to any tax questions I have should be sought from a qualified tax professional.

Employee Signature

Date