

**UNIVERSITY OF PENNSYLVANIA  
ADOPTION ASSISTANCE PLAN  
REIMBURSEMENT REQUEST FORM**

Employee Name \_\_\_\_\_

Date \_\_\_\_\_

Job Title \_\_\_\_\_

School/Center \_\_\_\_\_

Penn Address \_\_\_\_\_

Mail Code \_\_\_\_\_

Preferred Contact (please circle whether home or work)

Home/Work Phone: \_\_\_\_\_

Home/Work E-Mail: \_\_\_\_\_

Name of Spouse or Partner: \_\_\_\_\_

Is this person currently a staff or faculty member at Penn?    Yes    No

Child's Name \_\_\_\_\_

Original Country  
of birth or residence

Birth Date \_\_\_\_\_

Have you or any member of your household previously utilized the Penn Adoption Assistance Plan benefit?    Yes    No

If yes, please complete the following:

Year (s) of use: \_\_\_\_\_

Name of faculty/staff member who received the assistance: \_\_\_\_\_

**(Note: the benefit is restricted to two adoptions per household.)**

Does this adoption involve more than one child from the same family (i.e., siblings)?    Yes    No

If yes, please explain:

**(Note: the benefit can apply to siblings adopted simultaneously and the reimbursement maximum is multiplied by the number of siblings.)**

For adoption of an eligible child who is a U.S. citizen or resident, date adoption was finalized: \_\_\_\_\_

**OR** date adoption proceedings were terminated: \_\_\_\_\_

For a foreign adoption, the date the adoption was finalized: \_\_\_\_\_

How did you hear about the Adoption Assistance Reimbursement?

Word of Mouth

Penn Current Express

MyHR Newsletter

HR Website

Almanac

Penn@Work Newsletter

Penn Current

PPSA Newsletter

HR Workshop Information

Other

In connection with the adoption of a child who is not a citizen or resident of the U.S., you must provide a 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 final decree of adoption or documentation of the termination of the adoption proceedings.

**EXPENSES SUBMITTED FOR REIMBURSEMENT \***

Type of Service (please √)	Service Provider	Date(s) of Services	Amount
<input type="checkbox"/> Legal Costs <input type="checkbox"/> Attorney's Fees <input type="checkbox"/> Adoption Fees <input type="checkbox"/> Travel Costs <input type="checkbox"/> Medical Costs <input type="checkbox"/> Other (Please explain:)			
<input type="checkbox"/> Legal Costs <input type="checkbox"/> Attorney's Fees <input type="checkbox"/> Adoption Fees <input type="checkbox"/> Travel Costs <input type="checkbox"/> Medical Costs <input type="checkbox"/> Other (Please explain:)			
<input type="checkbox"/> Legal Costs <input type="checkbox"/> Attorney's Fees <input type="checkbox"/> Adoption Fees <input type="checkbox"/> Travel Costs <input type="checkbox"/> Medical Costs <input type="checkbox"/> Other (Please explain:)			
		<b>TOTAL</b>	

**\* All expenses must be submitted within 6 months of the date the adoption was finalized (or the date terminated, in the case of a domestic adoption that is terminated) and must be documented through detailed receipts, invoices, canceled checks, etc. attached to this form.**

**EMPLOYEE STATEMENT OF UNDERSTANDING**

**I certify that I am eligible to participate in the University of Pennsylvania Adoption Assistance Plan. That is, I am either: an active full-time faculty member with a benefits-eligible title; a regular full-time staff member; a limited service employee who works at least 35 hours per week for nine or more months of the year; or eligible to participate under the terms of a collective bargaining agreement that covers my employment.**

I certify that the receipts or cancelled checks I am submitting are qualified adoption expenses under The University of Pennsylvania's Adoption Assistance Plan. 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 Plan 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 understand that if siblings are adopted simultaneously, this counts as one adoption for the household and that up to \$5,000 of qualifying reimbursements is allowed for each child adopted at that time.

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 University of Pennsylvania does not make any commitment or guarantee that amounts paid to me under this Adoption Assistance Plan 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 Plan is excludable from my gross income for federal income tax purposes.

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(Signature of Applicant)

(Date)

**PLEASE COMPLETE BOTH SIDES AND SUBMIT FORM TO**

Intramural address:      Human Resources Quality of Worklife Office  
   3401 Walnut, 527-A/6228

Mail Address:              University of Pennsylvania  
   3401 Walnut Street, Suite 527-A  
   Philadelphia, PA 19014-6228

