



Surrogacy Assistance Program Reimbursement Request Form

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

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Reimbursement Amount Requested \_\_\_\_\_

Required documentation for reimbursement:

- This form completed
- Receipts for legal qualified expenses

***\*All requests must be submitted within six months of the date of the birth or completed surrogacy if required.***

EMPLOYEE STATEMENT OF UNDERSTANDING

- I certify that I am eligible to participate in the Intuit Surrogacy Assistance program
- I certify that the expenses I am submitting are qualified and legal surrogacy 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