

Adoption 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 \_\_\_\_\_

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

***\*All request must be submitted within 6 months of the date of the adoption or entry into your country of residence.***

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

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