



HOW TO REQUEST REIMBURSEMENT FROM YOUR ADOPTION ASSISTANCE PLAN

This form is to be used only to request reimbursement for adoption expenses. In general, and subject to the rules of your employer's plan, the following rules apply to adoption expenses:

• **Expenses to adopt your spouse's child(ren) do not qualify for reimbursement.**

• The following expenses will qualify for reimbursement:

- a. Adoption agency fees
- b. Placement fees
- c. Home study fees
- d. Attorney and/or legal fees
- e. Court costs
- f. Medical examinations (prospective parent)
- g. Medical expenses (biological mother and child)
- h. Travel expenses, including meals and lodging while away from home.

• Please note that the information found above is not an all inclusive list of eligible expenses. Please call SHPS Customer Service at 1-866-334-7888 if you have questions regarding an eligible expense.

Step 1: Fill out the form

• Please print in capital letters, with your letters centered in the boxes provided:

A	B	C	D		1	2	3	4
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• Complete all sections of the form. Sign and date the bottom of the form.

Step 2: Attach supporting documentation

• Copy your receipts or other supporting documentation onto a white, letter-sized sheet of paper. Place your receipts so they all face the same direction. Include your Social Security Number or employee ID at the top of the page. Please include a copy of the documents showing when the adoption was legally effective.

Step 3: Submit your form (Faxing is faster)

- By Fax: Send the form and copied receipts together as one fax. Do not include a fax cover sheet.
- By Mail: Place the form and the supporting documentation into an envelope, apply the correct postage, and mail.

Type of Supporting Documentation:

You must include supporting documentation for your adoption expenses with your claim. Attach a copy of the bill or signed receipt.

Please Do NOT:

- Use red ink
- Use a photocopy of the form
- Highlight receipts or any part of the form
- Staple your copied receipts to the form
- Write outside the boxes provided
- If faxing, fax the same form more than once
- Mail the same form that you have faxed
- Include this instruction sheet with your fax

FAX: 1-866-643-2219 Toll-free
 MAIL: SHPS FSA Administration
 PO Box 34700
 Louisville, KY 40232
 PHONE: 1-866-334-7888

Questions? Call SHPS Customer Service at 1-866-334-7888.

FAX TO: 1-866-643-2219 TOLL- FREE



REIMBURSEMENT FORM – ADOPTION EXPENSES

SECTION 1: EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER OR EMPLOYEE ID (NO DASHES)

Grid for Social Security Number or Employee ID

DAYTIME PHONE # (AREA CODE FIRST, NO DASHES)

Grid for Daytime Phone Number

EMPLOYEE LAST NAME

Grid for Employee Last Name

FIRST NAME

Grid for Employee First Name

MI

Grid for Employee Middle Initial

EMPLOYEE EMAIL

Text box for Employee Email

ZIP CODE

Grid for ZIP Code

SECTION 2: CHILD INFORMATION

ADOPTED CHILD'S FULL NAME

Grid for Adopted Child's Full Name

DATE OF BIRTH (MMDDYYYY)

Grid for Date of Birth

SECTION 3: ADOPTION EXPENSES

ADOPTION AGENCY/ PLACEMENT FEES

Grid for Date of Adoption Agency/Placement Fees

Grid for Requested Amount (Dollars / Cents) for Adoption Agency/Placement Fees

ATTORNEY / LEGAL FEES

Grid for Date of Attorney/Legal Fees

Grid for Requested Amount (Dollars / Cents) for Attorney/Legal Fees

COURT FEES

Grid for Date of Court Fees

Grid for Requested Amount (Dollars / Cents) for Court Fees

HOME STUDY

Grid for Date of Home Study

Grid for Requested Amount (Dollars / Cents) for Home Study

MEDICAL EXAMS (Adopting Parents)

Grid for Date of Medical Exams (Adopting Parents)

Grid for Requested Amount (Dollars / Cents) for Medical Exams (Adopting Parents)

MEDICAL EXAMS (Biological Mother / Child)

Grid for Date of Medical Exams (Biological Mother / Child)

Grid for Requested Amount (Dollars / Cents) for Medical Exams (Biological Mother / Child)

OTHER

Grid for Date of Other Expenses

Grid for Requested Amount (Dollars / Cents) for Other Expenses

EMPLOYEE SIGNATURE

I certify that the foregoing information is accurate and, in view thereof, I herewith apply for reimbursement under the Adoption Assistance Plan. I hereby authorize SHPS or its representatives to obtain necessary information from any organization or person to determine benefits payable under the Adoption Assistance Plan. I certify the above expenses to be IRS Qualifying Adoption Assistance Expenses.

Signature _____ Date _____