

## Adoption Assistance Reimbursement Request

### Information about you:

|                      |                     |       |               |
|----------------------|---------------------|-------|---------------|
| Employee Last Name   | Employee First Name | M.I.  | Employee ID # |
| Home Mailing Address | City                | State | Zip           |
| Department           | Email               |       |               |
| Daytime Phone Number | Home Phone Number   |       |               |

### Information about your child:

|                                |                         |       |     |
|--------------------------------|-------------------------|-------|-----|
| Child's Name                   | Child's Date of Birth   |       |     |
| Adoption Agency or Institution | Contact                 |       |     |
| Agency Address                 | City                    | State | Zip |
| Agency Phone Number            | Date Adoption Finalized |       |     |

Upon finalization of the adoption, itemized receipts, a copy of the final adoption papers from the court and this completed form must be submitted to the Director of Benefits for review, approval and reimbursement. Allow a minimum of 14 business days for processing.

**Qualified Expenses are:** Adoption agency and placement fees, attorneys' fees/court costs, cost of temporary foster care for the child (during the adoption process), immunizations required for the adoption (during the adoption process and prior to the finalization of the adoption), and reasonable and necessary transportation and lodging directly associated with the adoption. It is intended that this Plan meet the criteria and conditions set forth in Section 137 of the Internal Revenue Code pertaining to adoption assistance programs.

| Date of Expense                      | Description of Expense | Amount    |
|--------------------------------------|------------------------|-----------|
|                                      |                        |           |
|                                      |                        |           |
|                                      |                        |           |
|                                      |                        |           |
|                                      |                        |           |
|                                      |                        |           |
| <b>Total (not to exceed \$3,000)</b> |                        | <b>\$</b> |

Does your spouse work at Vanderbilt University Medical Center?  Yes  No

If yes, provide name \_\_\_\_\_ and dept \_\_\_\_\_

Have you received an Adoption Assistance benefit from Vanderbilt University Medical Center for another child?  Yes  No

If yes, provide child's name \_\_\_\_\_

I certify that the information I provided on this form is true and complete. I further certify that the child I am adopting is not married and not my stepchild and that documentation submitted with this application is true and complete.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return form and supporting documentation to:  
Vanderbilt University Medical Center Human Resources, Benefit Administration, 2525 West End Avenue, 5th Floor,  
Nashville, TN 37203

|                                 |
|---------------------------------|
| <i>Benefits Office Use Only</i> |
| ID# _____                       |
| Hire Date _____                 |
| Pay Group _____                 |
| Approval Date _____             |
| Approved By _____               |
| Amount _____                    |
| Center # 1-08-900-1022          |
| Account _____                   |

## ***Vanderbilt University Medical Center Adoption Assistance Policy***

Full-time regular staff who meet the criteria listed below shall be eligible for reimbursement for eligible expenses related to the adoption process. Reimbursement will not exceed \$3,000 per child with a lifetime limit of two adoption reimbursements per staff member.

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### **Criteria for Eligibility**

- Staff with at least one year of continuous service in a full-time regular position at the time of application for the benefit
- The adopted child must be under the age of 18 at the time of adoption and must not be married
- The adoption must be finalized after the staff member has met eligibility

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### **Exclusions**

- Temporary, term, and part-time staff
- Children 18 years of age or older
- Stepchildren residing in the household of a natural parent
- Expenses related to the surrogate parent prior to the adoption
- Adoption expenses incurred prior to the effective date of this policy or to the eligibility of the staff member
- Reimbursement will not exceed \$3,000 per child with a lifetime maximum limit of two (2) adoptions per staff member

*For more information, contact the Employee Service Center by calling 615.343.7000*