

Children's Mercy Hospitals & Clinics Adoption Assistance Reimbursement Request Form

To request reimbursement for adoption-related expenses, please complete this application, attach a copy of the adoption placement decree and receipts for all eligible expenses for which you are seeking reimbursement.

Employee Information:

Name _____ Employee Number _____

Department _____ Work Phone _____ Hire Date _____

Do you have spouse employed by Children's Mercy? Yes No

Adoptee Information:

Name of Child Adopted _____ Date of Birth _____

Does child qualify as a "special needs" child? Yes No If so, please attach documentation.

Was the adopted child a U.S. citizen at the time the adoption commenced? Yes No

Is either adopting parent related to the child? Yes No If so, please explain:

Date Child Placed in Home _____ Approximate Date of Final Custody _____

Eligible Adoption Expenses:

Date Expense Incurred	Amount	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Reimbursement	\$ _____	

Tax rules do not require income tax withholding unless your family adjusted gross income exceeds \$259,190. (If you are married, you must file a joint return to take the adoption credit or exclusion.) Please indicate below if income tax withholding should apply. You are not required to complete the income tax withholding information indicated below, however, if no box is checked, taxes will automatically be withheld. Adoption assistance is subject to Social Security and Medicare taxes regardless of your income and will be withheld. Consult IRS Publication 968 or your tax advisor for additional information.

Adoption assistance benefits are not considered federal or state taxable income to you unless your family adjusted gross income exceeds \$259,190.

To maximize your use of this benefit, you may indicate below whether income tax withholding should be applied to your adoption assistance benefit:

My family adjusted gross income for this taxable year will be less than \$259,190.

My family adjusted gross income for this taxable year will be more than \$259,190 and I understand that income tax must be withheld.

I certify that the information indicated above is correct.

Employee Signature

Date

For Human Resources Use Only

Adoption Assistance Approved _____

Is Assistance Subject to Income Tax Withholding? Yes No

Adjustment to Reflect Social Security and Medicare Taxes _____

Withheld Total Amount of Adoption Assistance Approved _____

Human Resources Approval

Date