



**Adoption Benefit Financial Reimbursement Form**

Please read prior to completing this form:

1. To prevent delays in processing, please complete all requested information.
2. Staple all requested documentation to this form.
3. A copy of the adoption placement certificate or final adoption decree is required.
4. All receipts must be in U.S. dollars.

**Section 1: Employee Information**

Employee Name: \_\_\_\_\_ OHIO EE ID#: \_\_\_\_\_ OHIO Email: \_\_\_\_\_  
 Employee Spouse Name: \_\_\_\_\_ SS# or OHIO EE ID if employed: \_\_\_\_\_

**Section 2: Adoption Information**

Adopted Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Child's SS#: \_\_\_\_\_ Date of Adoption: \_\_\_\_\_

**Section 3: Eligible Adoption Expenses**

Date Eligible Expense Incurred (MM/DD/YY)	Date Expense Paid	Amount of Eligible Expense	Paid To	Description of Eligible Expenses (Attach copies of itemized bills or documents)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Amount to be Reimbursed (Maximum Allowable is \$5,000 per child) \_\_\_\_\_

**Section 4: Employee Certification**

I certify to the best of my knowledge, that the expenses included in this request are eligible adoption expenses and that I am responsible for payment of these expenses. I understand that it is my responsibility to verify with the IRS or my tax consultant the tax implications of receiving money, and that I assume all tax liability for this reimbursement.

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

If you need further assistance or have questions, contact University Human Resources at (740) 593-1636 or [benefits@ohio.edu](mailto:benefits@ohio.edu)

Return form and supporting documentation to:

Ohio University Human Resources  
 Grosvenor Hall 307  
 1 Ohio University  
 Athens, OH 45701-2979