

Adoption Assistance Reimbursement Claim Form

Instructions

Please provide all of the following information and sign this form. Provide copies of bills or records that are sufficient to substantiate who (name and address) provided the services or goods, reason for the charges, and the dates and amounts of the charges. Submit this form and substantiation to the CNS Pantex Benefits Department. Retain copies of all documents for your records.

Eligible Child Information

Child's Name: _____

SSN, TIN, ATIN (if available): _____ - _____ - _____

Child's Date of Birth: ____/____/____

Child's Country of Birth: _____

When will the adoption be finalized? _____

If the child is a U.S. citizen or resident, is this an adoption involving a child with special needs, (i.e., the state has determined that the child cannot or should not be returned to the birth parent's home and probably will not be adopted unless adoption assistance is provided)? _____ Yes _____ No

If yes, please explain the special needs and provide specific documentation of the state determinations:

Qualifying Adoption Expenses

<u>Type of Expense</u>	<u>Date Expense Incurred</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Qualifying Adoption Expenses: Qualified adoption expenses include, but are not limited to, reasonable and necessary adoption fees, court costs, attorney fees, traveling expenses (including amounts spent for meals and lodging) while away from home, and other expenses directly related to, and whose principal purpose is for, the legal adoption of an eligible child.

Non-Qualifying Adoption Expenses: Non-qualifying expenses are those that violate state or federal law; expenses for carrying out any surrogate parenting arrangement; expenses for the adoption of a spouse's child, expenses for the adoption of a related child, expenses paid using funds received from any other source (such as another employer or from a federal, state, or local program); or expenses taken as a credit or deduction under any other federal income tax rule.

Employee Certification

I hereby certify that all items requested to be reimbursed comply with the CNS Pantex, Adoption Assistance Plan and such items have not and will not be covered or reimbursed by any employer, governmental program, or any other person or entity. I further certify that such items will not be deducted or taken as tax credits on my personal federal income tax returns for any year.

Employee Signature: _____

Date: _____ Badge: _____

Print Name: _____ SSN: _____

Street Address: _____

City/State/Zip: _____