



UPMC Employee Service Center
 U.S. Steel Tower
 Floor 56, 600 Grant Street
 Pittsburgh, PA 15219
 1-800-994-2752, option 3

Adoption Assistance Reimbursement Form

INSTRUCTIONS: When the adoption is complete, please return this application to the UPMC Employee Service Center along with copies of all items noted in the below documentation checklist. The information will be reviewed and, upon approval, notification will be sent to the UPMC Payroll Department for the reimbursement amount to be included in your paycheck.

Staff Member Information	
Name: _____	Employee ID#: _____
Address: _____	Hire Date: _____
Home Phone: _____	Department: _____
Day Phone: _____	Position: _____
Job Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Flex Full-time <input type="checkbox"/> Job Share <input type="checkbox"/> Regular Part-time	

Eligible Child Information	
Name: _____	Adoption Date: _____
Address: _____	Date of Birth: _____ Gender: _____
_____	Social Security #: _____

Documentation Checklist (Please attach translated copies of the following documents to this application. Must include each item.)
<input type="checkbox"/> Final adoption certificate
<input type="checkbox"/> Birth certificate
<input type="checkbox"/> Itemized bills/invoices for adoption expenses (must be pre-printed by the issuer and detail amounts, dates, and expense purpose)

Qualified Adoption Expenses (Please use additional sheet if necessary.)
Expense Amount: \$ _____ Date Incurred: _____ Purpose: _____
Expense Amount: \$ _____ Date Incurred: _____ Purpose: _____
Expense Amount: \$ _____ Date Incurred: _____ Purpose: _____
Expense Amount: \$ _____ Date Incurred: _____ Purpose: _____
Total Expense Amount: \$ _____

I hereby certify that the above child is an Eligible Child and the above expenses are Qualified Adoption Expenses as outlined in the UPMC Adoption Assistance Program Policy (which is available on the UPMC Infonet at <http://benefits.infonet.upmc.com> under Other Benefits.) These expenses are reasonable and necessary and directly related to the principal purpose of the legal adoption of the above-referenced Eligible Child.

- I understand that UPMC expects me to remain an active, eligible staff member for 6 months following the receipt of adoption assistance reimbursement. I agree to repay any adoption assistance reimbursement received in the preceding 6 months prior to termination. Repayment will be taken from my final check and remaining balance will be made directly to UPMC within 30 days of termination.

 Signature

 Date

OFFICE USE ONLY

Amount Approved: _____ Date: _____ Authorized Signature: _____