



### Gen Adoption Assistance Program Reimbursement Form

This application for Adoption Assistance becomes complete and valid only when you have submitted copies of the finalized adoption decree, itemized bills and this form completed/signed form through [Support Now](#) within 12 months of the finalized placement of adoption.

\_\_\_\_\_  
Employee ID Date of Hire

\_\_\_\_\_  
Last Name First

\_\_\_\_\_  
Home Address City State Zip Code

\_\_\_\_\_  
Home Telephone Number Work Phone Number

\_\_\_\_\_  
Child's Name Finalized Adoption Date

Are you a step-parent? Yes \_\_\_\_\_ No \_\_\_\_\_

I have attached copies of the finalized adoption decree and itemized bills of eligible expenses up to the \$10,000 limit. All information I have completed and attached is true and accurate to the best of my knowledge.

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

|  |  |  |
|--|--|--|
| <i>HR Use Only – email approval ok</i>   |  |  |
| <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><br>Amount | <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><br>Date Processed | <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><br>Benefits Authorization |

\_\_\_\_\_