Cornell University Adoption Assistance Program
Faculty/Academic Staff/Administrative Staff

Expense Reimbursement Application

Attach Documentation to Application Before Submitting Via US Mail to:

Benefit Services, 395 Pine Tree Road, East Hill Office Building, Suite 102

Cornell University, Ithaca, New York 14850

General Information:

Date: ☐☐☐☐☐☐☐☐ **(MM/DD/YYYY)**

1) Applicant Name: _____ **2)** Cornell ID # ☐☐☐☐☐☐☐
(Last, First, Middle Initial)   **(Upper left corner of your pay stub)**

3) Social Security Number ☐☐☐☐☐☐☐☐☐

4) Mailing Address: _____

5) City: _____ **6)** County: _____ **7)** State:_____ **8)** Zip:_____

9) Cornell Unit/Department: _____ **10)** Job Title:_____
Note: Please use the department listed in the top center box of your pay stub

11) Work Phone: _____ **12)** E-mail Address: _____ **13)** Home Phone: _____

14) Marital Status: ☐ Single (including divorced and widowed) ☐ Married (including legally separated) ☐ Domestic Partner

15) Co-Applicant (must be living in the same household): _____

16) Name of Employer of Co-Applicant: _____

Employee Request for Reimbursement

The Adoption Assistance Program requires that you submit documentation of expenses to be reimbursed.

17) Name of Child Adopted: _____

18) Birth Date of Child Adopted: _____

19) Date Child Placed in Home: _____

20) Date for Adoption Finalization, or Anticipated Finalization: _____

21) Does this child have special needs, as defined in the Information & Eligibility Guidelines document? ☐ Yes ☐ No

22) Amount Requested for Reimbursement: $ _____

Information about Your Adopted Child (ONE CHILD PER PAGE)

PLEASE COPY THIS PAGE AND FILL OUT SEPARATELY
FOR EACH CHILD THAT YOU HAVE ADOPTED

A. Name of Adopted Child:_____   **B. Age:**_____   **C. Birth Date:** _____

Expense Information:

Date Eligible Expense Incurred	Date Expense Paid	Amount of Eligible Expense	Paid To:	Description of Eligible Expenses (Attach <u>copies</u> of itemized bills or documents)
Total Amount to be Reimbursed:		**(Maximum allowable is $5,000 per child or $6,000 if the child has special needs)**		

(Attach separate sheet of paper for additional expenses.)

Statement of Understanding

By signing this application, I certify that I have attached all applicable documentation for reimbursement under Cornell University's Adoption Assistance Program. The receipts or cancelled checks that I have submitted are qualified adoption expenses under the university's program. "Qualified adoption expenses" means reasonable and necessary adoption fees, court costs, attorney's fees, and other expenses directly related to, and whose principal purpose is for, the legal adoption of an eligible child under 18 years of age.

I certify that these expenses are not incurred in violation of state or federal law or in carrying out any surrogate parenting agreement, nor are these expenses incurred in connection of the child of my spouse or domestic partner. Furthermore, these expenses have not been nor will they be reimbursed under an employer plan other than this Adoption Assistance Program, nor have they been previously reimbursed by Cornell's Adoption Assistance Program, nor any other source.

I understand that Cornell University does not make any commitment or guarantee that amounts paid to me under this Adoption Assistance Program will be excludable from my gross income for federal, state, or local income tax purposes, or that any other federal tax treatment will apply to or be available to me. I understand that it is my obligation to determine whether any payments made under the Adoption Assistance Program is excludable from my gross income for federal income tax purposes.

I understand that it is my responsibility to report to Benefit Services any changes regarding my adoption. I certify that the statements relating to this application are complete and correct to the best of my knowledge and I understand that any intentional misrepresentation in this application may result in cancellation and repayment of my adoption assistance reimbursement and/or may result in adverse employment consequences for myself.

_____   _____
                                  Signature   Date