

Adoption Assistance Reimbursement Form



1) PLEASE PROVIDE INFORMATION ABOUT YOU & YOUR CHILD

Your Name: _____ Social Security Number: _____

Married Single Work Location: _____ Work phone #: _____

Name of adopted child: _____ Age: _____ Final date of adoption: _____

2) REMEMBER THESE ATTACHMENTS

This application must be accompanied by a copy of the court certificate placing the child with you for adoption, and receipts for all eligible expenses.

Each receipt should indicate:

1. Date of service
2. Type of service
3. Cost for service, and
4. Name of adopted child and adoptive parents.

3) LIST YOUR ELIGIBLE EXPENSES

Eligible expenses are reasonable and necessary adoption fees, court costs, attorney's fees, and other expenses that are directly related to the legal adoption of the adopted child listed above. Eligible expenses do NOT include any expense:

- that is incurred in violation of federal or state law,
- that is incurred in carrying out any surrogate parenting arrangement,
- that is incurred in connection with the adoption of a child of the participant's spouse,
- that is reimbursed other than under an adoption assistance program that satisfies the requirements of Code Section 137,
- that is incurred related to an unsuccessful adoption, or
- expenses incurred by the natural mother including but not limited to medical, housing, and travel related expenses.

For further details regarding eligible and ineligible expenses, please consult the Synopsys, Inc. Adoption Assistance Program Document.

Description of Eligible Expenses	Cost
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

Note: your reimbursement will not exceed \$10,000 per adoption/annually.

I hereby certify the information provided on this application is correct and true to the best of my knowledge.
I further certify that I have read and understood the terms of the Synopsys, Inc. Adoption Assistance Program.

Employee's Signature

Date

Note: This benefit is taxable and will appear on your W-2 as “taxable income.” Adoption Assistance is part of the Synopsys U.S. Benefit Program. Benefits provided under this Program are subject to withholding for purposes of FICA, Medicare, and FUTA. Allowable amounts are not subject to federal income tax. We recommend consulting with your tax advisor for further information regarding how Program benefits are taxed.