

Adoption Assistance Reimbursement Form **SYNOPSIS[®]**

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 include:

- Agency placement fees
- Court costs
- Legal fees, and
- The birth mother's unreimbursed medical expenses related to the birth of the adopted child listed above.

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

Note: your reimbursement will not exceed \$2000.

I hereby certify the information provided on this application is correct and true to the best of my knowledge.
I have read and understood the Adoption Assistance Policy.

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.