



Adoption Assistance Reimbursement Form

Employee Name _____ Employee No. _____
 (Plan Participant) (First) (M.I.) (Last)

Name of Adopted Child(ren) _____ Date of Finalized Adoption _____

Adoption Type

- Are you (REI employee) adopting a child? Yes No
- Is the child you (REI employee) are adopting a stepchild? Yes No
- If you (REI employee) are not adopting a child, is your spouse or life partner the only person adopting a child? Yes No

Spouse/Life Partner Name _____
 (required for Spouse/Life Partner Only Adoption) (First) (M.I.) (Last)

Adoption Expenses

(Your reimbursement check will be mailed to your work location or, if you have direct deposit, it will be deposited into your account.)

Date Paid	Amount	Description
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Total Reimbursement \$ _____ (maximum of \$7,500 per adopted child)

- Attach receipts for all expenses listed above. The receipts must show the type of adoption expenses incurred and the date the expense was incurred. If more room is needed, please attach a separate sheet of paper. Your covered expenses for adoption assistance are eligible for reimbursement only if they are incurred in the adoption of an eligible child. Refer to the [REI Adoption Assistance Plan document](#) available at foryourbenefit-REI.com > Resources > Legal Notices and Plan Documents (“Plan Document”) for details of eligibility and other requirements for the employee, spouse, life partner, child and timing for reimbursement.
- Reimbursement amounts paid by the REI Adoption Assistance Plan (“Plan”) for an employee’s adoption of a child generally are NOT subject to income tax withholding but may be subject to federal income tax if your income exceeds certain amounts described in the Internal Revenue Code. Refer to the [REI Adoption Assistance Plan document](#) available online at foryourbenefit-REI.com > Resources > Legal Notices and Plan Documents (“Plan Document”) for tax details and/or consult your tax advisor.
- A copy of the final adoption decree or order must be attached to this Reimbursement Form.
- If you and your spouse or Life Partner are both employed with REI, Plan benefits are available to only one of you for any one child.
- Eligible expenses include agency and placement fees, legal fees and court costs, medical expenses of the child prior to adoption, medical expenses of the birth mother (except in surrogacy arrangements); temporary foster care costs,

immigration, immunization and translation fees and travel expenses directly related to the adoption and expenses required by a state as a condition of adoption (such as home studies). Eligible expenses do not include expenses: (a) incurred prior to or after the dates you are eligible for the Plan; (b) incurred in violation of federal or state law; (c) incurred in carrying out any surrogate parenting arrangement; or (d) reimbursed under another plan.

- Before submitting this Form, please review the [REI Adoption Assistance Plan document](#), which is available on foryourbenefit-REI.com > Resources > Legal Notices and Plan Documents.

Request for Reimbursement: Employee Adopting a Child(ren)

I am hereby applying for reimbursement by the REI Adoption Assistance Plan of the qualifying adoption expenses listed above related to a child I am adopting. I confirm that

_____, whose birth date is _____
(Child's Name)

was adopted by me on _____
(Date)

I certify that this is a valid claim for allowable expenses under the REI Adoption Assistance Plan.

If the child is age 18 or older as of the date of adoption, I also certify that the child is not capable of self-care. This adoption ____ is or ____ is not a Stepchild Adoption, as described in the Plan Document.

Employee Signature

Date

Request for Reimbursement: Spouse or Life Partner Adopting a Child(ren)

We would like to apply for reimbursement by the REI Adoption Assistance Plan of the qualifying adoption expenses listed above related to a child that my spouse or Life Partner is adopting (I am not adopting this child). We confirm that _____, whose birth date is _____

(Child's Name)

was adopted on _____
(Date)

If the child is age 18 or older as of the date of adoption, we also certify that the child is not capable of self-care.

We certify that this is a valid claim for allowable expenses under the REI Adoption Assistance Plan and understand that Plan benefits will be paid to the REI employee listed below.

Spouse or Life Partner Signature

Date

Employee Signature

Date

Return this form to the Employee Service Center – hrhr@rei.com