

**MASSACHUSETTS INSTITUTE OF TECHNOLOGY
ADOPTION ASSISTANCE PROGRAM**

EXPENSE REIMBURSEMENT CLAIM FORM
(For expenses incurred on or after January 1, 2008)

(Please print)

Date: _____

EMPLOYEE INFORMATION:

Employee's Name: _____
Last First M.I.

ID Number: _____

CONTACT INFORMATION:

Home Address: _____
Street City State Zip

Work Address: _____
Street/Building # Mail Code

E-Mail: _____ Department: _____ Daytime Phone: _____

Spouse/Partner's Name: _____ Spouse/Partner's Employer: _____

CHILD'S INFORMATION:

Child's Name: _____ Date of Birth: _____

Social Security Number (if known): _____ Is Child in Your Home? Yes No

Date Adoption Finalized: _____ M.I.T. Employee on such Date? Yes No

ELIGIBLE ADOPTION EXPENSE INFORMATION:

Date Incurred	Description (include name of person, organization or entity to which expense was paid)	Amount	M.I.T. Employee When Incurred?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Reimbursement:		_____		

Note: Please attach a copy of the receipts and cancelled checks for all expenses listed above as well as a copy of the adoption placement decree and birth certificate. Attach separate sheet of paper for additional expenses.

PLEASE COMPLETE REVERSE SIDE

EMPLOYEE STATEMENT OF UNDERSTANDING

I certify that the receipts and cancelled checks I am submitting are qualified adoption expenses under M.I.T.'s Adoption Assistance 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 with my adoption 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 M.I.T.'s Adoption Assistance Program, nor by any other source.

I further acknowledge that to the extent that any income tax exclusion or federal tax credit may be available to me, I cannot claim the exclusion and the federal tax credit for the same adoption expenses.

I understand that M.I.T. 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 or state 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 payment made under the Adoption Assistance Program is excludable from my gross income for federal or state income tax purposes.

By signing below, I certify that I have attached all applicable documentation, and that all statements and documentation relating to this claim are complete and true.

(Employee Signature)

(Date)

PLEASE COMPLETE BOTH SIDES AND SUBMIT FORM AND ATTACHMENTS TO:

MIT Benefits
Massachusetts Institute of Technology
Building E19-215
77 Massachusetts Avenue
Cambridge, MA 02139