



Adoption Assistance Expense Reimbursement Claim Form

Date: _____

Employee Information

Name: _____
Last First M.I.

MIT ID#: _____

Contact Information

Home Address: _____
Street City State Zip

MIT Address: _____ Department: _____

Email Address: _____ Phone #: _____

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

Child's Information

Child's Name: _____

Date of Birth: _____ Is child in your home?: Yes No

Date Adoption Finalized: _____ MIT employee on such date?: Yes No

Eligible Adoption Expense Information

Date Incurred	Description <i>(Include name of person, organization, or entity to which expense was paid.)</i>	Amount	MIT employee when incurred?	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	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 a separate sheet of paper for additional expenses.



Employee Statement of Understanding

I certify that the receipts and canceled checks I am submitting are qualified adoption expenses under MIT'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 MIT'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 MIT 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: _____

Please complete both pages and submit form and attachments to benefits@mit.edu or by fax to 617-253-2694.

You may also mail it to:

MIT Benefits
Massachusetts Institute of Technology
Building NE49-5000
77 Massachusetts Avenue
Cambridge, MA 02139