



Adoption Assistance Claim Form

Updated: Aug, 2015

The University of Idaho offers an Adoption Assistance Plan to reimburse eligible employees for the cost of qualified adoption expenses. You are eligible for adoption assistance if you are eligible for the University of Idaho employee benefits and enrolled in an active employee Medical Plan. Refer to the Adoption Assistance Plan Summary Plan Description for additional information about eligibility and qualified expenses.

Return completed form and all required documents to Benefit Services:
Campus Zip: 4332 / Email: Benefits@uidaho.edu / Fax: 208-885-3330

Employee Information

Name:	Vandal Number:	Email Address: Work: Home:
Address: (Street, City, State, Zip Code)		
Phone Number: Work: Home:	Spouse Also Employed by the University of Idaho: <input type="checkbox"/> Yes Department: <input type="checkbox"/> No	
Child's Date of Birth:	Child's Name:	

Qualified Adoption Expenses

International Adoption Date finalized: _____
 Domestic Adoption Need not be final

Explanation of Expense

Attach original receipts for each expense

Date	Explanation of Expense	Amount
Total Reimbursement Request		

Employee's Certification for Reimbursement

I certify that these adoption expenses requested for reimbursement were incurred by me (an/or my spouse) while covered by a UI Medical Plan, were not reimbursed by any other plan and, to the best of my knowledge, are eligible for reimbursement under the University's Adoption Assistance Plan. I further certify that the child I am adopting is not married and is not my step-child.

Employee Signature: _____ **Date:** _____

Human Resource Services Only

Date of Hire:	Date of Approval:	Approver Initials:
Date to Payroll:	Payroll Date:	Completed: