



Adoption Assistance Reimbursement Form

Employee to complete

Employee ID #	Last Name	First Name	Work Phone + Ext
Job Title	Company		Org/Department

Total Requested

\$

Employee certification

I certify that I have read and understand the Adoption Assistance program information provided with this form and agree to the terms set forth therein. I understand that if I voluntarily terminate employment with the Company pending Adoption Assistance will not be paid out. I have, attached proof of adoption expenses, and obtained my manager's approval/signature. I hereby verify that all information stated on this form is true and correct.

Print or Type Employee's Name

Employee's Signature:

Date:

Manager to approve and sign

I approve of the above named employee's Adoption Assistance Reimbursement request. I attest that the employee is successfully performing the job duties of their position and his/her job and full time status at the time of this signing.

Print or Type Manager's Name:

Manager's Signature:

Date:

Procedures:

- Employee will complete and remit application and include copy of receipts to validate adoption expense.
- Form and receipts should be sent to Benefits@corprisk.com or faxed to 949-224-3761.
- HR will contact employee's manager to recertify that the employee is in good standing and eligible for reimbursement.
- Upon confirmation of eligibility, HR will process reimbursement.
- Reimbursement will be processed via payroll within 2 pay cycles of confirmation of eligibility.

Office Use Only

HR Received by Employee

HR Reimbursement Processed

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