

MAIN LINE HEALTH
ADOPTION ASSISTANCE FORM

Name \_\_\_\_\_

Home Address \_\_\_\_\_

The Main Line Health Adoption Assistance Plan provides financial assistance towards expenses incurred in the adoption of a child under age 18. Main Line Health will reimburse you for eligible charges up to the stated maximum allowable under the Plan per child for each adoption per family. After your application is approved, payment will be made when the child has been placed in your home.

Child Data \_\_\_\_\_
First Name M.I. Last Name

Date of Placement in Employee Home \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING SECTION AND SUBMIT THIS FORM TO THE HUMAN RESOURCES DEPARTMENT.

EXPENSES (Attach documentation including receipts and cancelled checks)

ADOPTION AGENCY FEES ----- \$ \_\_\_\_\_
PLACEMENT FEES ----- \$ \_\_\_\_\_
LAWYERS FEES ----- \$ \_\_\_\_\_
OTHER FEES (PLEASE STATE) ----- \$ \_\_\_\_\_

ELIGIBLE EXPENSES (A) TOTAL EXPENSES ----- \$ \_\_\_\_\_
(B) MAXIMUM ADOPTION BENEFIT----- \$ \_\_\_\_\_
(C) \*REIMBURSEMENT (the lesser of line A or B) \$ \_\_\_\_\_

\*This amount is subject to PA State and FICA tax withholdings.

There are certain expenses excluded under the Adoption Assistance Plan. These include, but are not limited to, travel expenses for the child or adoptive parent(s), maternity fees (child's natural mother) and any expenses incurred to obtain guardianship or custody of one's natural child, stepchild and foster child.

Signature Agreement

I agree to provide proof of the final adoption. If I am reimbursed through another source for my adoption expenses, as well as through Main Line Health Adoption Assistance Plan, I agree to reimburse Main Line Health for any duplication of payments made to me.

Signatures \_\_\_\_\_
Employee Signature Date

Human Resources \_\_\_\_\_
Signature Date