

# Cornell University Adoption Assistance Program

## ADOPTION EXPENSE REIMBURSEMENT APPLICATION

Faculty / Academic Staff / Administrative Staff

### General Information

Today's Date (MM/DD/YYYY): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Cornell ID#: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Marital Status:
- Single (including divorced & widowed)
  - Married (including legally separated)
  - Domestic Partner

***If married to or in a domestic partnership with a Cornell employee:***

Spouse Name: \_\_\_\_\_ Cornell ID#: \_\_\_\_\_

***If applying with a spouse/partner who is not a Cornell employee:***

Co-Applicant (must be living in the same household): \_\_\_\_\_

Name of Employer of Co-Applicant: \_\_\_\_\_

## Employee Request for Reimbursement

Date child placed in home: \_\_\_\_\_

Date for adoption finalization, or anticipated finalization: \_\_\_\_\_

Amount requested for reimbursement: \_\_\_\_\_

## Information About Your Adopted Child

Please copy to complete one page for each child that you have adopted.

Name of adopted child: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

## Expense Information

Date Expense Incurred	Date Expense Paid	Amount of Eligible Expense	Paid To	Description of Eligible Expenses <i>(attach copies of itemized bills or documents and additional sheets if necessary)</i>

Total amount requested for reimbursement: \_\_\_\_\_

Cornell University reimburses eligible employees for qualified adoption expenses up to \$10,000 per adoption, with a lifetime maximum of \$30,000.

**Note: This application is not complete without dated signature to "Statement of Understanding" on page 3!**

## Statement of Understanding

By signing this application, I certify that I have read and understood the terms of Cornell University's Adoption Assistance Program (the "Plan"). I certify that the expenses for which I am requesting reimbursement are Qualified Adoption Expenses under the terms of the Plan. The statements I have made in this application, along with any additional documentation I have submitted, are true, complete and correct.

I certify that the expenses for which I am requesting reimbursement were NOT incurred: 1) in violation of any state or federal law; 2) in connection with any surrogate parenting agreement; or 3) in connection with the adoption of the child of my spouse or domestic partner. Furthermore, these expenses have not been previously reimbursed under any other employer plan or from any other source.

I understand that Cornell University 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, state, or local 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 payments made under the Adoption Assistance Program are excludable from my gross income for federal income tax purposes. I agree that I have been advised to consult with my own tax advisor regarding my adoption expenses and the application of this Plan to my personal tax situation.

I understand that any misrepresentation in this application may result in cancellation and repayment of my adoption assistance reimbursement and/or may result in adverse employment consequences for myself.

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Signature

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Date