

Adoption and Surrogacy Assistance Reimbursement Request

Name

Eligible Expenses:

Date Paid	Amount:	Description:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Reimbursement: _____

I request reimbursement for the adoption or surrogacy expenses listed above, confirming that:
 _____ whose birthdate is _____
 was placed in my home for the purpose of adoption on _____. The date for
 adoption finalization, if known, is _____. I certify that this is a claim
 for qualified adoption or surrogacy expenses under the Intact Insurance Specialty Solutions Adoption and Surrogacy
 Assistance Program.

Note: Please attach receipts in US dollars for all expenses listed as well as a copy of the adoption decree. Applicable taxes will be withheld from your reimbursements. You should contact a qualified tax advisor to determine the tax implications of these reimbursements.

Signature

Date