

ADOPTION ASSISTANCE REIMBURSEMENT REQUEST



Social Security Number

Name

Date of Hire

Department/Branch

Location Code

Eligible Adoption Expenses:

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

Total Reimbursement: _____

I request reimbursement for the adoption 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 expenses under the Intact Insurance Specialty Solutions Adoption 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