

Adoption Benefit Reimbursement Form

Employee Name _____ **Employee ID** _____

Eligible Adoption Expenses

Please detail your expenses below and attach the corresponding receipts with amounts shown in U.S. dollars. Missing or incomplete information will delay your reimbursement.

Date	Amount	Description
TOTAL		

Employee Request for Reimbursement

I am applying for reimbursement of the adoption expenses listed above, confirming that the adoption of _____ (child's name), whose birth date is _____, was finalized on _____ (date). A copy of the final adoption decree is attached.

I certify that this is a claim for allowable expenses under the Worthington Enterprises adoption reimbursement program and I have read the Worthington Enterprises Adoption Benefits Policy. I further certify that this child is under the age of 18 and is part of the US foster care system, child from another country, or infant in the US and is not my spouse's child.

Applicable taxes will be withheld from my reimbursement. I understand that it is my obligation to determine whether any reimbursements made to me under this plan are excludable from my income for federal, state or local tax purposes. I further acknowledge that to the extent any income tax exclusion or credit may be available to me; I cannot claim both the exclusion and the credit for the same expense.

Signature of Employee

Date

Return this reimbursement form, receipts and a copy of the final adoption decree to:

Worthington's People Center
 200 W Old Wilson Bridge Road
 Columbus, OH 43085

Questions? Contact us at 877.840.6506 or wpc@wthg.com