

Adoption Assistance Policy

The University will reimburse eligible employees up to a maximum of \$5,000 for itemized adoption-related expenses or agency and non-stepchild adoptions. Reimbursement will occur after the adoption is finalized. In cases where the adopting parents are both University employees, only one \$5,000 reimbursement allowance will be applied.

Reimbursement is not payable for the adoption of stepchildren or for pre-natal or maternity costs of the birth mother of the adoptive child. An adopted child must be under the age of 18 at the time the adoption becomes finalized.

The *Adoption Assistance Reimbursement Request Form* (see below), a certified or notarized copy of the adoption placement decree or court order of placement, and itemized receipts may be submitted up to six (6) months after placement of the child in the employee's home. No requests may be submitted after the six-month period has ended.

The adoption reimbursement benefit may be utilized only once during a calendar year.

Examples of such expenses include the following:

- licensed agency fees
- counseling fees
- placement fees, legal fees and court costs
- state-required home-study fees
- travel expenses
- adopted child's passport and/or visa fees
- immigration, immunization & translation fees
- document authentication fees
- temporary foster care costs

If an employee voluntarily separates from the University within six (6) months after utilization of the Adoption Reimbursement benefits, the employee will be required to reimburse the University for the amount of the benefit received.

Taxation of Benefits

The adoption assistance benefit is generally not subject to federal or state tax withholding, but is subject to Federal FICA and California VDI/SDI withholding and will be reported on your IRS Form W-2. Employees should confer with their own tax advisors prior to participation in this benefit.

Coordination with Other Benefits

At the time of placement, you may add your child to your benefits coverage. Please do so within 30 days of adoption. You will need to submit a certified copy of the adoption placement decree or court order of placement as well as a copy of the birth certificate to enroll your child for benefit coverage.

Checklist of Papers to Submit for Reimbursement of Expenses:

- ☐ *Adoption Assistance Reimbursement Request Form*,
- ☐ Certified or notarized copy of the adoption placement decree or court
- ☐ Expense receipts or statements

Send the necessary forms to USF via email to benefits@usfca.edu or via U.S. mail to:

University of San Francisco
Attn: Human Resources, Director of Benefits
2130 Fulton Street
Lone Mountain North, 3rd Floor
San Francisco, CA 94117



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Adoption Assistance Reimbursement Request Form

Complete all items below and return with itemized receipts (in U.S. dollars) and a certified copy of the adoption placement decree or court order via email to benefits@usfca.edu or via U.S. mail to:

University of San Francisco
Attn: Human Resources, Director of Benefits
2130 Fulton Street
Lone Mountain North 3rd Floor
San Francisco, CA 94117

Agency or Non-Stepchild Adoptions

I am applying for financial reimbursement for an adoption, confirming that _____
(*child's name*) whose birth date is _____ was placed in my home for the
purpose of adoption on _____. The date for adoption finalization is
_____. I certify that this is a request for reimbursement of allowable
expenses under the University of San Francisco adoption reimbursement program, and that I
have not received assistance under this program during the past calendar year.

All Applicants for Adoption Reimbursement

Please list all Eligible Adoption Expenses below and attach receipts or statements to this form:

Date Paid	Amount	Description

(If you need additional space, please use the back of this form.)

\$_____ Total Reimbursement Amount Requested*

**the amount requested cannot exceed \$5,000*

Employee Name (*please print*): _____

CWID#: _____

Department: _____

Phone Extension: _____



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My signature verifies that I have complied with the Adoption Assistance Policy provisions:

Employee Signature

Date

Benefits Representative Signature: _____

If you have any questions, please contact the Benefits Team at benefits@usfca.edu or 415-422-2442.