Adoption Assistance Policy

The University will reimburse eligible employees up to a maximum of $4,000 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 $4,000 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 FICA withholding tax and will be reported on your W-2 form. 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 fax at (415) 386-1074 or U.S. mail to:

University of San Francisco  
Attn: Human Resources, Director of Employee Benefits  
2130 Fulton Street, Lone Mountain Main 339  
San Francisco, CA  94117
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 to:

Human Resources, Benefits
University of San Francisco
2130 Fulton Street, Lone Mountain 339
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:

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

$_____________ Total Reimbursement Amount Requested*

*the amount requested cannot exceed $4,000

Employee Name (please print):________________________ USF ID#________________

Department:________________________ Phone Extension:______________

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 Director of Employee Benefits at (415) 422-3625.