

**IMPORTANT NOTES:** Please read prior to completing this form:

1. To prevent delays in processing, please complete all requested information.
2. Faxed copies of the completed form are not acceptable.
3. Staple all requested documentation to this form.
4. A copy of the final adoption decree for the stepchild is required.
5. A copy of the final surrogacy agreement is required.
6. All receipts must be in U.S. dollars.

**SECTION 1: EMPLOYEE INFORMATION**

I have used the adoption, surrogacy or stepchild adoption assistance benefit previously. Date used: \_\_\_\_\_

Employee's Full Name: First M.I. Last OSU Employee ID# (required)

Daytime Phone Email Address State Zip

Spouse's Full Name: First M.I. Last Social Security Number (required) or OSU Employee ID# (if employed)

**SECTION 2: SURROGACY INFORMATION**

Child's Full Name: First M.I. Last Social Security Number (required)

Date of Birth Date of Surrogacy Agreement (attach final surrogacy agreement)

**SECTION 3: STEPCHILD ADOPTION INFORMATION**

Adopted Child's Full Name: First M.I. Last Social Security Number (required)

Date of Birth Date of Adoption (attach final adoption decree)

**SECTION 4: ELIGIBLE ADOPTION EXPENSES**

Date Eligible Expense Incurred	Date Expense Paid	Paid To	Description of Eligible Expense (Attach copies of itemized bills or documents)	Amount of Eligible Expense
Total Amount to be Reimbursed (maximum allowable is \$10,000 combined benefit with Adoption Assistance):				

**SECTION 5: EMPLOYEE CERTIFICATION**

I certify to the best of my knowledge that the expenses included in this request are eligible adoption expenses and that I am responsible for payment of these expenses. I understand that it is my responsibility to verify with the IRS or my tax consultant the tax implications of receiving this money, and that I assume all tax liability for this reimbursement.

Employee's Signature Date

If you need further assistance or have questions, contact the Office of Human Resources HR Connection: **614-292-myHR (6947)** or **800-678-6010**, [hrconnection@osu.edu](mailto:hrconnection@osu.edu) or [hrconnection.osu.edu](http://hrconnection.osu.edu).

Retain a copy of this form for your records. Submission options for the signed original of this form:

**Upload to** the secure [hrconnection.osu.edu](http://hrconnection.osu.edu) portal by selecting "Submit a Form" (recommended)

**Mail to** Office of Human Resources, 1590 N. High St., Suite 300, Columbus, OH 43201-2190

**Email** [hrconnection@osu.edu](mailto:hrconnection@osu.edu) with subject line "Adoption Assistance Reimbursement Form"