

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

1. **If you are adopting your step child use the 'Surrogacy and Stepchild Adoption Form'**
2. To prevent delays in processing, please complete all requested information.
3. Faxed copies of the completed form are not acceptable.
4. Staple all requested documentation to this form.
5. A copy of the final adoption decree 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: 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 3: 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
<b>Total Amount to be Reimbursed (maximum allowable is \$10,000 combined benefit with Surrogacy/Stepchild Adoption):</b>				

### SECTION 4: 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 or 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](https://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"