

**BOSTON COLLEGE
ADOPTION ASSISTANCE CLAIM FORM**

EMPLOYEE INFORMATION

Name: _____ Eagle ID: _____ - _____
 Work Phone: _____ Home Phone: _____
 Spouse Name: _____ Spouse BC employee? Yes ___ No ___

ADOPTED CHILD INFORMATION

Name of Child: _____ Male ___ Female ___
 Date of Birth (MM/DD/YY): _____
 Adoption Finalization Date: _____ Date Placed in Home: _____

ELIGIBLE EXPENSES

Date Incurred	Description of Expense Incurred	Amount
Total:		\$

ATTACH RECEIPTS IN U.S. DOLLARS & A COPY OF THE ADOPTION DECREE

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

I certify that I have paid for the above expenses related to the adoption of the above-named child. I have not been reimbursed for these expenses under any other plan. I believe the expenses incurred are eligible for reimbursement under the Boston College Adoption Assistance Plan. I agree the above named child is not my blood relative, stepchild, or a child of another member of my household. If the expenses submitted under this claim total less than \$10,000, I understand I cannot submit another claim for additional expenses towards this adoption at a later date. I understand that Boston College makes no commitment that amounts paid under this Plan will be excludable from my income for federal or state income tax purposes, and that it is my obligation to determine whether the payments are excludable. I certify that all statements and documentation relating to this claim are complete and true.

Signature of Employee

Date

Benefits Office Approval

Date

Submit completed form to the Benefits Office, 129 Lake Street