

U.S. Adoption Assistance Reimbursement Form

Instructions

Please review the complete US Adoption Assistant Policy prior to completing this application.

1. Complete the entire application including your signature.
2. Attach all applicable original itemized bills for which you are requesting reimbursement. The itemization must include the date and the nature of the service(s) provided, and the name of the child.
3. Submit the completed, signed form with all necessary attachments to [AskHR](#) or mail them to:
HR Shared Services
9800 Pyramid Ct, Suite 200
Englewood, CO 80112
4. To add your child to your health insurance and welfare benefits plan, please visit your Hitachi Vantara [Benefits Direct](#).

***This form must be completed within 31 days of the adoption date. Documentation will be required.**

EMPLOYEE INFORMATION

Name: _____ Employee Number: _____

ADOPTION INFORMATION

Child's name: _____ Child's Date of Birth: _____

Total amount of Reimbursement (not to exceed \$5,000) _____

EMPLOYEE ACKNOWLEDGEMENT

I have read the U.S. Adoption Assistance Policy. I understand the policy and agree to comply with it. I certify that the attached bills are for legitimate expenses associated with the legal adoption of a child, and that they meet the definitions of eligible expenses under the Policy.

I understand that Hitachi Vantara is required to withhold Social Security and Medicare taxes from my adoption assistance benefit, but that Hitachi Vantara will not withhold federal and state income taxes. I am advised that I may need to pay federal and state income taxes on my adoption assistance reimbursement, and I am advised to consult with my tax advisor to determine my tax obligations. (Additional information can be found at www.irs.gov)

Employee Signature _____ Date: _____

FOR HR USE ONLY

Signature _____ Date Approved: _____

Print Name _____