



Adoption/Surrogacy Assistance Reimbursement Request

Information about you:

Employee Last Name _____ Employee First Name _____ M.I. _____ Employee ID _____

Mailing Address _____ City _____ State _____ Zip _____

Email _____ Phone Number _____

Information about your child:

Child's Name _____ Child's Date of Birth _____

Agency or Institution _____ Contact _____

Agency Address _____ City _____ State _____ Zip _____

Agency Phone Number _____ Date Adoption/Surrogacy Finalized _____

Upon finalization of the adoption/surrogacy, this form must be filled out completely and submitted within 180 days from the finalized date of the adoption/surrogacy with all of the required documentation to Optum Financial. All documentation must be submitted at once with this form. Required documents are proof the adoption/surrogacy (either successful or unsuccessful) is final by providing a notarized affidavit or legal binding agreement, a birth certificate showing the child's name and date of birth, and itemized receipts of expenses incurred by you.

Forms that are incomplete or missing required documentation will be denied. For complete submissions, Optum Financial and K-C will review and provide a response within 7-10 business days. If approved, payment will be made, less applicable tax withholdings, through the K-C payroll system as soon as administratively possible. Please allow a minimum of 14 business days for payroll processing.

For a list of eligible expenses, please see the Adoption & Surrogacy Assistance Policy on mykcbenefits.com.

Date of Expense	Description of Expense	Amount
Total (not to exceed \$10,000)		\$

Have you received Adoption and/or Surrogacy Assistance from K-C before? Yes No If yes, provide previous amount(s) and year received _____

I certify that the information provided on this form is correct and complete. I certify that the expenses for reimbursement requested from the Adoption & Surrogacy Assistance Program have been incurred in the process of obtaining a legal adoption/surrogacy of the above-referenced child. Further, I certify that the adoption/surrogacy of the above-referenced child has been finalized. To the best of my knowledge, these expenses are eligible for reimbursement. In the event of an overpayment, I hereby agree to reimburse the company for these amounts.

Benefits Team Use Only

ID# _____

PayGroup _____

Approval Date _____

Amount _____

Approved By: _____

Employee Signature _____ Date _____

K-C Adoption/Surrogacy Assistance

You're eligible to receive Adoption and/or Surrogacy Assistance if you're classified as a regular employee and you have eligible expenses related to adopting a child or a child being born via surrogate. Reimbursement will not exceed \$10,000 per child.

More details and applicable rules of this benefit are set forth in the Adoption & Surrogacy Assistance Policy found on mykcbenefits.com.

Criteria for Eligibility

- You're a regular employee not classified as temporary, intermittent, intern, or co-op
 - The expense is incurred, and the adoption/surrogacy is finalized while you're actively employed with K-C
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Eligible Adoption Expenses

- Domestic and foreign agency and placement fees
- Travel expenses associated with the adoption, including airfare, parking, tolls, taxis, rental cars, buses, gas for a car or mileage, lodging, and meals
- Medical expenses for the child not otherwise covered by insurance before the adoption
- Temporary foster care provided before permanent placement of the child in your home
- Miscellaneous fees such as immigration, immunization, and translation fees
- Legal fees and court costs associated with the adoption
- Counseling fees associated with the placement and initial adjustment
- Expenses that were part of an unsuccessful attempt to adopt a child
- Home inspection costs
- Expenses incurred before the adoption became final to care for children under the age of 18 and age 18 or older with special needs (for example, the purchase or rental of a wheelchair)

Eligible Surrogacy Expenses

- Domestic and foreign surrogate agency fees
 - Egg and/or sperm donation agency fees
 - Egg and/or sperm donation shipping and transport fees
 - Travel expenses associated with the surrogacy, including airfare, parking, tolls, taxis, rental cars, buses, gas for a car or mileage, lodging, and meals
 - Medical expenses for the child not otherwise covered by insurance before the finalization of the surrogacy
 - Miscellaneous fees such as immigration, immunization, and translation fees
 - Legal fees and court costs associated with the surrogacy
 - Expenses that were part of an unsuccessful attempt to gain a child that is born via surrogate (only if not covered by another source)
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Exclusions

- An individual not classified as defined above
- Expenses incurred prior to the effective date of this policy or to the eligibility date of the employee
- Expenses related to adopting a blood relative or a child of your spouse or domestic partner
- Expenses for which you take a credit or deduction under any other federal income tax rule
- Expenses that are reimbursable under another program
- Reimbursement will not exceed \$10,000 per child