



## Adoption Expense Reimbursement Request

### Colleague Information (Please Print)

Colleague Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
FTE: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_

### Expenses (Attach Supporting Documentation)

Date Expense Incurred	Name of Service Provider	Expense Description	Amount of Reimbursement Requested
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total Expenses	

### Colleague Signature Required

The undersigned colleague certifies that all expenses, for which reimbursement or payment is claimed by submission of this form, are related to adoption proceedings.

\_\_\_\_\_  
Colleague Signature

\_\_\_\_\_  
Date

Completed form must be returned to the HR Service Center for processing by MyHR case, fax 402.552.2670, or [email to MyHR@nebraskamed.com](mailto:MyHR@nebraskamed.com).

## **INFORMATION REGARDING THE ADOPTION REIMBURSEMENT REQUEST**

- The lifetime maximum for the adoption reimbursement benefit is \$5,000. In the case where a colleague and his or her spouse are both employed by Nebraska Medicine, the total amount to which both are entitled in the aggregate will be limited to \$5,000 for lifetime.
- To request reimbursement of Adoption Expenses, complete the Adoption Request Reimbursement Request form and attach copies of the itemized receipt or statement showing the following information:
  - Date expense was incurred
  - Name and address of provider of service or supply
  - Nature of service or supply furnished (to be considered allowable, expenses must have been paid directly to the adoption agency and/or an attorney, in the case of a private adoption, or a home study agency).
  - Amount charged for service or supply
- The Adoption Expense Reimbursement Request form and supporting documentation must be submitted to the HR Service Center within 90 days of when the expense was incurred.

## **IMPORTANT INFORMATION REGARDING THE REPORTING OF THE ADOPTION EXPENSES ON YOUR FORM W-2**

As per Section 137, requirements of the IRS Code pertaining to Adoption Expense and Reimbursement, all such expenses must be reported on the employee's Form W-2 at year end.

Benefits will provide the Payroll Department at Nebraska Medicine with a report of all qualifying adoption expenses that were paid or reimbursed for the colleague who made claims under the Nebraska Medicine Medical Plan for Adoption expenses for the current year. The Payroll Department will add this amount in box 12 of the employee's Form W-2 with the adoption expense being identified in box 12 using code "T".

While the qualified expenses and reimbursements for adoption claims are not subject to Federal Income Tax withholding, they are subject to social security, Medicare, federal unemployment taxes and possibly state and local taxes.

Please consult your personal tax advisor, the IRS Tax Advocate at 1-877-777-4778 or the IRS website at [www.irs.gov](http://www.irs.gov) for more detailed information.