

**REQUEST FOR REIMBURSEMENT
ADOPTION ASSISTANCE**

EMPLOYER NAME

Please print or type.

Employee (Last Name, First Name, Middle Init.)

Social Security Number (optional)

Address Check if this is a new address

City State Zip

Daytime Phone (very important)

Email Address

Please be sure to staple documentation of services provided to the back of this claim form. Attach itemized bills, receipts or invoices for all expenses claimed.

INSTRUCTIONS

Please keep a copy for your records. This form should be completed and accompanied by an itemized billing, receipts or invoices.

Date of Service	Name of Eligible Child	Age	Social Security Number (If Available)	Description of Expense	Total
					\$
TOTAL Adoption Assistance Claim:					\$

CERTIFICATION BY THE PLAN PARTICIPANT

The undersigned participant in the Adoption Assistance Flexible Spending Account certifies that all expenses for which reimbursement or payment is claimed by submission of this form, were incurred during a period while the undersigned was covered under the Company's Flexible Benefits Plan with respect to such expenses. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Adoption Assistance Flexible Spending Account, the undersigned may be liable for the payment of all related taxes including federal, state or city income tax on amounts paid from the plan which relate to such expense.

Signature of Participant _____

Date _____

SEND COMPLETED CLAIM FORM TO: Benefit Administration Company
P.O. Box 550
Seattle, WA 98111-0550
(206) 625-1800 or (800) 967-3709 x307

OR, EMAIL SIGNED CLAIM FORM TO: flexcs@baclink.com
www.baclink.com

OR, FAX CLAIM FORM TO: (206) 682-8016 (FAX)

(Note: If faxing claim **do not** mail original.)

PLEASE KEEP A COPY OF ALL SUBMITTED CLAIMS AND DOCUMENTATION. A FEE MAY BE CHARGED FOR REQUESTED COPIES. YOU SHOULD RETAIN RECEIPTS FOR SEVEN YEARS FOR INCOME TAX PURPOSES.



CLAIM PROCESSING TIMELINES

Properly completed Request for Reimbursement forms received 72 hours before your plans' scheduled check-printing date will be processed in that check run. If you submit your claim request via facsimile, the deadline is 1:00 p.m. before the 72-hour cutoff. For example, if your plans' check printing date is Friday, the check run will include all forms received by 1:00 p.m. on Tuesday. If your Request for Reimbursement is incomplete, it's processing may be delayed until the matter is resolved.

Please retain a copy of your Request for Reimbursement Form, along with all supporting documentation for your itemized expenses.

CHECK STOP PAYMENT AND/OR CHECK REISSUE REQUESTS

Benefit Administration Company (BAC) will process check stop payment and/or reissue according to the following guidelines:

- All stop payment requests will be held for a minimum waiting period of ten business days from the original check release date.
- Once BAC has placed the stop payment with the financial institution, the reissued check will be held for 2 business days in accordance with the financial institution's requirement.
- A \$30 processing fee will apply for all stop payment/reissued checks not resulting from a BAC error**
- BAC will issue a replacement check for a damaged original check only after the original check has been returned to BAC

OTHER HELPFUL HINTS

- Eligible expenses are determined by the date of service, NOT the date the payment is made to the provider. Therefore, cancelled checks, bank statements, credit card receipts and provider balance forward statements are not acceptable documentation.
- Once the plan year has begun, you may only change your elected annual contribution amount if you have a change in family status (see your Summary Plan Description for more details).
- IRS rules require that the balance remaining in your reimbursement account be forfeited at the end of the plan year.

EXAMPLES OF EXPENSES ELIGIBLE FOR REIMBURSEMENT

- "Qualified Adoption Expenses" means reasonable and necessary adoption fees, court costs, attorney fees, and other expenses:
 - Which are directly related to, and the principal purpose of which is for, the legal adoption of an Eligible Child by a Participant;
 - Which are not incurred in violation of state or federal law or in carrying out any surrogate parenting arrangement;
 - Which are not expenses in connection with the adoption by a Participant of a child who is the child of such Participant's spouse;
 - Which are not paid using funds received from any federal, state or local program; and
 - Which are not reimbursed under any other employer program or otherwise or by any tax credit under any other provision of the Code.