

# BMO Financial Group

## Adoption Assistance Request for Reimbursement

**REIMBURSEMENT PROCESS:**

1. Carefully read the Adoption Assistance Operating Procedure to understand the benefits available to you.
2. Complete this form and submit documentation of expenses. Be sure to sign each document and include your employee identification number.
3. Return the form, state court certified adoption decree, and supporting documentation to: Adoption Assistance – U.S. Benefits, 395 N Executive Drive, Brookfield, WI 53005.
4. The request will be reviewed to verify expenses are eligible and reimbursable under the provisions of the policy.
5. Once approved the reimbursement will occur as part of the next regularly scheduled payroll. As required by law, the reimbursement will be recorded as income on the employee’s W-2 form.

Questions regarding the Adoption Assistance Benefits should be directed to the Human Resources Centre at 1-888-927-7700.

Full Name		Employee Identification Number
Dept. ID (Cost Center)	Location	Phone Number
Check One <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time – Standard hours _____		
Adopted Child’s Full Name	Date of Birth	Date Adoption Finalized

I certify that these expenses are not incurred in violation of state or federal law or in carrying out any surrogate parenting agreement, nor are these expenses incurred in connection with my adoption of the child of my spouse/domestic partner.

By signing below, I certify that I have read and understand the provisions in the BMO Financial Group Adoption Assistance Program. I certify that all statements and documentation relating to this claim are complete and true. I understand that the reimbursement will be recorded as income on my W-2 form but will not be taken into account for any BMO employee benefit plan.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

### FOR HUMAN RESOURCES USE ONLY

Date Received: _____	
Approval: _____	_____ Date
Reimbursement Amount: \$ _____	