

ADOPTION ASSISTANCE REQUEST FOR PAYMENT

Please remember to add dependents to your benefits within 30 days of placement.

Faculty/Staff Member Name: _____

G Number: _____ Campus phone: _____

Adopted Child(ren's) Name: _____

Age of Adopted Child(ren): _____

(Assistance is limited to the legal adoption of children under 18 years of age unless the child is physically or mentally incapable of caring for him/herself.)

Date adopted child(ren) legally placed in faculty/staff member's home: _____

Please list eligible expenses and attach bills/receipts:

Type of Expense:	_____	Amount:	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	TOTAL:	_____	_____

I have reviewed the adoption resources and benefits guide. I understand that GVSU will withhold taxes only for Social Security and Medicare. Additionally, it is the faculty/staff member's responsibility to satisfy GVSU that the expense is eligible for reimbursement when there is a question of eligibility.

Faculty/Staff Signature: _____ Date: _____

Approved for payment: Yes No
 Comments: _____

Human Resources Signature: _____ Date: _____

Return Form to Human Resources via mail: 1090 JHZ, Fax: 331.3216 or Scan & Email to benefitsandwellness@gvsu.edu

