

# TAXSAVER PLAN

## Adoption Assistance Claim Form

(Please complete this claim in entirety including requested amounts and signature)

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employee Last Name

\_\_\_\_\_  
First Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Place of Birth (City, State, Country)

\_\_\_\_\_  
Date Adoption Finalized

I have incurred the following expenses that qualify for reimbursement under the provisions of this Plan:

TYPE OF EXPENSE	DATE OF PAYMENT	AMOUNT
Public / Private Adoption Fees		\$
International Court Costs		\$
Domestic Court Costs		\$
Legal / Attorney Fees		\$
Medical Services for the Adopted Child Prior to Finalization of Adoption		\$
Medical Services for the Birth Mother Directly Related to Pregnancy / Delivery		\$
Transportation and Lodging Expenses for Travel to Secure the Adoption		\$
<b>TOTAL REQUESTED AMOUNT (not to exceed \$10,960)</b>		<b>\$</b>

I testify that I have attached records necessary to substantiate my adoption expenses. I understand that since these expenses are reimbursed through my Adoption Assistance Plan that they may not be claimed on any federal income tax deduction or credit at year end and that I will not submit these expenses for payment by a third party. I further testify that I have been approved by all necessary parties as an adoptive parent for a child under the age of 18.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

### Documentation Required:

Copy of the Writ or Certificate of Adoption

Birth Certificate of Child

Invoices of legal fees (attorney fees / court costs)

Statement of Itemized Services for Qualified Medical Care for Child or Birth Mother

Proof of payment

\*\*\*Note - all documentation must be converted to the English language and U.S. currency amounts.

### Submit Claim To:

Taxsaver Plan  
P.O. Box 609002  
Dallas, Texas 75360  
800-328-4337 – [www.taxsaverplan.com](http://www.taxsaverplan.com)  
214-528-8122 Fax