



New Hanover Regional Medical Center

ADOPTION ASSISTANCE APPLICATION (Please Print all information except signatures)

Please read the information on the back of this form. This application and agreement must be completed for each adopted child. If both parents are employed by NHRMC only one employee may use the adoption assistance benefit. Please attach the documentation indicating the legal adoption.

Part I: Employee Information (Please Print)

| Employee Number | Social Security Number | Last Name | First Name | | Middle Initial |
|-----------------|------------------------|-----------|------------|--------------|----------------|
| | XX-XX | | | | |
| Department | | Job Title | Home Phone | Work Phone # | Cell Phone |
| | | | | | |

Part II: Dependent Information (Please Print)

Name: _____ SSN: ____ - ____ - ____

Date of Birth: ____/____/____ Date of Adoption: ____/____/____

Expenses incurred (attached itemized receipts):

| | | |
|-------|----|-------|
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |

Part III: Certification

My signature indicates that I have read the back of this form and have provided accurate information. I further certify that I am benefit eligible, and that I am an employee in good standing.

Employee Signature Date

FOR HUMAN RESOURCES USE ONLY

| FTE | Application Status | | Amt Approved | Date Paid |
|------------------------------------|--------------------|--------|---------------|-----------|
| | Approved | Denied | | |
| _____ Human Resources Signature | | | _____ Date | |



New Hanover Regional Medical Center

NHRMC ADOPTION ASSISTANCE BENEFIT BENEFIT ELIGIBILITY Effective January 1, 2007

Eligibility

Benefit eligible employees who are regularly scheduled to work 16 hours or more per week (0.4FTE or greater) may be eligible for a benefit under this program when you incur expenses to legally adopt a child under the age of 18. However, the child must not be your natural child or your spouse's natural born child. Expenses related to surrogate births are not eligible for reimbursement. Employees who have received formal disciplinary action within the prior 12 months are not eligible for this benefit.

Benefit Amount

Documented expenses will be covered for a single child adoption up to a maximum of \$3,000. NHRMC will reimburse a benefit eligible employee for the adoption of two children during his or her employment, with a maximum reimbursement of \$6,000. Again, if an employee and his or her spouse both work for NHRMC, only one employee may use the adoption assistance benefit.

Eligible Expenses

The following expenses associated with the legal adoption of the child may include:

1. Reasonable and customary public and private agency fees permitted or required under the law of the state having jurisdiction over the adoption.
2. Reasonable and customary legal and court fees.
3. Reasonable and customary fees for medical and hospital services provided to the child, including immunizations.
4. Transportation and lodging fees associated with the adoption.
5. Temporary foster care charges.
6. Immigration and translation fees.

Procedures

1. Reimbursement will be made following the submission and approval of a completed Adoption Assistance Benefit form with appropriate documentation (legal documents reflecting adoption). Itemized receipts may be submitted up to six months after placement of the child in the employee's home.
2. Reimbursement will be made in the employee's bi-weekly paycheck and is not subject to tax withholding. An employee should allow four (4) weeks processing time for payment.
3. Questions regarding the program should be directed to the Benefits Team at (910) 343-7049.