



POLICY & PROCEDURE

Title:	Employee Adoption Assistance		
Origination Date:	October 2006	Manual:	Human Resources
Review Date(s):	Oct. 2008, Aug. 2011	Section:	
Revision Date(s):		Policy No.:	13.5
Effective Date:	January 2007	Contact Dept.:	Human Resources
Approval(s):			
_____ Jack Barto, President & Chief Executive Officer		_____ Keith Strawn, Vice President, Human Resources	

I. POLICY

NHRMC is committed to enriching the lives of our employees through competitive and supportive programs. We want employees to achieve both career and personal goals. In support of this commitment, NHRMC has established the Adoption Assistance benefit to make benefits equitable for adoptive and biological parents.

Benefit eligible employees (0.4 FTE or greater) who adopt on or after January 1, 2007 are eligible for financial assistance for expenses related to legally adopt a child under the age of 18 in an amount not to exceed \$3,000.

Eligible adoption related expenses are out-of-pocket expenses not reimbursable under any other program and may include:

- Reasonable and customary public and private agency fees permitted or required under the law of the state having jurisdiction over the adoption. Only recognized and licensed public and private agencies will be considered.
- Reasonable and customary legal fees.
- Court costs.
- Reasonable and customary fees for medical and hospital services provided to the child prior to adoption, not covered by insurance.
- Temporary foster care costs – where foster care charges are required to be paid immediately preceding the child’s placement.
- Immigration, immunization and translation fees.
- Transportation and lodging expenses required to bring the child from another state or from a foreign country to the United States.

Other reasonable and customary expenses that the adopting parent(s) are legally required to pay will be considered on a case-by-case basis.

Adoption assistance will not be provided when the child is the employee’s natural child or the spouse of employee’s natural born child. Expenses related to surrogate births are not eligible for reimbursement.

NHRMC will reimburse an employee for two (2) adoptions during his or her employment. If an employee and his/her spouse both work for NHRMC, only one employee may use the adoption assistance benefit.

II. PROCEDURE

- A. Employees seeking assistance are required to complete an application and submit supporting documentation/verification. Applications should be submitted to Human Resources to the attention of the Benefits Team.
- B. Eligibility: Employees must be benefit eligible at the time that they make application and receive the benefit.
- C. Employees will be notified within 10 business days or less after the application has been submitted when their application has been processed and approved or denied. Reimbursement for eligible expenses will be made in the next available paycheck.
- D. In the event of employment termination for whatever reason, the former employee will not be expected to repay the adoption assistance benefit amount.
- E. An employee who submits an application to obtain funds under false pretenses will result in termination of employment. Any misuse of funds will also result in employee termination.
- F. The Vice President of Human Resources or designee will have the authority to approve/deny applications.

END



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. Attach the documentation indicating the legal adoption.

Part I: Employee Information (Please Print)

Employee Number	Social Security Number	Last Name	First Name		Middle Initial
Street Address			City	State	Zip
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.

 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 (0.4 FTE or greater) may be eligible for the 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.

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/or 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.