



**ADOPTION ASSISTANCE PLAN
REIMBURSEMENT REQUEST FORM**

Employee Name:	Date:	
Job Title:	Department:	
Preferred Contact (please circle whether home or work)		
Home/Work Phone:	Home/Work Email:	
Name of Spouse/Partner: Is this person a Fanatics Employee: Yes No		
Child's Name:	Original Country of Birth or residence:	Birth Date:
Have you or your household previously used the Fanatics Adoption Assistance Plan Benefit? Yes No		
<p>If yes, please complete the following:</p> <p>Year(s) of use: _____</p> <p>Name of employee who received the assistance: _____</p> <p>Note: the benefit is restricted to two adoptions per household.</p>		
Does this adoption involve more than one child from the same family? Yes No		
<p>If yes, please explain:</p> <p>Note: the benefit can apply to siblings adopted simultaneously and the reimbursement maximum is multiplied by the number of siblings.</p>		
<p>For an adoption of an eligible child who is a US citizen or resident, date the adoption was finalized: _____</p> <p style="text-align: center;">OR, date the adoption proceedings were terminated: _____</p> <p>For a foreign adoption, the date the adoption was finalized: _____</p>		
<p>In connection with the adoption of a child who is not a citizen or resident of the US, you must provide a final decree of adoption by a competent authority of the foreign-sending country establishing a parent-child relationship under the laws of the foreign-sending country as well as evidence that the child has been issued the appropriate visa from the State Department of the United States.</p> <p>In connection with the adoption of a child who is a citizen or resident of the US, you must provide a final decree of adoption or documentation of the termination of the adoption proceedings.</p>		

that it is my obligation to determination made under this Adoption Assistance Plan is excludable from my gross income for federal income tax purposes.

Signature of Applicant:

Date: