

ADOPTION ASSISTANCE PLAN REIMBURSEMENT REQUEST FORM

Employee Name:	Date:		
Job Title:	Department:		
Preferred Contact (please circle who	ther 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 previous	ısly used the Fanatics Adoption Assistance Plan Benefit? Yes No		
If yes, please complete the f	ollowing:		
Year(s) of use:			
Name of employee who recei	ved the assistance:		
Note: the benefit is restricted to tw	o adoptions per household.		
Does this adoption involve more that	n one child from the same family? Yes No		
If yes, please explain:			
Note: the benefit can apply to siblinumber of siblings.	ngs adopted simultaneously and the reimbursement maximum is multiplied by the		
For an adoption of an eligible child	who is a US citizen or resident, date the adoption was finalized: OR, date the adoption proceedings were terminated:		
For a foreign adoption, the date the	adoption was finalized:		
adoption by a competent authority	a child who is not a citizen or resident of the US, you must provide a final decree of of the foreign-sending country establishing a parent-child relationship under the laws of as evidence that the child has been issued the appropriate visa from the State		
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			

EXPENSES SUBMITTED FOR REIMBURSEMENT			
Type of Service	Service Provider	Date(s) of Service	Amount
		Total	

Employee Statement of Understanding

I certify that I am eligible to participate in the Fanatics Adoption Assistance Plan. That is, I am either: an active full or part-time employee with a benefits-eligible title; or eligible to participate under the terms of a collective bargaining agreement that covers my employment.

I certify that the receipts or cancelled checks that I am submitting are qualified adoption expenses under the Fanatics Adoption Assistance Plan. Qualified Adoption Expenses means reasonable and necessary adoption fees, court costs, attorneys' fees, and other expenses directly related to, and whose principal purpose is for, the legal adoption of an eligible child under 18 years of age.

I certify that these expenses are not incurred in violation of state or federal law or in carrying out any surrogate parenting agreement, nor are these expenses incurred in connection with my adoption of the child of my spouse or domestic partner. Furthermore, these expenses have not been nor will they be reimbursed under any other plan than the Fanatics Adoption Assistance Plan or from any other source.

I certify that these expenses are within the limits of up to two adoptions per household for the lifetime of my employment with the Company. I understand that if siblings are adopted simultaneously, this counts as one adoption for the household and that up to \$2,500 of qualifying reimbursements is allowed for each child adopted at that time.

I further acknowledge that to the extent any federal income tax exclusion or credit may be available to me, I cannot claim the exclusion and the credit for the same expense.

I understand that Fanatics does not make any commitment or guarantee that amounts paid to me under this Adoption Assistance Plan will be excludable from my gross income for federal, state or local income tax purposes, or that any other federal tax treatment will apply to or be available to me. I understand

my gross income for federal income tax purposes.	is Adoption Assistance Plan is excludable from
Signature of Applicant:	Date: