

Texas Annual Conference of the United Methodist Church
Center for Connectional Resources
Group Health Benefits

Policy 145
Adoption Reimbursement Policy

Active employee participants of the TAC Group Health Benefits Plan are eligible to receive up to a maximum of \$5,000 for reimbursement of adoption-related expenses per child as of the date the child is placed in the home for adoption. Claims must be submitted within one year of the date the adoption is final. If an adoption is not completed, claims must be submitted within one year after the final expense is incurred.

Eligible expenses include home study expenses, legal fees, court document preparation, travel expenses, adoption agency fees, birth parent counseling, adoptive parent preparation and training, social work services, medical expenses for the birth mother (as allowed by law), and other adoption-related expenses. Eligibility of any adoption expense for reimbursement will be determined by the Center for Connectional Resources. All decisions are final. **A 1099-Misc. form will be issued by the TAC Benefits Office for all reimbursements in excess of \$600 under this program.**

Adoption Reimbursement Form

Complete the information below and submit this form with copies of itemized receipts and a copy of the Adoption Placement Agreement or Adoption Decree if the adoption is final to the TAC Benefits Office, 5215 Main St., Houston, TX 77002 within one year of the date of adoption or within one year after the final expense is incurred if the adoption is not completed. Additional items can be listed on the back of the form if more space is needed. Reimbursement is \$0.15/mile for eligible adoption-related mileage expenses.

Participant Name (print) _____ SSN _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____ Date _____
Name of Child _____ Date of Birth _____
Date of Placement for Adoption _____ Date of Adoption (if final) _____

<u>Adoption Expense</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total _____