

North Kansas City Hospital

Title:	Adoption Assistance Benefit
Purpose:	To provide an adoption expense benefit for eligible employees adopting a child
Audience:	<i>This information is intended for all current North Kansas City employees</i>

Policy

NKCH Full and part time employees scheduled at 16 hours or more per pay period who have been employed for at least one year and who have worked at least 1250 hours in the year prior to the request for Adoption Assistance. Eligible employees must be employed in this capacity at the time the adoption is final.

The benefit is designed to pay a portion of your adoption expenses much like the health plan pays for maternity expenses.

The benefit will pay \$1500 per child per year. If you adopt a special needs child (as defined by your state of residence) the benefit will pay \$3000. The annual maximum benefit is \$3000.

The Adoption Assistance Benefit will cover the adoption of a child under age 18 who is not your blood relative or a step child and is payable PER adoption (i.e. only one parent may apply for reimbursement.)

Eligible employees may also use the NKCH Family Medical Leave to take time off to care for an adopted child. See the policy for complete detail

Procedure

1. Reimbursable fees include the following: Licensed adoption agency fees; court and legal (attorneys) fees; state required pre-placement home studies and supervision programs;
2. Adoption Assistance Claim forms are available in HR and on the NKCH Intranet under Resources, Employee Benefits, Adoption Assistance Claim Form.
3. You will receive reimbursement for your adoption expenses after you have completed a claim form and submitted copies of the appropriate bills and the final adoption decree. The claim form, bills and adoption decree must be turned into HR within 90 days after the adoption is final.
4. After your claim is processed, it will be added to your normal paycheck. The Adoption Assistance benefit is not subject to federal income tax withholding, but is subject to social security, Medicare and federal unemployment taxation. You should refer to your current IRS form and instructions for Qualified Adoption Expenses. You may have allowances for exclusions up to a certain dollar amount on employer-provided benefits and a tax credit for qualified adoption expenses, also up to a limit per child. Consult your personal tax advisor for details.

Adoption Assistance Benefit Claim Form

The Adoption Assistance policy is located on the back of this form.

Employee Name: _____ Employee # _____

Department: _____ Hire Date: _____

Scheduled Hours per Pay period: _____

Name of Child: _____

Your Relationship to Child: _____

Cannot be your blood relative or stepchild

Child's Date of Birth: _____ Final Adoption Date: _____

Name of Adoption Agency: _____

Address: _____

Is this Adoption a "Special Needs" Child? Yes ____ No ____

As defined by state of resident. If yes, attach supporting documentation.

Total Eligible Expenses: \$ _____

Attach documentation to support expense listed above. Final Adoption Decree must be included.

I hereby authorize the Adoption Agency, my attorney or appointed judge in this adoption case to release any information requested with respect to this claim.

I hereby certify that the information I have furnished in support of this claim for reimbursement under the NKCH Adoption Assistance benefit is true and correct.

Employee Signature _____ Date: _____

Complete form and forward to North Kansas City Hospital Human Resources Department within 90 days of the final adoption. After the form has been processed the benefit will be added to your paycheck. The benefit is not subject to federal income tax withholding, but is subject to social security, Medicare and federal unemployment taxation.