

Adoption Assistance Application



EMPLOYEE INFORMATION

Employee's Name:		Employee ID:
Position:	Location:	Date of Hire:
Cost Center:	Email Address:	Stop Code:
Home Address:		
City:	State:	Zip Code:

ADOPTION INFORMATION

Name of Child:	Gender:	Date of Birth:
Date adopted child was placed permanently in your home: <i>(Date child became member of your household, not final adoption date)</i>		
Adoption Agency:		
Agency Address:		
City:	State:	Zip Code:
Name of Adoption Counselor:		Phone:

SPOUSE INFORMATION

Does First Data Corporation or one of its business units currently employ your spouse? _____ If yes, complete the following:	
Spouse's Name:	Work Phone:
Company/Business Unit:	Department:
Has he/she applied for adoption assistance for this adoption through the Adoption Assistance program of that company? _____ If yes, please give details:	
Have you (or your spouse, if he/she works for a FDC company) applied for/received adoption assistance for another adoption during this calendar year through any other FDC company's adoption assistance program? _____ If yes, please give details:	

I certify that the information on this form is true and complete to the best of my knowledge. I authorize First Data Corporation Human Resources to verify the information supplied on this application. I understand that the Internal Revenue Service considers reimbursement for adoption expenses to be eligible for Social Security and Medicare taxes, and that these taxes will be withheld from my reimbursement.

Applicant's Signature: _____ Date: _____

Documentation Needed for Approval:

- ⊖ Itemized list of expenses incurred on attorney's or adoption agency's letterhead.
- ⊖ Proof of payment (copies of checks will **NOT** be sufficient)
- ⊖ Completed Adoption Assistance form
- ⊖ Letter or order from agency or court indicating child was permanently placed in your home as of the date indicated above.

Health and Life Help Desk Use Only

Approved by:	Date Processed & Submitted to Payroll:	Amount: \$
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Questions? Call Benefits Toll-Free at (888) 348-4835, Option 4

Return Form and Documentation to:

First Data Health & Life Help Desk ♦ 7201 Hewitt Associates Drive ♦ Charlotte, NC 28262

Updated 12/23/11