

# Adoption Benefit Reimbursement Form

Last Revision: Jan 2024



**Full Name:** \_\_\_\_\_ **Social Security # (last 4 digits)** \_\_\_\_\_

**Work Location:** \_\_\_\_\_ **WWID#** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

Congratulations on finalizing your adoption! Cummins is excited to support your family, by providing reimbursement for qualified adoption expenses that you have incurred during this process. (Read the Adoption Benefit Policy for details about eligible expenses under this policy.)

## How to Request Reimbursement

To request reimbursement for your eligible adoption expenses, you must:

- Complete and sign the Adoption Reimbursement Form,
- Include documentation showing your eligible expenses (bills, statements from independent third parties, receipts, etc.),
- Include a copy of the final decree of adoption, and
- Provide any additional documentation that Cummins may request.

## Where to Send Your Request

Submit your request, including your completed form (be sure to sign and date it) along with your documentation in Answers [here](#). You can also email your completed form and supporting documentation noted in “How to Request Reimbursement” to [cbsbenefits@cummins.com](mailto:cbsbenefits@cummins.com). If you have questions, please call CBS at 877-377-4357.

## What We Need

CBS must receive the completed form and all necessary documentation no later than 12 months after the date the adoption is finalized. Please complete the chart below and attach the supporting documentation.\*

Date (Paid or Incurred)	To Whom	Description of Expense	Amount
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total Reimbursement Requested (Maximum: \$5,000 per child)</b>			\$

\*If you need additional lines, attach a separate sheet of paper.

To be reimbursed under this program, the expense(s) must have been incurred on or after the date you become eligible for benefits under the terms of the Policy

I certify that I have received and read a copy of the Benefit Policy and that the expenses for which I am requesting reimbursement are qualified adoption expenses under the program. I certify that I will not seek reimbursement of these expenses from another source, such as from a governmental agency or from a similar program offered by my spouse’s employer. I understand that Cummins doesn’t make any guarantee that amounts paid to me under this program will be excludable from my income for federal, state, or local tax purposes. I also understand that the extent that any income tax exclusion or credit may be available to me, I cannot claim both the exclusion and/or credit for the same expense.

## Signature

I certify that the information provided on this form is correct and complete.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_