

EQUIFAX Adoption Assistance Policy Claim Form

Use this form to request reimbursement of up to \$5,000 of qualifying adoption expenses for the adoption of an eligible child. Use a separate form for each adopted child.

Submission Instructions

Within six months of the date that adoption is final, submit a signed copy of this completed form, along with supporting documentation in one of the following ways. If both parents are Equifax employees, only one parent can request reimbursement.

By email: AskHR@equifax.com (Use the subject line: "Adoption Assistance Claim Form")

By mail: Equifax Inc., HR Benefits (H-22), 1550 Peachtree Street NW, Atlanta, GA 30309

Employee & Dependent Information

Employee Name	Employee ID
_____	_____
Equifax Email Address	

Adopted Dependent's Name	Dependent's Date of Birth
_____	_____
Dependent's Date of Placement	Date Adoption Finalized
_____	_____

Adoption Certification

I have attached a Certified Copy* of the court decree stating that the adoption is final.

** A copy of the court decree that contains all appropriate signatures and has been stamped or otherwise marked as an official copy or as a filed copy by the Clerk of Court or other applicable court official.*

Qualifying Adoption Expenses

Receipts or other acceptable written documentation are required for each itemized expense. Reimbursement will be reported on your Form W-2, is subject to Social Security and Medicare taxes, and may be subject to federal and state income taxes. For more information, refer to IRS Form 8839 or consult with your legal or tax advisor.

Public and private adoption agency fees.....	\$	
Foreign adoption and agency fees.....	\$	
Temporary foster care charges.....	\$	
Transportation costs directly related to transporting the eligible child to your residence:		
• Travel portion only.....	\$	
• Meals portion only.....	\$	
• Lodging portion only.....	\$	
Home inspection costs.....	\$	
Legal and court fees directly related to the adoption.....	\$	
Other qualifying expense: _____	\$	
TOTAL.....	\$	

EQUIFAX Adoption Assistance Policy Claim Form (continued)

Certification

I hereby certify that:

- I have read and understand the instructions above and the Equifax Inc. Adoption Assistance Policy,
- The information listed above and the documentation attached hereto are correct and complete in all material respects,
- The adopted child satisfies the qualifications of the Equifax Inc. Adoption Assistance Policy,
- I have incurred the expenses listed on this claim form, and
- I have not received reimbursement previously for these expenses from any other source, and will not seek reimbursement from any other source.

Employee Signature

Date

For Internal Use Only

Date Received

Date Keyed

Keyed By