Adoption Assistance Plan Reimbursement Form Instructions

If you have questions about the Adoption Assistance Plan, contact the Amgen Benefits Center at http://benefits.amgen.com, virtually 24 hours a day, 7 days a week, or call 800-97-AMGEN (800-972-6436), Monday through Friday (excluding New York Stock Exchange holidays) between 5:30 A.M. and 5:30 P.M. Pacific Time to speak with a Customer Service Representative.

How the Plan Works

1. The Adoption Assistance Plan assists staff members by reimbursing a portion of certain adoption expenses, up to a maximum of $4,000 per adoption.
2. You are eligible for reimbursement under the plan as long as placement of the adopted child occurs after your date of hire. You must be an active staff member regularly working at least 20 hours per week at the time reimbursement is received. Terminated staff members are not eligible for reimbursement, regardless of when placement occurs.
3. **All of the following are considered eligible expenses:**
   - Legal fees, including surrogacy;
   - Court fees, including surrogacy;
   - Adoption agency fees, including foreign adoption fees;
   - Temporary foster care expenses provided before the child is placed with you;
   - Expenses for adopting stepchildren;
   - Expenses for adopting children related to either parent, such as nephews, nieces, cousins, brothers or sisters.
4. **All of the following are considered ineligible expenses**:
   - Expenses for adopting a person who is 18 years of age or older;
   - Travel fees for the adopted child or adoptive parent(s);
   - Voluntary donations or contributions;
   - Costs for personal items (such as food and clothing) for the parents or child during or after the adoption;
   - Other expenses for surrogacy;
   - Medical expenses for the birth mother of the adopted child.

How to Apply for Reimbursement

1. Pay the expenses and receive itemized bills or receipts.
2. Complete the Adoption Assistance Reimbursement Form on the other side.
3. Send a copy of the adoption certificate to the Amgen Benefits Center along with all of your other documentation. Make a copy of all materials for your files.
4. You have until 90 days after the adoption is finalized to submit a claim. However you can file a claim as early as the time of placement providing all the documentation and the legal fees are complete to submit the claim.

Submit the Adoption Assistance Reimbursement Form and other materials to:

Amgen Benefits Center
Attention: Imaging Department
P.O. Box 9002
Norfolk, VA 23501-9002
or fax to: 1-855-818-3246

Continued on Back

Adoption Assistance Plan Reimbursement Form

A. About You

Last Name | First Name | Middle Initial | Staff ID #

Date of Birth | Daytime Telephone Number | Marital Status

Home Address Street Name | City | State | Zip Code

B. About Your Adopted Child

Adopted Child's Last Name | First Name | Middle Initial

Date of Birth | Date of Placement

Is this child related to you or your spouse? ☐ Yes ☐ No

C. Adoption Expenses *Itemize your eligible expenses in the space below.*

Description of Expense	Provider	Dollar Amount
Legal Fees		$
Court Fees		$
Adoption Agency Fees		$
Temporary Foster Care		$
	Total Reimbursement Requested:	$

D. Signature

I certify that the expenses for reimbursement requested from the Adoption Assistance Plan have been incurred in the process of obtaining a legally recognized adoption of the above-referenced child. Further, I certify that the above-referenced child has been legally placed in my home for adoption and that documentation of this is enclosed. To the best of my knowledge, these expenses are eligible for reimbursement. I hereby authorize the adoption agency, my attorney, or appointed judge in this adoption case to release any information requested by Amgen Benefits Center with respect to my claim. In the event of an overpayment, I hereby agree to promptly reimburse Amgen for these amounts.

I acknowledge that the information that I have supplied is correct to the best of my knowledge and agree that any misstatements, misrepresentations, or other falsifications on this form will result in discipline up to and including termination of my employment.

Staff Member Signature | Date