

### Department Policy and Procedure Manual

Subject: Adoption Benefit Effective Date: 4/2017

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## I. Purpose

The purpose of this policy is to define the policies and eligibility criteria to receive financial assistance for adoption.

## **II. Policy Statements**

The assistance is provided through a benefit of up to \$5,000 per child which is intended to assist with such expenses as legal services, family studies, adoption related travel expenses, or cover other expenses incurred as a result of the adoption. If there are no expenses incurred during the adoption process there will be no monetary assistance granted to the employee. The adoption benefit is considered taxable income. If both adoptive parents are employed by the hospital, the benefit is limited to a total of \$5,000 per child. Becoming a legal guardian of a step child through marriage does not qualify as adoption under this policy.

#### III. Procedures

- A. Employees interested in the adoption benefit must meet the following criteria: 1. be benefits eligible, and 2. be employed for at least six months before the child is placed for adoption.
- B. The adoption benefit is payable upon proof that a child has been placed with the employee for adoption. Request for this benefit must be made within 60 days of the adoption event date
- C. The employee must submit to Human Resources a completed Adoption Benefit Application, a copy of the court order or other legal documentation acknowledging the placement for adoption, and any fees or expenses associated with the adoption.
  - 1. The documentation must include the adoptive parent(s) name, name(s) of child(ren) being placed for adoption, date(s) of birth of child (ren) and effective date of placement with adoptive parent(s).
  - 2. The employee will receive a benefit equal to any fees or expenses incurred up to \$5,000 per child. Expenses include legal services, family studies, adoption related travel expenses and other expenses incurred as a result of the adoption.
- D. Time off due to placement of a child in the home for purposes of adoption may be eligible for Family and Medical Leave (FMLA) if the employee otherwise qualifies

DISCLAIMER: This policy was developed solely for the use of Children's Hospital of Chicago Medical Center and its affiliates (the "Medical Center"). The information contained herein shall not be relied upon by individuals or entities outside the Medical Center for accuracy, timeliness, or any other purpose. Nothing in this policy alters the employment-at-will relationship of employees.



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for this benefit. Please refer to FMLA and Personal Leave of Absence policies for

additional information.

#### IV. Cross References / Related Policies

FMLA Policy Personal Leave Policy

Date Written: 01/01/2002

Date Reviewed/Revised: 02/01/2009; 07/01/2011; 10/1/2014; 09/01/2016; 05/22/2017

Date of Approvals:

Hospital Operations Committee:
Medical Board Executive Committee:
Medical Board:
QMPS Committee of the Board:
Infection Control Committee:
Administrative Policy & Procedure Committee: 6/19/2017

Other \_\_\_\_\_