

Name: _____

Employee ID#: _____ Department: _____

Hire Date: _____ Scheduled FTE Status: _____

Phone: _____ E-mail: _____
(work) (home)

Agency Coordinating Adoption: _____

Agency Address _____

Name of Child(ren) Placed for Adoption _____

Effective Date of Placement with Employee: _____

Employee Signature: _____
(date)

Attach copy of court order, other legal or adoption agency documentation acknowledging the placement for adoption along with proof of expenses. Documentation must include:

- *adoptive parent(s) name*
- *name(s) of child(ren) being place for adoption*
- *date(s) of birth of child(ren)*
- *effective date of placement with adoptive parent*
- *itemized list of expenses associated with adoption*

Within 60 days of the adoption event date submit completed application & documentation to:

**Human Resources, Box 14,
Ann & Robert H. Lurie Children's Hospital of Chicago
225 E Chicago Ave. Chicago, IL 60611-2605**

HR Approval: _____
(name, title, signature) (date)

Adoption Benefit Amount to be Paid: _____
(Benefit amount is considered taxable income and will be taxed according to your W-4 on record.)

Employee will receive an e-mail acknowledgement of outcome of request (approved/declined).

If adopted child(ren) is to be enrolled in the employee's insurance plans, the enrollment must be completed within 30 days of the placement for adoption. Log in to the benefit enrollment system to process a life event at: www.luriechildrens.bswift.com