



## *The LifeSavers Adoption Assistance Plan*

The day a new family member comes home is one of the happiest days your family experiences. The Benefit Choices Program can be part of this day through maternity benefits and the adoption assistance plan. The LifeSavers Adoption Assistance Plan pays for a portion of your adoption expenses much like the medical plan covers maternity expenses. The Adoption Assistance Plan will pay up to \$3,500 for expenses you have within the plan year relating to the adoption of a child. If you adopt a “special needs” child (as defined by your state of residence), you can receive up to \$4,500 for reimbursement of adoption expenses. The annual maximum benefit is \$7,000.

### **Employee Eligibility**

You are eligible to receive adoption benefits if you:

- Work full-time and have been employed with your facility for at least one year; OR
- Work regular part-time (minimum 20 hours per week) hours and have completed 2 years of service (as defined by the Plan); AND
- Are employed in full-time OR part-time capacity at the time the adoption is final.

The Adoption Assistance Plan covers the adoption of a child under age 18 who is not your blood relative or a step child and is payable PER adoption (i.e. only one parent may apply for reimbursement).

### **Reimbursable Adoption Expenses**

The adoption plan will reimburse you for the following adoption expenses:

- Licensed adoption agency fees.
- Court and legal (attorneys) fees.
- State-required “pre-placement home studies” and “post-placement supervision” programs.
- Up to 30 days of pre-placement temporary foster care in an approved or licensed facility.
- Domestic and international transportation expenses (reasonable and customary) for you and your spouse to bring your adoptive child home.

### **Applying for Adoption Benefits**

Adoption Assistance Plan claim forms are available from your Human Resources department. You will receive reimbursement for your adoption expenses after you submit a completed adoption plan claim form, itemized bills (or copies) and the final adoption decree to Human Resources. **Your application form, itemized bills and final adoption decree must be submitted within 90 days after the adoption is final.** After your claim is processed and approved, your adoption benefit will be added to your regular paycheck. Adoption Assistance Plan benefits are taxable income – normal deductions are taken when the benefits are paid.

**ADOPTION PROGRAM REIMBURSEMENT REQUEST**

Employee Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Facility Name \_\_\_\_\_ Facility ID# \_\_\_\_\_

Child's Name \_\_\_\_\_

Relationship (*Cannot be your blood relative or stepchild*) \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Final Adoption Date \_\_\_\_\_

Name of Adoption Agency or Attorney \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Is this an adoption of a "Special Needs" child? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(*As defined by state of residence. **If yes, attach supporting documentation.***)

TOTAL EXPENSES \$ \_\_\_\_\_  
(*Documentation must be attached to substantiate expenses.*)

I hereby authorize the Adoption Agency, my attorney or appointed judge in this adoption case to release any information requested with respect to this claim.

I hereby certify that the information I have furnished in support of this claim for reimbursement under our Adoption Program is true and correct.

SIGNATURE (Employee) \_\_\_\_\_ DATE \_\_\_\_\_

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**INSTRUCTIONS: (1) Complete form; (2) enclose a copy of final adoption decree; (3) attach supporting documentation; and (4) mail all of these materials within 90 days of final adoption to:**

**HCA EMPLOYEE BENEFITS  
ATTENTION: ADOPTION PROGRAM  
P.O. BOX 550  
NASHVILLE, TN 37202-0550**

**NOTE:** Must be an active full-time employee with one year of service or active part time employee (minimum 20 hours) with two consecutive years of service (1000 hours in a calendar year) as of the final adoption date to be eligible for this benefit.