



## U.S. Adoption & Surrogacy Assistance Reimbursement Form

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Employee First Name	Employee Last Name	Employee ID
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Child(ren)'s Full Name	Child(ren)'s Date of Birth	Adoption Placement/ Surrogacy Completion Date
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### Eligible Expenses (please attach receipts in USD for all expenses listed)

Please include a copy of your adoption paperwork or surrogacy contract. In the case of surrogacy, please also include a copy of the child(ren)'s birth certificate.

Description	Incurred Date	Date Paid	Amount Paid
Total			

Eligible expenses include expenses directly related to either the adoption of an eligible child or a fully completed and lawful surrogacy contract. These include agency and placement fees, home study fees, legal and court fees. Please see the Servier Adoption & Surrogacy Assistance Policy for more information.

Please note that the rules regarding the taxation of adoption and surrogacy reimbursements are complex. It is recommended that consult with your tax advisor when filing your tax return.

Please reimburse me for the adoption/surrogacy expenses listed above. I certify that:

- This is a claim for allowable expenses under the Servier Pharmaceuticals Adoption & Surrogacy Assistance Program, and
- I have not received and will not receive reimbursement for the above expenses by another employer, another benefit program, or a third party, federal, state or local program.

Employee Signature

Date