844-561-1338 · 866-451-3245
PO Box 2926 · Fargo, ND 58108-2926
forms@discoverybenefits.com

UC Adoption Assistance Plan Claim Form

This form is used to submit requests for reimbursement of eligible out-of-pocket expenses incurred for the adoption of your child. Complete this form and submit it to WEX Health by mail, fax or email. Expense receipts must accompany this form and should include the following information: (1) Date the expense was incurred, (2) Provider name, (3) Description of service provided or expense incurred, and (4) Dollar amount. Documentation of your legally finalized adoption must be included as indicated in section 3.

*Required Fields

1. Participant Information

*Participant Name (First, MI, Last)

*Social Security Number

University of California

Employer Name

*UCPath Employee ID Number

*Child's Name (First, MI, Last)

*Child's Date of Birth (MM/DD/YYYY)

*Date Adoption was Legally Finalized (MM/DD/YYYY)

2. Claim Reimbursement Information

*Date the Expense was Incurred (MM/DD/YYYY)	*Provider Name	*Description of Services (i.e. Legal Fees, Adoption Agency, Travel)	*Out-of-Pocket Cost

Total: $

Continued on next page >>

Adoption Assistance Plan Claim Form (continued)

3. Proof of Legally Finalized Adoption

The Plan requires proof of a legally finalized adoption in order for claims to be processed and reimbursements paid. Designate below whether your adoption was finalized domestically or internationally, and include copies of listed documentation as proof when submitting this completed form to WEX Health. *This documentation is only required one time. If you previously submitted proof of adoption to WEX Health you do not need send it a second time.

Check one:

☐ **Domestic Adoption** – A copy of a court order or notarized copy of the final decree of adoption issued by a state or other authorized U.S. governing body is required for the adoption of a child who is a citizen of the United States (U.S.)

☐ **International Adoption** – A final decree of adoption by a competent authority of the foreign-sending country, as well as evidence the child has been issued the appropriate visa from the U.S. State Department is required for the adoption of a child who is not a citizen or resident of the U.S.

4. Participant Certification and Signature

To the best of my knowledge, the provided information is complete and accurate. I certify the requests I am submitting are eligible expenses as defined by the Internal Revenue Code and the UC Adoption Assistance Plan Policy, and that I have not been previously reimbursed for these expenses nor am I seeking reimbursement from any other source. I understand WEX Health, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. If there are any changes in the provided information, I understand it is my responsibility to notify WEX Health. By submitting this form I certify the above. I understand I should retain a copy of all submitted documentation in the event of an IRS audit.

*Participation Signature

*Date (MM/DD/YYYY)

Submit Claims

Fax to:
866-451-3245
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No cover page required

Mail to:
WEX
PO Box 2926
Fargo, ND 58108-2926

Email to:
forms@discoverybenefits.com