



UC Adoption Assistance Plan Verification Form

Prior to submitting claims for reimbursement benefits under the University of California Adoption Assistance Plan, you must first verify your adoption has been legally finalized. To do so, complete this Adoption Assistance Plan Verification Form and submit it to WEX Health, UC's Adoption Plan administrator, by mail, fax or email.

*Required

Step 1: Employee Information

*First Name

*Last Name

*UC Location

*UCPath Employee ID Number

*Email Address

Step 2: Employee Spouse/Domestic Partner Information

Does your spouse/domestic partner work for UC?

Yes No

If yes, provide the following spouse/domestic partner information:

First Name

Last Name

UC Location

UCPath Employee ID Number

Step 3: Child Information

Full Name

Date of Birth

Date Adoption Legally Finalized

Adoption Assistance Plan Verification Form (continued)

Step 4: Acknowledgement and Agreement

I certify that to the best of my knowledge, the information I provided is complete and accurate. If there are any changes in the information provided, I understand it is my responsibility to notify WEX Health. Further, I understand and agree to the following:

1. The University of California (UC) Adoption Assistance Plan is effective July 1, 2021. Adoptions finalized prior to July 1, 2021 are not eligible for benefits under the Plan.
2. UC will reimburse adoption expenses in accordance with the provisions of the Plan. Qualified expenses incurred throughout the adoption process are not eligible for reimbursement until after the adoption is finalized. Expenses incurred prior to employment with the University are not eligible for reimbursement, even if the adoption is finalized while you are a participant in the Plan.
3. The Plan provides a reimbursement limit of \$5,000 per child. This limit applies to total reimbursements paid, even if expenses are incurred over multiple years. The Plan limits adoptions to two (2) per eligible employee, with a maximum of \$10,000 in benefits in the employee's lifetime. If two children are adopted simultaneously they will be treated as separate adoptions, and each will be eligible for the maximum benefit of \$5,000. A separate UC Adoption Assistance Plan Verification Form is required for each child adopted.
4. If both adoptive parents are eligible employees of the University, the Plan limits adoptions to two (2) per household, with a combined maximum of \$10,000 in benefits during their lifetime. I understand and confirm the claims to be submitted to WEX for reimbursement have not and will not be reimbursed by another eligible employee of the University.
5. Any provisions of UC's Adoption Assistance Plan not specifically listed here, including eligibility requirements, limitations and exclusions shall apply. If there is a conflict between the information contained here and UC's Adoption Assistance Plan Policy, the Policy shall take precedence.
6. I understand that completion of this UC Adoption Assistance Plan Verification Form does not enroll my child in any of UC's other health and welfare benefit plans, including, medical, dental or vision. I understand that I am responsible for contacting the UCPath center within 31-days of the date of adoption either online or by phone at 855-982-7284 to request to enroll my child for coverage in any other benefit plans. I understand that if I enroll my child in other UC health and welfare benefit plans, I will be required to complete the UC Family Member Eligibility Verification process.

Step 5: What to Expect Next

Upon receipt of this completed form, WEX Health will review the information and make a determination on whether or not your adoption meets the eligibility requirements of the Plan. They will send you a written decision within 7 days to the email address you provided in Step 1

If you have questions or need assistance completing this form contact WEX Health at 844-561-1338.

*Participant Signature

*Date (MM/DD/YYYY)

Submit Claims

Fax to:
866-451-3245
Page ____ of ____
No cover page required

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

Email to:
forms@wexhealth.com