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Adoption Assistance Reimbursement Program Request Form

Employee Information

Employee ID: _____

Name: _____

Address: _____

Business telephone number: _____

Business e-mail address: _____

Location: _____

Adopted Child's Information

Child's name: _____

Child's birth date: _____

My relationship to child (check all that apply):

- Child under age 18
- Stepchild
- Foster child
- Relative
- Child from overseas
- Biological child
- Second parent adoption

Date child placed in my home for adoption: _____

Date adoption finalized: _____

Does your spouse work for Chevron Phillips Chemical?

Yes No If "Yes," please provide your spouse's Employee ID Number _____

(continued)

Eligible Adoption Expenses Itemization

Date Paid	Amount	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total reimbursement requested: _____

Attach copies of receipts or other documentation in U.S. Dollars for expenses listed above, as well as Final Adoption Decree.

Attestation

I certify that this is a claim for reimbursement of eligible expenses under the Chevron Phillips Chemical Company Adoption Assistance Reimbursement Program related to the adoption of the child identified above. I also certify that neither I nor my spouse, if applicable, is requesting a separate adoption expense reimbursement for the same child from another employer's adoption expense reimbursement program.

Employee Signature _____ Date _____

<p>Please return to: Adoption Assistance Coordinator Benefits Department 10001 Six Pines Drive, Suite 7048C The Woodlands, TX 77380 Phone: (832) 813-4374</p>	<p>Approved by: _____ Date: _____ Amount: _____</p>
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