

**PRINCETON UNIVERSITY  
ADOPTION/SURROGACY REIMBURSEMENT FORM**

Effective January 1, 2020, the University will reimburse benefits-eligible faculty and staff for eligible adoption expenses up to the maximum lifetime benefit amount of \$20,000. Eligible adoption includes:

- unrelated child
- step-child
- co-parent arrangement
- child as result of a surrogacy arrangement

The University will reimburse benefits-eligible faculty and staff for eligible legal expenses associated with surrogacy parenting arrangements up to the maximum lifetime benefit amount of \$20,000. Eligible surrogacy arrangements include:

- the employee or spouse/same sex civil union or domestic partner is genetically related to the child, and
- the child is a legal dependent of the employee, and
- the child will live in the household of the employee

**Date of Application:** \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_

Spouse/Partner's Employer: \_\_\_\_\_

**Child's Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Adoption was Finalized: \_\_\_\_\_ Date of Placement: \_\_\_\_\_

Date Surrogacy was Finalized: \_\_\_\_\_ Date of Placement: \_\_\_\_\_

**Eligible Adoption or Surrogacy Expenses**

(Please attach verifying documents, itemized receipts & other required documentation)

Date Incurred	Description of Expenses	Amount
Total Submitted		

I certify that all statements and documentation submitted by me are complete and accurate.

Employee's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please return completed form and receipts to [benefits@princeton.edu](mailto:benefits@princeton.edu) or Office of Human Resources, Attn: Benefits, 100 Overlook Center, Suite 400, Princeton, NJ 08540