

ADOPTION ASSISTANCE PLAN EXPENSES REIMBURSEMENT FORM

Employee Name

Employee Number

Address

_____ was placed in my home on _____
the legal final (Child's Name) (Month/Day/Year)

adoption date was _____.
(Month/Day/Year)

Eligible Expenses - Eligible and non-eligible expenses are listed on the Cision Benefits website at BenefitsatCision.com.

I wish to apply for reimbursement of the following adoption expenses.

Date	Amount	Explanation

Please attach to this form proof of the child being placed in your care or the final adoption decree from the courts and acceptable documentation of the listed expenses.

By signing this form, I certify and attest that I have attached all applicable documentation for reimbursement under Cision's Adoption Assistance Plan. The receipts or cancelled checks that I have submitted are qualified adoption expenses under the company's program. "Qualified adoption expenses" means reasonable and necessary adoption fees, court costs, attorney's fees, and other expenses directly related to, and whose principal purpose is for, the legal adoption of an eligible child under 12 years of age.

I certify that these expenses are not incurred in violation of state or federal law or in carrying out any surrogate parenting agreement, nor are these expenses incurred in connection of the child of my spouse or domestic partner. Furthermore, these expenses have not been nor will they be reimbursed under an employer plan other than this Adoption Assistance Plan, nor have they been previously reimbursed to Cision's Adoption Assistance Plan, nor any other source.

I understand that it is my responsibility to report to Cision any changes regarding the adoption. I certify that the statements relating to this form are complete and correct to the best of my knowledge and I understand that any intentional misrepresentation in this form may result in cancellation and repayment of my adoption assistance reimbursement and/or may result in adverse employment consequences for myself.

Employee Signature _____

Date _____

Submit this form and all required documentation to UKG by following the path
OKTA→UKG→Myself→Documents→Employee Documents→Add.