



Adoption Assistance Plan Reimbursement Claim Form

Instructions

Please provide all the following information and sign this form. You must attach a certified copy of the child's birth certificate along with a certified copy of the adoption decree. Send copies of bills or receipts that are sufficient to substantiate who (name and address) provided the services or goods, reason for the charges and the dates and amounts of the charges. Submit this form and substantiation to:

Payless ShoeSource, Inc.
Attn: HR Total Rewards
3231 SE 6th Avenue
Topeka, KS 66607

Please retain copies of all documents for your files.

Eligible Child Information

Child's Name: _____
 First Name MI Last Name

SSN, TIN, ATIN, SIN (if available): _____ - _____ - _____

Child's DOB: _____ / _____ / _____

Child's Country of Birth: _____

If the individual is age 18 or older, is this an adoption involving an individual physically or mentally incapable of caring for him/herself? _____ Yes _____ No

If yes, please explain the special needs and provide specific documentation of the state's determination: _____

Qualifying Adoption Expenses

<u>Type of Expense</u>	<u>Date Expense Incurred</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Qualifying Adoption Expenses: Qualified adoption expenses include, but are not limited to, reasonable and necessary adoption fees, court costs, attorney fees, traveling expenses (including amounts spent for meals and lodging) while away from home, and other expenses directly related to, and whose principal purpose is for, the legal adoption of an eligible child.

Non-qualifying Adoption Expenses: Non-qualifying expenses are those that violate State or Federal law; expenses for carrying out any surrogate parenting arrangement; expenses for the adoption of a spouse's or domestic partner's child; expenses paid using funds received from any other sources (such as another employer or from a Federal, State, or local program); or expenses taken as a credit or deduction under any other Federal income tax rule.

I hereby certify that all items requested to be reimbursed comply with the Payless ShoeSource, Inc. Adoption Assistance Plan and such items have not and will not be covered or reimbursed by any employer, governmental program, or any other person or entity. I further certify that such items will not be deducted or taken as tax credits on my personal federal income tax returns for any year.

Associate Signature: _____

Print Name: _____

Employee ID #: _____

Home Address: _____

City _____ State _____ Zip _____

Date: _____