



Adoption Assistance Request Form

Workato

Employee's Name: _____

ID#: _____

Address: _____

Email: _____

Child's Name: _____

Is the adoption Foreign _____ Or Domestic _____

Has the Adoption been finalized: Yes ☐ No ☐ If yes what is the Date of Adoption: _____

Complete the information below for qualified adoption expenses paid or incurred by you. (For information as to what expenses can and cannot be reimbursed, see the Adoption Assistance Program Description and Employee Notification.) Along with this Form (properly completed and signed) you will also need to submit:

- documentation (bills, invoices, statements from independent third parties, receipts, etc.) showing your reimbursable expenses;
- a copy of the final decree of adoption for foreign adoptions (note: foreign adoption expenses are not reimbursable until the adoption is finalized); and
- any additional documentation that may be requested by Workato.

Be sure to provide all information requested by this Form and attach all required items. If the Form is incomplete, or if required items are not submitted, you will not have completed the steps necessary to file a claim for benefits under the Program. Remember, you must complete all steps required to file a claim within 6 months after the adoption is finalized. Please date and sign the Form, then send it along with your supporting documentation to the claim administrator:

Navia Benefit Solutions, Inc.

Mail to: PO Box 53250 Bellevue, WA 98015

Email to: 105@naviabenefits.com

Fax to: (866) 535-9227

Date (Paid or Incurred)	To Whom Paid or Incurred	Description	Amount
			\$
			\$
			\$
			\$
Total Reimbursement:			\$

I certify that I have received and read a copy of the Adoption Assistance Program Description and Employee Notification and that the expenses for which I am seeking reimbursement are qualified adoption expenses under the Program. I also certify that these expenses have not been and will not be reimbursed from a source other than the Adoption Assistance Program Description provided by my employer (such as a plan offered by my spouse's employer or a governmental agency) or taken as a tax credit on my income tax return for any year.

I understand that Workato does not make any commitment or guarantee that amounts paid to me under this Program will be excludable from my income for federal, state or local tax purposes, or that any favorable federal, state, or local tax treatment will apply to or be available to me.

Specifically my modified adjusted gross income and/or nondiscrimination testing of the plan may reduce or completely eliminate my ability to exclude these benefits from income. I understand that it is my obligation to determine the federal, state, and local tax consequences of any payment made under this Program.

I acknowledge that to the extent any income tax exclusion or credit may be available to me, I cannot claim both the exclusion and the credit for the same expense.

Signature

I certify that the information provided on this form is correct and complete.

Signature_____ Date_____