



## **Employee Statement of Understanding**

I certify that the receipts or cancelled checks I am submitting are qualified adoption expenses under Rensselaer’s Adoption Assistance Program. Qualified adoption expenses represent 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 16 years of age as indicated in the Rensselaer Adoption Assistance Policy.

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 the expenses incurred in connection with my adoption of the child or my spouse or domestic partner. Furthermore, these expenses have not been nor will they be reimbursed under an employer plan other than the Rensselaer Adoption Assistance Plan, nor have they been previously reimbursed by Rensselaer’s Adoption Assistance Program or any other source.

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

I understand that Rensselaer does not make any commitment or guarantee that amounts paid to me under the Rensselaer Adoption Assistance Program will be excluded from my gross income for federal, state, or local income tax purposes or that any other favorable tax treatment will apply to or be available to me. I understand that it is my obligation (the employee) to determine whether any payment made under the Rensselaer Adoption Assistance Program is excludable from my gross income for federal income tax purposes.

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of HR Representative)

\_\_\_\_\_  
(Date)