



## Adoption Assistance Request Form

Employee Name: \_\_\_\_\_

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

Daytime Phone Number that you can be reached (weekdays): \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Is your spouse an employee of DFIN or one of its subsidiaries? Yes  No

If yes, please provide spouse's Employee ID #: \_\_\_\_\_

Name of the adopted child: \_\_\_\_\_

Dollar amount of assistance being requested (up to the maximum): \$ \_\_\_\_\_

**Please process my request for adoption assistance based on the eligibility guidelines and eligible expenses indicated in the Donnelley Financial Solutions Adoption Assistance Policy.**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

### Eligibility Guidelines

- I am a regular full-time employee of DFIN and have completed at least one year of continuous service.
- The adopted child was under age 18 at the time the qualified adoption expense was paid/incurred.

### Eligible Expenses

Most expenses directly related to the adoption may be reimbursable. The Company follows Internal Revenue Service guidelines for eligible expenses and they include:

- Agency and placement fees
- Legal fees and court costs
- Immigration fees
- Translation services
- Airfare for foreign born children

### Non-Eligible Expenses

The following charges are not eligible for payment through this program:

- Medical examination fees– these exams may be covered by your medical benefit.
- Cost of personal items such as clothing and food for either parents or child.

**Mail or email itemized receipts for eligible expenses, a copy of the adoption placement certificate, a copy of the child's birth certificate and this completed form to:**

**Donnelley Financial Solutions  
Corporate Benefits Department  
35 W. Wacker Drive, 35<sup>th</sup> Floor  
Chicago, IL 60601  
[dfinbenefits@dfinsolutions.com](mailto:dfinbenefits@dfinsolutions.com)**