



Adoption Assistance Request Form

Employee Name:

Employee ID #:

Spouse/Partner's Full Name:

Is your spouse/partner an employee of DFIN? Yes ☐ No ☐

If yes, please provide spouse/partner's EEID #:

Name of the adopted child:

Date of adoption:

Dollar amount of assistance being requested (\$5,000 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 at a US DFIN location 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.

Submit 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:
dfinbenefits@dfinsolutions.com.