



Informatica Adoption Assistance Program for U.S. Employees Reimbursement Instructions

- Send the request form and required documentaion to HRBenefitsUS@informatica.com
- HRBenefits approves or denies the claim.
- Approved claim is entered in Workday as a one-time payment.
- Payroll includes the reimbursement in the next payroll. The reimbursement will be included in the employee's net pay but will be easily be identified on the pay stub.



Informatica Adoption Assistance Program for U.S. Employees Reimbursement Request Form

Name: _____ Employee ID #: _____

Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____ Hire Date: _____

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 Informatica Adoption Assistance Program for U.S. Employees (the “Program”).) Along with this Form (properly completed and signed) you will also need to submit:

- Documentation with identifying information regarding the child whose adoption is being sought (the child’s name, date of birth, Social Security number, or tax identification number, if available);
- Documentation (bills, invoices, statements from independent third parties, receipts, etc.) showing your reimbursable expenses;
- In the case of a foreign adoption, a copy of the final decree of adoption; and
- Any additional documentation that Informatica may request.

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 be reimbursed. Remember, you must complete all steps required to file a reimbursement request within 3 months after the end of the year in which the expense is incurred or paid, whichever is later, or, in the case of a foreign adoption, 12 months after the adoption is finalized. Please date and sign the Form, then send it along with your supporting documentation to Informatica Benefits at HRBenefitsUS@informatica.com.

	Yes	No
Do you have access to adoption assistance from a source other than Informatica (e.g., a governmental agency or a plan covering your spouse)?		
Is this a Special Needs Adoption (as defined in the Instructions to IRS Form 8839)?		
	Domestic	Foreign
Is this a Domestic Adoption or a Foreign Adoption (as defined in the Program)?		



Expenses for Which Adoption Assistance Reimbursement Are Requested
(Attach Additional Pages as Needed)

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 Informatica Adoption Assistance Program for U.S. Employees and that (i) the child is an Eligible Child (as defined in the Program and (ii) expenses for which I am seeking reimbursement are qualified adoption expenses (as defined in the Program).

I also understand that Informatica 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 other federal, state, or local tax treatment will apply to or be available to me. I understand that it is my obligation to determine whether any payment made under this Program is excludable from my income for federal, state, or local tax purposes.

I further 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 _____

Print Name _____

Submit Completed Form and Documentation to HRBenefitsUS@informatica.com