NEW YORK STATE | **Flex Spending Account**

ADOPTION ADVANTAGE ACCOUNT REIMBURSEMENT

TOLL-FREE FAX: 877-353-9236
FAX EACH CLAIM FORM SEPARATELY TO ENSURE QUICK PROCESSING.
Or, mail to WageWorks, CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY 40512

Program Sponsor: NEW YORK STATE FLEX SPENDING ACCOUNT **WW ER ID: 45203**

ACCOUNT HOLDER INFORMATION

Last Name

First Name

NYS Employee ID

Zip Code

INSTRUCTIONS TO FILE CLAIMS

Complete this form in its entirety and submit to the fax number or address indicated on this form, along with appropriate receipts. For a complete list of eligible expenses, click on "What's Covered" after logging into your WageWorks account. Only employee expenses are eligible under this program (dependent expenses are ineligible). WageWorks must receive your claim no later than March 31 of the following calendar year.

INELIGIBLE EXPENSES

- For which you received funds under any state, local, or federal program
- That violate state or federal law
- For carrying out a surrogate parenting arrangement
- For the adoption of your spouse's child
- Paid or reimbursed by your employer or otherwise
- Allowed as a credit or deduction under any other provision of federal income tax law
- Cost to obtain citizenship
- Expenses covered by any other plan, policy or program offered by your employer or otherwise
- Service or expense incurred before the date you became eligible to participate in the program
- Expenses incurred or submitted for reimbursement after your participation in the program terminates
- Voluntary donations to adoption organizations or orphanages that are not required fee for adoption

RECEIPT REQUIREMENTS

You must submit a receipt or any other official documentation with each claim. The following information should appear on the receipt: (1) Employee's name, (2) name of the service provider, (3) description of service, (4) payment amount (cost), and (5) service date.

CLAIMS FOR ELIGIBLE ADOPTION EXPENSES (Complete one line for each expense type.)

PROVIDER NAME	SERVICE DATES Start and End Dates – MM/DD/YY	DEPENDENT NAME, RELATIONSHIP TO ACCOUNT HOLDER AND TYPE OF SERVICE	OUT-OF-POCKET COST
Signature of Provider: (Replaces the need for other proof of service.)		Dependent Name: _____ Type of Service: ☐ Adoption fees ☐ Attorney fees, including notary fees ☐ Court costs ☐ Re-adoption expenses relating to the adoption of a foreign child ☐ Document translation fees ☐ Legal fees in connection with the adoption, including fees associated with obtaining legal guardianship, where required ☐ Physical examination expenses incurred by the child as required to complete the adoption and that are not reimbursed by a health plan or any other source ☐ Travel expenses (including meals and lodging) while away from home ☐ Foreign Adoption fees (expense cannot be submitted until adoption is finalized) ☐ Other _____ Relationship to Account Holder: ☐ Spouse ☐ Qualifying Child ☐ Qualifying Relative ☐ Other: _____	$
Signature of Provider: (Replaces the need for other proof of service.)		Dependent Name: _____ Type of Service: ☐ Adoption fees ☐ Attorney fees, including notary fees ☐ Court costs ☐ Re-adoption expenses relating to the adoption of a foreign child ☐ Document translation fees ☐ Legal fees in connection with the adoption, including fees associated with obtaining legal guardianship, where required ☐ Physical examination expenses incurred by the child as required to complete the adoption and that are not reimbursed by a health plan or any other source ☐ Travel expenses (including meals and lodging) while away from home ☐ Foreign Adoption fees (expense cannot be submitted until adoption is finalized) ☐ Other _____ Relationship to Account Holder: ☐ Spouse ☐ Qualifying Child ☐ Qualifying Relative ☐ Other: _____	$

YOU MUST PROVIDE AN APPROPRIATE RECEIPT FOR EACH AMOUNT ABOVE
YOU MAY PROVIDE MULTIPLE RECEIPTS ON THE SAME CLAIM FORM
MORE EXPENSES? PLEASE COMPLETE ANOTHER FORM.

CLAIM FORM TOTAL: $ 0

CERTIFICATION AND AUTHORIZATION: I certify that the information on this form and attached receipts are accurate and complete. I am requesting reimbursement up to the allowable calendar year maximum for eligible adoption-related expenses incurred by myself or eligible dependent while I was an eligible employee in this program and understand that only adoption expenses are eligible under this program. I have not and will not seek reimbursement for these expenses from any other program or party. Use of this service indicates my acceptance of the WageWorks User Agreement (available upon registration at participant.wageworks.com/NYSFSA; enter user name and password or click on "First Time User" link).