



ADOPTION REIMBURSEMENT REQUEST FORM

The NXP Adoption Assistance Program offers you financial assistance of up to \$10,000 for some of the expenses associated with adoptions.

EMPLOYEE INFORMATION (Please Print)

Employee Name:

Employee ID:

Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

ELIGIBILITY

You are eligible for this NXP program, if:

1. You are a U.S. domestic employee of NXP or a participating subsidiary on U.S. Payroll.
2. You are a U.S. Expatriate or U.S. Inpatriate;

In addition you must be;

1. Actively at work;
2. Regularly scheduled to work at least 20 hours per week; and
3. Receive a regular paycheck processed by NXP's or a participating subsidiary's U.S. payroll department.

REQUIREMENTS

The Adoption Assistance Program offers you financial assistance for some of the expenses associated with domestic and international adoptions. You may be reimbursed for up to \$10,000 per child for eligible adoption expenses. Adoption Assistance requirements include:

- If both you and your spouse/domestic partners are NXP employees, your family is only eligible for up to \$10,000 per child.
- You can file for reimbursement once a child is placed in your home for adoption, once the adoption becomes finalized, or when your attempts to adopt a child end unsuccessfully.



Expenses must be:

- Incurred while you are an eligible NXP employee; and
- Submitted for reimbursement by the earlier of the date you terminate participation in the Plan, or the following applicable date:
 - For eligible expenses incurred on or before the date of the initial placement of the child in your home, one year from the date of the initial placement.
 - During the period after the initial placement of the child in your home but prior to the final (or failed) adoption, you may submit one or more requests for reimbursement for eligible expenses incurred following the initial placement of the child in your home but prior to the date of the final (or failed) adoption; or
 - For all eligible expenses associated with a final (or failed) adoption, one year from the later of
 - (a) the date of the final (or failed) adoption, or
 - (b) the date the eligible expense was incurred
- Adoption reimbursements are not available:
 - If either parent is the natural parent or
 - For donation cost of adoption or
 - For expenses for legal guardianship

This form does not enroll your child in any U.S. benefit plans. For assistance with enrollment please call NXP Benefits Service Center at (888)375-2367.

REIMBURSEMENT INSTRUCTIONS

The following documentation must be submitted with this form. These documents should be translated to English, if they are originated in a non-English language. Documents that have been translated to English should be accompanied by a notarized letter or affidavit from the translator, noting each of the documents he or she has translated.

- A copy of the adoption court order or a notarized letter from an attorney or agency granting preliminary placement or documenting a failed adoption attempt; and
- Original documents for any eligible expenses. Paid itemized receipts for eligible adoption expenses, sent to the address listed on this form

Eligible Expenses Include:

- Public or private adoption agency fees (includes home study fees where required);
- Foreign and international adoption fees;
- Legal fees associated with surrogacy, adoption, or with a legal guardianship, if the legal guardianship is an integral part of a final (or failed) adoption, except for legal retainer fees; Court fees associated with the adoption;
- Medical expenses (adopting parent(s)' physical exam, and in the case of a private adoption, the medical and professional counseling expenses of the biological mother and child);
- Agency or legal fees associated with temporary foster care charges;



- Reasonable travel expenses, including auto, airfare, hotel and meals, if such expenses are directly related to and necessary for an adoption or a bona fide attempt to adopt; and Fees associated with the translation of documents written in a language other than English.

For additional information on eligible and ineligible expenses please review the [NXP Summary Plan Description](#).

CERTIFICATION OF INFORMATION PROVIDED

1. I request reimbursement for eligible expenses up to a maximum of \$10,000 associated with the adoption of each child identified in the enclosed documents.
2. I understand applicable FIT (Federal Income Tax), FICA, and state taxes will be withheld, and the amount of the FIT may not be sufficient to cover my individual tax liability, and I am responsible for any additional FIT or other tax amounts owed.
3. I hereby certify that all information that I have given is accurate. I also understand that falsifying information as it pertains to benefit coverage is grounds for termination of employment.

Employee Signature:

Date:

SUBMIT THE COMPLETED FORM TO: usbenefits.office@nxp.com

NXP Benefits Team To Complete

Date:

To: [] Payroll

The above employee is eligible for reimbursement under the NXP Adoption Benefit in the amount of:

\$_____ (minus applicable FIT, FICA, state income tax withholdings.)