



ADOPTION / SURROGACY REIMBURSEMENT REQUEST FORM

This form allows you to request reimbursement of eligible expenses for up to \$10,000 for an adoption and/or surrogacy finalized on or after January 1, 2023.

Employee Name:

Location:

The following outlines the Adoption / Surrogacy Reimbursement Program:

Eligibility: This policy applies to all active salaried full-time, part-time, and all non-bargaining unit hourly U.S. employees. All full-time and part-time active employees (excluding temporary, contractual, or seasonal employees) who are in the process of adopting a child, have recently adopted a child or have a legally binding surrogacy agreement, can apply for reimbursement under the Adoption/Surrogate Assistance Policy. Active status means you must be employed by Ingredion performing your work-related duties, on a work-related assignment, or away from work due to vacation, holiday, or other approved day off. Full-time employment is defined as at least 40 hours per week and part-time employment is defined as at least 20 hours per week. Employees must have at least twelve (12) months of service with the company to be eligible for Adoption/Surrogate Assistance.

Eligible Expenses: Up to \$10,000 of reasonable and necessary expenses for an adoption and/or surrogacy finalized on or after January 1, 2023. Such fees are directly related to, and whose principal purpose is for, the legal adoption or legal surrogacy agreement and may include: adoption or surrogate agency fees; legal and court fees; temporary foster care expense; birth-related fees for medical and hospital service (not otherwise covered by insurance); immigration, child immunization and translation fees.

An eligible child for adoption is defined as a child under age 18 or a person over 18 who is physically or mentally handicapped. All expenses are reimbursable after the adoption is final or surrogacy and placement have been completed.

Ineligible Expenses: Fees for services not yet performed, expenses (e.g., living, medical, counseling) for biological parents, voluntary donations or contributions, transportation and travel costs, and/or costs to obtain guardianship or custody of a child not associated with the legal adoption of the child.

Please complete this section and attach a copy of the court document approving the adoption or legal surrogacy agreement. Include original itemized receipts for eligible expenses (agency, placement, legal, etc.) for which you are requesting reimbursement.

Legal name of child:

Date of birth: Date adoption or surrogacy was final:

Is this a special needs adoption: yes ☐ no ☐

Original itemized receipts are attached for the following eligible expense(s):

Date Incurred	Name of Provider or Agency	Description of Expense	Amount of Expense
Total of Expense			\$

Employee Signature:

Date:

Submit to Corporate Benefits at 5 Westbrook Corporate Center, Westchester, IL 60154



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FOR BENEFITS DEPARTMENT USE ONLY

I have verified that the above employee is an active employee and the attached receipt(s) is valid.

Benefits Approval

Date Approved

Cost Center

Amount Approved