

Truist Adoption Fee Reimbursement Application

Note: If the child being adopted is already related to either parent by blood or marriage, you are not eligible for this benefit and cannot complete this form.

To be completed by the teammate Complete application (with copies of receipts) and submit application via scanned and emailed to LeaveandAbsence@truist.com . Application with receipts can also be mailed to Truist Teammate Care: P.O. Box 1215 Winston-Salem, NC 27102.		
Name:		Cost Center:
User ID Number:		Mail Code:
Immediate Manager Name:		Work Phone Number:
Eligibility: Please indicate if you meet the following eligibility criteria:		
12 months of service		Yes <input type="checkbox"/> No <input type="checkbox"/>
Child is a new family member for adoptive parent(s)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Child is not be related to either parent by blood or marriage		Yes <input type="checkbox"/> No <input type="checkbox"/>
Final Adoption Date: (mm/dd/yyyy)		Total Adoption Fee(s):
Initial on the line next to each paragraph to affirm you understand: (requested documents may be scanned into to this PDF)		
I understand that the application must be completed fully and prior to reimbursement. Completed applications must contain a copy of the adoption documents showing final adoption date.		
I understand that the maximum total adoption fee reimbursement amount is \$10,000 for each child. A copy of the receipts must be attached.		
Signature:	Print Name:	Date (mm/dd/yyyy):

To be completed by Truist Teammate Care Complete section and return to teammate.		
Eligibility: Indicate if teammate meets eligibility criteria identified above:		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
Total Reimbursement Amount:	Processed on Pay Period Ending:	DOE Code: JR0
Signature:	Print Name:	Pay Date (mm/dd/yyyy):

