

Adoption Assistance Application for Reimbursement



Please submit within 90 days of adoption finalization: (1) this completed form in its entirety, (2) a copy of the certified adoption decree with seal stating the adoption was legally finalized, (3) copies of itemized receipts, bills or invoices, and (4) copies of any evidence that you paid the expenses (e.g., cancelled checks or paid invoices). The Caterpillar Inc. Adoption Assistance Program (the "Plan") document can be found on the Caterpillar Benefits website under the *Other Benefits* tab.

PART 1 - EMPLOYEE INFORMATION (Please Print Clearly)

| | | | |
|---|-------------------------------|----------------|--------------------------------------|
| Employee's Name (Last, First, Middle Initial): | | Employee ID #: | |
| Employee's Home Address: | Street: | City: | State: Zip Code: |
| Work Email Address: | Work Telephone Number: () | | Alternative Telephone Number: () |
| If your Spouse/Same-Sex Partner is an active Caterpillar employee, please provide the requested information below. If not, please proceed to Part 2. | | | |
| Spouse/Same-Sex Partner's Name (Last, First, Middle Initial): | | Employee ID #: | |

PART 2 - ELIGIBLE ADOPTION INFORMATION

| | |
|---|--------------------------------|
| Child's Name (Last, First, Middle Initial): | |
| Date of Birth (MM/DD/YYYY): | Date of Final Adoption Decree: |
| Is the child biologically related to either you or your Spouse/Same-Sex Partner? <input type="checkbox"/> yes <input type="checkbox"/> no Was the child previously adopted by your Spouse/Same-Sex Partner? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Please refer to the Plan for information on eligible adoptions. | |

PART 3 – ELIGIBLE ADOPTION EXPENSES

Please attach receipts for listed expenses. Please refer to the Plan for information on which expense are eligible for reimbursement.

| Date Eligible Expense Incurred | Amount of Eligible Expense | Description of Eligible Expense |
|--------------------------------|----------------------------|---------------------------------|
| | | |
| | | |
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| | | |
| | | |

Please send all Adoption Reimbursement requests to: Adoption_Reimbursement@cat.com

| Date Eligible Expense Incurred | Amount of Eligible Expense | Description of Eligible Expense |
|--------------------------------|----------------------------|---|
| | | |
| | | |
| | | |
| TOTAL | | Maximum Reimbursable Amount is \$10,000 |

PART 4 - EMPLOYEE CERTIFICATION

I authorize the release of any information regarding this adoption assistance claim to Caterpillar Inc. and/or its designee. I certify that the information provided by me is correct and complete.

I certify that I have received and read a copy of the Plan document and that the expenses for which I am seeking reimbursement are qualified adoption expenses under the Plan.

I certify that these expenses have not been previously reimbursed by Caterpillar Inc. or any other source.

I also understand that Caterpillar does not make any commitment or guarantee that amounts paid to me under the Plan 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 the Plan 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.

I understand falsification of information on this form may result in disciplinary action up to and including immediate suspension or separation.

Employee's Signature: _____ Date: _____

PROGRAM ADMINISTRATOR ACTION

Date Application Received: _____ Approved: ☐ Denied: ☐ Amount Approved: _____

Additional Info Requested: ☐ Date(s): _____ Complete Info Received: ☐ Date: _____

Employee Notified: ☐ Date: _____ Sent to Payroll: ☐ Date: _____

In the event that the content of this form or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. To the fullest extent permitted by law, Caterpillar reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, at any time and for any reason, by appropriate company action.

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