

**American Airlines, Inc. Adoption and Surrogacy Assistance Program**

**Adoption Assistance Reimbursement Form**

1. \_\_\_\_\_  
First Name                      Last Name                      AA ID #

**2. Contact Information**

Please complete the contact information below and select your preferred contact method.

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

**3. Child(ren) Information**

\_\_\_\_\_  
Child's First Name                      Child's Last Name                      Date of Birth

\_\_\_\_\_  
Child's First Name                      Child's Last Name                      Date of Birth

**4. Adoption Agreement**

I confirm that an agency adoption agreement was executed on (date) \_\_\_\_\_, and the adoption was legally finalized through an adoption decree or court order on (date) \_\_\_\_\_. This form must be submitted no later than 6 months from the date the adoption was legally finalized through an adoption decree or court order.

5. **Program Eligibility/Reimbursable Expenses** – Eligibility requirements and reimbursable/non-reimbursable expenses are described in the American Airlines, Inc. Adoption and Surrogacy Assistance Program. If you satisfy the eligibility requirements and have incurred reimbursable expenses, please list those below.

Type of Service	Service Provider	Date of Service	Amount
<b>Total:</b>			

The maximum benefit that an Eligible Employee can receive under the Program for Adoption Expenses and Surrogacy Expenses together is \$30,000 for the duration of the Eligible Employee's employment with the Company. Reimbursements are subject to federal (and state/local, if applicable) income and employment tax withholding.

6. **Prior Adoption or Surrogacy Benefits** – I have received Adoption and/or Surrogacy Reimbursement from the Company before:

Yes \_\_\_ No \_\_\_ If yes, provide previous amount(s) and year received: \_\_\_\_\_.

7. **Certification** – By submitting this form, I certify that I have reviewed the American Airlines, Inc. Adoption and Surrogacy Assistance Program document and understand its terms, and that all of the following statements are true:

- I satisfy the eligibility criteria;
- All of the expenses for which I am seeking reimbursement are expenses that I must pay under the terms of an agency adoption agreement with respect to the above-referenced child(ren) or are related to their adoption;
- None of the expenses for which I am seeking reimbursement are described as non-reimbursable under the document; and
- In the event I receive reimbursement for a non-reimbursable expense, I agree to reimburse the Company for these amounts and consent to have the repayment taken from other wage payments I receive from the Company.

8. **Submitting the completed form** – When submitting your completed Adoption Assistance Reimbursement Form, be sure to attach all of the following:

- Adoption Assistance Reimbursement Form;
- Detailed receipts for expenses paid and submitted for reimbursement;
- Copy of the signed agency adoption agreement;
- Notarized copy of the adoption decree or a notarized court order; and
- For a foreign adoption, you must submit proof that the adopted child legally resides with you in the U.S., such as a U.S. passport, or a U.S. visa.

You may submit your request in two ways:

1. Visit the Adoption & Surrogacy Reimbursement page on Jetnet and follow the steps to upload your documents via Forms.
2. Using your mobile device, scan the QR code below to upload your documents directly. Please note you will need to log in using your employee ID and password (same as Jetnet) before you can upload your documents.



Upon receipt of receiving your reimbursement request, the Company will generally review and provide a response with 10 business days. Forms that are incomplete or missing required documentation will be placed in a “pending” status until additional documentation is provided. If documentation is not provided within 30 business days, your reimbursement request will be denied. Approved requests will be paid, less applicable tax holdings, through the Company’s payroll system as soon as administratively possible. Please allow a minimum of 30 business days from the claim approval date for payroll processing.