

American Airlines, Inc. Adoption and Surrogacy Assistance Program

Surrogacy Benefit 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. Surrogacy Contract

I confirm that a legally valid surrogacy contract was executed on (date)_____ and completed on (date)_____ when the child(ren) was born. This form must be submitted no later than 6 months from the child's date of birth in order for expenses to be considered reimbursable.

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
Total:			

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 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 a legally valid surrogacy contract with respect to the above-referenced child(ren);
- 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 Surrogacy Benefit Reimbursement Form, be sure to attach all of the following:

- Surrogacy Benefit Reimbursement Form;
- Detailed receipts for expenses paid and submitted for reimbursement;
- Signed surrogacy agreement; and
- Certified birth certificate or court order verifying legal finalization of surrogacy.

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 generally will review and provide a response within 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 withholdings, 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.