

Liberty Mutual Adoption Claim Reimbursement Form

Welcoming a new child into your family is a rewarding and life-changing experience. Liberty supports you when you grow your family through the adoption process with support from the Adoption Assistance Plan. Please complete this form to receive reimbursement for your qualified adoption expenses.

Questions? Please visit us at optumbank.com/liberty or call us at 1-800-996-6754.

1012 HA ADP

1 Participant information

First name, last name:	Last 4 of SSN:	Employer name:
Participant address:	City, state ZIP:	

2 Important documents

Don't forget: Expenses incurred throughout the adoption process must be submitted within 2 years of the date of the service. Please note: There is a \$40,000 lifetime maximum allowance for the plan of any adoption and/or surrogacy expenses combined.

Expenses may be submitted at any time throughout the adoption process and will be considered incurred on the date the service or expense was incurred, regardless of when the expenses were billed or paid for. Legible documentation is required to be submitted for each expense (copies of receipts, statements, explanation of benefits, etc.). All supporting documents must include the following:

1. Total expense amount
2. Description of expense
3. Name of entity providing service
4. Date expense was incurred

3 About your expenses

Use one line in this section for each eligible expense type. If you have multiple eligible expenses of the same type from the same provider (for example, legal fees from a single legal office), you may request payment on one line for the entire date range. If you have more eligible expenses than space allows in this section, please submit as many forms as needed. To determine what expenses are eligible, visit optumbank.com/liberty for a list.

	Expense date MM/DD/YY	Expense amount claimed	Type of expense (court costs and attorney fees, surrogacy agency fees, egg/sperm donation agency fees, etc.)	Provider
EXPENSE ①		\$		
EXPENSE ②		\$		
EXPENSE ③		\$		
EXPENSE ④		\$		
EXPENSE ⑤		\$		

4 Agreement and participant signature

By submitting this form, I certify that I am a Liberty Mutual employee and eligible for this benefit. I also understand the Adoption Assistance Plan is considered taxable income under IRS regulations and that these earnings are subject to federal tax withholding, FICA tax withholding, and in many cases, state and local supplemental tax withholding.

x

Account holder signature

Date

Where to return your form and documentation?
By mail: Optum Bank, P.O. Box 30516, Salt Lake City, UT 84130
By email: optumclaims@optumbank.com
By fax: 1-844-822-2881
Note: Forms without a signature will not be processed

Instructions for Liberty Mutual Adoption Reimbursement Request Form

Adopting a child is a rewarding and life-changing experience. Liberty supports you when you grow your family through adoption with support from the Liberty Mutual Adoption Assistance Plan (the Plan).

Here's how it works:

- Under the Plan, you can receive financial reimbursement of up to \$40,000 for adoption related expenses for a child under the age of 18 or a person who is mentally incapable of caring for himself or herself. If both parents are eligible Liberty employees, the \$40,000 expense limit applies to both of you together as a family unit for any adoption and/or surrogacy expenses combined.
- Expenses incurred throughout the adoption process must be submitted within two years of the date of the service. Please note that there is a \$40,000 lifetime maximum allowance for the plan for any adoption and/or surrogacy expenses combined.
- You may only benefit from either the Adoption Assistance Plan or the Surrogacy Assistance Plan per event. That is, adoption and surrogacy-related costs for the same child will only be eligible for reimbursement under either the Adoption Assistance Plan or the Surrogacy Assistance Plan, but not both.

Expenses may be submitted at any time throughout the adoption process and will be considered incurred on the date the service or expense was incurred, regardless of when the expenses were billed or paid for.

Please follow the steps below to ensure your benefit reimbursement request is handled promptly and successfully. For questions or assistance please call Optum Bank at: 1-800-996-6754.

Step 1: Participant information

- Enter your first and last name, last four digits of your Social Security number (SSN), your employer name (Liberty Mutual) and your mailing address.

Step 2: Important Documents

Qualified expenses may be submitted at any time throughout the adoption process and will be considered incurred on the date the service or expense was incurred, regardless of when the expenses were billed or paid for.

Important note: Legible supporting documentation is required to be submitted for each expense (copies of receipts, statements, explanation of benefits, etc.). All supporting documentation must include the following:

1. Total expense amount. Note: there is a \$40,000 lifetime expense limit for any combination of adoption or surrogacy expenses.
2. Description of the expense.
3. Date expense was incurred.
4. Name of entity providing service

Step 3: About your expenses

- Eligible expenses for reimbursement under the Plan must be reasonable and necessary expenses directly related to a legal adoption.
- Enter each eligible expense using one line per expense type. If you have multiple expenses of the same type from the same provider (for example, legal fees from a single legal office), you may request payment on one line for the entire date range.
- The provider references the place the expense was incurred.

Step 4: Agreement and signature

Sign and date the completed document, then mail, email, or fax it to Optumbank based on the contract information provided at the bottom of the form.



Liberty Mutual Adoption Claim Reimbursement Form

Welcoming a new child into your family is a rewarding and life-changing experience. Liberty supports you when you grow your family through the adoption process with support from the Adoption Assistance Plan. Please complete this form to receive reimbursement for your qualified adoption expenses.

Questions? Please visit us at optumbank.com/liberty or call us at 1-800-996-6754.

1012 HA ADP

1 Participant information

First name, last name:	Last 4 of SSN:	Employer name:
Participant address:		City, state ZIP:

2 Important documents

Don't forget: Expenses incurred throughout the adoption process must be submitted within 2 years of the date of the service. Please note: There is a \$40,000 lifetime maximum allowance for the plan for any adoption and/or surrogacy expenses combined.

Expenses may be submitted at any time throughout the adoption process and will be considered incurred on the date the service or expense was incurred, regardless of when the expenses were billed or paid for. Legible documentation is required to be submitted for each expense (copies of receipts, statements, explanation of benefits, etc.). All supporting documentation must include the following:

1. Total expense amount
2. Description of expense
3. Name of entity providing service
4. Date expense was incurred

3 About your expenses

Use one line in this section for each eligible expense type. If you have multiple eligible expenses of the same type from the same provider (for example, legal fees from a single legal office), you may request payment on one line for the entire date range. If you have more eligible expenses than space allows in this section, please submit as many forms as needed. To determine what expenses are eligible, visit optumbank.com/liberty for a list.

Expense date MM/DD/YY	Expense amount claimed	Type of expense (court costs and attorney fees, surrogacy agency fees, egg/sperm donation agency fees, etc.)	Provider
EXPENSE ①	\$		
EXPENSE ②	\$		
EXPENSE ③	\$		
EXPENSE ④	\$		
EXPENSE ⑤	\$		

4 Agreement and participant signature

By submitting this form, I certify that I am a Liberty Mutual employee and eligible for this benefit. I also understand the Adoption Assistance Plan is considered taxable income under IRS regulations and that these earnings are subject to federal tax withholding, FICA tax withholding, and in many cases, state and local supplemental tax withholding.

✕ _____
Account holder signature Date

Where to return your form and documentation?
By mail: Optum Bank, P.O. Box 30516, Salt Lake City, UT 84130
By email: optumclaims@optumbank.com
By fax: 1-844-822-2081
Note: Forms without a signature will not be processed