



Boston University Medical Group
Adoption and Surrogacy Benefit Form



Instructions: Please complete all applicable sections, sign, date, forward to your Administrative Director and return a copy of this request form to BUMG Administration. This form must be submitted within 12 months of the date that you took custody of the child under an adoption or surrogacy arrangement.

Employee Information

Name Title

Department Phone: Home/Cell E-mail Address

Home Address: Street, City, State, Zip Code

Administrative Director Phone: Office E-mail Address

Employee Request for Benefit and Statement of Understanding

I am applying for the BUMG benefit for adoption or surrogacy. I certify that I have read the [BUMG Adoption and Surrogacy Benefit Policy](#) and am eligible for this benefit. I am confirming that I am in the custody, care and control of a child (or children) that was placed with me through adoption or surrogacy for the first time and that no more than 12 months have elapsed since this event, or if I am adopting a child previously placed with me through foster care or any other arrangement no more than 12 months have elapsed since the adoption was finalized. If this is an adoption, I certify that the child (or children) is unrelated to me and is not the child of a spouse, partner, or relative.

All requests are subject to review and approval by Boston University Medical Group.

Signatures

Employee Date

I approve this request.

BUMG Chief of Finance and Administration Date



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ADDENDUM TO ADOPTION AND SURROGACY BENEFIT FORM

PROCEDURE

Instructions to Administrative Director: Please follow the below steps to process an adoption or surrogacy request from a Boston University Medical Group (“BUMG”) employee.

1. Employee completes and submits a request form to the appropriate Administrative Director (“AD”) and DG_BUMG_ASB@bmc.org via e-mail.
2. BUMG Administration reviews the request and sends the approved form to the employee and AD via e-mail.
 - a. BUMG Administration may request additional information via e-mail prior to approval.
3. Once the form is approved and e-mailed to the employee and AD, the AD enters the payment transaction in SAP as an additional payment and uploads the approved form to the SAP payment transaction. For any questions related to the transaction contact BU HR.
4. Payment will be issued on the next available payroll cycle following approval and is subject to federal, state and local taxes, as applicable.