

PSEG ADOPTION REIMBURSEMENT PROGRAM

Application For Reimbursement

EMPLOYEE INFORMATION

Employee Name	Social Security Number	Employee Number
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ADOPTED CHILD INFORMATION

Adopted Child's Full Name	Date of Birth	Date of Placement	Date of Final Adoption
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ELIGIBLE EXPENSES

Adoption Agency Fees	\$	_____
Placement Fees	\$	_____
Legal Fees and Court Costs	\$	_____
Medical Expenses	\$	_____
Child Care / Foster Care Expenses	\$	_____
Travel / Lodging Expenses	\$	_____
Translation and Immigration Assistance Fees	\$	_____
TOTAL	\$	_____

INSTRUCTIONS AND IMPORTANT INFORMATION

See Section 25.3 in the Corporate Personnel Practices Manual for a review of the Corporate Adoption Reimbursement Program Policy.

1. Complete a PSEG Adoption Reimbursement Program application for reimbursement when the child is permanently placed in your home. A child is considered permanently placed in your home on the day you have a legal obligation for the expenses of the child.
2. Attach documentation to substantiate that the child was placed in your home.
3. Attach receipts showing that payments were made and dates they were made for expenses being claimed.
4. Send this form and appropriate receipts to:

PSEG
CORPORATE BENEFITS
80 PARK PLAZA, T-21
NEWARK, NJ 07102

EMPLOYEE CERTIFICATION

I certify that the above statements are true, and that I have paid the attached bills associated with the adoption of my child. I have not been reimbursed through another source for any of the expenses for which I am claiming. If I do receive reimbursement from another source, I agree to reimburse PSEG for any duplication of payment made to me.

EMPLOYEE SIGNATURE _____

DATE _____