Walmart Adoption Benefits Request for Reimbursement

Associate Information

Name	
WIN Number	
Home street address	
City, State, Zip	
Home/Mobile phone	
Work phone	
Email	

Eligible Adoption Expenses

Date Paid	Amount	Description

Please attach the following: (1) receipts in U.S. dollars, for all expenses listed above; (2) copies of your adoption bills that show the amount and nature of expenses incurred; and (3) a copy of the judicial order or decree of adoption. If receipts are in a foreign currency, the amount will be converted to U.S. dollars based on the exchange rate in effect when this form is submitted.

Applicable taxes will be withheld from your reimbursement.

(See the back page for more content)

I certify that I have finalized the adoption of _____ (child's name), whose birth date is _____, and whose social security number (or ITIN) is _____. I certify that I have reviewed Walmart's Adoption Benefit Policy and the expenses for which I am seeking reimbursement are related to a qualified adoption. I also certify that these expenses have not been and will not be reimbursed from a source other than Walmart (such as a plan offered by my spouse's employer or a governmental agency) or taken as a tax credit on my income tax return for any year.

I understand that Walmart does not make any commitment or guarantee that amounts paid to me under this Policy will be excludable from my income for federal, state or local tax purposes, or that any favorable federal, state, or local tax treatment will apply to or be available to me. I understand that it is my obligation to determine the federal, state, and local tax consequences of any payment made under the Policy.

I acknowledge that, to the extent any income tax exclusion or credit may be available to me, I cannot claim both the exclusion and the credit for the same expense.

I certify that the information provided on this form and the attachments thereto is correct and complete.

_____   _____

Signature of Associate   Date

Please submit this form and all receipts and documents to the People Services Team using the contact information listed below.

Email: enrlibra@wal-mart.com _____

Fax: 479-204-9579 _____

Phone: 800-421-1362 _____

Address: 508 SW 8th Street, Bentonville, AR 72716-3500 _____

People Services Team Department Use Only

☐ Approved

☐ Denied

Date Received: _____/_____/_____   Date of Hire: _____/_____/_____

Job Title: _____   Reimbursement $: _____

Date Sent to Payroll: _____/_____/_____   Date Paid: _____/_____/_____

Benefits Representative Signature: _____

Date: _____/_____/_____