

Adoption Assistance and Reimbursement Program

Eligibility	Full-time employee Financial Advisors, Service Partners, Home Office Associates, Branch Office Administrators and Home Office General Principals.
Amount	Allows associates to be reimbursed for adoption-related expenses up to a maximum of \$5,000 per child (see Program Details document for eligible expenses). Expenses must be incurred while the associate is a full-time associate.
Requirements for Reimbursement	Associates must be employed with the firm in an eligible position both when the expenses are incurred through when reimbursement is made. Documentation of payment of the submitted expenses is required and reimbursement requests must be received within 12 months of the date the adoption is finalized.
Tax Consequences	<p>Reimbursement provided through this program is subject to the tax provisions of the Internal Revenue Code Section 137. Reimbursement payments may be subject to FICA withholding and will be considered wages for the Federal Unemployment Taxing Authority. State taxes may also apply.</p> <p>Please note that the tax-free nature of this benefit phases out for taxpayers with modified adjust gross income (AGI) in excess of \$207,140 and is completely phased out for taxpayers with modified AGI of \$247,140 in 2018.</p>
Human Resources Support	<p>Please fax your completed form to the HR Benefits department at 877-479-6175.</p> <p>Questions: contact HR Help: HRHELP@edwardjones.com 1-800-440-3060 314-515-1006</p>

This program may be changed or terminated at any time at the discretion of Edward Jones.

Adoption Assistance Application

Name (last name, first name) _____

Employee id# (J/P#) _____

Date of Hire (Month/Date/Year): _____ / _____ / _____

Position: _____

Department / Branch #: _____

Extension / Phone Number: _____

Expense Documentation (Describe):

Total Amount Submitted for Reimbursement \$ _____.

Date of Final Adoption (Month/Date/Year): _____ / _____ / _____

*****Please Attach Final Adoption Papers & Expense Documentation*****

Signature _____

Date (Month/Date/Year): _____ / _____ / _____