

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS ALL CHILDREN'S HOSPITAL 	Johns Hopkins All Children's Hospital, Inc. Human Resources Employee Policies		<i>Policy Number</i> HR001
	<i>Subject</i> Adoption Assistance		<i>Effective Date</i> 04/19/2024
			<i>Page</i> 1 of 2
			<i>Supersedes</i> 04/19/2021

This document applies to the following Participating Organizations:

All Children's Health System, Inc. All Children's Research Institute, Inc. Johns Hopkins All Children's
 Foundation, Inc. Johns Hopkins All Children's Hospital

Pediatric Physician Services, Inc. (FL) West Coast Neonatology, Inc.

Keywords: adoption expenses, adoption finances, adoption leave

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I. POLICY

The Participating Organization will provide financial assistance for documented adoption expenses for employees who work a minimum of 30 hours per week.

II. PROCEDURE

A. Eligibility

1. Employees must be classified to work a minimum of 30 hours per week to be eligible for the assistance described herein. Employees are eligible to participate upon completion of their initial 90-day evaluation period. Actual, eligible expenses up to \$3,000 will be reimbursed for a single child adoption with a lifetime benefit of \$6,000 per family (even if there are two (2) employees in the family). Simultaneous adoption of two children with documented eligible expenses will be reimbursed at the actual expense up to \$6,000. The adoption expenses of a child born naturally to the employee or employee's spouse are not eligible for reimbursement under this policy.
 - a. Eligible Expenses are those expenses for which original or like documentation is submitted for:
 - i. Public or private agency fees permitted or required by law of the state having jurisdiction over the adoption.
 - ii. Legal and court fees.
 - iii. Fees for medical services directly related to the delivery of the child, the natural mother or adoption parents.
 - iv. Transportation and lodging fees directly associated with the adoption.
 - v. Temporary foster care charges incurred by the employee.
 - vi. After the employee is reimbursed, the total amount paid is considered "Adoption Assistance".
 - b. Employment Commitment:
 - i. Money advanced by the Participating Organization for adoption assistance is required to be paid back if an employee voluntarily terminates employment or is discharged after receiving any monies from the Participating Organization's Adoption Assistance program. The pay back requirement covers pay back for the previous twelve (12) months based on a rolling calendar year as follows:
 - 100% of the money advanced or received during a rolling twelve (12) month period.
 - ii. By accepting financial assistance under this policy, the employee is agreeing to authorize the Participating Organization to deduct funds up to the amount owed from employee's final paycheck and other checks

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owed by the Participating Organization to employee so that the amounts owed are offset by any remaining balance due to the Participating Organization.

- iii. At the time of termination, the employee must contact Human Resources to make arrangements to satisfy the agreement.
- iv. Once the employee completes one full year of service with the Participating Organization after receipt of the Adoption Assistance, the employment commitment is considered satisfied.

B. Process

1. The employee must complete the Adoption Assistance Program Application and Agreement Form located in JHACH Forms on CONNECT and includes the appropriate documentation. The application, forms, and itemized documentation must be submitted within six (6) months after the adoption of the child.
2. Forms should be returned to the Human Resources Department, Attention: Employee Benefits.
3. Reimbursement will be processed through the Finance Department as an expense reimbursement. Please allow up to four (4) weeks for payment.

III. SUPPORTIVE INFORMATION

References

1. Adoption Assistance Program Application and Agreement Form (located on CONNECT under JHACH Forms, View Administrative Form List)

Sponsor

- Vice President, Human Resources

Review Cycle

- 3 years

IV. APPROVAL

Electronic Signature(s)	Date
Nichole Hancock VP - HR ACH	04/08/2024

For and on behalf of Johns Hopkins All Children's Hospital, Inc. and All Children's Health System, Inc. and each of their related entities if listed above.