



ADOPTION ASSISTANCE REQUEST FORM

All benefits eligible Sleep Number team members may be eligible for financial reimbursement for up to \$5,000 for qualified adoption expenses that were incurred by the team member in connection with the qualified adoption of a child. Qualified eligible expenses include adoption fees, attorney fees, court costs and travel expenses (by the team member) related to the qualified adoption.

An eligible child is any child who has is under the age of 18 or who is physically and/or mentally incapable of self-care and who is not the child of the team member's spouse.

Complete this form and return it to Sleep Number Benefits, along with a copy of receipts, cancelled checks and/or paid stamped invoices confirming payments. Please submit to Sleep Number Total Rewards, 1001 Third Avenue South, Minneapolis, MN 55404 or e-mail to HumanResources@sleepnumber.com. A copy of the finalized legal adoption decree must also be submitted; the request will not be processed without that document.

Sleep Number does not guarantee any particular tax treatment for adoption assistance benefit payments. If approved, the reimbursement amount will be reported on your annual W-2.

Requests for reimbursement may not be submitted until the adoption is finalized and must be submitted at one time and within six months of the finalization of the adoption.



ADOPTION ASSISTANCE REQUEST FORM

To be completed by Team Member:

Team Member Name:

Team Member ID:

Team Member E-mail Address:

Eligible Adoption Expenses

Date of Expense (mm/dd/yyyy)	Paid to: (name of person/organization)	Services Rendered: (legal, medical, travel, lodging, other)	Amount:	HR Use Only (Approved)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Total				

Please attach requirement documentation for each reimbursement item. Items will not be considered if no documentation is provided. Please retain a copy for your records.

I certify that the documentation I am submitting are qualified adoption expenses as defined under the Sleep Number Adoption Assistance Policy, and that these have not been nor will they be reimbursed under another employer plan or source other than the Sleep Number Adoption Assistance Policy.

Team Member Signature: _____ Date: _____

To be completed by Human Resources:

Approved; Amount Reimbursed: _____ Pay Date: _____

Denied; Reason: _____

Human Resources Signature: _____ Date: _____