



ADOPTION REIMBURSEMENT REQUEST

Lam Research provides financial support to eligible U.S. employees who are legally adopting a child under 18 years of age. Employees may qualify for adoption reimbursement up to a maximum of \$10,000 per child.

Part 1 – Employee Information

Employee Name	Employee ID Number
Email Address	Phone Number

Part 2 – Eligible Adoption Expenses

Note: Expenses listed below represent the entire reimbursement request for this adoption. Partial reimbursement will not be processed.

Date Paid	Description	Amount
TOTAL		

I hereby certify that I paid _____ (Agency/Lawyer/Other) for the above adoption expenses. I understand that a maximum benefit of \$10,000 will be paid per finalized adoption. I also certify that I have not received reimbursement for an unsuccessful adoption previously. I also understand that this reimbursement is a taxable benefit and it will appear as taxable income on my W-2 at year end.

Employee Signature

Date

Return completed form to the Benefits Department at benefits@lamresearch.com for reimbursement.