TRIDENT SEAFOODS CORPORATION
ADOPTION ASSISTANCE PROGRAM

EXPENSE REIMBURSEMENT FORM
(For expenses incurred after October 1, 2016)

EMPLOYEE INFORMATION:

Employee's Name: _____
First Last

EE ID Number: _____

CONTACT INFORMATION:

Home Address: _____
Street City State Zip code

E-Mail: _____ Phone Number: _____

Spouse/Partner's Name: _____

CHILD'S INFORMATION:

Child's Name: _____
First Last

Date of Birth: _____ Social Security Number (if known): _____

Is Child in Your Home? Yes No

Date Adoption Finalized: _____ Trident Employee on such Date? Yes No

ELIGIBLE ADOPTION EXPENSE INFORMATION:

Dates Expenses Incurred: _____

Description (include name of person, organization or entity to which expense was paid):

Total Reimbursement: _____

Note: Please attach a copy of the receipts for all expenses listed above as well as a copy of the adoption placement decree and birth certificate. Attach separate sheet of paper for additional expenses.

EMPLOYEE STATEMENT OF UNDERSTANDING

I certify that the receipts I am submitting are qualified adoption expenses under Trident's Adoption Assistance Program. Qualified adoption expenses means reasonable and necessary adoption fees, court costs, attorney's fees, and other expenses directly related to, and whose principal purpose is for, the legal adoption of an eligible child under 18 years of age.

I certify that these expenses are not incurred in violation of state or federal law or in carrying out any surrogate parenting agreement, nor are these expenses incurred in connection with my adoption of the child of my spouse or domestic partner. Furthermore, these expenses have not been nor will they be reimbursed under an employer plan other than this Adoption Assistance Program, nor have they been previously reimbursed by any other source.

I further acknowledge that to the extent that any income tax exclusion or federal tax credit may be available to me, I cannot claim the exclusion and the federal tax credit for the same adoption expenses.

I understand that Trident does not make any commitment or guarantee that amounts paid to me under this Adoption Assistance Program will be excludable from my gross income for federal or state income tax purposes, or that any other federal tax treatment will apply to or be available to me. I understand that it is my obligation to determine whether any payment made under the Adoption Assistance Program is excludable from my gross income for federal or state income tax purposes.

By signing below, I certify that I have attached all applicable documentation, and that all statements and documentation relating to this claim are complete and true.

_____ _____

(Employee Signature) (Date)