

Cummins Inc. Adoption Benefit Reimbursement Form

Name: _____ Social Security #: _____

Home Address: _____

Work Location: _____ WWID# _____

Home Telephone: _____ Work Telephone: _____

Congratulations on finalizing your adoption! Cummins is excited to support your family, by providing reimbursement for qualified adoption expenses that you have incurred during this process. (Read the Adoption Benefit Policy for details about eligible expenses under this policy.)

How to Request Reimbursement

To request reimbursement for your eligible adoption expenses, you must:

- Complete and sign this Adoption Reimbursement Form,
- Submit documentation showing your eligible expenses (bills, invoices, statements from independent third parties, receipts, etc.),
- Provide a copy of the final decree of adoption, and
- Provide any additional documentation that Cummins may request.

Where to Send Your Request

Please sign and date the completed form and send it along with your documentation to:
CBS Benefits Contact Center
2931 Elm Hill Pike
Nashville, TN 37214

What We Need

CBS must receive the complete form and all necessary documentation no later than 12 months after the date the adoption is finalized. Please complete the chart below (attached the supporting documentation):*

Date (Paid or Incurred)	To Whom Paid or Incurred (name, address, and Social Security number or taxpayer ID number)	Description of Expense	Amount
			\$
			\$
			\$
			\$
			\$
			\$
Total Reimbursement Requested			\$
(Maximum: \$5,000 per child)			

*If you need additional lines, attach a separate sheet of paper.

To be reimbursed under this program, the expense must have been incurred on or after **February 15, 2008**, the effective date of this program, and on or after the date you become eligible for benefits under the terms of the Policy.

I certify that I have received and read a copy of the Cummins Adoption Benefit Policy and that the expenses for which I am requesting reimbursement are qualified adoption expenses under the program. I certify that I will not seek reimbursement of these expenses from another source, such as from a governmental agency or from a similar program offered by my spouse's employer. I understand that: Cummins does not make any guarantee that amounts paid to me under this program will be excludable from my income for federal, state, or local tax purposes. I also understand that the extent that any income tax exclusion or credit may be available to me, I cannot claim both the exclusion and/or credit for the same expense.

Signature

I certify that the information provided on this form is correct and complete.

Signature: _____ Date: _____