Bloomin' Brands, Inc. Adoption Assistance Program Reimbursement Request Form



Section I: Employee Information

Employee Name ((Last, First)				
Employee ID or SS#					
Are you a current	: BBI employee?	YES NO			
Have you or any member of your household previously received reimbursement through OSI's Adoption Assistance					
Plan? YES NO If yes, when?					
Section II: Adoption Information					
Date of Birth					
Child's SS#			Date Adoption was finalized by Court		
Is this child relate	ed to you (for exa	mple, niece, nepho	ew, brother, sister or grandchild)? YES NO	
Did you adopt a special needs child, as defined by the plan? YES NOIf yes, please submit supporting documentation from the state or, if a foreign adoption, the controlling authority					
of the county of birth for the additional reimbursement for special needs children available under the plan. Section III: Eligible Adoption Expenses					
	•	11363			
Date Expense Incurred	Date Expense Paid	Amount Paid	<u>Paid to</u>	<u>Description</u>	
Date Expense	Date Expense		<u>Paid to</u>	<u>Description</u>	
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