Boston Scientific

2011 Adoption Assistance Request Form

I**nstructions**: List and describe eligible expenses in (U.S. dollars) you wish to have considered for reimbursement. Attach the original of each bill (canceled check, invoice, etc.) to this form. A certified copy of the final adoption decree must also be attached. Boston Scientific reserves the right to request additional documentation.

Should you need assistance in completing this form, or should you have any questions regarding the documentation that is required, please contact the HR Department at 787-796-2115

Employee Name:	Date of Employment:	Employee SS#:	
Position Title:	Department:	Work Location:	
Name of Child:	Official Adoption Date:	Child's D.O.B:	Child SS# or ATIN

Description	Date Service Incurred	Amount

TOTAL $

I certify that the above expenses were incurred as a result of an adoption that was finalized on the official adoption date stated above. For adoptions finalized on or after January 1, 2011, I understand that the Boston Scientific Corporation Adoption Assistance Program will reimburse me up to the current Hacienda maximum allowed for adoptions finalized during the current tax year and this amount is subject to change annually.

In order to qualify for this benefit, I must be a regular full-time Boston Scientific employee who is scheduled to work at least 20 hours a week and employed with Boston Scientific through the time the court approves the adoption as legal and final. Expenses incurred prior to my benefits effective date or the effective date of the plan, whichever is later, are ineligible for reimbursement.

I further understand that benefits received under the Adoption Assistance Program are generally not subject to federal income tax withholding, but are subject to FICA and Medicare tax withholding. The taxability of these benefits are dependent upon my personal tax situation. Adoption benefits may be subject to state income tax withholding since the tax treatments of these benefits vary from state to state. I understand that I cannot submit expenses for reimbursement that have been or will be claimed as a tax credit on my personal tax return.

Employee Signature _____ Date _____

For Human Resources Use Only

Approved:	( ) Yes	( ) No	Reason:
Amount Approved:		Payroll Company:	
Approved by:			Date: