Altrua HealthShare

Adoption Assistance Needs Processing Request

SECTION A

Membership Information

PRIMARY CONTACT FULL NAME

MEMBERSHIP ID#

SECTION B

Adopted Child Information

ADOPTED CHILD'S FULL NAME | DATE OF BIRTH

ADOPTED CHILD'S FULL NAME | DATE OF BIRTH

ADOPTED CHILD'S FULL NAME | DATE OF BIRTH

ADOPTED CHILD'S FULL NAME | DATE OF BIRTH

Members of the **DIAMOND** and **EMERALD** membership options may be eligible for membership sharing support to help defray expenses associated with adopting a child younger than 18 years of age.

Eligible adoption expenses are those that Altrua HealthShare defines as reasonable and necessary including adoption agency fees, court costs, attorney fees, travel expenses (including amounts spent for meals and lodging while away from home), home study fees, immigration and naturalization fees and other expenses directly related to the adoption event. Eligible fees and expenses will first be applied towards the Adoption Member Responsibility Amount (MRA). Expenses exceeding the Adoption MRA may then be reimbursed to the member up to the maximum adoption sharing limit of $5,000.

Members submit this form to show proof of payment of the eligible expenses to be applied towards the Adoption MRA, and to request reimbursement of expenses once the Adoption MRA has been met.

You may request to enroll the adopted child/ren on an Altrua HealthShare membership once the child/ren is over 30 days old. Submit your "Add or Remove Dependent" request online through your Member Portal.

MEMBERS MAY NOT HAVE AMOUNTS APPLIED TOWARDS THE ADOPTION MRA OR REIMBURSED FOR ANY EXPENSES OR FEES PAID BY AN EMPLOYER, GOVERNMENT PROGRAM OR ANY OTHER SOURCE.

Please submit this form by email, fax or mail.

SECTION C

Eligible Expenses

Itemize your eligible expenses and attach supporting documentation.

- Please complete a separate sheet if you require additional space.
- Proof of payment must be in U.S. Dollars.

DATE OF EXPENSE	PAID TO	DETAILS OF EXPENSE (legal, travel, immigration, etc.)	PROOF OF PAYMENT ATTACHED	AMOUNT
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			TOTAL	

I certify that the expenses I have submitted have been incurred in the process of obtaining a legal adoption for the above referenced child/ren. I further certify that these eligible expenses have not, nor will they be reimbursed under by any source, other than the Altrua HealthShare membership sharing option.

Please Sign

SIGNATURE

PRIMARY CONTACT NAME | **DATE**

EMAIL ELIGIBILITY@ALTRUAHEALTHSHARE.ORG | **PHONE** 1.888.244.3839 | **FAX** 512.382.5520 | **MAIL** PO BOX 90849, AUSTIN, TX 78709-0849

Caring for One Another

ALTRUA MINISTRIES (DBA ALTRUA HEALTHSHARE) IS NOT AN INSURANCE COMPANY NOR IS THE MEMBERSHIP OFFERED THROUGH AN INSURANCE COMPANY. MEMBERS ARE SELF-PAY PATIENTS. ALTRUA MINISTRIES IS A 501(C)(3) NONPROFIT CORPORATION. | DCN 0663 0220 | © 2019 ALTRUA HEALTHSHARE