



F5, INC. ADOPTION ASSISTANCE PROGRAM REIMBURSEMENT CLAIM FORM

Employee Instructions

1. Complete all sections. Your signature is required.
2. If your claim submission is for more than one adoption, please submit a separate claim form for expenses associated with each dependent. Note that there is a \$10,000 lifetime limit. See the Adoption Assistance Program document for details.
3. Send your completed claim form and documentation (including a copy of the final decree of adoption) to F5's Benefits Team (benefits@f5.com) for review and required signature of the Sr Dir, Benefits.
4. After all supporting documentation has been received, reimbursement will be processed through payroll and is subject to Social Security, Federal Unemployment (FUTA), and Medicare taxes. Reimbursement may take up to two payroll cycles to process.
5. Maintain a copy of this claim form and all receipts submitted for your personal records.

Eligibility

Employee:

At the time of the finalized adoption, regular full-time employee with at least one year of service with F5 (note, however, that any employee who owns more than a 5% interest in F5 is not eligible)

Child being adopted:

Under 18 years of age OR physically or mentally incapable of caring for himself or herself (note that stepchildren are not eligible)

Qualifying Expenses

Expenses incurred on or after the employee becomes eligible for this benefit that are reasonably and directly related to, and for the principal purpose of, the legal adoption of an eligible child, including:

1. reasonable and necessary adoption fees
2. court costs
3. attorney fees
4. traveling expenses for one adult (including those amounts spent for meals and lodging) while away from home

Employee Name _____

Work Location _____

Date Adoption Finalized _____

Employee ID # (Workday) _____

Dependent Name _____

Dependent's SSN _____

Date Expense Paid	Type of Expense (legal fees, etc.)	Provider/Agency Name	Total Expenses Paid

Qualified expenses reimbursed up to a maximum of \$10,000 lifetime

Attach supporting documentation, including copy of the final decree of adoption; canceled checks alone are not adequate supporting documents. See the Instructions for IRS Form 8839 (available on www.irs.gov) for information on taxation of this benefit.

Employee Certification: I certify that I am an eligible employee under the F5, Inc. Adoption Assistance Program and the above expenses were incurred for the adoption of an eligible child. I certify that I have received and read a copy of the F5, Inc. Adoption Assistance Program and that the expenses for which I am seeking reimbursement are qualified adoption expenses under the program. I also certify that none of the above expenses will be reimbursed from any sources other than the F5, Inc. Adoption Assistance Program and that none of the above expenses will be taken as a tax credit. I further certify that expenses related to the adoption were paid for or incurred on or after June 1, 2016. Any expenses paid for or incurred prior to such date (whether or not the adoption is finalized after such date), are not eligible for reimbursement under the F5, Inc. Adoption Assistance Program. I understand that it is my obligation to determine whether any payment made under this program is excludable from my income for federal, state, or local tax purposes.

Signature of Employee _____ Date _____

F5's Benefits Team Use Only

Signature of Sr Dir, Benefits _____ Date _____