

**City and County of San Francisco
Adoption and Surrogacy Assistance Plan**

1. Purpose and Intent

The City and County of San Francisco (“City”) Health Service System (“HSS”) hereby establishes the City and County of San Francisco Adoption and Surrogacy Assistance Plan (“Plan”) effective January 1, 2017. The purpose of the Plan is to establish terms, conditions and requirements for reimbursement of Qualified Expenses incurred by an Eligible Employee in connection with an Eligible Adoption or Eligible Surrogacy. Under the Plan, the City shall offer a one (1) time benefit of reimbursement of up to \$15,000 to an Eligible Employee for Qualified Expenses incurred in connection with either an Eligible Adoption or Eligible Surrogacy.

2. Eligibility

Eligible Employee. An active employee HSS member who has completed one (1) full calendar year of employment with a Participating HSS Employer. Time as a temporary or provisional employee is counted toward the one (1) year of employment requirement. For the purposes of this Plan, HSS Participating Employers are: the City and County of San Francisco, the San Francisco Unified School District, the San Francisco Superior Court, and the City College of San Francisco.

Eligible Child. A child who has not attained age 18, and who is not the child of the Eligible Employee’s spouse or domestic partner.

Eligible Adoption. An adoption of an Eligible Child finalized or terminated (i.e., receipt of notice that an adoption will not proceed) after January 1, 2017. For purposes of the Plan, an embryo adoption is not an Eligible Adoption.

Eligible Surrogate. A person who gives legal written consent to give birth to a child/children, including from artificial insemination or the implantation of an already fertilized egg or eggs, and who surrenders to the Eligible Employee all parental rights to the child/children. To be an Eligible Surrogate, the surrogate must give legal written consent prior to the initiation of any surrogacy procedures, including insemination or implantation. At the time the surrogate give that consent, the surrogate must be over the age of consent under relevant state or local law.

Eligible Surrogacy. A traditional or gestational surrogacy carried out by an Eligible Surrogate giving birth to a child/children after January 1, 2017.

3. Qualified Expenses

A. Adoption and Surrogacy Expenses

The following adoption expenses are eligible for reimbursement under the Plan: (i) adoption fees; (ii) court costs; (iii) attorneys’ fees and costs; and (iv) other expenses directly related to, and for the principal purpose of, the legal adoption of an Eligible Child by an Eligible Employee. Adoption expenses are not eligible for reimbursement until an Eligible Adoption is finalized or formally terminated. The Eligible Employee must have completed one (1) year of employment with a HSS Participating Employer by the time the adoption is finalized or formally terminated.

The following surrogacy expenses are eligible for reimbursement under the Plan: (i) agency fees; (ii) screening and background check expenses; (iii) gestational surrogate compensation; (iv) in-vitro fertilization transfer payments; (v) egg donor compensation; (vi) attorneys’ fees and costs; (vii) licensed social worker support fees; and (viii) other expenses directly related to, and for the principal purpose of, having an Eligible Surrogacy for an Eligible Employee

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The Eligible Employee must be an active employee HSS member at: (a) the date of finalization or termination of the adoption of an Eligible Child; or (b) the date of birth of a child/children resulting from an Eligible Surrogacy.

B. Ineligible Expenses

The following expenses are not eligible for reimbursement under the Plan:

- (i) Expenses incurred prior to the employee's date of hire with an HSS Participating Employer;
- (ii) Expenses incurred after an employee's separation from employment with an HSS Participating Employer;
- (iii) Expenses associated with an adoption or adoption proceedings terminated by the Eligible Employee, or the Eligible Employee's spouse, domestic partner, agent or representative;
- (iv) Travel expenses, including transportation, housing, and food costs;
- (v) Loss of income or benefits as a result of an adoption or surrogacy;
- (vi) Surrogacy expenses incurred outside the United States;
- (vii) Voluntary contributions, such as donations;
- (viii) Expenses incurred in connection with the adoption of a child of the Eligible Employee's spouse or domestic partner;
- (ix) Guardianship or custody expenses that are not associated with the legal adoption of a child;
- (x) Expenses associated with the adoption of a biological child;
- (xi) Expenses associated with conservatorship, including mental health or Lanterman Petris Short conservatorship, and limited conservatorship;
- (xii) Egg donor compensation if the donor is the Eligible Employee or Eligible Employee's spouse or domestic partner;
- (xiii) Future expenses, including costs of any planned or expected services to be rendered after submission to HSS of the application for reimbursement; and
- (xiv) Expenses incurred in violation of federal, state or local law including, but not limited to, expenses incurred through fraud, misrepresentation or the failure to notify a biological parent.

4. Limitation on Expenses

Reimbursable expenses under the Plan are limited to fifteen thousand dollars (\$15,000.00). There is also a limit of one (1) adoption or one (1) surrogacy under this Plan per Eligible Employee (including any dependents of the Eligible Employee), for the lifetime of employment by that employee with any HSS Participating Employer (or an employee and employee's spouse or domestic partner, if both are employed with an HSS Participating Employer during the time that any expenses are incurred).

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5. Application for Reimbursement for Adoption

To apply for reimbursement for Qualified Expenses for an Eligible Adoption, the Eligible Employee must submit all of the following information to HSS within twelve (12) months of finalizing the adoption (or within twelve (12) months of the termination of adoption proceedings, if applicable):

- (i) A completed HSS Adoption and Surrogacy Reimbursement Form;
- (ii) Documentation establishing payment of all fees, costs, and other Qualified Expenses incurred in connection with the Eligible Adoption of an Eligible Child; and
- (iii) Documentation that indicates the citizenship status of the child, including
 - a. For the adoption of an Eligible Child who is not a citizen of the United States, a final decree of adoption by the authority of the country establishing a parent-child relationship under the laws of the country, as well as evidence that the child has been issued the appropriate visa from the State Department of the United States; or
 - b. For the adoption of an Eligible Child who is a United States citizen, a final decree of adoption or documentation of the termination of the adoption proceedings.

Any reimbursement request submitted more than twelve (12) months after finalization or termination of an Eligible Adoption will be untimely and denied on that basis.

6. Application for Reimbursement for Surrogacy

To obtain reimbursement for Qualified Expenses for an Eligible Surrogacy, the Eligible Employee must submit the following information to HSS within twelve (12) months of the birth of a child/children resulting from an Eligible Surrogacy:

- (i) A completed HSS Adoption and Surrogacy Reimbursement Form;
- (ii) Documentation establishing payment of all fees, costs, and other Qualified Expenses incurred in connection with the Eligible Surrogacy; and
- (iii) Documentation indicating the citizenship status of the Eligible Surrogate.

Any reimbursement request submitted more than twelve (12) months after a birth resulting from an Eligible Surrogacy will be untimely and denied on that basis.

7. Reimbursement Procedure

Reimbursements will be issued in accordance with the Eligible Employee's payroll or reimbursement policies, and procedures as determined by the City Controller's Office.

8. Plan Administrator

HSS is the "Plan Administrator" for the Plan. The Plan Administrator may make and enforce such rules and regulations as is deemed necessary or proper for the efficient administration of the Plan. The Plan Administrator will determine whether expenses are Qualified Expenses eligible for reimbursement under the Plan. Additionally, the Plan Administrator is authorized to interpret and administer the Plan, and decide any and all matters arising hereunder, including the right to remedy possible ambiguities, inconsistencies or omissions and to make factual determinations.

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9. Appeals

Appeals regarding the denial of reimbursement requests will be conducted under HSS Member Rule Section U (Member Appeals and Grievances). For a denial of a reimbursement request, the employee must submit the appeal to HSS within sixty (60) days of the denial of the request. All decisions and interpretations of HSS and the Health Service Board shall be final, conclusive and binding upon all persons, and shall be given the greatest deference permitted by law.

10. Miscellaneous

This Plan Document provides basic general information, and is should not be considered, or relied upon, as advice regarding a person's individual tax status, or the tax implications of proceeding with an adoption or surrogacy. Employees should contact a licensed tax advisor for more information regarding applicable IRS limitations and/or tax credits.