

Effective date: 10/01/2013

Revision date: 09/01/19 – formatting changes only.

Purpose

The Adoption Assistance Program provides financial assistance to help cover the cost of adopting a child and reinforces ConocoPhillips' commitment to enhance family life.

Eligibility

The Adoption Assistance Program applies to regular full-time and regular part-time ConocoPhillips employees, if they are the adopting parent.

General Provisions

- Financial assistance is available for: an adoption completed through an agency, the adoption of a relative such as a stepchild, or an international adoption.
- Adoption-related expenses, regardless of payment date, will be covered up to a maximum of \$3,000 per adopted child for regular full-time employees. For regular part-time employees, a proration of the \$3,000 per child is allowed, based on the number of hours the employee is scheduled to work.
- Eligible expenses include: agency fees, placement fees, legal fees, court costs, reasonable and necessary foster care before placement of a child, and medical expenses of the birth mother and of the child.
- Ineligible expenses not reimbursed include: travel, lodging, and voluntary donations to a nonprofit agency or to a birth mother.
- When a husband and wife are both employed by the company, only one eligible payment per adoption will be made to a family.
- An adoptee must be under age 18 at the time a court order affecting the adoption is entered.
- As it pertains to Foreign Adoptions, employees must provide one of the following three items:
 - Decree of adoption or guardianship by a "competent authority" of a foreign country.
 - One of the simple adoption Visas (IR2, IR3 or IR4).
 - A U.S.-issued Social Security number (of the child being adopted).

Administration of Benefit

- The Adoption Assistance Reimbursement Form with supporting itemized bills attached must be submitted with a copy of the final adoption decree.
- A Reimbursement Request must be submitted no later than six months after receipt of the final adoption decree to qualify for reimbursement.
- Reimbursement will be included with the employee's regular paycheck.
- This payment is taxable as ordinary income and is not tax-protected by ConocoPhillips.

Questions

If you have questions, contact [HR Connections](#). For immediate assistance, call 877-812-7547.

The Company establishes programs, policies and procedures appropriate to the business needs and requirements of its various operations and organizations (the "Policies"). Different Policies than those shown here may apply to subsidiary company employees based on business needs, local customs, contractual agreement, or legal requirements. The Company reserves the right to change, amend, or terminate any of the Policies at any time, without notice, subject to applicable law and/or the terms of any applicable collective bargaining agreement or contract. The information provided is not intended to supersede applicable local, state or federal law or the terms or provisions of any current collective bargaining agreement. In the event of conflict, the law or collective bargaining agreement shall prevail. If there are any discrepancies or conflicts between this information and the terms of the official Policies or any underlying insurance contracts, the official Policies and insurance contracts will control your actual benefits. Employees should confirm that the Policies accessed here apply to them and/or their organization before taking any actions.

Adoption Assistance Reimbursement Form

REQUEST MUST BE SUBMITTED NO LATER THAN SIX MONTHS AFTER RECEIPT OF FINAL ADOPTION DECREE.

EMPLOYEE INFORMATION

Name: _____

Social Security No.: _____

Address: _____

Business Telephone Number & Location: _____

ADOPTED CHILD'S INFORMATION

Child's Name: _____

Social Security No.: _____
(Optional for U.S. Adoptions)

Birth Date: _____

Date Adoption Finalized: _____

Total Requested Reimbursement: \$ _____

**Required Attachments* – Final Adoption Decree & Eligible Expense Documents*

Employee Signature

Date

Return to: HR Connections
P.O. Box 5500
Bartlesville, OK 74005

Approved: _____

Date: _____

Amount: \$ _____