


Owner: Manager, Total Rewards Local Contact: HR Manager/Business Partner	ADOPTION ASSISTANCE POLICY – U.S.	Policy Center 
Approver: Senior Vice President, Human Resources		Date Issued/Revised: 1/1/2017

If you have questions, please contact: [HR Connections](#) 855-480-6634 or 918-977-7905.

I. PURPOSE

Provide financial assistance to help cover the cost of adopting a child and reinforce Phillips 66 commitment to enhance family life.

II. ELIGIBILITY

- This policy applies generally to U. S. based non-represented regular full-time, regular part-time, as well as represented employees where provided for under the terms of an applicable collective bargaining agreement. The policy does not apply to employees of retail marketing outlets.
- An adoption can be either an “agency”, 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 employee. If you adopt twins, the maximum is \$6,000. For a regular part-time employee a proration of the \$3,000 per child is allowed based on the number of hours each employee is scheduled to work.
- Eligible expenses are agency fees, placement fees, legal fees, court costs, reasonable and necessary foster care before placement of a child, medical expenses of the birth mother and of the child.
- Ineligible expenses not reimbursed include travel, lodging, and voluntary donations to a non-profit 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.

III. ADMINISTRATION OF BENEFIT

- The adoption assistance Reimbursement Form must be submitted with a copy of the final adoption decree and supporting itemized bills attached. A Reimbursement Request Form must be submitted not later than 6 months after receipt of your final adoption decree to qualify for reimbursement.
- Reimbursement will be included with your regular paycheck.
- This payment is taxable as ordinary income and is not tax-protected by Phillips 66. However, the employee may be eligible for a tax credit.

Policy Contact: Human Resources
 Total Rewards

The Company establishes plans, policies and programs appropriate to the business needs and requirements of its various operations and organizations. The plans, policies or programs shown here are provided as guidelines to employees. Company plans, policies and programs are continually under review, and are subject to revision at any time without notice, at the sole discretion of the Company subject to applicable law and/or the terms of any applicable collective bargaining agreement or contract. The plans, policies and programs may differ by location, business, or employee group. Accordingly, individual employees are advised to confirm whether the information accessed here applies to them. Employees may contact HR Connections at 855-480-6634 or 918-977-7905 or their local HR representative if they have any questions. Nothing contained on this site is intended to create, nor is it to be construed to constitute, a contract between Phillips 66 or its subsidiaries and any employee or employees of Phillips 66 or its subsidiaries. Absent a specific written contract to the contrary, employment with Phillips 66, its subsidiaries and affiliates may be terminated with or without cause at any time by the employee or the Company. Nothing contained in these plans, policies or programs shall create a required procedure, practice or policy that must or should be followed in the investigation, evaluation, or disposition of any personnel matter. 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.



ADOPTION ASSISTANCE REIMBURSEMENT FORM

EMPLOYEE INFORMATION

Name: _____

Address: _____

Business Telephone
Number & Location: _____

ADOPTED CHILD'S INFORMATION

Child's Name: _____

Birth date: _____

Date Adoption Finalized: _____

Total Requested Reimbursement: \$ _____
Required Attachments (Final Adoption Decree & Eligible Expense Documents)

Employee Signature

Date

Return to: Adoption Assistance Coordinator
Payroll
P.O. Box 1666
Bartlesville, OK 74005-1666
Phone: 855-480-6634

Approved: _____

Date: _____

Amount: \$ _____

The Company reserves the right to determine eligibility for benefits and to interpret the provisions of the Adoption Assistance Program. The Company also reserves the right to modify, amend, suspend, or terminate this program at any time.