



**ADOPTION ASSISTANCE PROGRAM  
ACCOUNT ENROLLMENT FORM**

Complete and return to your employer

**Group Information**

Group Name: \_\_\_\_\_ Further Group Number: \_\_\_\_\_

Location Name (if applicable): \_\_\_\_\_

**Employee Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

**Account Information**

**Adoption Assistance Program:**

Effective Date \_\_\_\_\_ (To be provided by group contact)

**Adoption Type:**            Domestic            Foreign (must be finalized before claims can be paid)

**IRS Maximum: \$14,890 per child adopted (2022 Maximum)**

I want to contribute a total of \$ \_\_\_\_\_ during this calendar year to my Adoption Assistance Program Account. I understand this amount will be deducted from my pay throughout the calendar year.

**If adopting more than one child, please indicate the amount contributed to each account:**

Adoption 1: \_\_\_\_\_ Adoption 2: \_\_\_\_\_

**Signature**

I have reviewed the above elections and understand my choices will remain in effect for the entire Calendar Year, unless I experience a change in status as defined by the IRS. It is also my understanding that any funds remaining in my accounts at the end of the Calendar Year may be forfeited.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employees:** Complete and return this form to your employer.

**Employers:** Save time by entering this information online at least 30 days prior to your plan start date. Sign into Online Group Service Center at [hellofurther.com](http://hellofurther.com). Questions? Call Group Leader Services at 1-888-460-4013.

**Send via secured email only:**  
[further.documents@hellofurther.com](mailto:further.documents@hellofurther.com)

**Fax to:**  
866-231-0214

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