

**Bloomin' Brands, Inc.
Adoption Assistance Program
Reimbursement Request Form**



Section I: Employee Information

Employee Name (Last, First) _____
 Employee ID or SS# _____ Daytime Telephone _____
 Employee Address _____
 Name of Spouse/Partner _____
 Are you a current BBI employee? YES ___ NO ___
 Have you or any member of your household previously received reimbursement through OSI's Adoption Assistance Plan? YES ___ NO ___ If yes, when? _____

Section II: Adoption Information

Adopted Child's Name (Last, First) _____
 Date of Birth _____ Original Country of Birth _____
 Child's SS# _____ Date Adoption was finalized by Court _____
 Is this child related to you (for example, niece, nephew, brother, sister or grandchild)? YES ___ NO ___
 Did you adopt a special needs child, as defined by the plan? YES ___ NO ___
 -If yes, please submit supporting documentation from the state or, if a foreign adoption, the controlling authority of the county of birth for the additional reimbursement for special needs children available under the plan.

Section III: Eligible Adoption Expenses

<u>Date Expense Incurred</u>	<u>Date Expense Paid</u>	<u>Amount Paid</u>	<u>Paid to</u>	<u>Description</u>

All expenses MUST be submitted within 90 days after the adoption is finalized by the court.

Section IV: Employee Verification

I certify and agree that the amounts listed in Section III are Eligible Adoption Expenses as outlined in the OSI Restaurant Partners, LLC Adoption Assistance Plan, and are for expenses incurred during, and are directly related to, the adoption of the above-named child. I certify that none of the amounts in Section III are eligible for reimbursement by any other individual, company or agency. I acknowledge that OSI has not provided advice on tax implications that could arise through reimbursement of amounts listed in Section III. I agree that I am responsible for any and all tax liability that could arise through reimbursement of the amounts in Section III, and I agree to indemnify OSI Restaurant Partners, LLC, its partners, franchisees, subsidiaries, affiliates, parents, successors, insurers, and all officers, directors and employees, from any tax liabilities or penalties that may be assessed regarding reimbursement of any amounts listed in Section III.

Employee Signature _____ Date _____