

Adoption Assistance Plan

There are many children in this world looking for a home. For those amazing Chipotle employees that open up their homes and their hearts by adopting a child, we would like to help with the associated costs of adoption.

Who is Eligible?

- Full-time Restaurant Management or Staff employees.
- Who have worked for us at least one year.
- Who have a performance rating of 3 or better.

What is Reimbursable?

- 80% of eligible expenses related to the adoption of the child, up to a maximum of \$7,500 per child.
- If both you and your spouse work for Chipotle, you will only be eligible for \$7,500 combined, per child.
- Eligible expenses include:
 - Adoption and/or placement fees.
 - Legal/court costs related to obtaining an order of adoption.
 - Birth mother's maternity expenses not covered by other insurance or programs.
 - Reasonable transportation expenses for adoptive parents.
 - Immigration fees for the adopted child.
 - Other fees may be eligible. Contact the Benefits Team for more details.

How Do You Get Reimbursed?

- Submit the Adoption Assistance Reimbursement form available on <http://benefits.unburritable.net> under "Enrollment and Changes" then "Adoption".
- Attach proof of payment.
- Reimbursements will be made when the child is placed in your home.

Tax Implications.

- Adoption assistance, paid for by Chipotle, is not subject to income tax withholding.
- Adoption assistance is subject to FICA and Medicare taxes.
- An IRS form 8839 may need to be completed for the tax year in which your adoption is final. Please check with your tax accountant for details regarding possible tax implications.

Important Details.

- Repayment of Adoption Assistance Benefit:
 - You will be responsible for paying the adoption assistance benefit back to Chipotle if you take a leave of absence to care for your child and do not return to work.
 - You will be responsible for paying the adoption assistance benefit back to Chipotle if you leave Chipotle within 6 months after receiving these benefits.
- The Family and Medical Leave Act allows for 12 weeks of unpaid leave to assist with placement of an adopted child in your home (please contact the Employee Service Center at 877-625-1919, option 7 for details).

Adoption Assistance Request

Employee Information Employee Name: _____ Employee #: _____
 Restaurant #: _____ Department #: _____ Department Name: _____

Adoption Information Name of adopted child (original name matching paperwork): _____
 Name of adopted child after adoption is finalized: _____
 Date child was placed in my home: _____

Eligible expenses must fall into one of the categories below. No reimbursement will be made for donations, legal guardianship expenses or expenses when either adopting parent is a relative of the adopted minor child.

Type of Expense	Expenses Paid To	Date	Amount Paid
Adoption/placement			
Legal/court			
Uninsured maternity expenses for birth mother			
Reasonable transportation expenses for adopting parents			
Immigration fees for adopted child			
Total*			

*Total Reimbursed at 80% (maximum \$7,500 per child)

Attach proof of payment for the items above along with a copy of the adoption papers or final placement agreement. Adoption assistance reimbursement may be excludable from gross income for federal, state and local income tax purposes.

Signature

- I understand that I will be responsible for paying the adoption assistance benefit back to Chipotle if I take a leave of absence to care for my child and do not return to work.
- I understand that if I separate employment with Chipotle, for any reason, within 6 calendar months from the date of this reimbursement, the reimbursement must be forfeited and repaid to Chipotle. I authorize Chipotle to deduct any amount due from any paycheck(s) including but not limited to my final paycheck (effective 08/01/07).

Employee's Signature: _____ Date: _____

Employee Printed Name: _____ Date: _____

Approval

Employee's Performance Rating: _____ 3 or Better? Yes No

Supervisor Signature: _____ Date: _____

Department Head/Team Lead Signature: _____ Date: _____

Submit To Please forward this completed form and all required attachments (if applicable) to:
 The Benefits Team Fax: 303-222-2515 or Email: benefits@chipotle.com