

| TYPE OF LEAVE /<br>Who is filing   | FORMS TO BE COMPLETED AND<br>FILED WITH CARRIER  | CERTIFICATION REQUIRED<br><i>*IN ADDITION TO CLAIM FORMS</i>  |
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| <b>BONDING WITH CHILD</b> <i>Birth mother filing</i>                                     | <b>PFL 1</b> (REQUEST FOR PAID FAMILY LEAVE)<br>A. EMPLOYEE COMPLETES<br>B. EMPLOYER COMPLETES<br><b>PFL 2</b> (BONDING CERTIFICATION)<br>EMPLOYEE COMPLETES   | (1) INFANT'S BIRTH CERTIFICATE; OR<br>(2) IF A BIRTH CERTIFICATE IS UNAVAILABLE, DOCUMENTATION OF PREGNANCY OR BIRTH FROM A HEALTH CARE PROVIDER THAT INCLUDES THE MOTHER'S NAME AND THE CHILD'S DUE OR BIRTH DATE.   |
| <b>BONDING WITH CHILD</b> <i>Other parent filing</i>                                     | <b>PFL 1</b> (REQUEST FOR PAID FAMILY LEAVE)<br>A. EMPLOYEE COMPLETES<br>B. EMPLOYER COMPLETES<br><b>PFL 2</b> (BONDING CERTIFICATION)<br>EMPLOYEE COMPLETES   | (1) IF AVAILABLE, A BIRTH CERTIFICATE THAT NAMES THE PARENT REQUESTING LEAVE;<br>(2) IF PARENT IS NOT NAMED ON THE BIRTH CERTIFICATE, A VOLUNTARY ACKNOWLEDGMENT OF PATERNITY OR COURT ORDER OF FILIATION;<br>(3) IF THE DOCUMENTS IN (1) OR (2) ARE NOT AVAILABLE, THEN THE EMPLOYEE MUST PROVIDE (A) A COPY OF DOCUMENTATION OF PREGNANCY OR BIRTH FROM A HEALTH CARE PROVIDER THAT INCLUDES THE MOTHER'S NAME AND THE CHILD'S DUE OR BIRTH DATE, AND (B) A SECOND DOCUMENT VERIFYING THE PARENT'S RELATIONSHIP WITH THE BIRTH MOTHER (I.E., MARRIAGE CERTIFICATE, CIVIL UNION DOCUMENTS, OR DOMESTIC PARTNER DOCUMENTS).<br>(4) IF THE DOCUMENTS IN (B) ARE NOT AVAILABLE, A PARENT MAY SUBMIT OTHER DOCUMENTARY EVIDENCE OF PARENTAL RELATIONSHIP FOR EVALUATION ON A CASE-BY-CASE BASIS. |
| <b>BONDING WITH CHILD</b> <i>Foster parent filing</i>                                    | <b>PFL 1</b> (REQUEST FOR PAID FAMILY LEAVE)<br>A. EMPLOYEE COMPLETES<br>B. EMPLOYER COMPLETES<br><b>PFL 2</b> (BONDING CERTIFICATION)<br>EMPLOYEE COMPLETES   | (1) LETTER OF FOSTER CARE PLACEMENT ISSUED BY COUNTY OR CITY DEPARTMENT OF SOCIAL SERVICES OR LOCAL VOLUNTEER AGENCY.<br>(2) IF THE EMPLOYEE IS NOT NAMED IN THE PLACEMENT DOCUMENT, THE EMPLOYEE SHOULD SUBMIT: (A) A COPY OF THE DOCUMENT DEMONSTRATING PLACEMENT, AND (B) A SECOND DOCUMENT VERIFYING THE RELATIONSHIP TO THE PARENT NAMED IN THE DOCUMENT (I.E., MARRIAGE CERTIFICATE, CIVIL UNION DOCUMENTS, OR DOMESTIC PARTNERSHIP DOCUMENTS).   |
| <b>BONDING WITH CHILD</b> <i>Adoptive parent filing</i>                                  | <b>PFL 1</b> (REQUEST FOR PAID FAMILY LEAVE)<br>A. EMPLOYEE COMPLETES<br>B. EMPLOYER COMPLETES<br><b>PFL 2</b> (BONDING CERTIFICATION)<br>EMPLOYEE COMPLETES   | (1) COURT DOCUMENT INDICATING THAT ADOPTION IS IN PROCESS OR IS BEING FINALIZED, OR<br>(2) FOR LEAVE TAKEN PRIOR TO ADOPTION, A DOCUMENT DEMONSTRATING THAT THE ADOPTION PROCESS IS UNDERWAY, INCLUDING BUT NOT LIMITED TO, A SIGNED STATEMENT FROM AN ATTORNEY, ADOPTION AGENCY, OR ADOPTION-RELATED SOCIAL SERVICE PROVIDER THAT THE EMPLOYEE IS IN THE PROCESS OF ADOPTING A CHILD.<br>(3) IF THE SECOND PARENT IS NOT NAMED IN THE DOCUMENTS REFERENCED IN (1) AND (2) ABOVE, THE EMPLOYEE MUST PROVIDE: (A) A COPY OF THE DOCUMENT DEMONSTRATING ADOPTION, AND (B) A SECOND DOCUMENT VERIFYING THE RELATIONSHIP TO THE PARENT NAMED IN THE DOCUMENT (I.E., MARRIAGE CERTIFICATE, CIVIL UNION DOCUMENTS, OR DOMESTIC PARTNERSHIP DOCUMENTS).  |
| TYPE OF LEAVE  | FORMS TO BE COMPLETED AND<br>FILED WITH CARRIER  | CERTIFICATION REQUIRED<br><i>*IN ADDITION TO CLAIM FORMS</i>  |
| <b>FAMILY MEMBER CARE</b>  | <b>PFL 1</b> (REQUEST FOR PAID FAMILY LEAVE)<br>A. EMPLOYEE COMPLETES<br>B. EMPLOYER COMPLETES<br><b>PFL 3</b> (RELEASE OF PERSONAL HEALTH INFORMATION)<br><i>*THIS FORM ALLOWS THE HEALTH CARE PROVIDER TO COMPLETE PFL 4 AND RELEASE IT TO THE EMPLOYEE SEEKING PFL BENEFITS. THE HEALTH CARE PROVIDER WILL RETAIN THIS FORM; DO NOT SEND TO THE INSURANCE CARRIER.</i><br><b>PFL 4</b> (HEALTH CARE PROVIDER CERTIFICATION FOR CARE OF FAMILY MEMBER WITH SERIOUS HEALTH CONDITION)<br>HEALTH CARE PROVIDER COMPLETES | FULLY COMPLETED FORM PFL 4 IS THE REQUIRED CERTIFICATION FOR THIS LEAVE   |
| TYPE OF LEAVE  | FORMS TO BE COMPLETED AND<br>FILED WITH CARRIER  | CERTIFICATION REQUIRED<br><i>*IN ADDITION TO CLAIM FORMS</i>  |
| <b>QUALIFYING MILITARY EVENT OF EMPLOYEE'S SPOUSE, DOMESTIC PARTNER, CHILD OR PARENT</b> | <b>PFL 1</b> (REQUEST FOR PAID FAMILY LEAVE)<br>A. EMPLOYEE COMPLETES<br>B. EMPLOYER COMPLETES<br><b>PFL 5</b> (MILITARY QUALIFYING EVENT)<br>EMPLOYEE COMPLETES   | COPY OF THE MILITARY MEMBER'S ACTIVE DUTY ORDERS, OR LETTER OF IMPENDING CALL TO COVERED DUTY, OR DOCUMENTATION OF MILITARY LEAVE SIGNED BY THE APPROVING AUTHORITY FOR MILITARY MEMBER'S REST AND RECUPERATION<br>SEE FORM PFL 5 – INSTRUCTIONS FOR ADDITIONAL INFORMATION   |