

TYPE OF LEAVE	FORMS TO BE COMPLETED AND FILED WITH CARRIER	CERTIFICATION REQUIRED <i>*IN ADDITION TO CLAIM FORMS</i>
<p><b>FAMILY MEMBER CARE</b></p>	<p>PFL 1 (REQUEST FOR PAID FAMILY LEAVE)            A. EMPLOYEE COMPLETES            B. EMPLOYER COMPLETES</p> <p>PFL 3 (RELEASE OF PERSONAL HEALTH INFORMATION)</p> <p><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></p> <p>PFL 4 (HEALTH CARE PROVIDER CERTIFICATION FOR CARE OF FAMILY MEMBER WITH SERIOUS HEALTH CONDITION)            HEALTH CARE PROVIDER COMPLETES</p>	<p>FULLY COMPLETED FORM PFL 4 IS THE REQUIRED CERTIFICATION FOR THIS LEAVE.</p>