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New York State

PAID FAMILY LEAVE

FAMILY MEMBER CARE

{CLAIM FORMS & PROCESS}

POWERED BY LiDAC

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Paid Family Leave FAMILY MEMBER CARE

New York State
CLAIM FORMS & PROCESS

IF AN EMPLOYEE'S FAMILY MEMBER HAS A SERIOUS HEALTH CONDITION, THEY ARE ELIGIBLE TO CARE FOR THEM UNDER THE PAID FAMILY LEAVE PROGRAM. FAMILY MEMBERS INCLUDE:

• Spouses • Domestic • Partners • Children • Parents • Parents-in-law • Grandparents • Grandchildren

A SERIOUS HEALTH CONDITION IS AN ILLNESS, INJURY, IMPAIRMENT, OR PHYSICAL OR MENTAL CONDITION THAT INVOLVES:

• Inpatient care in a hospital, hospice, or residential health care facility; or
• Continuing treatment or supervision by a health care provider.

Ordinarily, conditions such as the common cold, the flu, ear aches, upset stomach, minor ulcers, routine dental or orthodontia problems, periodontal disease, etc. do not meet the definition of a serious health condition.

FAMILY MEMBER CARE

Get Form

FORMS TO BE COMPLETED AND FILED WITH CARRIER

Get Form

FORM PFL 1: REQUEST PFL BENEFITS
- **PART A:** Employee To Complete
- **PART B:** Employer To Complete

FORM PFL 3: PERSONAL HEALTH INFO
- This Form allows the Health Care Provider to Complete PFL Form 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.**

FORM PFL 4: HEALTH CARE PROVIDER

Certification for Care of Family Members with Serious Health Condition.

CERTIFICATION REQUIRED * IN ADDITION TO CLAIM FORMS

FORM PFL 4: MUST BE FULLY COMPLETED

A CLAIM FOR PAID FAMILY LEAVE TO CARE FOR A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION REQUIRES:

1) A Medical Certification, Completed by the Care Recipient's Health Care Provider.

AN AUTHORIZATION FOR PERSONAL HEALTH DISCLOSURE FORM IS REQUIRED BY THE HIPAA PRIVACY RULE;

1) And Must be Completed by the Care Recipient and Retained on File with the Health Care Provider in Order to Submit the Required Medical Information

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