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New York State

PAID FAMILY LEAVE

{ CLAIM FORMS & PROCESS }

POWERED BY

LiDAC

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LiDAC Paid Family Leave CLAIM FORMS & PROCESS

When an employee has a foreseeable situation, they should provide their employer 30 days advance notice of their intention to use Paid Family Leave. If the event was not foreseeable, the employee must notify their employer as soon as practical.

- 1) An employee should submit a completed claim package to their employer's Paid Family Leave insurance carrier within 30 days of their first day of paid leave. The insurance carrier must process the claim and issue a determination within 18 days.
- 2) A claim form will be available from an employer, the employer's Paid Family Leave insurance carrier, or on the Paid Family Leave website. Employers are also responsible for providing insurers with the dates that employees use Paid Family Leave.

BONDING WITH CHILD WHO IS FILING	FORMS TO BE COMPLETED AND FILED WITH CARRIER	CERTIFICATION REQUIRED * IN ADDITION TO CLAIM FORMS
<p>BIRTH MOTHER - Get Form</p> 	<p>FORM PFL 1: REQUEST PFL BENEFITS</p> <ul style="list-style-type: none"> • PART A: Employee To Complete • PART B: Employer To Complete <p>FORM PFL 2: BONDING CERTIFICATION Employee To Complete</p>	<p>THE BIRTH MOTHER MUST SUBMIT:</p> <ol style="list-style-type: none"> 1) A Birth Certificate, if available, or 2) Documentation of pregnancy, or 3) Documentation of Birth from a Health Care Provider <p>Note: The Document to include: Mother's Name and Child's Due Date or Birth Date</p>
<p>OTHER PARENT - Get Form</p> 	<p>FORM PFL 1: REQUEST PFL BENEFITS</p> <ul style="list-style-type: none"> • PART A: Employee To Complete • PART B: Employer To Complete <p>FORM PFL 2: BONDING CERTIFICATION Employee To Complete</p>	<p>THE SECOND PARENT MUST SUBMIT, IF AVAILABLE;</p> <ol style="list-style-type: none"> 1) A Birth Certificate Naming Them as a Parent, If this is Not Available, 2) The Second Parent May Submit; A Voluntary Acknowledgment of Paternity or A Court Order of Filiation Naming Them as a Parent <p>IF THOSE DOCUMENTS ARE NOT AVAILABLE, THE SECOND PARENT CAN SUBMIT:</p> <ol style="list-style-type: none"> 1) Birth Documentation From the Birth Mother's Health Care Provider and <ol style="list-style-type: none"> a) Either a Marriage Certificate or Evidence of a Civil Union or b) Domestic Partnership to Demonstrate the Relationship to the Birth Mother
<p>FOSTER PARENT - Get Form</p> 	<p>FORM PFL 1: REQUEST PFL BENEFITS</p> <ul style="list-style-type: none"> • PART A: Employee To Complete • PART B: Employer To Complete <p>FORM PFL 2: BONDING CERTIFICATION Employee To Complete</p>	<p>PAID FAMILY LEAVE TO BOND WITH A FOSTERED CHILD REQUIRES;</p> <ol style="list-style-type: none"> 1) The Submission of a Letter of Placement Issued By a County or City Department of Social Services or Local Voluntary Agency. <p>IF A SECOND PARENT IS NOT NAMED IN DOCUMENTATION;</p> <ol style="list-style-type: none"> 1) A Copy of the Document Plus a Document Verifying the Relation to the Parent Named in the Foster Care Placement Will Be Needed.
<p>ADOPTIVE PARENT - Get Form</p> 	<p>FORM PFL 1: REQUEST PFL BENEFITS</p> <ul style="list-style-type: none"> • PART A: Employee To Complete • PART B: Employer To Complete <p>FORM PFL 2: BONDING CERTIFICATION Employee To Complete</p>	<p>PAID FAMILY LEAVE TO BOND WITH AN ADOPTED CHILD REQUIRES:</p> <ol style="list-style-type: none"> 1) A Court Document Finalizing Adoption, or Paid Family Leave Taken before the Adoption is Complete, a Document Showing the Adoption Process is Underway. 2) Examples: Proof of a Pending Adoption Include: Statement From An Attorney, Adoption Agency or Adoption-Related Social Service Provider. <p>IF THE SECOND PARENT IS NOT NAMED IN THAT DOCUMENT;</p> <ol style="list-style-type: none"> 1) They must also File Documentation Verifying the Relationship to the Parent Named in the Adoption. 2) If these Documents are not Available, the Second Parent May Submit other Documentary Evidence of Parental Relationship to Child, for Evaluation by the Carrier.
<p>FAMILY MEMBER CARE Get Form</p> 	<p>FORM PFL 1: REQUEST PFL BENEFITS</p> <ul style="list-style-type: none"> • PART A: Employee To Complete • PART B: Employer To Complete <p>FORM PFL 3: PERSONAL HEALTH INFO</p> <ul style="list-style-type: none"> • 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. <p>FORM PFL 4: HEALTH CARE PROVIDER Certification for Care of Family Members with Serious Health Condition.</p>	<p>FORM PFL 4: MUST BE FULLY COMPLETED</p> <p>A CLAIM FOR PAID FAMILY LEAVE TO CARE FOR A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION REQUIRES:</p> <ol style="list-style-type: none"> 1) A Medical Certification, Completed by the Care Recipient's Health Care Provider. <p>AN AUTHORIZATION FOR PERSONAL HEALTH DISCLOSURE FORM IS REQUIRED BY THE HIPAA PRIVACY RULE;</p> <ol style="list-style-type: none"> 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 <p>Note: Form PFL 3 - Do Not Send To the Insurance Carrier.</p>
<p>MILITARY EVENT Get Form</p> 	<p>FORM PFL 1: REQUEST PFL BENEFITS</p> <ul style="list-style-type: none"> • PART A: Employee To Complete • PART B: Employer To Complete <p>FORM PFL5: MILITARY QUALIFYING EVENT Employee To Complete</p>	<p>PAID FAMILY LEAVE TO ASSIST LOVED ONES WHEN A FAMILY MEMBER IS DEPLOYED ABROAD ON ACTIVE MILITARY DUTY GENERALLY REQUIRES;</p> <ol style="list-style-type: none"> 1) Either a Form PFL-5 "Military Qualifying Event" Certification or a US Department of Labor "Certificate of Qualifying Exigency for Military Family Leave. <p>THOSE FORMS INCLUDE:</p> <ol style="list-style-type: none"> 1) Military Documentation of the Family Member's Deployment or Impending Deployment (Active Duty Orders or Other Notice from the Military), and 2) Documentation of the Reason for Leave. Documentation of Military Leave Signed by the Approving Authority For Military Members Rest and Recuperation.