firstreliancestandard
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

New York Paid Family Leave
Initial Statement of Claim

HOW TO FILE A CLAIM

Please follow the instructions listed below to avoid unnecessary delays in processing your claim. This form must be fully completed for each disability claim. If the claim form is not fully completed, the processing of the claim may be delayed.

Paid Family Leave

Reliance Standard Life insurance Company
P.O. Box 7749
Philadelphia, PA 19101-7749
(800) 351-7500 or
You May Fax to: (267) 256-3519
claimsintake@rsli.com

PART A – EMPLOYEE INFORMATION (to be completed by the employee)

1. **Employee's legal name (first name, middle initial, last name)**
____

2. **Other last names, if any, under which employee has worked**
____

3. **Employee's mailing address**
Street address_____________________________________
City, State _______________________________________
Zip code ____________ Country (*if not U.S.A)* ____________

4. **Employee's Social Security Number or TIN**
____

5. **Employee's date of birth (MM/DD/YYYY)**
____

6. **Employee's primary telephone number**
(___)____

7. **Employee's preferred email address while on PFL** (***if available)***
____

8. **Employee's gender**
☐ Male ☐ Female ☐ Not designated/Other

9. **Employee's preferred language**
☐ English ☐ Español ☐ Русский ☐ Polski
☐ 中文 ☐ Italiano ☐ Kreyòl ayisyen ☐ 한국어
☐ Other

Optional (for research purposes)

10. Employee's ethnicity/race
For purposes of health demographic only. (U.S. Centers for Disease Control and Prevention (CCDC) code set, Version 1.0).
Is employee of Hispanic, Latino/a or Spanish origin?

(One of more categories may be selected)

☐ Mexican
☐ Mexican American
☐ Chicano/a
☐ Puerto Rican
☐ Dominican
☐ Cuban
☐ Another Hispanic, Latino/a or Spanish origin
☐ Not of Hispanic, Latino/a or Spanish origin
☐ Unknown

What is employee's race?

(One or more categories may be selected

☐ American Indian or Alaska Native
☐ Black or African-American
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ White
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander
☐ Other race

Paid Family Leave (PFL) Request (to be completed by the employee)

11. Reason for the PFL request: ☐ Bond with child ☐ Care for family member ☐ Military qualifying event

12. The family member is employee's:

☐ Child ☐ Spouse ☐ Domestic partner ☐ Parent ☐ Parent-in-law ☐ Grandparent ☐ Grandchild

CONTINUED FROM PRIOR PAGE

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name) ____________________

Employee's date of birth (MM/DD/YYYY) ____________________

PART A – EMPLOYEE INFORMATION (to be completed by the employee)

13. Will PFL be for a continuous period of time and/or periodic?

☐ Continuous: PFL start date _______________ (MM/DD/YYYY) PFL end date _______________ (MM/DD/YYYY) ☐ Dates are estimated

☐ Periodic: Identify dates periodic PFL will be taken ______________________ ☐ Dates are estimated

14. If providing less than 30 day's advance notice to the employer, please explain:

____

____

Employment Information (to be completed by the employee)

15. Business name

____

16. Employee's date of hire ____________________ (MM/DD/YYYY)

17. Employee's work location

Street address____

City, State ______________________ Zip code ___________ Country (*if not U.S.A)* ______________

18. Employee's average gross weekly wage (This data will be requested of both employee and employer) ______________

19. Employer's telephone number for contact regarding this request (_____)______________________________

20a. Does the employee have more than one employer? ☐ Yes ☐ No

20b. If yes, is employee taking PFL from the other employer? ☐ Yes ☐ No

21. Is employee currently receiving Workers' Compensation Lost Wage Benefits? ☐ Yes ☐ No

Disclosure statement: Information regarding PFL benefits received by the employee, such as payments received and types of leave, will be provided to the employer.

Declaration and signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for Insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employee's signature ______________________________

Date signed ______________________________

CONTINUED FROM PRIOR PAGE

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name) ____

Employee's date of birth (MM/DD/YYYY) ________________________________

PART B – EMPLOYER INFORMATION (to be completed by the employer)

1. **Business's full legal name and mailing address**

   Business name

   ____

   Mailing address____

   City, State __________________________ Zip code ________ Country (if not U.S.A) ______________

2. **Employer's FEIN ____________________________________**

   STD Policy No. ____________________

   PFL/DBL Policy No. ________________

3. **Employer's Standard Industrial Classification (SIC) Code _______________________________________**

4. **Employer's contact name for questions related to PFL____**

5. **Employer's contact telephone number (_____)____**

6. **Employer's contact email address ____**

7. **Employee's date of hire ___________________**
   (MM/DD/YYYY)

8. **Employee's occupation** ________________________

   Codes are available at: www.bls.gov/soc/2020/soc_alph.htm ____

9. **Enter the last 8 weeks of gross wages for the employee and calculate the average gross weekly wage**

Week no.	Week ending date (MM/DD/YYYY)	Number of days worked	Gross amount paid
1			
2			
3			
4			
5			
6			
7			
8			
Calculated average weekly wage			

10a. If employee received or will receive full wages while on PFL, will employer be requesting reimbursement?
☐ Yes ☐ No

10b. Date Began ________________ Date Ended ________________________

11a. In the preceding 52 weeks has the employee taken leave for:
☐ NYS Disability ☐ Both Disability and PFL ☐ None

11b. Enter the total number of weeks and days taken for both Disability and PFL in the last 52 weeks.

Disability:
Weeks: ___________________ Please provide specific dates to Disability ____________________
Days: ____________________

Weeks: ___________________ Please provide specific dates to Disability ____________________

PFL:

Days: ____________________

PART B – EMPLOYER INFORMATION (to be completed by the employer) – continued from prior page

12. Is the employee taking family Leave Act (FMLA) concurrently with PFL? ☐ Yes ☐ No

13. PFL Insurance carrier's name and mailing address:

PFL insurance carrier's name: ____

Mailing address____

City, State ___________________________ Zip code _________ Country (if not U.S.A) _________________

14. PFL insurance carrier's telephone number (___)____

15. PFL policy number ____

Declaration and signature

☐ I affirm the employee regularly works 20 or more hours per weeks and has been in employment for at least 26 consecutive weeks OR the employees regularly works less than 20 hours per week and has worked at least 175 days.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for Insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employer signature

____

Date signed

____

Title

____

I authorize FRSL to send my disability payments to Bank designated below for electronic deposit in my Account.
I understand that I may terminate this arrangement at any time by writing to FRSL address above.

☐ Yes Set-up Direct Deposit

Name of Bank (Print) ____

Address of Bank ____

City ___________________________________ State ____________________________ Zip_______________

Choose Type of Account

☐ Checking ☐ Savings

Bank Transit/Routing Number (9 Digits) ____

Personal Account Number ____
Or Attached a Voided Check imprinted with you name.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for Insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Employee's Signature	Telephone Number	Date
___________________________________	(__´´_)_________________	______________________

IF YOU HAVE ANY QUESTIONS ABOUT CLAIMING DISABILITY BENEFITS CONTACT THE NEAREST OFFICE OF THE NYS WORKERS' COMPENSATION BOARD, OR WRITE TO WORKER'S COMPENSATION BOARD, DISABILITY BENEFITS BUREAU, 100 BROADWAY- MENANDS, ALBANY, NY 12241-0005	SI TIENE DUDAD REPLACIONADAS CON LA RECLMACION DE BENEFICOS POR INCAPACIDAD, COMUNIQUESE CON LA OFICINA MAS CERCANA DE LA JUNTA DE COMPENSACION OBRERA DE NUEVA YORK O ESCRIBA A: WORKER'S COMPENSATION BOARD, DISABILITY BENEFITS BUREAU, 100 BROADWAY- MENANDS, ALBANY, NY 12241-0005

Military Qualifying Event (Form PFL-5) Instructions

If an employee is requesting PFL because of a family member's covered active military duty or impending covered active duty, the employee must submit the *Military Qualifying Event (Form PFL-5)* with the *Request For Paid Family Leave (Form PFL-1).*

The employee must identify the family member, provide a copy of the member's covered active duty orders or impending active duty orders, and describe the reason leave is being requested.

MILITARY QUALIFYING EVENT (to be completed by the employee).

The employee requesting PFL must complete all applicable requested information.

Employee enters their name, date of birth, other last names, if any, under which they have worked, Social Security or Taxpayer Identification Number (TIN) number, and mailing address at the top of page 1.

Employee enters their name and date of birth at the top of page 2.

Questions 1-5: Enter the military member's information, and indicate the military member's relationship to the employee.

Question 5: A child is defined as a biological, adopted or foster son or daughter, stepson or stepdaughter, a legal ward, a son or daughter of a domestic partner, or the person to whom the employee stands in loco parentis. A parent is defined as a biological, foster, or adoptive parent, parent-in-law, a tepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

Question 6: Enter dates of expected military covered active duty.

Question 7: Documentation that shows that the military member is on covered active duty or has been notified of an impending call or order to covered active duty is required and must be attached to this form. Select the type of documentation that is attached from the list below.

Required documentation includes one of the following:

- Covered active duty orders; OR
- Letter from the military unit documenting impending call or order to covered dute; OR
- Documentation of military leave signed by the approving authority for military member's Rest and Recuperation.

Qualify Reason for Leave *(to be completed by the employee)*

Question 8: Explain the need for PFL because of the Military Qualifying Event. For example "My spouse was just called on short notice to covered active duty status and will be deployed to (country) in five days. I need to take PFL to be with them and make arrangements for while they are away on active dute." If the exmplanation will not fit in the space provided on the form, enter "See Attached" and add an attachment with the explanation. Be sure to include the employee's full name, date of birth, other last names, if any, under which they have worked, Social Security or Taxpayer Identification (TIN) number, and mailing address at the top of the attachment.

Question 9: Include one or more of the qualifying supporting documents.

- Meeting announcement for informational briefing sponsored by the military; or
- Document(s) confirming an appointment with a school official, doctor, attorney or financial advisor, or
- Copy of a bill for services for the handling of legal or financial affairs.

Notification Pursuant to the New York personal Privacy Protection Law (Public Officers Law Article 6-A) and the Federal Privacy Act of 1974 (5 USC 552a).

The Workers' Compensation Board's (Board's) authority to request that employees provide personal information, including their social security number or tax identification number, is derived from the Board's administrative authority under Workers' Compensation Law section 142. This information is collected to assist the Board in investigating and administering claims in the most expedient manner possible and to help it maintain accurate records. Providing your social security number or tax identification number to the Board is voluntary. The Board will protect the confidentiality of personal information in its possession, disclosing it only in furtherance of its official duties and in accordance with applicable state and federal law.

Paid Family Leave

Request for Paid Family Leave
Military Qualifying Event (form PFL-5)
INSTRUCTIONS INCLUDED WITH FORM

TO BE COMPLETED BY THE EMPLOYEE
Employee's name *(first name, middle initial, last name)* ___________________________

Employee's date of birth *(MM/DD/YYYY)* ___________________________

Other last names, if any, under which employee has worked ___________________________

Employee's Social Security Number or TIN ___________________________

Mailing address____

City, State ____

Zip code _______________________ Country (if not U.S.A) ___________________________

MILITARY QUALIFYING EVENT (to be completed by the employee).

1. **Name of member on covered active duty or impending call to covered active duty status (international Deployment)** *(first name, middle initial, last name)*
   ____

2. **Military member's date of birth** *(MM/DD/YYYY)* ___________________________

3. **Military member's gender** ☐ **Male** ☐ **Female** ☐ **Not designated/Other**

4. **Military member's mailing address**

   Mailing address____

   City, State ____

   Zip code _______________________ **Country (if not U.S.A)** ___________________________

5. **The above-named military member is employee's** ☐ Spouse ☐ Domestic partner ☐ Child ☐ Parent

6. **Period of military member's covered active duty** *(MM/DD/YYYY)*
   ___________________________ to ___________________________

7. **Please select one of the following and attach the indicated document to support that the military members is on covered active duty or impending call or order to covered active duty status:**
   ☐ Covered active duty orders ☐ Letter of impending call or order to covered duty ☐ Documentation of military leave signed by the approving authority for military member's Rest and Recuperation

Qualify Reason for Leave (to be completed by the employee).

8. **What is the reason employee is requesting PFL:** *(One or more reasons may be selected)*

☐ Arranging for child care

☐ Arranging for parental care

☐ Counseling

☐ Making financial arrangements

☐ Making legal arrangements

☐ Acting as military member's representative before a federal, state or local agency for purpose of obtaining, arranging, or appealing military service benefits

☐ Attending any event sponsored by the military or military service organization

☐ Other ____

TO BE COMPLETED BY THE EMPLOYEE
Employee's name (first name, middle initial, last name)
____

Employee's date of birth *(MM/DD/YYYY)*
____

MILITARY QUALIFYING EVENT (*to be completed by the employee*) – *continued from prior page*

Form PFL-5 continued from prior page

9. Written documentation supporting this request for leave is available and attached?
☐ Yes ☐ No ☐ None Available

Note: A complete and sufficient certification to support a request for PFL leave due to a qualify event includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave, a document confirming an appoint with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. If leave is requested to meet with a third party, the employee must provide the supporting documentation of the meeting that includes the name, address, appropriate contact information of the individual or entity with whom you are meeting (ie., either telephone number, fax number, or email address of the individual or entity).

Any person who knowingly and with intent to defraud any insurance company or other person files an application for Insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am hereby making a request for paid family leave benefits under the NYS Workers' Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Employee's signature
____

Date signed
____

TO BE COMPLETED BY THE EMPLOYEE

Employee's name *(first name, middle initial, last name)* ____________________

Employee's date of birth *(MM/DD/YYYY)* ____________________

Other last names, if any, under which employee has worked ____________________

Employee's Social Security Number or TIN ____________________

Mailing address ____________________

City, State ____________________

Zip code ____________________ Country (if not U.S.A) ____________________

QUALIFYING REASON FOR LEAVE – DOCUMENTATION

If leave is requested to meet with a third party, the employee must provide supporting documentation of the meeting that includes the name and address and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone number, fax number, or email address of the individual or entity). The reason for a meeting can include; arranging for child or parental care, counseling, making financial or legal arrangements, acting as the military member's representative before a federal, state or local agency for purposes of obtaining, arranging or appealing military service benefits, or attending any event sponsored by the military or military service organizations.

Please submit this documentation for each required meeting/event.

Name of individual with whom the employee is meeting ____________________

Title ____________________

Organization ____________________

Telephone number *(provide area or country code)* ____________________

Fax number (*provide area or country code*) ____________________

Email address ____________________

Mailing address ____________________

City, State ____________________

Zip code ____________________ **Country (if not U.S.A)** ____________________

Describe nature of meeting, include dates if known: