New York State Paid Family Leave

Request For Paid Family Leave
Bonding Certification (Form PFL-2)

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

☐☐☐ - ☐☐ - ☐☐☐☐

Employee's mailing address

Mailing address

City, State

Zip code

Country (if not U.S.A.)

BONDING CERTIFICATION (to be completed by the employee)

1. **Child's date of birth** (MM/DD/YYYY) ☐☐ / ☐☐ / ☐☐☐☐

2. **Child's gender** ☐ Male ☐ Female ☐ Not designated/Other

3. **Does child live with the employee requesting PFL?** ☐ Yes ☐ No

4. **Child is employee's:**

   ☐ Biological child ☐ Stepchild ☐ Foster child ☐ Adopted child ☐ Legal ward ☐ Spouse/Domestic partner's child ☐ Loco parentis

5. **Select one of the following and attach the document as required as evidence of the relationship.**

   Parent of newborn child:

   Birth mother:

   ☐ Health care provider certification of pregnancy (include expected due date AND mother's name); OR

   ☐ Health care provider certification of birth (include date of birth of child AND mother's name); OR

   ☐ Child's birth certificate

   Other parent:

   ☐ Copy of birth certificate naming second parent; OR

   ☐ Voluntary acknowledgment of paternity; OR

   ☐ Court order of filiation; OR

   ☐ Birth mother documents (see above) PLUS one of the following:

      ☐ Marriage certificate; OR

      ☐ Certificate of civil union; OR

      ☐ Evidence of domestic partnership

   ☐ OR; Other documentation of parental relationship

   Foster parent:

   ☐ Letter of foster care placement or anticipated placement issued by county or city department of Social Services or authorized voluntary foster care agency

   Adoptive parent:

   ☐ Court document finalizing adoption

   ☐ Documentation in furtherance of adoption

6. **Date of foster care or adoption placement, if applicable** (MM/DD/YYYY) ☐☐ / ☐☐ / ☐☐☐☐

Form PFL-2 continued on next page

If you need assistance, please call (844) 337-6303
www.ny.gov/PaidFamilyLeave

PFL-2 11-17

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BONDING CERTIFICATION (to be completed by the employee) - continued from prior page

Form PFL-2 continued from prior page

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.

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 (MM/DD/YYYY)

☐☐ / ☐☐ / ☐☐☐☐