



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.)

MILITARY QUALIFYING EVENT (to be completed by the employee)

1. Name of military 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 member 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

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

Arranging for parental care Attending any event sponsored by the military or military service organizations

Counseling Other

Making financial arrangements

Making legal arrangements

8a. If short notice deployment, provide the exact date the military member received notification:
(MM/DD/YYYY) / /

Form PFL-5 continued on next page

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 qualifying 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 appointment 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 (i.e., either telephone number, fax number, or email address of the individual or entity).

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)

□□□ / □□□ / □□□□□□

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.)
-------------	----------	-------------------------

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, 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 employee is meeting _____

Title _____

Organization _____

Telephone number (provide area or country code) _____

Fax number (provide area or country code) _____

Email address _____

Mailing address

Mailing address

City, State	Zip code	Country (if not U.S.A.)
-------------	----------	-------------------------

Describe nature of meeting. Include dates, if known:
