

Paid Famil



Form PFL-1 continued from prior page

Employment Information (to be completed by the employee)

15. **Business name**

16. **Employee's date of hire**

17.

TO BE COMPLETED BY THE EMPLOYEE

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

Employee's date of birth

PART B - EMPLOYER INFORMATION

Form PFL-1 continued from prior page

11a. In the preceding 52 weeks has the employee taken leave for: PFL Both Disability and PFL

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

Disability:	<input type="text"/>	Please provide specific dates for Disability: <input type="text"/>
	<input type="text"/>	

PFL:	<input type="text"/>	Please provide specific dates for PFL: <input type="text"/>
	<input type="text"/>	

12. Is the employee taking Family Medical Leave Act (FMLA) concurrently with PFL?

13. PFL insurance carrier's name and mailing address

PFL insurance carrier's name

Country (if not U.S.A.)

14. PFL insurance carrier's telephone number () -

15. PFL policy number

Declaration and signature

I am the person authorized to sign as the employer of the employee requesting PFL. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.

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 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 the person authorized to sign as the employer of the employee requesting PFL. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.

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