

# **Applying For Paid Family Leave – Military**

(Form PFL-1)

### INSTRUCTIONS INCLUDED WITH FORM

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

## FORM PFL-1 - CONTINUED FROM PRIOR PAGE

TO BE COMPLETED BY THE Employee's name	EMPLOYEE		Employee's date of birth (MM/DD/YYYY)
irst name, middle initial, last	t name)		
DT A FLADI C	WEE INCODMATION (		
RIA-EMPLO	YEE INFORMATION (to	be completed by emplo	oyee) - continued from prior page
orm PFL-1 continued fi	rom prior page		
13. Will PFL be for a con	ntinuous 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 thar	n 30 day's advance notice to the employe	er, please explain:	
	, , ,		
Employment I	Information (to be comp	leted by the employee)	
	(	,,	
5. Business name			
6. Employee's date of h	nire (MM/DD/YYYY)		
17. Emplyee's work loca	ition		
Street address			
City, State		Zip code	Country (if not U.S.A.)
18. Employee's average	gross weekly wage (This data will be rec	uested of both employee and employer)	Contact Agency HR for Information
19. Employer's telephon	e number for contact regarding this requ	est ( ) -	
20a. Does employee hav	ve more than one employer?	No	
20b. If yes, is employee	taking PFL from the other employer? $\Box$	]Yes □No	
21. Is employee currentl	y receiving Workers' Compensation Lost	. Wage Benefits? ☐ Yes ☐ No	
Disclosure statement	Information regarding PEL benefits received	by the employee such as navments receive	red and types of leave, will be provided to the employer.
Diodiodaro diatornomi.	Thorntagor rogarding 11 E borronto rocorvod	by the employee, each as payments receive	ed and typed of leave, will be provided to the dripplyof.
eclaration and signature			
or the purpose of misleading,			statement of claim containing any materially false information, or conceals ime, and shall also be subject to a civil penalty not to exceed five thousand
		ers' Compensation Law. My signature affirms that	the information I am providing is true and accurate to the best of my
nployee's signature		Date signed (MM/DD/YYYY)	)
☐ I am submitting this for information.	rm in advance (see instructions about pre-subr	nitting). I understand the insurance carrier will	I contact me to advise how to submit the required missing

## FORM PFL-1 - CONTINUED FROM PRIOR PAGE

t name mid	me dle initial, last name)			Employee's date of birth (MM/DD/YYYY)
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RTB-I	EMPLOYER INFORM	ATION (to be comp	leted by the emplo	yer)
emp <b>l</b> ovee (	contribution is withheld, indicate tax	cable % (employer portion) for th	e FICA deductions =	%
	s full legal name and mailing address			_ ~
Business nam				
Mailing addres	SS			
City, State			Zip code	Country (if not U.S.A.)
ony, once			2.9 0000	Stately (interest by
Employer's	s FEIN			
Employer's	s Standard Industrial Classification (	(SIC) Code		
Employer's	s contact name for questions related	d to PFL		
	,			
Employer's	s contact telephone number (			
	s contact telephone number (	-		
	- <u> </u>	-		
Employer's	s contact email address			
Employer's	s contact email address 's date of hire (MM/DD/YYYY)			
Employer's	s contact email address			
Employee's	s contact email address 's date of hire (MM/DD/YYYY)	/ / / / / / / / / / / / / / / / / / /	groups.htm -	
Employee	s contact email address 's date of hire (MM/DD/YYYY)			
Employee	s contact email address  s date of hire (MM/DD/YYYY)  e's last day worked (MM/DD/YYYY)  s occupation Codes are available at			
Employee  a. Employee  Employee  Employee	s contact email address  s date of hire (MM/DD/YYYY)  e's last day worked (MM/DD/YYYY)  s occupation Codes are available at ast 8 weeks of gross wages for the	employee and calculate the aver	rage gross weekly wage	
Employee  Employee  Employee  Employee  Enter the I  Week no.  1	s contact email address  s date of hire (MM/DD/YYYY)  e's last day worked (MM/DD/YYYY)  s occupation Codes are available at ast 8 weeks of gross wages for the	employee and calculate the aver	rage gross weekly wage	
Employee  a. Employee  Employee  Enter the I  Week no.  1  2  3	s contact email address  s date of hire (MM/DD/YYYY)  e's last day worked (MM/DD/YYYY)  s occupation Codes are available at ast 8 weeks of gross wages for the	employee and calculate the aver	rage gross weekly wage	
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Employee  Employee  Employee  Employee  Enter the I  Week no.  1 2 3 4 5	s contact email address  s date of hire (MM/DD/YYYY)  e's last day worked (MM/DD/YYYY)  s occupation Codes are available at ast 8 weeks of gross wages for the	employee and calculate the aver	rage gross weekly wage	
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Employee  Employee  Employee  Employee  Enter the I  Week no.  1 2 3 4 5 6 7 8	s contact email address  s date of hire (MM/DD/YYYY)  e's last day worked (MM/DD/YYYY)  s occupation Codes are available at ast 8 weeks of gross wages for the week ending date (MM/DD/YYYY)	Number of days worked	rage gross weekly wage	
Employee's Employee's Employee's Employee Employee Enter the I Week no.  1 2 3 4 5 6 7 8	s contact email address  s date of hire (MM/DD/YYYY)  e's last day worked (MM/DD/YYYY)  s occupation Codes are available at ast 8 weeks of gross wages for the worked (MM/DD/YYYY)  Week ending date (MM/DD/YYYY)  Calculated average gross	Number of days worked	Gross amount paid	
Employee  a. Employee  Employee  Employee  Enter the I  Week no.  1  2  3  4  5  6  7  8  a. Is the employee  In the employee	calculated average gross uployee Full-time or Part-time?  Te date of hire (MM/DD/YYYY)  Calculated average gross uployee on PFL waiver?	Number of days worked	Gross amount paid  Gross amount paid  Full-time Part-time Yes No SMTWTFS	
Employee  a. Employee  Employee  Employee  Enter the I  Week no.  1  2  3  4  5  6  7  8  a. Is the employee  In the employee	s contact email address  s date of hire (MM/DD/YYYY)  e's last day worked (MM/DD/YYYY)  s occupation Codes are available at ast 8 weeks of gross wages for the day worked (MM/DD/YYYY)  Week ending date (MM/DD/YYYY)  Calculated average gross uployee Full-time or Part-time?	Number of days worked	Gross amount paid  Gross amount paid  Full-time Part-time  Yes No	

## FORM PFL-1 - CONTINUED FROM PRIOR PAGE

	nployee's name	HE EMPLOYEE		Employee's date of birth (MM/DD/YYYY)	
ta. In the preceding 52 weeks has the emptoyee taken leave for:   In NYS Dooblity   PIL   Door Doseblity and PIL   None  ta. Enter the total number of weeks and days taken for both Disability and PPL in the last 52 weeks:    Very   Place provide specific dates for Deablity	rst name, middle initial,	last name)			
ta. In the preceding 52 weeks has the emptoyee taken leave for:   In NYS Dooblity   PIL   Door Doseblity and PIL   None  ta. Enter the total number of weeks and days taken for both Disability and PPL in the last 52 weeks:    Very   Place provide specific dates for Deablity	OT D. EMBI	OVER INFORMATI	1001/1		
ta. In the preceding 52 weeks has the employee taken leave for:   NYS Disability   PFL   Both Disability and PFL   None    1b. Enter the total number of weeks and days taken for both Disability and PFL in the last 52 weeks:    Weeks	KIB-EMPL	LOYER INFORMATI	ON (to be completed by e	employer) - continued from prior pa	ıge
Disability:    Disability:   Display   Please provide a pacific case for Disability   Please provide a pacific case for Disability	rm PFL-1 continue	d from prior page			
Please proofs specific dates for Deahity:    Doys					
Disability:    Disps	1b. Enter the total nu	ımber of weeks and days taken t	for both Disability and PFL in the last 52 wed	eks:	
PFL:    Cape		Weeks	Please provide specific dates for	r Disability:	
PFL:    Days	Disability:				
2. Is the employee taking Family Medical Leave Act (FMLA) concurrently with PFL? Yes No 3. PFL insurance carrier's name and mailing address  PFL insurance carrier's name and mailing address  PFL insurance carrier's name  Technology Insurance Company C/O AbSolve  Mailing address  PO. Box 1328  Oby, State  All PFL insurance carrier's telephone number (800) 401 - 2691  5. PFL policy number TDL10281277  TDL10281277  Idlimit the employee regularly works 20 or more hours per week and has been in employment for at least 26 consecutive weeks OR the employee regularly works less than 20 hours per week and has worked at least 175 days.  All yeses much knowney) 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 conceas for the purpose of misleading, information concorning any fact material branch, 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 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.		Days			
2. Is the employee taking Family Medical Leave Act (FMLA) concurrently with PFL? Yes No 3. PFL insurance carrier's name and mailing address  PFL insurance carrier's name and mailing address  PFL insurance carrier's name  Technology Insurance Company C/O AbSolve  Mailing address  PO. Box 1328  Oby, State  All PFL insurance carrier's telephone number (800) 401 - 2691  5. PFL policy number TDL10281277  TDL10281277  Idlimit the employee regularly works 20 or more hours per week and has been in employment for at least 26 consecutive weeks OR the employee regularly works less than 20 hours per week and has worked at least 175 days.  All yeses much knowney) 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 conceas for the purpose of misleading, information concorning any fact material branch, 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 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.		Wooke	Diago gravida apoiife del C	, DEL .	
Days  2. Is the employee taking Family Medical Leave Act (FMLA) concurrently with PFL? Yes No  3. PFL insurance carrier's name and mailing address  PFL insurance carrier's name  Technology Insurance Company C/O AbSolve  Wating address  P.O. Box 1328  Day, State  Mt. Laurel, NJ  3. PFL insurance carrier's telephone number (800) 401 - 2691  5. PFL policy number		WOONS	riease provide specific dates to	ITTL	
3. PFL insurance carrier's name and mailing address  PFL insurance carrier's name and mailing address  PFL insurance carrier's name  Technology Insurance Company C/O AbSolve  Mailing address  P.O. Box 1328  City, State  Mt. Laurel, NJ  A. PFL insurance carrier's telephone number (800) 401-2691  5. PFL policy number  TDL10281277  Claration and signature  Laffrim the employee regularly works 20 or more hours per week and has been in employment for at least 26 consecutive weeks 0R the employee 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 concease 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 sub 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.	PFL:	Days			
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Mt. Laurel, NJ  8. PFL insurance carrier's telephone number (800) 401 - 2691  5. PFL policy number	PFL insurance carrier's nan  Technology In	rier's name and mailing address			
Mt. Laurel, NJ  4. PFL insurance carrier's telephone number (800) 401 - 2691  5. PFL policy number	PFL insurance carrier's nan Technology In  Mailing address	rier's name and mailing address surance Company C/O A			
claration and signature  I affirm the employee regularly works 20 or more hours per week and has been in employment for at least 26 consecutive weeks 0R the employee 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.  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.	PFL insurance carrier's nan Technology In Mailing address P.O. Box 1328	rier's name and mailing address surance Company C/O A	AbSolve		
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Toyer's authorized signature  Date signed (MM/DD/YYYY)	PFL insurance carrier's nan Technology In  Mailing address P.O. Box 1328  City, State Mt. Laurel, NJ  4. PFL insurance carr  5. PFL policy number  claration and signature I affirm the employee and has worked at lea  Any person who knowic conceals for the purpo	rier's name and mailing address  surance Company C/O A  rier's telephone number (80  r TDL10281277  regularly works 20 or more hours per ust 175 days.  ngly and with intent to defraud any insuse of misleading, information concerning	Zip code 08054  0) 4 0 1 - 2 6 9 1  week and has been in employment for at least 26 co	Country (if not U.S.A.)  Insecutive weeks OR the employee regularly works less than 20 hours per insurance or statement of claim containing any materially false information	n, or
loyer's authorized signature Date signed (MM/DD/YYYY)	PFL insurance carrier's nan Technology In  Mailing address P.O. Box 1328  City, State Mt. Laurel, NJ  4. PFL insurance carrier's nan Technology In  Mailing address P.O. Box 1328  City, State Mt. Laurel, NJ  4. PFL insurance carrier's nan Technology In  4. PFL insurance carrier's nan Technology In  Experimental State of the purpoes and has worked at lead to the purpoes of the pur	rier's name and mailing address  surance Company C/O A  rier's telephone number (80  r TDL10281277  regularly works 20 or more hours per ust 175 days.  ngly and with intent to defraud any insuse of misleading, information concernin nd the stated value of the claim for each	AbSolve  Zip code 08054  0) 4 0 1 - 2 6 9 1  week and has been in employment for at least 26 co brance company or other person files an application for g any fact material thereto, commits a fraudulent insure h such violation.	Country (if not U.S.A.)  Insecutive weeks OR the employee regularly works less than 20 hours per insurance or statement of claim containing any materially false information ance act, which is a crime, and shall also be subject to a civil penalty not to the containing and the con	n, or to exceed
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