

Request for New York Paid Family Leave

Military Qualifying Event (*MET-PFL-5*)

Name of employee requesting PFL

First name	Middle initial	Last name	PFL claim number
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SECTION 1: Military qualifying event *(to be completed by employee)*

Name of military member on covered active duty or call to covered active duty status

1. First name	Middle initial	Last name
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Military member's

2. Mailing address	City	State	ZIP
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Country *(if not U.S.A.)*

3. Date of birth *(mm/dd/yyyy)*

4. Gender

Male Female Not designated/Other

5. Period of military member's covered active duty

From date *(mm/dd/yyyy)*

To date *(mm/dd/yyyy)*

6. The above-named military member is employee's

Spouse Domestic partner Child Parent

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 to covered active duty status:

Covered active duty orders

Letter of impending call to covered duty

Documentation of military leave signed by the approving authority for military member's Rest and Recuperation

Qualifying reason for leave

8. Describe the reason employee is requesting PFL due to a qualifying event

9. Written documentation supporting this request for leave is available and attached?

Yes No None available

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.

Name of employee requesting PFL

First name	Middle initial	Last name	PFL claim number
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Leave for meetings (if applicable)

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.

Name of individual with whom employee is meeting

10. First name	Middle initial	Last name
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11. Title	12. Organization
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13. Mailing address	City	State	ZIP
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Country (<i>if not U.S.A.</i>)	14. Phone number (<i>provide area or country code</i>)
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15. Fax number (<i>provide area or country code</i>)	16. Email address
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17. Describe nature of meeting:

18. Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (*e.g., one deployment-related meeting every month*)

If the PFL request is to meet with a third party (*such as to arrange child care or parental care, attend counseling, etc.*), enter the meeting information, including the meeting's purpose, with whom it will take place, and contact information. Attach supporting documentation for each meeting.

SECTION 2: 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.

Sign Here	Signature of Employee	Date (<i>mm/dd/yyyy</i>)
	_____	_____

Military Qualifying Event (*Form MET-PFL-5*) Form Instructions

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

The employee must identify the family member called to service, provide a copy of the member's active or impending 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 name and full SSN and claim number.

Enter the military member's information, and indicate the military member's relationship to the employee.

Question 5: Enter dates of expected military covered active duty.

Question 7: Documentation that shows that the military member is on covered active duty or is on impending call 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 of impending call to covered duty; OR
- Documentation of military leave signed by the approving authority for military member's Rest and Recuperation.

Qualifying Reason for Leave

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 duty." If the explanation 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 and claim number 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.

Leave for Meetings (*if applicable*)

If the PFL request is to meet with a third party (such as to arrange child care or parental care, attend counseling, etc.), enter the meeting information, including the meeting's purpose, with whom it will take place, and contact information. Attach supporting documentation for each meeting.