



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

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) / /

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/ /

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

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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)

/ /