



**To Use Washington Paid Family And Medical Leave To:
Bond with a newborn, a newly adopted or fostered child**

Complete Form WA PFML-1

- Complete WA PFML-1, Part A
- Provide WA PFML-1 to employer
- Employer completes WA PFML-1, Part B and returns to you within 3 days

Complete Form WA PFML-2

- Complete WA PFML-2 and collect supporting documentation

Send forms and documents

- Send completed forms and supporting documentation to The Standard
- The Standard accepts or denies claim within 14 days

Please keep a copy of all pages for your records.

- To request Washington Paid Family And Medical Leave (WA PFML), the employee requesting WA PFML must complete Part A of the *Request For Washington Paid Family And Medical Leave* (Form WA PFML-1). All items on the form are required unless noted as optional. The employee then provides the form to the employer to complete Part B.
- The employer completes Part B of the *Request For Washington Paid Family And Medical Leave* (Form WA PFML-1) and returns it to the employee within three days.
- Additional forms are required depending on the type of leave being requested. The employee requesting leave is responsible for the completion of these forms.
- The employee submits the completed *Request For Washington Paid Family And Medical Leave* (Form WA PFML-1) with the required additional form to The Standard. The employee should retain a copy of each submitted form for their records.

PART A - EMPLOYEE INFORMATION (to be completed by the employee)

The employee requesting WA PFML must complete all required information.

Washington Paid Family And Medical Leave (WA PFML) Request (to be completed by the employee)

Question 10: Family member means a child, grandchild, grandparent, parent, sibling, or spouse of an employee.

Child includes a biological, adopted, or foster child, a stepchild, child's spouse, or a child to whom the employee stands in loco parentis, is a legal guardian, or is a de facto parent, regardless of age or dependency status.

Grandchild means a child of the employee's child.

Grandparent means a parent of the employee's parent.

Parent means the biological, adoptive, de facto, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse, or an individual who stood in loco parentis to an employee when the employee was a child.

Spouse means a husband or wife or state registered domestic partner.

Question 11: If dates are "Continuous", the employee must provide the start and end dates of the requested WA PFML. These dates should be the actual dates that the WA PFML will begin and end. If uncertain, estimate the start and end dates and indicate "Dates are estimated". If dates are "Periodic", enter the dates WA PFML will be taken. Please be as specific as possible. If the dates are unknown or estimated, indicate "Dates are estimated".

If dates are estimated, The Standard may require you to submit a request for payment after the WA PFML day is taken. Payment for approved claims will be due as soon as possible but in no event more than 14 days from the date of the completed request.

Question 12: Date employer was notified. If the employee is submitting the WA PFML request to their employer with less than 30 days' advance notice from the start date of the WA PFML, the employee must explain why 30 days' notice could not be given. 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 their date of birth at the top of the attachment.

Employment Information (to be completed by the employee)

Question 14: Enter the date of hire to the best of the employee's recollection. If it has been more than a year since the date of hire, entering the year in which employment started is sufficient.

Question 18: List all other income you will be receiving while on WA PFML. Include the type/name of income and how much. Example PTO from employer for \$500.00 a week.

If you are pre-submitting form: Indicate if the employee is pre-submitting their WA PFML request. Pre-submitting is defined as submitting the application in advance of an upcoming qualifying event, with certain required information missing due to the information being unknown at the time of the submitting. If pre-submitting is permitted by The Standard, the missing information must be supplied as soon as it is known. Benefits cannot be determined until all of the required information is provided.

The Standard will provide the employee a notice within five days which 1) states the claim is pending; 2) identifies what information is missing; 3) instructs how to submit the missing information. **Once all information is supplied, The Standard has 14 days to pay or deny the claim.**

If The Standard does not permit pre-submitting, The Standard must return the Request for Washington Paid Family And Medical Leave within five days to the employee with an explanation that the claim should be re-submitted when all information is available.

Employee signs and dates, before giving this form to their employer to complete Part B.

PART B - EMPLOYER INFORMATION (to be completed by the employer)

The employer of the employee requesting WA PFML must complete all information in Part B.

Question 2: If a Social Security Number is used for the Federal Employer Identification Number (FEIN), enter the Social Security Number.

Question 8. You can call the state or check through the employer portal for this information.

“Wage” or “wages” means: For the purpose of payment of benefits, the remuneration paid by one or more employers to an employee for employment during the employee’s qualifying period.

“Employee’s average weekly wage” means the quotient derived by dividing the employee’s total wages during the two quarters of the employee’s qualifying period in which total wages were highest by twenty-six. If the result is not a multiple of one dollar, we will round the result to the next lower multiple of one dollar.

Question 9. You can call the state or check through the employer portal for this information. The state will have hours from all employers the employee has worked. Typical workweek hours means: (a) For an hourly employee, the average number of hours worked per week by an employee since the beginning of the qualifying period; and (b) Forty hours for a salaried employee, regardless of the number of hours the salaried employee typically works.

For salaried employees, the number of hours worked in a week are assumed to be forty, regardless of how many hours are actually worked. Typical workweek hours are determined by multiplying the number of weeks in the qualifying period the employee held the salaried position by forty, adding any other hours that were not salaried, if any, and then dividing that amount by fifty-two. For all other employees, typical workweek hours are determined by dividing the sum of all hours reported in the qualifying period by fifty-two.

Qualifying period means the first four of the last five completed calendar quarters or, if eligibility is not established, the last four completed calendar quarters immediately preceding the application for leave.

Affirmation employee is eligible for WA PFML: To be eligible for any family and medical leave, an employee must be in employment in the state of WA for eight hundred twenty hours during the qualifying period, by an employer with a voluntary plan or an employer utilizing the state family and medical leave plan. An employee qualifies for benefits under an employer’s voluntary plan after the employee works at least three hundred forty hours for the current employer, unless this requirement is waived by the employer.

Employer signs and dates, and then returns to the employee requesting WA PFML within three business days.

Be sure to complete the appropriate additional WA PFML form(s) based on the type of WA PFML leave being requested.

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)	Employee's date of birth (MM/DD/YYYY)
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PART A - EMPLOYEE INFORMATION (to be completed by the employee)

1. Employee's legal name (first name, middle initial, last name)		2. Other last names, if any, under which employee has worked		
3. Employee's mailing address Street		City	State	Zip Code
4. Employee's Social Security Number or TIN		5. Employee's date of birth (MM/DD/YYYY)		6. Employee's primary telephone number ()
7. Employee's preferred email address while on WA PFML (if available)			8. Employee's gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not designated/Other	
9. Reason for WA PFML request: <input type="checkbox"/> Bond with child <input type="checkbox"/> Care for family member <input type="checkbox"/> Military qualifying event <input type="checkbox"/> Own serious health condition				
10. The family member is employee's: <input type="checkbox"/> Child (biological, adopted, foster, stepchild or child's spouse) <input type="checkbox"/> Spouse or registered domestic partner <input type="checkbox"/> Sibling <input type="checkbox"/> Parents and legal guardians (or spouse's parent) <input type="checkbox"/> Grandparent (or spouse's grandparent) <input type="checkbox"/> Grandchild				
11. Will WA PFML be for a continuous period of time and/or periodic? <input type="checkbox"/> Continuous _____ / _____ / _____ _____ / _____ / _____ <input type="checkbox"/> Dates are estimated <small style="margin-left: 40px;">WA PFML start date (MM/DD/YYYY)</small> <small style="margin-left: 100px;">WA PFML end date (MM/DD/YYYY)</small>				
Identify dates periodic WA PFML will be taken: <input type="checkbox"/> Periodic _____ <input type="checkbox"/> Dates are estimated				
12. Date employer was notified. If providing less than 30 day's advance notice to the employer, please explain:				

Employment Information (to be completed by the employee)

13. Business name		14. Employee's date of hire (MM/DD/YYYY)		
15. Employee's work location Street address				
City		State	Zip code	Country (if not U.S.A.)
16. Employer's telephone number for contact regarding this request. ()		17. Is employee currently receiving Workers' Compensation Lost Wage Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. List pay you will be receiving while on WA PFML, source of pay and amount.				
19. Have you taken any leave in the last 52 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. If yes list dates and type of leave.		

Disclosure statement: Information regarding WA PFML benefits received by the employee, such as payments received and types of leave, will be provided to the employer.

Declaration and signature

An individual is disqualified for benefits for any week he or she has knowingly and willfully made a false statement or representation involving a material fact or knowingly and willfully failed to report a material fact and, as a result, has obtained or attempted to obtain any benefits under the Washington Paid Family And Medical Leave Law.

I am hereby making a request for paid family and medical leave benefits under the Washington State Paid Family And Medical Leave 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)
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I am submitting this form in advance (see instructions about pre-submitting). I understand the insurance carrier will contact me to advise how to submit the required missing information.

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)	Employee's date of birth (MM/DD/YYYY)
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PART B - EMPLOYER INFORMATION (to be completed by the employer)

1. Business's full legal name and mailing address			
Mailing address			
City	State	Zip code	Country (if not U.S.A.)
2. Employer's FEIN			
3. UBI Number		4. Employer's contact name for questions related to WA PFML	
5. Employer's contact telephone number ()	6. Employer's contact email address		7. Employee's date of hire (MM/DD/YYYY)
8. Employee's Average Weekly Wage as provided by Washington state for WA PFML			
9. Employee's Typical Work Week Hours as provided by Washington state for WA PFML			
10. Check Days Normally Worked <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
10a. Is employee hourly or salaried? <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried			
11a. When reporting employee wages to the state of Washington, do you include sick leave, PTO, or any other income as wages? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11b. If yes which ones?			
12. What type of paid benefits will the employee receive while on WA PFML?			
13. Is the employee taking federal Family Medical Leave Act (FMLA) concurrently with WA PFML? <input type="checkbox"/> Yes <input type="checkbox"/> No		14. WA PFML policy number	
WA PFML insurance carrier's name and mailing address Standard Insurance Company PO Box 3877 Portland, OR 97208 866-751-5174 Fax			
Declaration and signature <input type="checkbox"/> I affirm the employee meets the eligibility for Washington Paid Family And Medical Leave, unless I have waived this requirement. I am the person authorized to sign as the employer of the employee requesting WA PFML. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.			
Employer's authorized signature		Date signed (MM/DD/YYYY)	
Title			

If the employee is requesting Washington Paid Family And Medical Leave (WA PFML) to bond with a newborn, an adopted child or a foster child, the employee must submit the *Bonding Certification (Form WA PFML-2)* with the *Request For Washington Paid Family And Medical Leave (Form WA PFML-1)*.

BONDING CERTIFICATION (to be completed by the employee)

The employee requesting WA PFML must complete all applicable requested information.

Send completed forms and supporting documentation to The Standard.

If this form is being submitted in advance (pre-submitting) and some information is unknown, the insurance carrier will contact the employee and explain how to provide the required additional information.

Question 1 & 2: If the form is submitted to the WA PFML insurance carrier prior to the birth of a child, this is considered pre-submitting. The employee is then required to provide the required documentation of the child's birth to the WA PFML insurance carrier. The WA PFML carrier will tell the employee how to provide the required additional documentation.

There may be instances where WA PFML can be taken before the adoption or foster care is finalized. For example, the employee may be required to appear in court or travel to another country as part of the adoption or foster care process. The employee should include documentation to show that the WA PFML is necessary to further the adoption or foster care.

Question 5: See chart below for documentation details. Unless specified, do not send the original documents.

Bonding Form/Certification	Description
Health care provider certification of pregnancy	An original letter obtained from the birth mother's health care provider that certifies pregnancy. It should include the mother's name and the expected due date.
Health care provider certification of birth	An original letter obtained from the birth mother's health care provider that includes the mother's name and child's date of birth.
Birth Certificate	A copy of the certificate issued by the city or county office in which the child is born.
Voluntary Acknowledgment of Paternity	A copy of the form that establishes legal fatherhood when the parents are unmarried. Completed by both mother and father.
Court Order	Documentation of the order from the family court that names the father of a child. Establishes legal fatherhood when the parents are unmarried. Completed by both mother and father.
Marriage Certificate	A copy of the official statement issued by the town or city clerk from which the marriage certificate was issued.
Civil union/domestic partner's documentation	A copy of the certificate of civil union or domestic partnership.
Foster care placement letter	A copy of the letter of foster care placement issued by the county or city department of social services or authorized voluntary foster care agency.
Court documents of adoption	A copy of the court document finalizing adoption or documentation in furtherance or court order finalizing adoption.
Other documentation	Other documentation of parental relationship may be accepted if none of the others listed apply.

TO BE COMPLETED BY THE EMPLOYEE

Employee's legal 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 Street			
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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not designated/Other	3. Does child live with the employee requesting WA PFML? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 Paternity; 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)

Declaration and signature

An individual is disqualified for benefits for any week he or she has knowingly and willfully made a false statement or representation involving a material fact or knowingly and willfully failed to report a material fact and, as a result, has obtained or attempted to obtain any benefits under the Washington Paid Family And Medical Leave 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)
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