TheStandard®

Reset

Standard Insurance Company
866.756.8116 Tel 866.751.5174 Fax
PO Box 3877 Portland OR 97208

Applying For Paid Family And Medical Leave (PFML)

To Use Paid Family And Medical Leave To:
Assist family members due to another family member's active military duty or impending active duty abroad

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

Complete Form PFML-5
- ☐ Complete PFML-5 and collect supporting documentation

Send forms and documents
- ☐ Send completed forms and supporting documentation to The Standard
- ☐ The Standard accepts or denies claim within 5 days once a complete claim is received.

Please keep a copy of all pages for your records.

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Request For Minnesota Paid Family And Medical Leave (Form MN PFML-1) Instructions

- To request Minnesota Paid Family And Medical Leave (MN PFML), the employee requesting MN PFML must complete Part A of the *Request For* Minnesota *Paid Family And Medical Leave* (Form MN 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 Minnesota Paid Family And Medical Leave* (Form MN 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 Minnesota Paid Family And Medical Leave* (Form MN 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 MN PFML must complete all required information.

Minnesota Paid Family And Medical Leave (MN PFML) Request (to be completed by the employee)

Question 9: Bonding Leave means PFML taken within 12 months after a Child's birth, adoption or placement of a foster child, except that, in the case where the Child must remain in the hospital longer than the birth parent, the PFML must end within 12 months after the Child leaves the hospital. Bonding leave also includes PFML taken before the actual placement or adoption of a Child in situations that include but are not limited to where the Employee may be required to:

1. attend counseling sessions;
2. appear in court;
3. consult with the attorney or doctors representing the birth parent;
4. submit to a physical examination; or
5. travel to another country to complete an adoption.

Family Care Leave means PFML taken by an Applicant to care for a Family Member with a Serious Health Condition or to care for a Family Member who is a Military Member.

Safe leave means PFML from work because of domestic abuse, sexual assault, or stalking of the Applicant or Applicant's Family Member, provided the PFML is to:

1. seek medical attention related to the physical or psychological injury or disability caused by domestic abuse, sexual assault, or stalking;
2. obtain services from a victim services organization;
3. obtain psychological or other counseling;
4. seek relocation due to the domestic abuse, sexual assault, or stalking; or
5. seek legal advice or take legal action, including preparing for or participating in any civil or criminal legal proceeding related to, or resulting from, the domestic abuse, sexual assault, or stalking.

Qualifying Exigency means a need arising out of a Military Member's active duty service or notice of an impending call or order to active duty in the United States armed forces, including providing for the care or other needs of the Family Member's child or other dependent, making financial or legal arrangements for the Family Member, attending counseling, attending military events or ceremonies, spending time with the Family Member during a rest and recuperation leave or following return from deployment, or making arrangements following the death of the Military Member.

Medical Care Related to Pregnancy means prenatal care or Incapacity due to pregnancy or recovery from childbirth, stillbirth, miscarriage, or related health conditions.

Medical Leave means PFML taken by an Applicant that is made necessary by the Applicant's own Serious Health Condition which renders them unable to work.

Question 10: Family Member means the Applicant's: spouse or Domestic Partner; Child; Parent; sibling; Grandchild; Grandparent; son-in-law or daughter-in-law; and an individual who has a personal relationship with the Applicant that creates an expectation and reliance that the Applicant care for the individual without compensation, whether or not the Applicant and the individual reside together.

Child means means an Applicant's child, including a biological child, adopted child, foster child, stepchild, child of a domestic partner, or child to whom the Applicant stands In Loco Parentis, is a legal guardian, or is a de facto custodian.

Grandchild means the Applicant's, the Applicant's spouse's or the Applicant's Domestic Partner's child of a Child.

Grandparent means the Applicant's, the Applicant's spouse's or the Applicant's Domestic Partner's parent of a Parent.

Parent means the Applicant's, the Applicant's spouse's, or the Applicant's Domestic Partner's biological, adoptive, de facto custodian, or foster parent, stepparent, or legal guardian, or an individual who stood In Loco Parentis to an Applicant when the Applicant was a child.

Question 11: If dates are "Continuous", the employee must provide the start and end dates of the requested MN PFML. These dates should be the actual dates that the MN PFML will begin and end. If uncertain, estimate the start and end dates and indicate "Dates are estimated".

If dates are "Intermittent", enter the dates MN PFML will be taken. Please be as specific as possible. If the dates are unknown or estimated, indicate "Dates are estimated".

If the employee is working a consistent but reduced work schedule for multiple weeks, provide the days/hours of leave needed for MN PFML. If uncertain, estimate the frequency of leave and indicate "Dates are estimated".

Question 12: Date employer was notified. If the employee is submitting the MN PFML request to their employer with less than 30 days' advance notice from the start date of the MN 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.

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

Payment for approved claims will be due 14 calendar days from the date of the claim decision.

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 MN 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: Wages means compensation for an Employee's employment with the Employer under Minn. Stat. §268.035, subdivision 29.

Wage Credits means the amount of Wages Paid within an Applicant's Base Period for Covered Employment.

Average Weekly Wage means an amount equal to the Applicant's high quarter Wage Credits divided by 13. [For Applicants that have changed employers within the Base Period, the average weekly wage is calculated based on the highest quarter of Wages in the Base Period.]

Base Period means the most recent four quarters in which Wage Credits were earned with the Employer as provided by the Employer. If an Employer does not have four quarters of wage detail information, the Employer must accept an Employee's certification of wage credits, based on the Employee's records. If the Employee does not provide certification of additional wage credits, the Employer may use a base period that consists of all available quarters. The base period is calculated once during the Benefit Year.

Typical Workweek means the average number of hours worked per week by an Employee within the last two quarters prior to the Effective Date of Application**.**

Question 11: Wage Continuation is an employer's continued payment of an employee's regular salaried wages during a period of PFML leave.

Question 12: To qualify for reimbursement from us, the Employer must pay Wage continuation to the Covered Individual that is equal to or greater than the Weekly Benefit Amount.

The Employer is not eligible for reimbursement of vacation, sick pay, paid time off or disability insurance paid to the Applicant.

Question 13: No PFML Benefits are payable for any portion of a typical work week for which the Applicant is receiving or has received Minnesota unemployment insurance benefits**.**

Affirmation employee is eligible for MN PFML:

To be eligible for any family and medical leave, an employee must be a Covered Employee and have wage credits of at least 5.3 percent of the state's average annual wage rounded down to the next lower $100.

"Covered employment" means performing services of whatever nature, unlimited by the relationship of master and servant as known to the common law, or any other legal relationship performed for wages or under any contract calling for the performance of services, written or oral, express or implied.

Covered employment means an employee's entire employment during a calendar year if:

(1) 50 percent or more of the employment during the calendar year is performed in Minnesota; or

(2) 50 percent or more of the employment during the calendar year is not performed in Minnesota or any other single state within the United States, or United States territory or foreign nation, but some of the employment is performed in Minnesota and the employee's residence is in Minnesota during 50 percent or more of the calendar year.

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

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

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Request For Minnesota Paid Family And Medical Leave (Form MN PFML-1)

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)	Employee's date of birth (MM/DD/YYYY)

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	Country (if not USA)

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 MN PFML (if available)	8. Employee's gender ☐ Male ☐ Female ☐ Not designated/Other

9. Reason for MN PFML request:
Bonding Leave: ☐ New child ☐ Adoption/Foster child
☐ Care for Family Member with a Serious Health Condition ☐ Safe Leave ☐ Qualifying Military Exigency
☐ Own Serious Health Condition due to pregnancy ☐ Own Serious Health Condition (other)

10. The family member is employee's: ☐ Child ☐ Spouse ☐ Sibling ☐ Parent ☐ Grandparent ☐ Grandchild ☐ Son-in-law or Daughter-in-law
☐ Individual who has a personal relationship with the Applicant that creates an expectation and reliance that the Applicant care for the individual without compensation, whether or not the Applicant and the individual reside together.

11. Will MN PFML be used for a Continuous period of time, Intermittently and/or on a Reduced Leave Schedule?
☐ Continuous _____ / _____ / _____ _____ / _____ / _____ ☐ Dates are estimated
start date (MM/DD/YYYY) end date (MM/DD/YYYY)

☐ Intermittent (separate, non-consecutive time)
Days/hours(s) requested: _____ ☐ Dates are estimated

☐ Reduced Leave Schedule (consistent but reduced work schedule for multiple weeks)
Days/hours(s) requested: _____ ☐ Dates are estimated
(example: 2 days per week, or 4 hours per day, or every Monday)

Employment Information (to be completed by the employee)

12. Date employer was notified. If providing less than 30 day's advance notice to the employer, please explain:

13. Business name	14. Employee's date of hire (MM/DD/YYYY)	14a. Employee's last day of work (MM/DD/YYYY)

15. Has your employment ended? If so, what was your termination date?

16. Employee's work location Street address

City	State	Zip code	Country (if not U.S.A.)

17. Employer's telephone number for contact regarding this request. ( )	18. Are you receiving Workers' Compensation, Unemployment Insurance Benefits or Social Security disability benefits? ☐ Yes ☐ No

19. List income or financial benefits you will be receiving while on MN PFML, source of pay and amount.

20. Have you had a decrease in wages during the last 12 months? ☐ Yes ☐ No
If yes, was it with your current Employer? ☐ Yes ☐ No

21. Have you taken any leave in the last 12 months? ☐ Yes ☐ No	22. If yes list dates and type of leave.

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

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Request For Minnesota Paid Family And Medical Leave (Form MN PFML-1)

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)	Employee's date of birth (MM/DD/YYYY)

Declaration and signature
Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

Employee's signature	Date signed (MM/DD/YYYY)

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. Employer's EIN	4. Employer's contact name for questions related to MN PFML

5. Employer's contact telephone number ( )	6. Employer's contact email address

7a. Employee's date of hire (MM/DD/YYYY)	7b. Employee's last day of work (MM/DD/YYYY)

8a. Employee's Average Weekly Wage _____

8b. Is employee subject to Social Security taxes? ☐ Yes ☐ No Medicare taxes? ☐ Yes ☐ No

8c. Has employee met the annual limit to Social Security max. contribution? ☐ Yes ☐ No ☐ N/A

9. Check Days Normally Worked ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Indicate Hours Normally Worked _____ _____ _____ _____ _____ _____ _____

10. List the dates of any period a week or longer that the employee is not scheduled or able to work due to lapses in seasonal operations, school breaks, or other suspensions or cessations of business operations while on PFML leave, including federal, state, local or Employer designated holidays: (example: December 18 - January 1 and March 25 - March 31 or N/A if not applicable)

_____

11. Will Wage continuation be paid to the Covered Individual that is equal to or greater than the Weekly Benefit Amount? ☐ Yes ☐ No
If yes, provide dates: _____

12. If employee received or will receive wage continuation while on MN PFML, will employer be requesting reimbursement? ☐ Yes ☐ No
If yes, provide dates: _____

13. Has the employee filed for Workers' Compensation Benefits or Unemployment Benefits? ☐ Yes ☐ No
If yes, provide benefit dates: _____

14. Has the employee received, or eligible to receive, severance pay? ☐ Yes ☐ No
If yes, provide benefit amount: _____

15. MN PFML policy number

MN PFML insurance carrier's name and mailing address
Standard Insurance Company PO Box 3877, Portland, OR 97208 866-751-5174 Fax

Declaration and signature

☐ I affirm the employee meets the eligibility requirements for Minnesota Paid Family and Medical Leave.

I am the person authorized to sign as the employer of the employee requesting MN 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

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Paid Family And Medical Leave Certification for Military Exigency (Form PFML-5)

Employee's Name			
Employee's Mailing Address Street	City	State	Zip Code
Relationship of covered military member to employee			
Address of covered military member on active duty or call to active duty status	City	State	Zip Code
Name of covered military member on active duty or call to active duty status	Dates of covered military member's active duty service		

Please check one of the following:

☐ A copy of the covered military member's active duty orders is attached.

☐ Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached. Such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs.

☐ I have previously provided my employer with sufficient documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.

Description of qualifying exigency *(On page 2 of this form is the description of a "qualifying exigency." Does the need for leave qualify under any of the categories described? If so, please check the applicable category.)*

☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)

Describe the reason you are requesting leave due to a qualifying exigency (including the specific reason you are requesting leave):

Approximate date exigency commenced or will commence _____

Probable duration of exigency _____

Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? ☐ Yes ☐ No

If so, estimate the beginning and ending dates for the period of absence _____

Will you need to be absent from work periodically to address this qualifying exigency? ☐ Yes ☐ No

Estimate the frequency and duration of each period of absence due to the qualifying exigency (e.g. 3x per month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hour(s) or _____ day(s) per event

Declaration and signature

I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 3 of this form.

Signature of Employee	Date

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PFML Description of a Qualifying Exigency

Eligible employees may take Paid Family And Medical Leave (PFML) while the employee's spouse, child, or parent is on active duty or call to active duty status for one or more of the following qualifying exigencies:

A need arising out of a covered individual's family member's active duty service or notice of an impending call or order to active duty in the Armed Forces including, but not limited to,

1. Short-Notice Deployment
2. Military Events and Related Activities
3. Childcare and School Activities
4. Arrangements for Family Care
5. Financial and Legal Arrangements
6. Counseling
7. Rest and Recuperation
8. Post-Deployment Activities
9. Family Member Injured in Combat
10. Additional qualifying events as defined in the federal Family and Medical Leave Act.

The fraud notices shown apply to your paid family and medical leave claim submissions.

COLORADO

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

CONNECTICUT

Under penalties of perjury, I declare that to the best of my knowledge and belief, the information contained herein is true, correct, and complete. Any false statements or other failure to provide truthful, accurate, and complete information may result in monetary and other penalties as well as the possibility of criminal prosecution.

DELAWARE

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

MASSACHUSETTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW YORK

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.

OREGON

Any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

ALL OTHER STATES

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

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Minnesota Paid Family and Medical Leave (PFML) Voluntary Tax Withholding Request

We want to offer you the option to address any tax obligation by providing the ability to voluntarily request tax obligations withdrawn from your Minnesota PFML benefit. You can have both Federal and Minnesota State tax withheld from your Paid Family and Medical Leave Benefits. Taxes will be withheld after deductions are taken.

- Withholding Federal and/or Minnesota State Tax is voluntary. 10% of your benefits would be withheld for Federal taxes and 6.25% would be withheld for Minnesota State taxes.
  - If you do not have Federal and/or Minnesota State income tax withheld, you may need to make estimated quarterly tax payments.
- The Federal and Minnesota State Tax withheld during the year will be reported on a Tax Form that is mailed after the end of the year.

You can stop the tax withholding at any time during your benefit claim.

- If you do not want to have income tax withheld from your weekly benefits, you do not have to return this form.
- Any monies you have withheld cannot be returned to you except by the Federal or State government as part of your income tax refund.

To **start or stop** withholding 10% Federal and/or 6.25% Minnesota State Income Tax, complete the form below and return it to The Standard at PO Box 3877, Portland OR 97208.

Type or print: SSN: ___ ___ _____

First Name M.I. Last Name

Home Address (Number and Street or Rural Route)

City or Town State Zip Code

Telephone Number: ( ) –

Check All Boxes That Apply

- ☐ **Start** withholding 10% Federal Income Tax.
- ☐ **Stop** withholding 10% Federal Income Tax.
- ☐ **Start** withholding 6.25% MN State Income Tax.
- ☐ **Stop** withholding 6.25% MN State Income Tax.

Signature: _____ **Date:** _____

Declaration and signature: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

Print