



Family and Medical Leave
Insurance Program (FAMLI)
COLORADO

Safe Leave

If you work in Colorado, you can submit a claim for the Colorado Paid Family and Medical Leave Insurance (FAMLI) benefits. Arch Insurance will review all submitted claims to determine your eligibility for benefits. The employee who is applying for leave must complete this certification. This certification will be shared with Arch Insurance and your employer*.

Before you apply for CO FAMLI...



Check eligibility requirements for leave

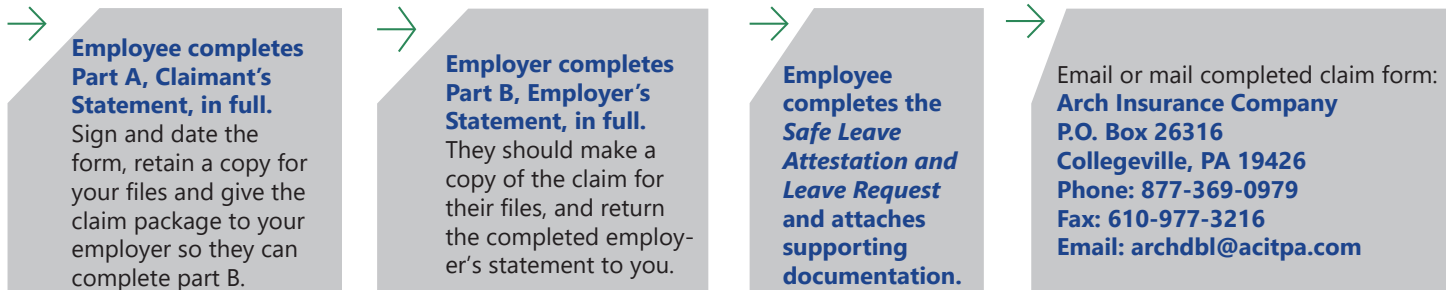


Plan your leave. Leave can be taken continuously (a/k/a block leave), intermittently, or on a reduced leave schedule, in accordance with CO FAMLI.



Notify your CO employer at least 30 days before the start of leave (if the leave is foreseeable). Otherwise, notify your employer as soon as possible.

Complete your claim form(s) and attach required documentation



Application for Colorado Family and Medical Leave Insurance (FAMLI) | Safe Leave

Part A: Employee Information

(to be completed by the employee requesting leave)

- 1 **Employee's Legal Name:** _____
(First Name, Middle Initial, Last Name)
- 2 **Employee's Mailing Address:**
Street _____
Address line 2 _____
City _____ State | ____ | Zip | ____ | ____ | ____ | ____ |
- 3 **Social Security Number:** ____ - ____ - ____
- 4 **Employee's Date of Birth:**

m	m	d	d	y	y	y	y
__	__	__	__	__	__	__	__

 /

__	__	__	__
__	__	__	__

*Benefits described within are underwritten by Arch Insurance Company, NAIC #11150, a member company of Arch Insurance Group Inc. ("Arch"). Please refer to your policy for detailed terms and conditions. The information you provide to Arch on this form will be used to administer FAMLI benefits. In order to process your claim application, and determine your eligibility and benefit amount, Arch may share your information with your current and/ or past employer(s), and FAMLI Partners.

Visit archinsurance.com/disability or call 877-369-0979 for more information.

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Part A Continued

5 **Employee's Gender:** ☐ Male ☐ Female ☐ Non-Designated / Other

6 **Employee's Phone #:** (_ _ _) - | _ _ _ | - | _ _ _ _ |

7 **Employee's Email Address:** _____

8 **The Family Member's Relationship to the Employee (Claimant) is:**

☐ Self ☐ Spouse ☐ Parent or Spouse's Parent ☐ Grandparent or Spouse's Grandparent

☐ Grandchild ☐ Child (of any age) or Child's Spouse ☐ Sibling or Spouse's Sibling ☐ Domestic Partner

☐ Person with whom the employee has a significant bond that is or is like a family relationship

9 **Employer Information:**

Name _____

Street _____

Address line 2 _____

City _____

State | _ _ | **Zip** | _ _ _ _ _ |

Avg # Hours Worked/Week | _ | **Avg # Days Worked/Week** | _ | **Avg Wages (\$)** | _ |

9a **List all additional employers from the past year:**

Employer #1 Name _____

Street _____

Address line 2 _____

City _____ **State** | _ _ | **Zip** | _ _ _ _ _ |

Period of Employment:

From | ^m _ ^m _ / | ^d _ ^d _ / | ^y _ ^y _ ^y _ ^y _ | **To** | ^m _ ^m _ / | ^d _ ^d _ / | ^y _ ^y _ ^y _ ^y _ |

Avg # Hours Worked/Week | _ | **Avg # Days Worked/Week** | _ | **Avg Wages (\$)** | _ |

Employer #2 Name _____

Street _____

Address line 2 _____

City _____ **State** | _ _ | **Zip** | _ _ _ _ _ |

Period of Employment:

From | ^m _ ^m _ / | ^d _ ^d _ / | ^y _ ^y _ ^y _ ^y _ | **To** | ^m _ ^m _ / | ^d _ ^d _ / | ^y _ ^y _ ^y _ ^y _ |

Avg # Hours Worked/Week | _ | **Avg # Days Worked/Week** | _ | **Avg Wages (\$)** | _ |

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Part B: Employer Information

(to be completed by the employer for the above named employee requesting FAMLI)

1 Employer Information:

Business's Full Legal Name: _____

Street _____

Address line 2 _____

City _____ State | ____ | Zip | ____ | ____ | ____ |

Country (if not USA): _____

2 Policy Number: _____

3 Business's Federal Employer Identification Number (FEIN): _____

4 Employer contact person (Name & Title) for this leave request: _____

5 Contact Phone #: (____) - | ____ | - | ____ |

6 Contact email address: _____

7 Employee's current employment status:

☐ Actively employed-not terminated☐ Terminated from employment — Date termed: | ^m ____ | ^d ____ / | ____ | ____ / | ^y ____ | ^y ____ | ^y ____ |

8 Date employee was hired:

Date: | ^m ____ | ^d ____ / | ____ | ____ / | ____ | ____ | ^y ____ | ^y ____ |

9 Last day worked before leave:

Date: | ^m ____ | ^d ____ / | ____ | ____ / | ____ | ____ | ^y ____ | ^y ____ |

10 Has the employee returned to work?

☐ Yes ☐ NoReturn to work date: | ^m ____ | ^d ____ / | ____ | ____ / | ____ | ____ | ^y ____ | ^y ____ | ☐ Actual ☐ Estimated

11 Employee's Job Title and Description: _____

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Part B Continued

12 Please check the appropriate boxes:

☐

Exempt

☐

Non Exempt

☐

Full Time

☐

Part Time

☐

Hourly

Hrs/Wk: _____

13 Colorado ("CO") Employment Verification:

a. Are the employee's earnings reported at year end on IRS form W-2?

☐

Yes

☐

No (answer question 13b)

b. Is the employee subject to Unemployment Insurance obligations in CO?

☐

Yes

☐

No (answer question 13c)

c. Is the employee's service localized (performed entirely) within CO?

☐

Yes

☐

No (answer question 13d)

d. If services are not localized, is the employee's base of operations in CO, and some of the work is performed in CO?

☐

Yes

☐

No (answer question 13e)

e. If there is no base of operations, does the employee perform some of the services within CO and receive direction and control from CO?

☐

Yes

☐

No (answer question 13f)

f. If there is no place of direction and control, no localized services and no base of operations in CO, does the employee reside in CO?

☐

Yes

☐

No

14 Select the days of the week the employee usually works and supply the number of hours typically scheduled to work each day.

☐

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

☐

Saturday

☐

Sunday

____ hrs/day

____ hrs/day

____ hrs/day

____ hrs/day

____ hrs/day

____ hrs/day

____ hrs/day

15 Provide the employee's earnings history for the prior 5 completed calendar quarters preceding the request for leave:

Quarter Ending (mm/yyyy)	Gross Wages (\$)

16 Will leave be utilized continuously or intermittently or on a reduced leave schedule? Provide details below.

Block Leave/Continuous Leave:

Start date
(mm/dd/yyyy)

Through
(mm/dd/yyyy)

Dates requested:

Intermittent Leave:

Frequency of leave:

(eg: 2 days per week, or 4 hours per day, or every Monday)

Reduced Leave Schedule:

Questions?

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Safe Leave Attestation

Important directions for completing your request for benefits:

To request benefits under Colorado FAMLI, you must complete this form and return it to us with your Application and other supporting document(s) as described below. Incomplete or missing information may result in a delay in claim processing.

Section 1: Employee Information - For Completion by the Employee

1 **Employee's Legal Name:** _____
(First Name, Middle Initial, Last Name)

2 **Social Security Number:** _ _ _ - _ _ - _ _ _

Section 2: Attestation of Need for Safe Leave

"Safe Leave" means any leave because the employee or the employee's family member is the victim of domestic violence, the victim of stalking, or the victim of sexual assault or abuse.

- "Domestic violence" means any conduct that constitutes "domestic violence" as set forth in C.R.S. § 18-6-800.3 (1) or § 14-10-124 (1.3)(a) or "domestic abuse" as set forth in § 13-14-101 (2).
- "Stalking" means any act as described in C.R.S. § 18-3-602.
- "Sexual assault or abuse" means any offense as described in C.R.S. § 16-11.7-102 (3), or sexual assault, as described in § 18-3-402, committed by any person against another person regardless of the relationship between the actor and the victim.

1 **ATTESTATION:** I attest that I am in need of Safe Leave as follows (check those that apply):

- ☐ I am a victim of domestic violence, stalking, or sexual assault or abuse as defined above.
- ☐ My family member identified below is a victim of domestic violence, stalking, or sexual assault or abuse as defined above.
- Name: _____ Relationship to me: _____

Employee's Signature: _____

Date: | m | / | d | / | y | y | y | y |

Section 3: Reason(s) for Leave and Requested Dates/Duration

If approved, you may take leave for one or more of the following reasons. For each reason checked, you must provide the anticipated dates and times of your leave and the supporting documentation indicated. **See also** the Note about Other Supporting Documentation at the end of this section.

I need leave for the following reason(s). Complete all that apply:

- ☐ **Seeking a civil protection order to prevent domestic violence pursuant to sections C.R.S. §§ 13-14-104.5, 13-14-106, or 13-14-108.**

Date(s) and duration of each instance of leave. Provide an estimate if exact information is not yet available and notify us as soon as practicable once it becomes available:

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Safe Leave Attestation - Continued

Describe and attach supporting documentation provided (*examples: court hearing notice or order, evidence of attorney appointments, statement from victim services or advocacy group*):



Obtaining medical care or mental health counseling or both for me or my child(ren) to address physical or psychological injuries resulting from the act of domestic violence, stalking, or sexual assault or abuse.

Date(s) and duration of each instance of leave. Provide an estimate if exact information is not yet available and notify us as soon as practicable once it becomes available:

Describe and attach supporting documentation provided (*examples: evidence of medical or counseling appointments*):



Making my home or my family member's home secure from the perpetrator of the act of domestic violence, stalking, or sexual assault or abuse, or seeking new housing to be escape the perpetrator.

Date(s) and duration of each instance of leave. Provide an estimate if exact information is not yet available and notify us as soon as practicable once it becomes available:

Describe and attach supporting documentation provided (*examples: evidence of moving, new rental home, security company appointment or installation, or written and signed statement from the family member of assistance with these tasks*):



Seeking legal assistance to address issues arising from the act of domestic violence, stalking, or sexual assault or abuse or attending and preparing for court-related proceedings arising from the act or crime.

Date(s) and duration of each instance of leave. Provide an estimate if exact information is not yet available and notify us as soon as practicable once it becomes available:

Describe and attach supporting documentation provided (*examples: court hearing notice or order, evidence of attorney appointments, statement from victim services or advocacy group*):

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Safe Leave Attestation - Continued

NOTE: Other Supporting Documentation.

- For all leave reasons, we may require other reasonable information or documentation necessary to adjudicate your claim for benefits.
 - Instead of the above examples of documentation, you may also support your leave request with a written and signed statement that you are taking leave for one of the purposes provided by the FAMLI Act. If you choose this option, include your statement in the checked section(s) above (use the extra space below or additional pages if needed) or provide your statement as a separate document.
-

Section 4: Employee Signature

I attest the information provided above is correct, the documentation I am providing is true and accurate, and I am in need of Safe Leave as provided by the Colorado Family and Medical Leave Insurance Act.

Employee's Signature:

Date: | ^m | ^m | / | ^d | ^d | / | ^y | ^y | ^y | ^y |

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