



# Certification of Child Bonding transitioning directly from Maternity Leave

If you work in Massachusetts, you can apply for Paid Family and Medical Leave (PFML). Arch Insurance will review all applications 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\*.

#### This form is required for...

Maternal leave
to bond with a child transitioning
directly from maternity leave

### This form is not required for...



Medical leave

due to your own serious health condition



Family leave

to care for a family member with a serious health condition related to military service.



**Family leave** 

to care for a family member with a serious health condition related to military service.

#### How to use this form

The employee who is applying for paid leave should complete all questions.



The employee should submit the completed form for paid leave. The contents of this form will be shared with both Arch Insurance and your employer.

#### \*Employee

Print your name, SS# and Maternity Claim # (if received) at the top of **Page 1** before submitting.



Send the **entire form** and supporting documentation to Arch Insurance. Benefits may be delayed or denied with-out proper certification documentation.

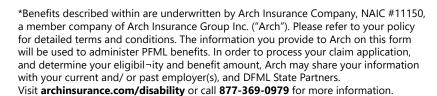
#### \*Employee



Email or mail completed claim form to:

Arch Insurance Company P.O. Box 26316, Collegeville, PA 19426 Phone: 877-369-0979 | Fax: 610-977-3216

Email: archdbl@acitpa.com





from Maternity Lea	ve	
*Employee Employe	ee applying for leave:	
Child Bondir	ng	
Information		
1 Social Security Nu	mber:	<del>_</del>
2 Maternity Claim N	umber:	
Childha Barras (Bird	m m d d y y y y th:  / /	
3 Child's Date of Birt	:n:  / /	I
4 Child's Gender:	Male Female Non-Design	nated / Other
4 Cinia 3 Gender:	- Water - Territor - World Besign	
5 Does child live with	h employee requesting PFL? Yes	No
6 Select one of the fe	ollowing documents and attach as required as eviden	ice of the relationship:
		•
Birth Mother:		
	provider certification of pregnancy (include ue date AND mother's name); OR	
Health care	provider certification of birth (include date	
	D mother's name); OR	
Child's birth	ı certificate	
7 Will leave be for a	continuous period of time and/or periodic?	
		Leave End Date
Continuous	Leave Start Date  m m d d y y y y	
	/   /	/   /
	Dates are estimated	
Periodic	Identify dates periodic leave will be taken:	

Dates are estimated

## **Paid Family & Medical Leave** | Certification of Child Bonding transitioning directly from Maternity Leave

\*Employee

**Employee applying for leave:** 

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 state value of the claim for each such violation.

I am hereby making a request for paid family leave benefits. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

8 Employee's Signature:

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