



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.

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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

*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 PFML 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 DFML State Partners. Visit archinsurance.com/disability or call **877-369-0979** for more information.

Questions? Contact us at **877-369-0979**
or find us online at archinsurance.com/disability

*Employee **Employee applying for leave:**

1 Child Bonding Information

1 **Social Security Number:** _ _ - _ - _ _ _ _

2 **Maternity Claim Number:** _____

3 **Child's Date of Birth:** | m m / | d d / | y y y y |

4 **Child's Gender:** Male Female Non-Designated / Other

5 **Does child live with employee requesting PFL?** Yes No

6 **Select one of the following documents and attach as required as evidence of the relationship:**

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 AND mother's name); OR
 - Child's birth certificate
-

7 **Will leave be for a continuous period of time and/or periodic?**

Continuous **Leave Start Date** **Leave End Date**

| m m / | d d / | y y y y | | m m / | d d / | y y y y |

Dates are estimated

Periodic **Identify dates periodic leave will be taken:** _____

Dates are estimated _____

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or find us online at archinsurance.com/disability

*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 |