

If you work in Maine, you can apply for the Maine Paid Family and Medical Leave Insurance 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\*.

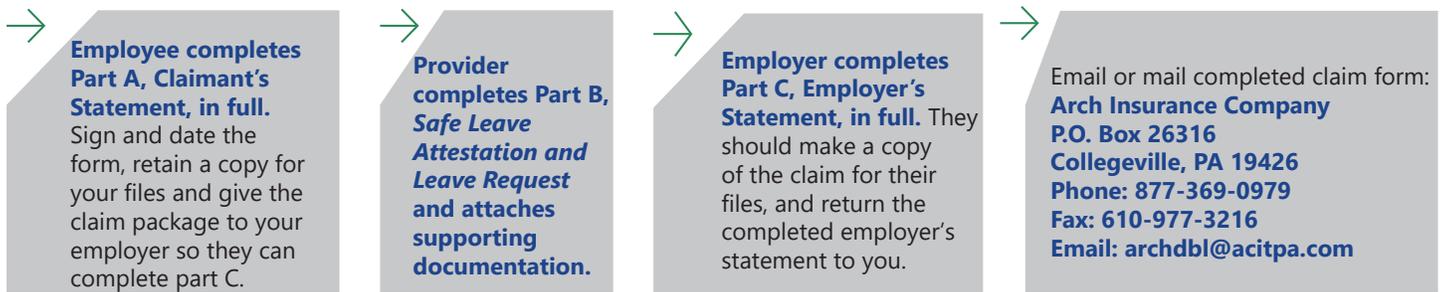
Before you apply for ME Paid Leave...

Check eligibility requirements for leave

Plan your leave. Leave can be taken continuously, intermittently, or on a reduced leave schedule, in accordance with ME Paid Family and Medical Leave.

Notify your ME employer within 60 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 Maine Paid Family and Medical Leave | 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 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 PFML 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

## Application for Maine Paid Family and Medical Leave | Safe Leave

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 | <sup>m</sup> | <sup>m</sup> / | <sup>d</sup> | <sup>d</sup> / | <sup>y</sup> | <sup>y</sup> | <sup>y</sup> | <sup>y</sup> | To | <sup>m</sup> | <sup>m</sup> / | <sup>d</sup> | <sup>d</sup> / | <sup>y</sup> | <sup>y</sup> | <sup>y</sup> | <sup>y</sup> |

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

Employer #2 Name \_\_\_\_\_

Street \_\_\_\_\_

Address line 2 \_\_\_\_\_

City \_\_\_\_\_

State | \_ \_ | Zip | \_ \_ \_ \_ \_ |

Period of Employment:

From | <sup>m</sup> | <sup>m</sup> / | <sup>d</sup> | <sup>d</sup> / | <sup>y</sup> | <sup>y</sup> | <sup>y</sup> | <sup>y</sup> | To | <sup>m</sup> | <sup>m</sup> / | <sup>d</sup> | <sup>d</sup> / | <sup>y</sup> | <sup>y</sup> | <sup>y</sup> | <sup>y</sup> |

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

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26-02-DBL14



## Application for Maine Paid Family and Medical Leave | Safe Leave

**Part B:** Safe Leave Attestation**Important directions for completing your request for benefits:**

To request Maine Paid Family and Medical Leave benefits, 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**

"Safety leave" means leave from work because of domestic abuse, sexual assault, or stalking of the applicant or applicant's family member.

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

- I am a victim of domestic abuse, stalking, or sexual assault or abuse as defined above.
- My family member identified below is a victim of domestic abuse, stalking, or sexual assault or abuse as defined above.

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

Date: | <sup>m</sup> | <sup>m</sup> | / | <sup>d</sup> | <sup>d</sup> | / | <sup>y</sup> | <sup>y</sup> | <sup>y</sup> | <sup>y</sup> |

**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:

- Seek medical attention related to the physical or psychological injury or disability caused by domestic abuse, sexual assault, or stalking.**

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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## Application for Maine Paid Family and Medical Leave | Safe Leave

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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**Obtain services from a victim services organization.**

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

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**Obtain psychological or other counseling.**

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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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*):

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**Seek relocation due to the domestic abuse, sexual assault, or stalking.**

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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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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26-02-DBL14

## Application for Maine Paid Family and Medical Leave | Safe Leave

**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.**

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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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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**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 PFML 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 Maine Paid Family and Medical Leave Act.

**Employee's Signature:**

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Date: | <sup>m</sup> | <sup>m</sup> | / | <sup>d</sup> | <sup>d</sup> | / | <sup>y</sup> | <sup>y</sup> | <sup>y</sup> | <sup>y</sup> |

## Application for Maine Paid Family and Medical Leave | Safe Leave

Employee's Name: \_\_\_\_\_

# Part C: Employer Information

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

## 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 &amp; 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: | <sup>m</sup> \_\_ <sup>m</sup> \_\_ / | <sup>d</sup> \_\_ <sup>d</sup> \_\_ / | <sup>y</sup> \_\_ <sup>y</sup> \_\_ <sup>y</sup> \_\_ |

## 8 Date employee was hired:

Date: | <sup>m</sup> \_\_ <sup>m</sup> \_\_ / | <sup>d</sup> \_\_ <sup>d</sup> \_\_ / | <sup>y</sup> \_\_ <sup>y</sup> \_\_ <sup>y</sup> \_\_ |

## 9 Last day worked before leave:

Date: | <sup>m</sup> \_\_ <sup>m</sup> \_\_ / | <sup>d</sup> \_\_ <sup>d</sup> \_\_ / | <sup>y</sup> \_\_ <sup>y</sup> \_\_ <sup>y</sup> \_\_ |

## 10 Has the employee returned to work?

 Yes  NoReturn to work date: | <sup>m</sup> \_\_ <sup>m</sup> \_\_ / | <sup>d</sup> \_\_ <sup>d</sup> \_\_ / | <sup>y</sup> \_\_ <sup>y</sup> \_\_ <sup>y</sup> \_\_ |  Actual  Estimated

## 11 Employee's Job Title and Description: \_\_\_\_\_

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# Application for Maine Paid Family and Medical Leave | Safe Leave

Employee's Name: \_\_\_\_\_

**12 Please check the appropriate boxes:**

Exempt   
 Non Exempt   
 Full Time   
 Part Time   
 Hourly   
**Hrs/Wk:** \_\_\_\_\_

**13 Maine ("ME") 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 ME?     Yes     No (answer question 13c)
- c. Is the employee's service localized (performed entirely) within ME?     Yes     No (answer question 13d)
- d. If services are not localized, is the employee's base of operations in ME, and some of the work is performed in ME?     Yes     No (answer question 13e)
- e. If there is no base of operations, does the employee perform some of the services within ME and receive direction and control from ME?     Yes     No (answer question 13f)
- f. If there is no place of direction and control, no localized services and no base of operations in ME, does the employee reside in ME?     Yes     No

**14 Select the days of the week the employee usually works:**

Monday   
 Tuesday   
 Wednesday   
 Thursday   
 Friday   
 Saturday   
 Sunday

**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 Provide the scheduled work hours from the last 4 weeks the employee reported to work prior to the leave:**

**Week 1** \_\_\_\_\_  
**Week 2** \_\_\_\_\_  
**Week 3** \_\_\_\_\_  
**Week 4** \_\_\_\_\_  
**Average:** \_\_\_\_\_

## Application for Maine Paid Family and Medical Leave | Safe Leave

Employee's Name: \_\_\_\_\_

### 17 Was 30 days advance given to you by the employee requesting foreseeable leave?

Yes  No

Date notice provided to employer: |       / |       / |             |

### 18 Has the employee received or claimed any of the following benefits for this leave?

Benefit Type	Received	Claimed	From (mm/dd/yyyy)	Through (mm/dd/yyyy)
a. Unemployment benefits (CESA)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b. Workers' Compensation due to work-related injury/illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c. Short term disability (STD)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d. Other (Sick/Vacation/PTO or other employer provided leave. Please specify.) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

### 19 Employer-provided Paid Leave during leave period

a. Will the employee be using any employer-provided paid leave **during the leave period requested?**

Yes (answer question b)  No

b. Will the employee be receiving wages **during all or a portion of the leave period requested?**

Yes (answer question i and ii)  No

i. provide detail on type of wages and the date(s) it will be paid for:

\_\_\_\_\_

ii. if yes, is reimbursement requested by employer?  Yes  No

\*Reimbursement is only available if employer continued salary during leave

**Note:** Employer reimbursement may be permitted if the employee's salary is being continued through some kinds of benefits payments made by the employer. Employer reimbursement is not permitted if the employee is using any employer-provided paid leave such as use of accrued vacation, sick, personal or parental leave.

### Declaration and Signature:

**NOTICE:** 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.

I am the person authorized to sign as the employer of the employee requesting benefits under the Maine Paid Family and Medical Leave. My signature affirms that to the best of my knowledge the information I have provided is true, accurate, 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.

Signature: \_\_\_\_\_

Date: |       / |       / |             |

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