Arch | Insurance

Minnesota Paid Leave
MINNESOTA

Military Exigency Leave

If you work in Minnesota, you can apply for the Minnesota Paid 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 MN 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 MN Paid Leave.

Notify your MN 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

Employee completes Part A, Claimant's Statement, in full. Sign and date the form, retain a copy for your files and give the claim package to your employer so they can complete part C.

Provider completes Part B, *Military Exigency Leave Attestation Form* and attaches supporting documentation.

Employer completes Part C, Employer's Statement, in full. They should make a copy of the claim for their files, and return the completed employer's statement to you.

Email or mail completed claim form:
Arch Insurance Company
P.O. Box 26316
Collegeville, PA 19426
Phone: 877-369-0979
Fax: 610-977-3216
Email: archdbl@acitpa.com

Application for Minnesota Paid Leave | Military Exigency 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 Minnesota Paid Leave | Military Exigency Leave

Part A Continued

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

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

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

8 **Employer Information:**

Name _____

Street _____

Address line 2 _____

City _____

State | __ __ | Zip | __ __ __ __ __ |

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

8a **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 ($) | __ |

Application for Minnesota Paid Leave | Military Exigency Leave

Part A Continued

9 **Will leave be for a continuous period of time, intermittent and/or reduced?**

☐ Continuous — Leave Start Date (m m / d d / y y y y) | Leave End Date (m m / d d / y y y y)

☐ Dates are estimated

☐ Intermittent — Identify dates intermittent leave will be taken: _____

☐ Dates are estimated _____

☐ Reduced — Leave Start Date: (m m / d d / y y y y)

Frequency of leave: _____

☐ Dates are estimated

10 **Was 30 days advanced notice given to your employer for this leave?**

☐ Yes — Date notice provided to employer (m m / d d / y y y y)

☐ No — Reason: _____

11 **Have you 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	☐	☐		
b. Workers' Compensation	☐	☐		
c. Short term disability (STD)	☐	☐		
d. Other (Sick/Vacation/PTO or other employer provided leave. Please specify.) _____	☐	☐		

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 further certify that if benefits are paid in excess of the amount to which I am entitled, I will return to the payor of such benefits, the amount that was overpaid, and I acknowledge that failure to do so may result in the accrual of interest and other penalties.
I am hereby making a request for benefits under the Minnesota Paid Leave program. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Employee's Signature: _____

Date: (m m / d d / y y y y)

End of Part A

Part B: Military Exigency Leave Attestation Form

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: About the Military Family Member

1 **Select the family member to you. The family member is your:**

- ☐ Child (of any age) ☐ Spouse ☐ Domestic Partner
- ☐ Parent or your Spouse/Domestic Partner's Parent
- ☐ Sibling or your Spouse/Domestic Partner's Sibling
- ☐ Grandparent or your Spouse/Domestic Partner's Grandparent
- ☐ Grandchild or your Spouse/Domestic Partner's Grandchild
- ☐ Person with whom the employee has a significant bond that is or is like a family relationship

Relationships include: biological, foster, adoptive, step, and in loco parentis relationships and the same relationships to the employee's spouse or domestic partner, if applicable.

2 **Family Member's Name:** _____
(First Name, Middle Initial, Last Name)

3 **Family Member's Mailing Address:**

Street _____

Address line 2 _____

City _____ State | __ __ | Zip | __ __ __ __ __ |

Section 3: About the Need for Qualified Exigency Leave

If approved, you may take leave for your Family Member's active-duty service or notice of an impending call or order to active-duty in the armed forces. **You must attach to this attestation** a copy of the Family Member's active-duty orders or other documentation issued by the military which indicates that the Family Member is on covered active duty or call to covered active-duty status such as official military correspondence from the military member's chain of command . For each reason checked, please submit supporting documentation or information to expedite processing your claim. We may require other reasonable information or documentation necessary to support your claim.

1 **I need leave for the following reason(s). Check all that apply:**

- ☐ Providing care or other needs of the military Family Member's Child or ☐ other Family Member
- ☐ Making financial or legal arrangements for the military Family Member.
- ☐ Attending counseling ☐ Attending military events or ceremonies
- ☐ Spending time with the military Family Member during a rest/recuperation leave or after returning from deployment.
- ☐ Making arrangements following the death of the military Family Member.

2 **Is written documentation supporting this request for leave available and attached?**

☐ Yes ☐ No ☐ None Available

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

Part B Continued on Next Page

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Section 4: Date, Duration and Frequency of Qualified Exigency Leave

Provide information concerning the amount of leave that is needed. Several questions in this section seek a response as to the frequency or duration of the Qualifying Exigency Leave needed. Be as specific as you can; terms such as "unknown" or "indeterminate" may not be sufficient to support paid leave coverage.

If you need differing leave dates/duration/frequency due to more than one qualifying exigency, please provide the information below as to each leave reason. You may use the space below, copies of this page, or additional pages.

1 **List the approximate date exigency started or will start:** _____ (mm/dd/yyyy)

2 **Provide your best estimate of how long the exigency will last. From:** _____ (mm/dd/yyyy) **to:** _____ (mm/dd/yyyy) .

Complete items 3,4, and/or 5 **as applicable:**

3 **Due to a qualifying exigency leave, I will need to be absent from work for a continuous period of time. Provide your best estimate of how long the exigency will last. From** _____ (mm/dd/yyyy) **to:** _____ (mm/dd/yyyy) .

4 **Due to the qualifying exigency, I will need to be absent from work on an intermittent basis (periodically). Provide your best estimate of how often (frequency) you will need to be absent and how long (duration) each appointment, meeting or leave event will last.**

From: _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy), I will be absent _____ times per ☐ day/ ☐ week/ ☐ month,

likely lasting approximately _____ ☐ hours/ ☐ days per episode.

5 **Due to a qualifying exigency, I need to work a reduced schedule. Provide your best estimate of the reduced schedule you are able to work.**

From: _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy), I am able to work _____ (e.g. 5 hours/day, up to 25 hours a week).

6 **Use this space to provide the information requested in 3, 4, or 5 as to additional exigency leave reasons, if more than one, and/or to provide any additional supporting information:**

_____

_____

Section 5: 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 Qualified Exigency Leave as provided by the Minnesota Paid Leave Act.

Employee Signature: _____

Date: _____

End of Part B

Application for Minnesota Paid Leave | Military Exigency 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 & 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 m / d d / y y y y | __ __ / __ __ / __ __ __ __ |

8 Date employee was hired:

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

9 Last day worked before leave:

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

10 Has the employee returned to work?

☐ Yes ☐ No

Return to work date: m m / d d / y y y y | __ __ / __ __ / __ __ __ __ | ☐ Actual ☐ Estimated

11 Employee's Job Title and Description:

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

Part C Continued on Next Page

Application for Minnesota Paid Leave | Military Exigency Leave

Employee's Name:

12 **Please check the appropriate boxes:**

☐ Exempt ☐ Non Exempt ☐ Full Time ☐ Part Time ☐ Hourly **Hrs/Wk:** _____

13 **Minnesota ("MN") 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 MN? ☐ Yes ☐ No (answer question 13c)

c. Is the employee's service localized (performed entirely) within MN? ☐ Yes ☐ No (answer question 13d)

d. If services are not localized, is the employee's base of operations in MN, and some of the work is performed in MN? ☐ Yes ☐ No (answer question 13e)

e. If there is no base of operations, does the employee perform some of the services within MN and receive direction and control from MN? ☐ Yes ☐ No (answer question 13f)

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

Part C Continued on Next Page

Application for Minnesota Paid Leave | Military Exigency 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: m m / d d / y y y y

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)	☐	☐		
b. Workers' Compensation due to work-related injury/illness	☐	☐		
c. Short term disability (STD)	☐	☐		
d. Other (Sick/Vacation/PTO or other employer provided leave. Please specify.)	☐	☐		

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 wage replacement **during all or a portion of the leave period request-**

☐ Yes (answer question i and ii) ☐ No

i. provide detail on type of wage replacement 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 Minnesota Paid Leave program. 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: m m / d d / y y y y

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or find us online at **archinsurance.com/disability**

End of Part C