



Minnesota Paid Leave

MINNESOTA

Safe 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

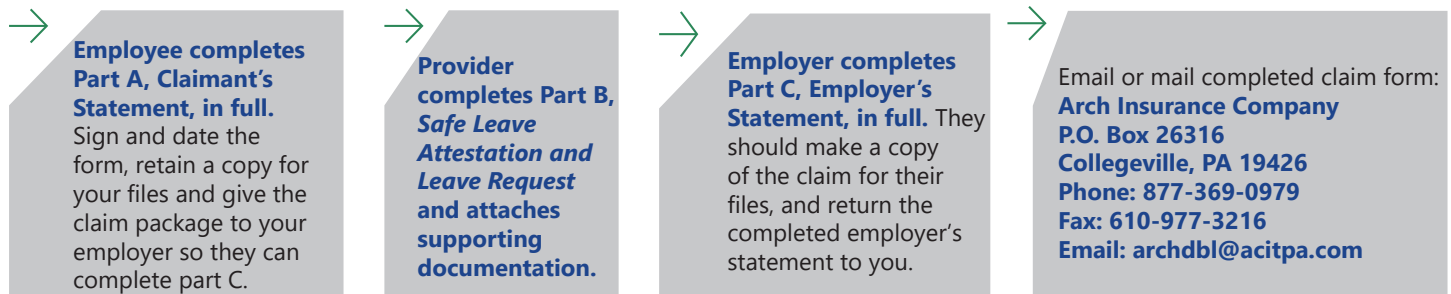


Plan your leave. Leave can be taken continuously, intermittently, or on a reduced leave schedule, in accordance with MN Paid Leave.



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



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

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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: Safe Leave Attestation

Important directions for completing your request for benefits:

To request Minnesota Paid 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: | ^m / | ^d / | ^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:

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

Application for Minnesota Paid 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*):



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:

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



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:

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*):



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:

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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- ☐ **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:

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

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 Minnesota Paid Leave Act.

Employee's Signature:

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

Application for Minnesota Paid 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 & 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:

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Part C Continued on Next Page

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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 (\$)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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: _____

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Employee's Name: _____

17 Was 30 days advance given to you by the employee requesting foreseeable leave?☐ Yes☐ NoDate 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 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 Act. 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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