

Bonding Certification (Form PFL-2) Instructions

If the employee is requesting PFL to bond with a newborn, an adopted child or a foster child, the employee must submit the *Bonding Certification (Form PFL-2)* with the *Request For Paid Family Leave (Form PFL-1)*.

BONDING CERTIFICATION (to be completed by the employee)

**The employee requesting PFL must complete all applicable requested information.
Send completed forms and supporting documentation to insurance carrier.**

If this form is being submitted in advance (pre-submitting) and some information is unknown, the insurance carrier will contact the employee and explain how to provide the required additional information.

Questions 1 & 2: If the form is submitted to the PFL insurance carrier prior to the birth of a child, this is considered pre-submitting. The employee is then required to provide the required documentation of the child's birth to the PFL insurance carrier. The PFL carrier will tell the employee how to provide the required additional documentation.

There may be instances where PFL can be taken before the adoption or foster care is finalized. For example, the employee may be required to appear in court or travel to another country as part of the adoption or foster care process. The employee should include documentation to show that the PFL is necessary to further the adoption or foster care.

Question 5: See chart below for documentation details. Unless specified, do not send the original documents.

| Bonding Form/Certification | Description |
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| Health care provider certification of pregnancy | An original letter obtained from the birth mother's health care provider that certifies pregnancy. It should include the mother's name and the expected due date. |
| Health care provider certification of birth | An original letter obtained from the birth mother's health care provider that includes the mother's name and child's date of birth. |
| Birth Certificate | A copy of the certificate issued by the city or county office in which the child is born. |
| Voluntary Acknowledgment of Paternity (Form LDSS-4418) | A copy of the form that establishes legal fatherhood when the parents are unmarried. Completed by both mother and father. For more information, see childsupport.ny.gov/dcse/aop_howto.html |
| Court Order of Filiation | A copy of the order from the family court that names the father of a child. Establishes legal fatherhood when the parents are unmarried. Completed by both mother and father. For more information, visit childsupport.ny.gov/dcse/aop_howto.html |
| Marriage Certificate | A copy of the official statement issued by the town or city clerk from which the marriage certificate was issued. |
| Civil union/domestic partner's documentation | A copy of the certificate of civil union or domestic partnership. |
| Foster care placement letter | A copy of the letter of foster care placement issued by the county or city department of social services or authorized voluntary foster care agency. |
| Court documents of adoption | A copy of the court document finalizing adoption or documentation in furtherance or court order finalizing adoption. |
| Other documentation | Other documentation of parental relationship may be accepted if none of the others listed apply. |

Notification Pursuant to the New York Personal Privacy Protection Law (Public Officers Law Article 6-A) and the Federal Privacy Act of 1974 (5 USC 552a).

The Workers' Compensation Board's (Board's) authority to request that employees provide personal information, including their social security number or tax identification number, is derived from the Board's administrative authority under Workers' Compensation Law section 142. This information is collected to assist the Board in investigating and administering claims in the most expedient manner possible and to help it maintain accurate records. Providing your social security number or tax identification number to the Board is voluntary. The Board will protect the confidentiality of all personal information in its possession, disclosing it only in furtherance of its official duties and in accordance with applicable state and federal law.



TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name) _____

Employee's date of birth (MM/DD/YYYY) / /

Other last names, if any, under which employee has worked _____

Employee's Social Security Number or TIN - -

Employee's mailing address

Mailing address

City, State Zip code Country (if not U.S.A.)

BONDING CERTIFICATION (to be completed by the employee)

1. **Child's date of birth** (MM/DD/YYYY) / /

2. **Child's gender** Male Female Not designated/Other

3. **Does child live with the employee requesting PFL?** Yes No

4. **Child is employee's:** Biological child Stepchild Foster child Adopted child Legal ward Spouse/Domestic partner's child

5. **Select one of the following and attach the document as required as evidence of the relationship.**

Parent of newborn child:

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 of child AND mother's name); OR

Child's birth certificate

Other parent:

Copy of birth certificate naming second parent; OR

Voluntary acknowledgment of paternity; OR

Court order of filiation; OR

Birth mother documents (see above) PLUS one of the following:

Marriage certificate; OR

Certificate of civil union; OR

Evidence of domestic partnership

OR; Other documentation of parental relationship

Foster parent:

Letter of foster care placement or anticipated placement issued by county or city department of Social Services or authorized voluntary foster care agency

Adoptive parent:

Court document finalizing adoption

Documentation in furtherance of adoption

6. **Date of foster care or adoption placement, if applicable** (MM/DD/YYYY) / /

Form PFL-2 continued on next page

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

Employee's date of birth (MM/DD/YYYY)

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BONDING CERTIFICATION (to be completed by the employee) - continued from prior page

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Declaration and signature

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 stated value of the claim for each such violation.

I am hereby making a request for paid family leave benefits under the NYS Workers' Compensation Law. 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 signed (MM/DD/YYYY)

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