

Standard Security Life Insurance Company P.O. Box 25339, Farmington, NY 14425 Phone: 800-477-0087 | Fax: 585-398-2854

Request For Paid Family Leave Military Qualifying Event (Form PFL-5)

Email: claims@sslicny.com INSTRUCTIONS INCLUDED WITH FORM

TO BE COMPLETED BY THE EMPLOYEE  Employee's name (first name, middle initial, last name)	E	mployee's date of birt	h (MM/DD/YYYY)			
		1 1				
Other last names, if any, under which employee has	worked E	mployee's Social Sec	urity Number or TIN			
Employee's mailing address						
Mailing address						
City, State		Zip code	Country (if not U.S.A.)			
MILITARY QUALIFYING EVENT (to be completed)	eted by the emp	oyee)				
Name of military member on covered active d deployment) (first name, middle initial, last name)	uty or impending	g call to covered activ	e duty status (international			
doptoymenty (mot name, made mina, natriame)						
2. Military member's date of birth (MM/DD/YYYY)	1	,				
3. Military member's gender Male Female	e Not designate	ed/Other				
4. Military member's mailing address						
Mailing address						
City, State	Zip co	ndo.	Country (if not U.S.A.)			
City, State	Zip cc	oue	Country (ii flot 0.5.A.)			
5. The above-named military member is employed	5. The above-named military member is employee's: Spouse Domestic partner Child Parent					
6. Period of military member's covered active duty (MM/DD/YYYY)						
/ / to / /						
7. Please select one of the following and attach the indicated document to support that the military member is on						
covered active duty or impending call or order to covered active duty status:  Covered active duty orders  Letter of impending call or order to covered duty  Documentation of military leave signed by the approving						
authority for military member's Rest and Recuperation						
Qualifying Reason For Leave (to be completed	ted by the emplo	oyee)				
8. What is the reason employee is requesting PF	<b>FL?</b> (One or more real	asons may be selected.)				
Arranging for child care  Acting as military member's representative before a federal, state, or local agency for purpose of obtaining, arranging, or appealing military service benefits						
Attane		ored by the military or military				
Counseling  Making financial arrangements  Other						
Making legal arrangements						
8a. If short notice deployment, provide the exact	date the military	member received not	tification:			
(MM/DD/YYYY) / / /						
	í .		Form PFL-5 continued on next page			

FORM PFL-5 - CONTINUED FROM PRIOR PAGE Standard Security Life Insurance Company P.O. Box 25339, Farmington, NY 14425 Phone: 800-477-0087 | Fax: 585-398-2854 | Email: claims@sslicny.com

Employee's name (first name, middle initial, last name)  Employee's date of birth (MM/DD/YYYY)		
9. Written documentation supporting this request for leave is available and attached?  Yes No None Available  Note: A complete and sufficient certification to support a request for PFL leave due to a qualifying event includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. If leave is requested to meet with a third party, the employee must provide the supporting documentation of the meeting that includes the name, address, appropriate contact information of the individual or entity with whom you are meeting (i.e., either telephone number, fax number, or email address of the individual or entity).  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		Employee's date of birth (MM/DD/YYYY)
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Date signed (MM/DD/YYYY)	Employee's signature	Date signed (MM/DD/WWW)
		Date signed (MIW/DD/TTTT)

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e's date of birth (MM					
e's Social Security I	Number or TIN				
de	Country (if not U.S.A.)				
counseling, making financ	cial or legal arrangements, acting as the grailitary service benefits, or attending				
equired meeting/eve	ent.				
Name of individual with whom employee is meeting  Title					
Organization					
Country (	if not U.S.A.)				
	required meeting/ever				