

Type of PFL Claim Who is Filing	Forms to be Completed and sent to Arch	Required Certification (send to Arch with Claim form)
Bonding with Child Birth Mother Filing	PFL-1 (REQUEST FOR PFL) Part A. Employee Completes Part B. Employer Completes PFL-2 (BONDING CERTIFICATION) Employee Completes	(1) INFANT'S BIRTH CERTIFICATE; OR (2) IF A BIRTH CERTIFICATE IS UNAVAILABLE, DOCU- MENTATION OF PREGNANCY OR BIRTH FROM A HEALTH CARE PROVIDER THAT INCLUDES THE MOTH- ER'S NAME AND THE CHILD'S DUE OR BIRTH DATE.
Bonding with Child Other Parent Filing (e.g. father)	PFL-1 (REQUEST FOR PFL) Part A. Employee Completes Part B. Employer Completes PFL-2 (BONDING CERTIFICATION) Employee Completes	(1) IF AVAILABLE, A BIRTH CERTIFICATE THAT NAMES THE PARENT REQUESTING LEAVE; (2) IF PARENT IS NOT NAMED ON THE BIRTH CERTIFICATE, A VOLUNTARY ACKNOWLEDGMENT OF PATERNITY OR COURT ORDER OF FILIATION; (3) IF THE DOCUMENTS IN (1) OR (2) ARE NOT AVAILABLE, THEN THE EMPLOYEE MUST PROVIDE (A) A COPY OF DOCUMENTATION OF PREGNANCY OR BIRTH FROM A HEALTH CARE PROVIDER THAT INCLUDES THE MOTHER'S NAME AND THE CHILD'S DUE OR BIRTH DATE, AND (B) A SECOND DOCUMENT VERIFYING THE PARENT'S RELATIONSHIP WITH THE BIRTH MOTHER (I.E., MARRIAGE CERTIFICATE, CIVIL UNION DOCUMENTS, OR DOMESTIC PARTNER DOCUMENTS). (4) IF THE DOCUMENTS IN (B) ARE NOT AVAILABLE, A PARENT MAY SUBMIT OTHER DOCUMENTARY EVIDENCE OF PARENTAL RELATIONSHIP FOR EVALUATION ON A CASE-BY-CASE BASIS.
Bonding with Child Foster Parent Filing	PFL-1 (REQUEST FOR PFL) Part A. Employee Completes Part B. Employer Completes PFL-2 (BONDING CERTIFICATION) Employee Completes	(1) LETTER OF FOSTER CARE PLACEMENT ISSUED BY COUNTY OR CITY DEPARTMENT OF SOCIAL SERVICES OR LOCAL VOLUNTEER AGENCY. (2) IF THE EMPLOYEE IS NOT NAMED IN THE PLACEMENT DOCUMENT, THE EMPLOYEE SHOULD SUBMIT: (A) A COPY OF THE DOCUMENT DEMONSTRATING PLACEMENT, AND (B) A SECOND DOCUMENT VERIFYING THE RELATIONSHIP TO THE PARENT NAMED IN THE DOCUMENT (I.E., MARRIAGE CERTIFICATE, CIVIL UNION DOCUMENTS, OR DOMESTIC PARTNERSHIP DOCUMENTS).
Bonding with Child Adoptive Parent Filing	PFL-1 (REQUEST FOR PFL) Part A. Employee Completes Part B. Employer Completes PFL-2 (BONDING CERTIFICATION) Employee Completes	(1) COURT DOCUMENT INDICATING THAT ADOPTION IS IN PROCESS OR IS BEING FINALIZED, OR (2) FOR LEAVE TAKEN PRIOR TO ADOPTION, A DOCUMENT DEMONSTRATING THAT THE ADOPTION PROCESS IS UNDERWAY, INCLUDING BUT NOT LIMITED TO, A SIGNED STATEMENT FROM AN ATTORNEY, ADOPTION AGENCY, OR ADOPTION RELATED SOCIAL SERVICE PROVIDER THAT THE EMPLOYEE IS IN THE PROCESS OF ADOPTING A CHILD. (3) IF THE SECOND PARENT IS NOT NAMED IN THE DOCUMENTS REFERENCED IN (1) AND (2) ABOVE, THE EMPLOYEE MUST PROVIDE: (A) A COPY OF THE DOCUMENT DEMONSTRATING ADOPTION, AND (B) A SECOND DOCUMENT VERIFYING THE RELATIONSHIP TO THE PARENT NAMED IN THE DOCUMENT (I.E. MARRIAGE CERTIFICATE, CIVIL UNION DOCUMENTS, OR DOMESTIC PARTNERSHIP DOCUMENTS).



Type of PFL Claim	Forms to be Completed and sent to Arch	Required Certification (send to Arch with Claim form)
Family Member Care (Spouse, Domestic partner, Child, Parent, Parent in-law, Grandparent, Grandchild)	PFL-1 (REQUEST FOR PFL) Part A. Employee Completes Part B. Employer Completes PFL-3 (Release of Personal Health Information) This form allows the health care provider to complete the PFL-4 form and release it to the employee seeking PFL benefits. The health care provider will retain this form, you do not need to send the PFL-3 to Arch. PFL-4 (Health Care Provider Certification for care of a family members with a serious health condition) Health Care Provider completes the PFL-4 form	No additional documentation is required. The completed and signed PFL-1 and PFL-4 forms must be sent to Arch for evaluation.
Military Qualifying Event (Spouse, Domestic partner, Child or Parent)	PFL-1 (REQUEST FOR PFL) Part A. Employee Completes Part B. Employer Completes PFL-5 (Military Qualifying Event) Employee Completes	COPY OF THE MILITARY MEMBER'S ACTIVE DUTY ORDERS OR LETTER OF IMPENDING CALL TO COVERED DUTY OR DOCUMENTATION OF MILITARY LEAVE SIGNED BY THE APPROVING AUTHORITY FOR MILITARY MEMBER'S REST AND RECUPERATION SEE FORM PFL 5 - INSTRUCTIONS FOR ADDITIONAL INFORMATION