

Military Assist Certification To be completed by person claiming PFL benefits	Paid Family Leave <hr/> Employer Name	Email or Fax to: TRISTAR Tel: 844/702-2352 Fax: 562/495-6687 Email: ICSFax@tristargroup.net
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MILITARY ASSIST CERTIFICATION – TO BE COMPLETED BY PERSON CLAIMING PFL BENEFITS

Your Legal Name (First, Middle, Last):

Your Social Security Number:	Name of Military Member on Covered Active Duty or Impeding Call to Covered Active Duty Status (First, Middle, Last):
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Military Member's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Military Member's Date of Birth:
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Military Member's Mailing address:	City, State, Zip:
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Last four digits of Military Member's Social Security Number:	Period of Military Member's Covered Active Duty: ____ / ____ / ____ to ____ / ____ / ____
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Date Military Member was Notified of Covered Active Duty:

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

The Qualifying Event for the PFL claim is to: (One or more reasons may be selected)

<input type="checkbox"/> Provide/arrange childcare for Military Member's Child	<input type="checkbox"/> Provide/arrange care for Military Member's Parent
<input type="checkbox"/> Attend Counseling	<input type="checkbox"/> Make financial/legal arrangements
<input type="checkbox"/> Assist Military Member during rest and recuperation leave	<input type="checkbox"/> Attend military event
<input type="checkbox"/> Represent Military Member at federal, state, or local agencies	<input type="checkbox"/> Address issues due to Military Member's death
<input type="checkbox"/> Other : _____	

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 that supports the need for leave. 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, an appointment with a third party (i.e., a counselor, 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, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either phone number, fax number, or email address of the individual or entity).

Declaration and Signature. By my signature on this military assist certification, I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements or documents, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

Original Signature of Military Assist Claimant (DO NOT PRINT):

Date Signed (MM/DD/YYYY)

QUALIFYING EVENT FOR LEAVE - DOCUMENTATION

If leave is requested to meet with a third party, the employee must provide supporting documentation of the meeting that includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the phone number, fax number or email address of the individual or entity). The reason for a meeting can include: arranging for child or parental care, counseling, making financial or legal arrangements, acting as the military member's representative before a federal, state or local agency for purposes of obtaining, arranging or appealing military service benefits, or attending any event sponsored by the military or military service organizations.

PLEASE SUBMIT SUPPORTING DOCUMENTATION, IF APPLICABLE

Your Legal Name (First, Middle, Last):

Name of Individual with Whom Claimant is Meeting:

Title:

Organization:

Phone number (provide area or country code):

Fax number (provide area or country code):

Email Address:

Mailing Address:

City, State, Zip:

Describe nature of meeting including dates, if known: