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| <p align="center">Bonding Certification</p> <p align="center">To be completed by person claiming PFL benefits to bond with a child</p> | <p align="center">Paid Family Leave</p> <hr/> <p align="center">Employer Name</p> | <p>Email or Fax to: TRISTAR</p> <p>Tel: 844/702-2352 Fax: 562/495-6687 Email: ICSFax@tristargroup.net</p> |
| <p align="center">BONDING CERTIFICATION – TO BE COMPLETED BY PERSON CLAIMING PFL BENEFITS TO BOND WITH A CHILD</p> | | |
| <p>Your Legal name (First, Middle, Last):</p> | | |
| <p>Your Social Security Number:</p> | <p>Child's Date of Birth:</p> | <p>Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> |
| <p>Child's Social Security Number (if available):</p> | <p>Child is my: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Other</p> | |
| <p>Date of foster care or adoption placement (if applicable):</p> | <p>Child's Legal Name (first, middle, last):</p> | |
| <p>Child's Residence Address:</p> | <p>City, State, Zip:</p> | |
| <p>As evidence of the relationship as stated above, check one of the following and attach a copy of the document checked.</p> <p> <input type="checkbox"/> Child's Birth Certificate <input type="checkbox"/> Certificate of Placement, AD-907 <input type="checkbox"/> Child's Hospital Discharge Record <input type="checkbox"/> Child's Passport showing immigration and naturalization service stamp I-551 <input type="checkbox"/> Declaration of paternity, CS-909 <input type="checkbox"/> Independent Adoption Placement Agreement, AD-924 <input type="checkbox"/> Foster Care Placement Record, SOC-815 <input type="checkbox"/> Other <input type="checkbox"/> Hospital Proof of Birth Letter </p> | | |
| <p>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.</p> | | |
| <p>Original Signature of Bonding Claimant (NO STAMP):</p> | <p>Date Signed: (MM/DD/YYYY)</p> | |