



**To Use Paid Family And Medical Leave To:  
Bond with a newborn, a newly adopted or fostered child**

**Complete Form PFML-1**

- Complete PFML-1, Part A
- Provide PFML-1 to employer
- Employer completes PFML-1, Part B and returns to you within 3 days

**Complete Form PFML-2**

- Complete PFML-2 and collect supporting documentation

**Send forms and documents**

- Send completed forms and supporting documentation to The Standard
- The Standard accepts or denies claim within 5 days once a complete claim is received.

**Please keep a copy of all pages for your records.**

- To request Maine Paid Family And Medical Leave (ME PFML), the employee requesting ME PFML must complete Part A of the *Request For Maine Paid Family And Medical Leave* (Form ME PFML-1). All items on the form are required unless noted as optional. The employee then provides the form to the employer to complete Part B.
- The employer completes Part B of the *Request For Maine Paid Family And Medical Leave* (Form ME PFML-1) and returns it to the employee within three days.
- Additional forms are required depending on the type of leave being requested. The employee requesting leave is responsible for the completion of these forms.
- The employee submits the completed *Request For Maine Paid Family And Medical Leave* (Form ME PFML-1) with the required additional form to The Standard. The employee should retain a copy of each submitted form for their records.

**PART A - EMPLOYEE INFORMATION (to be completed by the employee)**

*The employee requesting ME PFML must complete all required information.*

**Maine Paid Family And Medical Leave (ME PFML) Request (to be completed by the employee)**

**Question 9: Parental Leave (Bonding)** means PFML taken to bond with a Child during the first twelve months after the Child's birth; adoption, or foster care placement with the Covered Individual; for placement of a child 16 years of age or less with the Employee or with the Employee's Domestic Partner in connection with the adoption of the child by the employee or the Employee's Domestic Partner.

**Care of a Family Member** means PFML taken by an Applicant to care for a Family Member with a Serious Health Condition.

**Safe Leave** means any PFML taken because the Covered Individual or a Family Member is a victim of violence, assault, sexual assault under Title 17-A, chapter 11, stalking or any act that would support an order for protection under Title 19-A, chapter 103. Safe leave applies if the Covered Individual is using the PFML to protect the Covered Individual or the Family Member by:

1. Seeking an order for protection under Title 19-A, chapter 103;
2. Obtaining medical care or mental health counseling for the Covered Individual or for the Family Member to address physical or psychological injuries resulting from the act of violence, assault, sexual assault or stalking or act that would support an order for protection under Title 19-A, chapter 103;
3. Making the Covered Individual's or Family Member's home secure from the perpetrator of the act of violence, assault, sexual assault or stalking or act that would support an order for protection under Title 19-A, chapter 103 or seeking new housing to escape the perpetrator; or
4. Seeking legal assistance to address issues arising from the act of violence, assault, sexual assault or stalking or act that would support an order for protection under Title 19-A, chapter 103 or attending and preparing for court-related proceedings arising from the act or crime.

**Military Leave** means a need arising out of a Military Member's active duty service or notice of an impending call or order to active duty in the United States armed forces, or due to the death or Serious Health Condition of a Spouse, Domestic Partner, Parent, Sibling, or Child if the Spouse, Domestic Partner, Parent, Sibling or child as a member of the state military forces, as defined in Title 37-B, section 102, or the United States Armed Forces, including the National Guard and Reserves, dies or incurs a Serious Health Condition while on active duty.

**Military Exigency** means providing for the care or other needs of the Family Member's child or other dependent, making financial or legal arrangements for the Family Member, attending counseling, attending military events or ceremonies, spending time with the Family Member during a rest and recuperation leave or following return from deployment or making arrangements following the death of the Military Member.

**Medical Leave** means PFML taken by an Applicant that is made necessary by the Applicant's own Serious Health Condition which renders them unable to work.

**Question 10:** Family Member means, with respect to a Covered Individual or Spouse or Domestic Partner of a Covered Individual's Child; Parent; Grandparent; Grandchild; Sibling; Spouse or Domestic Partner; or an Individual with whom the Covered Individual has a Significant Personal Bond that is or is like a family relationship, regardless of biological or legal relationship.

Child means a Covered Individual's or a Spouse's or Domestic Partner's child regardless of age: whose parentage has been determined under the Maine Parentage Act or any other biological child, adopted child, foster child or stepchild, to whom they stood in loco parentis, to whom they had under legal guardianship; or to whom they stood in any of these relationships when the individual was a minor child.

Grandchild means a Covered Individual's or a Spouse's or Domestic Partner's grandchild, including a legal grandchild, biological grandchild, adoptive grandchild, foster grandchild, step-grandchild, or de facto grandchild.

Grandparent means a Covered Individual's or a Spouse's or Domestic Partner's grandparent, including a legal grandparent, biological grandparent, adoptive grandparent, foster grandparent, step-grandparent, or de facto grandparent.

Parent means with respect to a Covered Individual's or a Spouse's or Domestic Partner's parent, including a legal parent, biological parent, adoptive parent, foster parent, stepparent, de facto parent or legal guardian or a person who stood in loco parentis when the Covered Individual or Spouse or Domestic Partner was a minor child.

Domestic Partner means an unmarried adult with whom the Covered Individual is domiciled under a long-term arrangement that evidences a commitment to remain responsible indefinitely for each other's welfare.

**Employment Information (to be completed by the employee)**

**Significant Personal Bond** means significant personal bond is one that, when examined under the totality of the circumstances, is like a family relationship, regardless of biological or legal relationship. This bond may be demonstrated by, but is not limited to the following factors, with no single factor being determinative:

1. Shared personal financial responsibility, including shared leases, common ownership of real or personal property, joint liability for bills or beneficiary designations;
2. Emergency contact designation of the Employee by the other individual in the relationship or the emergency contact designation of the other individual in the relationship by the Employee;
3. The expectation to provide care because of the relationship or the prior provision of care;
4. Cohabitation and its duration and purpose;
5. Geographic proximity; and Any other factor that demonstrates the existence of a family-like relationship.

**Question 11:** If dates are "Continuous", the employee must provide the start and end dates of the requested ME PFML. These dates should be the actual dates that the ME PFML will begin and end. If uncertain, estimate the start and end dates and indicate "Dates are estimated".

If dates are "Intermittent", enter the dates ME PFML will be taken. Please be as specific as possible. If the dates are unknown or estimated, indicate "Dates are estimated".

If the employee is working a consistent but reduced work schedule for multiple weeks, provide the days/hours of leave needed for ME PFML. If uncertain, estimate the frequency of leave and indicate "Dates are estimated".

**Question 12:** Date employer was notified. If the employee is submitting the ME PFML request to their employer with less than 30 days' advance notice from the start date of the ME PFML, the employee must explain why 30 days' notice could not be given. If the explanation will not fit in the space provided on the form, enter "See Attached" and add an attachment with the explanation. Be sure to include the employee's full name and their date of birth at the top of the attachment.

**Question 14:** Enter the date of hire to the best of the employee's recollection. If it has been more than a year since the date of hire, entering the year in which employment started is sufficient.

**Question 19:** List all other income you will be receiving while on ME PFML. Include the type/name of income and how much. Example PTO from employer for \$500.00 a week.

**Question 20:** Wages include, but are not limited to, an Employee's Maine based remuneration for personal services, salary, wages, tips, and gratuities; severance and terminal pay; commissions and bonuses; and other eligible compensation. Wages are calculated in the same manner as Maine unemployment wages in 26 M.R.S. § 1043(19)(B-E). Wages include remuneration for services performed in the State or wages which are otherwise subject to Maine unemployment tax pursuant to 26 M.R.S. §1043 (11) (A) and (D).

**Payment for approved claims will be due 14 calendar days from the date of the claim decision.**

**Employee signs and dates, before giving this form to their employer to complete Part B.**

**PART B - EMPLOYER INFORMATION (to be completed by the employer)**

*The employer of the employee requesting ME PFML must complete all information in Part B.*

**Question 2:** If a Social Security Number is used for the Federal Employer Identification Number (FEIN), enter the Social Security Number.

**Question 8: Wages** include, but are not limited to, an Employee's Maine based remuneration for personal services, salary, wages, tips, and gratuities; severance and terminal pay; commissions and bonuses; and other eligible compensation. Wages are calculated in the same manner as Maine unemployment wages in 26 M.R.S. § 1043(19)(B-E). Wages include remuneration for services performed in the State or wages which are otherwise subject to Maine unemployment tax pursuant to 26 M.R.S. §1043 (11) (A) and (D).

**Wage Credits** means the amount of Wages Paid within an Applicant's Base Period for Covered Employment.

**Average Weekly Wage** means the aggregate total Wages paid in Maine for the Covered Individual's Base Period, divided by 52.

**Base Period** means the first four of the last five completed calendar quarters immediately preceding the first Day of the Covered Individual's Benefit Year.

**Question 9: Scheduled Workweek** means the number of hours an Employee is scheduled to work in a particular week. A self-employed individual who has elected coverage and a salaried Employee as defined by 26 M.R.S. § 663 (3) (K) have a scheduled workweek of 40 hours, Monday-Friday, 8 hours per Day.

**Question 11:** Wage Continuation is an employer's continued payment of an employee's regular salaried wages during a period of PFML leave.

**Question 12:** To qualify for reimbursement from us, the Employer must pay Wage continuation to the Covered Individual that is equal to or greater than the Weekly Benefit Amount.

The Employer is not eligible for reimbursement of vacation, sick pay, paid time off or disability insurance paid to the Applicant.

**Question 13:** PFML Benefits are reduced for any portion of a typical work week for which the Applicant is receiving or has received Maine unemployment insurance benefits or workers' compensation under the Maine Department of Labor.

**Declaration and Signature - Affirmation employee is eligible for ME PFML**

To be eligible for any family and medical leave, an employee must be a Covered Employee.

Covered Individual means an Employee who has earned Wages equal to at least 6 times the SAWW (state average weekly wage) in effect at the time of Application during the Base Period and who meets the administrative requirements and files a Claim, or a person who elects coverage and meets the requirements of section 850-G. A Self-Employed Individual's reported Wages must meet the minimum threshold for all other covered individuals to be considered a covered individual.

Employee means a person who may be permitted, required, or directed by an Employer in consideration of direct or indirect gain or profit to engage in any employment in Maine, but does not include any independent contractor. Employee includes individuals the Employer has engaged through an employee leasing contractual arrangement described in 32 M.R.S. Ch. 125.

**Employer signs and dates, and then returns to the employee requesting ME PFML within three business days.**

**Be sure to complete the appropriate additional ME PFML form(s) based on the type of ME PFML leave being requested.**



**TO BE COMPLETED BY THE EMPLOYEE**

Employee's name (first name, middle initial, last name)	Employee's date of birth (MM/DD/YYYY)
<b>Declaration and signature</b> It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.	
Employee's signature	Date signed (MM/DD/YYYY)

**PART B - EMPLOYER INFORMATION (to be completed by the employer)**

1. Business's full legal name and mailing address			
Mailing address			
City	State	Zip code	Country (if not U.S.A.)
2. Employer's FEIN			
3. Employer's EIN		4. Employer's contact name for questions related to ME PFML	
5. Employer's contact telephone number (        )	6. Employer's contact email address		
7a. Employee's date of hire (MM/DD/YYYY)		7b. Employee's last day of work (MM/DD/YYYY)	
8a. Employee's Average Weekly Wage _____			
8b. Is employee subject to Social Security taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No Medicare taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8c. Has employee met the annual limit to Social Security max. contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
9. Scheduled Workweek: Check Days Normally Worked <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Indicate Hours Normally Worked    _____ List the dates of any period a week or longer that the employee is not expected to work due to a lapse in seasonal operations, school breaks, or other scheduled business closures (example: December 18-January 1 and March 25-March 31, or N/A if not applicable): _____			
10. If the work schedule is so variable that it is difficult to determine the scheduled workweek: What is the average number of hours worked per week? _____ * The average should be calculated based on actual hours worked during the 12 weeks prior to the first absence. If the employee has not been employed for 12 weeks, provide the average number of hours worked per week during their period of employment.			
11. Will Wage continuation be paid to the Covered Individual that is equal to or greater than the Weekly Benefit Amount? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide dates: _____			
12. If employee received or will receive wage continuation while on ME PFML, will employer be requesting reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide dates: _____			
13. Has the employee filed for Workers' Compensation Benefits or Unemployment Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide benefit dates: _____			
14. Has the employee taken any leave in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes list dates and type of leave: _____			
15. ME PFML policy number			
ME PFML insurance carrier's name and mailing address <b>Standard Insurance Company PO Box 3877, Portland, OR 97208 866-751-5174 Fax</b>			

**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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**PART B - EMPLOYER INFORMATION (to be completed by the employer) continued**

<p><b>Declaration and signature - Affirmation employee is eligible for ME PFML</b></p> <p><input type="checkbox"/> I affirm the employee meets the eligibility requirements for Maine Paid Family and Medical Leave.</p> <p>I am the person authorized to sign as the employer of the employee requesting ME PFML. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.</p>	
Employer's authorized signature	Date signed (MM/DD/YYYY)
Title	

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

### **BONDING CERTIFICATION (to be completed by the employee)**

*The employee requesting PFML must complete all applicable requested information.*

*Send completed forms and supporting documentation to The Standard.*

**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.**

**Question 1 & 2:** If the form is submitted to the PFML 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 PFML insurance carrier. The PFML carrier will tell the employee how to provide the required additional documentation.

There may be instances where PFML 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 PFML is necessary to further the adoption or foster care.

**Question 5:** If dates are "Continuous", the employee must provide the start and end dates of the requested PFML. These dates should be the actual dates that the PFML will begin and end. If uncertain, estimate the start and end dates and indicate "Dates are estimated".

If dates are "Intermittent", enter the dates PFML will be taken. Please be as specific as possible. If the dates are unknown or estimated, indicate "Dates are estimated".

If the employee is working a consistent but reduced work schedule for multiple weeks, provide the days/hours of leave needed for PFML. If uncertain, estimate the frequency of leave and indicate "Dates are estimated".

**Question 6:** See chart below for documentation details. Unless specified, do not send the original documents.

<b>Bonding Form/Certification</b>	<b>Description</b>
Health Care Provider certification of pregnancy	An <b>original</b> 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 <b>original</b> 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 <b>copy</b> of the certificate issued by the city or county office in which the child is born.
Voluntary Acknowledgment of Paternity	A <b>copy</b> of the form that establishes legal fatherhood when the parents are unmarried. Completed by both mother and father.
Court Order of Paternity	<b>Documentation</b> 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.
Marriage Certificate	A <b>copy</b> 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 <b>copy</b> of the certificate of civil union or domestic partnership.
Foster care placement letter	A <b>copy</b> 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 <b>copy</b> 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.



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

**Declaration and signature**

I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 4 of this form.

Employee's signature

Date signed (MM/DD/YYYY)

## **Paid Family And Medical Leave Claim Form Fraud Notices**

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The fraud notices shown apply to your paid family and medical leave claim submissions.

### **COLORADO**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

### **CONNECTICUT**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the information contained herein is true, correct, and complete. Any false statements or other failure to provide truthful, accurate, and complete information may result in monetary and other penalties as well as the possibility of criminal prosecution.

### **DELAWARE**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

### **MAINE**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

### **MASSACHUSETTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **NEW YORK**

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.

### **OREGON**

Any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

### **WASHINGTON**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

### **ALL OTHER STATES**

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.



# The Standard<sup>®</sup>

Standard Insurance Company  
866.756.8116 Tel 866.751.5174 Fax  
PO Box 3877 Portland OR 97208

## Maine Paid Family and Medical Leave (PFML) Voluntary Tax Withholding Request

We want to offer you the option to address any tax obligation by providing the ability to voluntarily request tax obligations withdrawn from your Maine PFML benefit. You can have both Federal and Maine State tax withheld from your Paid Family and Medical Leave Benefits. Taxes will be withheld after deductions are taken.

- Withholding Federal and/or Maine State Tax is voluntary. 10% of your benefits would be withheld for Federal taxes and 5% would be withheld for Maine State taxes.
  - If you do not have Federal and/or Maine State income tax withheld, you may need to make estimated quarterly tax payments.
- The Federal and Maine State Tax withheld during the year will be reported on a Tax Form that is mailed after the end of the year.

You can stop the tax withholding at any time during your benefit claim.

- If you do not want to have income tax withheld from your weekly benefits, you do not have to return this form.
- Any monies you have withheld cannot be returned to you except by the Federal or State government as part of your income tax refund.

To **start or stop** withholding 10% Federal and/or 5% Maine State Income Tax, complete the form below and return it to The Standard at PO Box 3877, Portland OR 97208.

Type or print: SSN: \_\_\_\_\_

\_\_\_\_\_

First Name	M.I.	Last Name
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\_\_\_\_\_

Home Address (Number and Street or Rural Route)

\_\_\_\_\_

City or Town	State	Zip Code
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Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

### Check All Boxes That Apply

<input type="checkbox"/> <b>Start</b> withholding 10% Federal Income Tax.	<input type="checkbox"/> <b>Start</b> withholding 5% ME State Income Tax.
<input type="checkbox"/> <b>Stop</b> withholding 10% Federal Income Tax.	<input type="checkbox"/> <b>Stop</b> withholding 5% ME State Income Tax.
<b>Signature:</b> _____	<b>Date:</b> _____

**Declaration and signature: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.**