The Prudential Insurance Company of America
Disability Management Services
PO Box 13480, Philadelphia, PA 19176
Tel: 877-367-7781 Fax: 877-889-4885
www.prudential.com/mybenefits

Application for Colorado Paid Leave

Part A Request for Colorado Paid Family & Medical Leave (to be completed by employee)

Important Information

- To initiate a request for Colorado Paid Leave benefits, you must return this completed application (Part A & Part B) to Prudential.
- Incomplete or missing information may result in a delay in claim processing.

Section 1: Employee Information

1. **Employee's legal name** (first name, middle initial, last name)	**2.** **Social Security Number (or TIN)**

3. **Employee's mailing address** (Street Address, City, State, Zip)

Street address

City, State, Zip

4. **Date of birth**	**5.** **Gender** ☐ Male ☐ Female ☐ Other	**6.** **Prudential claim number** (if available)
7. **Cell number**	**8.** **Home number**	**9.** **Preferred email address while on leave** (if applicable)

10. **Reason for leave request** (Select Only ONE)

☐	Medical leave due to **my own** serious health condition (Skip to Question 14)
☐	Bond with my new Child ☐ Biological ☐ Adopted ☐ Foster ☐ Step ☐ In Loco Parentis (Skip to Question 12)
☐	Care for my Family Member with a serious health condition
☐	Qualifying Military Exigency leave ☐ Military Events & Related Activities ☐ Childcare & School Activities ☐ Financial & Legal Arrangements ☐ Counseling ☐ Rest & Recuperation ☐ Post Deployment Activities ☐ Other Additional Activities
☐	Safe Leave ☐ Court Hearings ☐ Legal Counseling ☐ Injunctive Relief ☐ Safety Planning ☐ Medical Attention ☐ Psychological Counseling ☐ Other

11. **The Family Member's relationship to employee (Claimant):** **Select Only One**

☐ Self (skip to question 14)
☐ Spouse or ☐ Domestic Partner
☐ Child of ☐ Employee ☐ Employee's Spouse ☐ Employee's Domestic Partner
☐ Parent of ☐ Employee ☐ Employee's Spouse ☐ Employee's Domestic Partner
☐ Grandparent of ☐ Employee ☐ Employee's Spouse ☐ Employee's Domestic Partner
☐ Grandchild of ☐ Employee ☐ Employee's Spouse ☐ Employee's Domestic Partner
☐ Sibling of ☐ Employee ☐ Employee's Spouse ☐ Employee's Domestic Partner
☐ In Loco Parentis - Family Member is ☐ Child ☐ Adult Child ☐ Parent
☐ *Person with whom the employee has a significant bond that is or is like a family relationship **(If selected, please complete 11a.)**

Relationships include biological, foster, adoptive, step, and in loco parentis relationships and the same relationships to the employee's spouse or domestic partner, if applicable.

***11a.**	Describe how this relationship demonstrates a family relationship: _____

12. **Family Member's Name:** (first name, middle initial, last name)	**13.** **Family Member's Date of Birth:**

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14. **Will Leave be utilized Continuously, Intermittently, or on a Reduced Leave Schedule?** (Provide Details Below)

☐ **Continuous leave** (uninterrupted period of leave) beginning _____/_____/_____ through _____/_____/_____

☐ **Intermittent or Reduced Leave** (non-consecutive periods of leave *or* consistent but reduced work schedule) beginning _____/_____/_____ through _____/_____/_____

Provide dates/hour(s) requested (if known):

Provide an estimate of the frequency and the length of time away from work needed (i.e., how often and how long per occurrence)

FREQUENCY: _____ # Times per ☐ day ☐ week ☐ month ☐ year (**Select Only ONE**)

LENGTH: _____ # of ☐ minutes ☐ day(s) ☐ week(s) (**Select Only ONE**) per episode

Section 2: Employment Information (to be completed by employee)

15. Employer name:	**16. Control number:**
17. Date of hire:	**18. Work State:**

19. Work schedule (for employer named above)

		Start Time	End Time	Total Work Hours			Start Time	End Time	Total Work Hours
☐	Monday				☐	Friday			
☐	Tuesday				☐	Saturday			
☐	Wednesday				☐	Sunday			
☐	Thursday				☐	Varies			

20. Have you received Colorado wages from any other employment during the past 18 months? ☐ No ☐ Yes

21. Do you have other current Colorado employment? ☐ No ☐ Yes – If yes, please complete 21a, 21b & 21c

21a. Will you be taking leave from another Colorado employer? ☐ No ☐ Yes	21b. Including all Colorado employment, how many hours & minutes do you work per week? Hours _____ Minutes _____	21c. Have you received any paid leave benefits through the Colorado FAMLI Division or an Insurance Carrier other than Prudential during the past 12 months? ☐ No ☐ Yes

22. Have you received or claimed any of the following benefits in the preceding 52 weeks? (Provide details below)

Benefit Type	Received	Claimed	From (mm/dd/yyyy)	Through (mm/dd/yyyy)
☐ Unemployment benefits	☐	☐		
☐ Workers' Compensation	☐	☐		

Declaration and Signature: 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. I am hereby making a request for benefits under the Colorado Family and Medical Leave Insurance program. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Signature: _____ **Date signed (mm/dd/yyyy):** _____

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TO BE COMPLETED BY THE EMPLOYEE

Employee's Legal Name (first name, middle initial, last name)	**Social Security Number (or TIN)**

Part B Request for Colorado Paid Family & Medical Leave (to be completed by employer)

23. Employer's full legal name and mailing address

Business name

Street address

City, State, Zip

24. Employer contact name:	**25. Employer contact email address**	**26. Employer contact Phone Number:**

27. Business's Federal Employer Identification Number (FEIN):	**28. Control Number:**	**29. Absence Branch:**

30. Employee's Date of Hire:	**31. Employee's Job Title:**	**32. Employee's Work State:**

33. Employee's Gross Wages from the last five completed calendar quarters immediately preceding the first day of the individual's Benefit Year:

- ***Benefit Year*** *means the 12-month period beginning on the first day an individual uses any paid family or paid medical leave under Colorado FAMLI.*

Base Period	Quarter Ending Date (mm/yyyy)	Wages
Quarter 1		$
Quarter 2		$
Quarter 3		$
Quarter 4		$
Quarter 5		$

34. Has the employee received or claimed any of the following benefits in the preceding 52 weeks? (Provide details below)

Benefit Type	**Received**	**Claimed**	**From** (mm/dd/yyyy)	**Through** (mm/dd/yyyy)
☐ Unemployment benefits (CESA)	☐	☐		
☐ Workers' Compensation	☐	☐		
☐ FAMLI	☐	☐		

Declaration and Signature: 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.

I am the person authorized to sign as the employer of the employee requesting benefits under the Colorado Family and Medical Leave Insurance program. My signature affirms that to the best of my knowledge the information I have provided is true, accurate, 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.

Employer's authorized signature: _____ **Date signed (mm/dd/yyyy):** _____