

CLAIMS FILING

The best way to file your claim is to submit it online at: **does.pflbas.dc.gov**. Log on to the Paid Family Leave Benefits Portal, create an account, and follow the instructions to submit a claim online. After submitting the claim, you will receive a claim identification number and an electronic confirmation email. For more information on the claims filing process, additional instructions for completing these forms, and details about required documentation, please read the DC Paid Family Leave Employee Handbook available at dcpaidfamilyleave.dc.gov.

In addition to this form (PFL-1), you must complete the following form(s):

If you are submitting a...

- | | | |
|---------------------------------------|--|--|
| Parental Leave claim;
PFL-2 | Family Leave claim;
PFL-3
PFL-FMC
PFL-FR | Medical Leave claim;
PFL-MMC |
|---------------------------------------|--|--|

Date of Submission (MM/DD/YYYY) ____ / ____ / ____

A. INFORMATION ABOUT THE CLAIMANT

Last Name		First Name		Middle Name	
Date of Birth (MM/DD/YYYY) ____ / ____ / ____		Social Security Number or Individual Tax Identification Number (ITIN)			
Gender (Male / Female / Prefer to Self-Describe)					
Mailing Address Street		City		State	Zip code
Telephone Number			Email Address		

B. INFORMATION ABOUT YOUR EMPLOYER

(If you have more than one current employer, please complete the PFL-1-ER)

Check here if you are currently opted in to the PFL program as a self-employed individual

Name of Your Employer's Business

Your Worksite Address: Street City State Zip code

The name and job title of the person at your place of employment whom we should contact about your claim (examples: your supervisor, your Human Resources (HR) officer)

Contact Person's Name Contact Person's Job Title

Contact Person's Email Address Contact Person's Phone Number

Yes No
 Are you currently employed by the employer listed above?

C. INFORMATION ABOUT YOUR QUALIFYING EVENT

Which type of qualifying event are you applying for? (Check one):

- PARENTAL FAMILY MEDICAL

D. INFORMATION ABOUT YOUR LEAVE SCHEDULE

Check here if an exigent circumstance prevented you from submitting a claim before your submission date. *Complete the PFL-EX form.*

On which leave schedule would you like to receive benefits? (Check one):

- Full-time leave** (continuous) *(complete the section below)*
- Part-time leave** (intermittent) *(complete the PFL-IL and leave the rest of section D blank)*

FULL-TIME LEAVE (complete this section only if you checked “Full-time leave”)

_____ On what date do you want your leave to start?
(MM/DD/YYYY) *(If before the date of submission, complete the PFL-EX form.)*

_____ On what date do you want your leave to end?
(MM/DD/YYYY)

How many days do you regularly work per week from all sources of employment?

For your “regular workweek,” you must choose a number of days per week. If you do not have a regular workweek because your work schedule changes often from week to week, you still need to choose a number of days per week to be your “regular” schedule while receiving PFL benefits. The default number of days is 5. If you do not know, or your schedule regularly changes, you can select 5.

(Circle one): 1 2 3 4 5 6 7

Yes No

Do you regularly work on Saturdays or Sundays at any job?

E. ADDITIONAL CLAIM INFORMATION

Check yes or no to answer the following questions

Yes No

Are you currently receiving unemployment compensation benefits from the District of Columbia?

Are you currently receiving long-term disability payments?

Are you currently earning self-employment income as a self-employed individual in the District of Columbia?

Would you like to authorize the Department of Employment Services to notify your employer of your benefit amount?

F. ACKNOWLEDGMENTS

I understand that I am filing for Paid Family Leave benefits in the District of Columbia.

I understand that I am not allowed to earn income by performing my regular and customary work on any day for which I am claiming Paid Family Leave benefits.

I understand that I am not allowed to receive Paid Family Leave Benefits for any period during which I also receive Unemployment Insurance benefits or long-term disability payments and that I must inform the Department of Employment Services if I receive this income during my claim.

I understand that I will bear the cost, if any, charged by my health care provider or other entity for the completion of any forms or the provision of any documents required to determine my eligibility for benefits.

I certify that the information I have provided on this application is true and complete.

Signature: _____ Date: _____

STATUS OF CLAIMS

If you have an online account, you can check the status of your claim by logging on to our online portal at does.pflbas.dc.gov. If you have questions about your claim, you can email us at PFLBenefitsDivision@dc.gov or call us at (202) 899-3700.