Reset

TheStandard®

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

Applying For Paid Family And Medical Leave (PFML)

To Use Paid Family And Medical Leave To:
Assist family members due to another family member's active military duty or impending active duty abroad

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-5
- ☐ Complete PFML-5 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.

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Request For Washington Paid Family And Medical Leave (Form WA PFML-1) Instructions

- To request Washington Paid Family And Medical Leave (WA PFML), the employee requesting WA PFML must complete Part A of the *Request For Washington Paid Family And Medical Leave* (Form WA 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 Washington Paid Family And Medical Leave* (Form WA 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 Washington Paid Family And Medical Leave* (Form WA 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 WA PFML must complete all required information.

Washington Paid Family And Medical Leave (WA PFML) Request (to be completed by the employee)

Question 10: Family member means a child, grandchild, grandparent, parent, sibling, or spouse of an employee.
Child includes a biological, adopted, or foster child, a stepchild, child's spouse, or a child to whom the employee stands in loco parentis, is a legal guardian, or is a de facto parent, regardless of age or dependency status.
Grandchild means a child of the employee's child.
Grandparent means a parent of the employee's parent.
Parent means the biological, adoptive, de facto, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse, or an individual who stood in loco parentis to an employee when the employee was a child.
Spouse means a husband or wife or state registered domestic partner.

Question 11: If dates are "Continuous", the employee must provide the start and end dates of the requested WA PFML. These dates should be the actual dates that the WA PFML will begin and end. If uncertain, estimate the start and end dates and indicate "Dates are estimated". If dates are "Periodic", enter the dates WA PFML will be taken. Please be as specific as possible. If the dates are unknown or estimated, indicate "Dates are estimated".

If dates are estimated, The Standard may require you to submit a request for payment after the WA PFML day is taken. Payment for approved claims will be due as soon as possible but in no event more than 14 days from the date of the completed request.

Question 12: Date employer was notified. If the employee is submitting the WA PFML request to their employer with less than 30 days' advance notice from the start date of the WA 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.

Employment Information (to be completed by the employee)

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

If you are pre-submitting form: Indicate if the employee is pre-submitting their WA PFML request. Pre-submitting is defined as submitting the application in advance of an upcoming qualifying event, with certain required information missing due to the information being unknown at the time of the submitting. If pre-submitting is permitted by The Standard, the missing information must be supplied as soon as it is known. Benefits cannot be determined until all of the required information is provided.

The Standard will provide the employee a notice within five days which 1) states the claim is pending; 2) identifies what information is missing; 3) instructs how to submit the missing information. **Once all information is supplied, The Standard has 14 days to pay or deny the claim.**

If The Standard does not permit pre-submitting, The Standard must return the Request for Washington Paid Family And Medical Leave within five days to the employee with an explanation that the claim should be re-submitted when all information is available.

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

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

The employer of the employee requesting WA 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. You can call the state or check through the employer portal for this information.

"Wage" or "wages" means: For the purpose of payment of benefits, the remuneration paid by one or more employers to an employee for employment during the employee's qualifying period.

"Employee's average weekly wage" means the quotient derived by dividing the employee's total wages during the two quarters of the employee's qualifying period in which total wages were highest by twenty-six. If the result is not a multiple of one dollar, we will round the result to the next lower multiple of one dollar.

Question 9. You can call the state or check through the employer portal for this information. The state will have hours from all employers the employee has worked. Typical workweek hours means: (a) For an hourly employee, the average number of hours worked per week by an employee since the beginning of the qualifying period; and (b) Forty hours for a salaried employee, regardless of the number of hours the salaried employee typically works.

For salaried employees, the number of hours worked in a week are assumed to be forty, regardless of how many hours are actually worked. Typical workweek hours are determined by multiplying the number of weeks in the qualifying period the employee held the salaried position by forty, adding any other hours that were not salaried, if any, and then dividing that amount by fifty-two. For all other employees, typical workweek hours are determined by dividing the sum of all hours reported in the qualifying period by fifty-two.

Qualifying period means the first four of the last five completed calendar quarters or, if eligibility is not established, the last four completed calendar quarters immediately preceding the application for leave.

Affirmation employee is eligible for WA PFML: To be eligible for any family and medical leave, an employee must be in employment in the state of WA for eight hundred twenty hours during the qualifying period, by an employer with a voluntary plan or an employer utilizing the state family and medical leave plan. An employee qualifies for benefits under an employer's voluntary plan after the employee works at least three hundred forty hours for the current employer, unless this requirement is waived by the employer.

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

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

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Request For Washington Paid Family And Medical Leave (Form WA PFML-1)

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)	Employee's date of birth (MM/DD/YYYY)

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

1. Employee's legal name (first name, middle initial, last name)	2. Other last names, if any, under which employee has worked

3. Employee's mailing address Street	City	State	Zip Code	Country (if not U.S.A.)

4. Employee's Social Security Number or TIN	5. Employee's date of birth (MM/DD/YYYY)	6. Employee's primary telephone number ( )

7. Employee's preferred email address while on WA PFML (if available)	8. Employee's gender ☐ Male ☐ Female ☐ Not designated/Other

9. Reason for WA PFML request: ☐ Bond with child ☐ Care for family member ☐ Military qualifying event ☐ Own serious health condition

10. The family member is employee's: ☐ Child (biological, adopted, foster, stepchild or child's spouse) ☐ Spouse or registered domestic partner ☐ Sibling ☐ Parents and legal guardians (or spouse's parent) ☐ Grandparent (or spouse's grandparent) ☐ Grandchild

11. Will WA PFML be for a continuous period of time and/or periodic?

☐ Continuous _____ / _____ / _____ _____ / _____ / _____ ☐ Dates are estimated
WA PFML start date (MM/DD/YYYY) WA PFML end date (MM/DD/YYYY)

Identify dates periodic WA PFML will be taken:

☐ Periodic _____ ☐ Dates are estimated

12. Date employer was notified. If providing less than 30 day's advance notice to the employer, please explain:

Employment Information (to be completed by the employee)

13. Business name	14. Employee's date of hire (MM/DD/YYYY)

15. Employee's work location Street address

City	State	Zip code	Country (if not U.S.A.)

16. Employer's telephone number for contact regarding this request. ( )	17. Is employee currently receiving Workers' Compensation Lost Wage Benefits? ☐ Yes ☐ No

18. List pay you will be receiving while on WA PFML, source of pay and amount.

19. Have you taken any leave in the last 52 weeks? ☐ Yes ☐ No	20. If yes list dates and type of leave.

Disclosure statement: Information regarding WA PFML benefits received by the employee, such as payments received and types of leave, will be provided to the employer.

Declaration and signature

An individual is disqualified for benefits for any week he or she has knowingly and willfully made a false statement or representation involving a material fact or knowingly and willfully failed to report a material fact and, as a result, has obtained or attempted to obtain any benefits under the Washington Paid Family And Medical Leave Law.

I am hereby making a request for paid family and medical leave benefits under the Washington State Paid Family And Medical Leave Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Employee's signature	Date signed (MM/DD/YYYY)

☐ I am submitting this form in advance (see instructions about pre-submitting). I understand the insurance carrier will contact me to advise how to submit the required missing information.

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Request For
Washington Paid Family And Medical Leave
(Form WA PFML-1)

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)	Employee's date of birth (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. UBI Number	4. Employer's contact name for questions related to WA PFML

5. Employer's contact telephone number ( )	6. Employer's contact email address	7. Employee's date of hire (MM/DD/YYYY)

8. Employee's Average Weekly Wage as provided by Washington state for WA PFML

9. Employee's Typical Work Week Hours as provided by Washington state for WA PFML

10. Check Days Normally Worked ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

10a. Is employee hourly or salaried? ☐ Hourly ☐ Salaried

11a. When reporting employee wages to the state of Washington, do you include sick leave, PTO, or any other income as wages?
☐ Yes ☐ No

11b. If yes which ones?

12. What type of paid benefits will the employee receive while on WA PFML?

13. Is the employee taking federal Family Medical Leave Act (FMLA) concurrently with WA PFML? ☐ Yes ☐ No	14. WA PFML policy number

WA PFML insurance carrier's name and mailing address

Standard Insurance Company
PO Box 3877
Portland, OR 97208
866-751-5174 Fax

Declaration and signature

☐ I affirm the employee meets the eligibility for Washington Paid Family And Medical Leave, unless I have waived this requirement.

I am the person authorized to sign as the employer of the employee requesting WA PFML. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.

Employer's authorized signature	Date signed (MM/DD/YYYY)
Title	

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Paid Family And Medical Leave Certification for Military Exigency (Form PFML-5)

Employee's Name			
Employee's Mailing Address Street	City	State	Zip Code
Relationship of covered military member to employee			
Address of covered military member on active duty or call to active duty status	City	State	Zip Code
Name of covered military member on active duty or call to active duty status	Dates of covered military member's active duty service		

Please check one of the following:

☐ A copy of the covered military member's active duty orders is attached.

☐ Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached. Such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs.

☐ I have previously provided my employer with sufficient documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.

Description of qualifying exigency *(On page 2 of this form is the description of a "qualifying exigency." Does the need for leave qualify under any of the categories described? If so, please check the applicable category.)*

☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (8) ☐ (9) ☐ (10)

Describe the reason you are requesting leave due to a qualifying exigency (including the specific reason you are requesting leave):

Approximate date exigency commenced or will commence _____

Probable duration of exigency _____

Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? ☐ Yes ☐ No

If so, estimate the beginning and ending dates for the period of absence _____

Will you need to be absent from work periodically to address this qualifying exigency? ☐ Yes ☐ No

Estimate the frequency and duration of each period of absence due to the qualifying exigency (e.g. 3x per month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hour(s) or _____ day(s) per event

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 3 of this form.

Signature of Employee	Date

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PFML Description of a Qualifying Exigency

Eligible employees may take Paid Family And Medical Leave (PFML) while the employee's spouse, child, or parent is on active duty or call to active duty status for one or more of the following qualifying exigencies:

A need arising out of a covered individual's family member's active duty service or notice of an impending call or order to active duty in the Armed Forces including, but not limited to,

1. Short-Notice Deployment
2. Military Events and Related Activities
3. Childcare and School Activities
4. Arrangements for Family Care
5. Financial and Legal Arrangements
6. Counseling
7. Rest and Recuperation
8. Post-Deployment Activities
9. Family Member Injured in Combat
10. Additional qualifying events as defined in the federal Family and Medical Leave Act.

Paid Family And Medical Leave
Claim Form Fraud Notices

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.

Sign Up for Digital Payments

Have you signed up for digital payments yet? If so, you can disregard this notice.

Get your claim payment faster with digital payments with Standard Insurance Company. If your claim is approved, you can choose to have benefits paid to you via Zelle or direct deposit.[1]

How do digital payments work?

1. Your digital payment eligible claim is approved.[2]
2. You'll receive an email or text notification with a link to choose your payment preference.[3]
3. Follow the link to complete digital payment setup.

To sign up for digital payments,[4] choose one of the following options:

1. **Fastest Option:** Call or text "HELLO" to 833.591.8047 and follow the prompts to choose your payment preference and to provide employee and employer information.
2. **Additional Option:** Complete and submit this form below:
   - Fax to: 888.878.3686
   - Mail to: Standard Insurance Company, P.O. Box 2800, Portland, OR 97208

Digital Payment Sign Up Form

Employee First Name _____ Employee Last Name _____

Employee DOB (MM/DD/YY) _____ Employee Zip Code _____

Employer Name _____

Check "✓" to choose your preferred payment method.

Digital payment (Zelle or direct deposit) ☐ Payment by check ☐

Your contact details

Enter the mobile number or email address where you will receive notifications. This information is required for Zelle or direct deposit.

Mobile: _____ Email: _____

Email notifications will come from notification@thepaychoice.com. Text messages will come from 26489 or 21239.

The payment method you choose can be saved for any recurring payment you may receive. **If you don't choose a notification method, we may use the method we have on file or mail a check.**

1 By electing to receive claim payments digitally, we're not guaranteeing approval of your claim.
2 Not all benefits are eligible for digital claim payments.
3 If your claim is approved and you do not respond to the text or email notification with your preferred payment option within (3) calendar days, The Standard‡ will automatically send a paper check.
4 If you elect to receive claim payments digitally, you authorize use of the information you provide to access your bank account information for the purpose of facilitating payment transactions.

‡ The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

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Paid Family and Medical Leave (PFML) Voluntary Federal Income 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 PFML benefit. You can have Federal tax withheld from your Paid Family and Medical Leave Benefits. Taxes will be withheld after deductions are taken.

- Withholding Federal Tax is voluntary. 10% of your benefits would be withheld for Federal taxes.
  - If you do not have Federal income tax withheld, you may need to make estimated quarterly tax payments.
- The Federal 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 government as part of your income tax refund.

To **start or stop** withholding 10% Federal 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

Home Address (Number and Street or Rural Route)

City or Town State Zip Code

Telephone Number: (_____) _____ – _____

Check All Boxes That Apply

☐ **Start** withholding 10% Federal Income Tax.

☐ **Stop** withholding 10% Federal Income Tax.

Signature: _____ **Date:** _____

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.

Print