

Applying for Paid Family Leave

Bond with a newborn, a newly adopted or fostered child	Care for a family member with a serious health condition	Assist family members due to another family member's active military duty or impending active duty abroad
<input checked="" type="checkbox"/> Complete Form PFL-1 <ul style="list-style-type: none"> • Complete PFL-1, Part A • Provide PFL-1 to employer • Employer completes PFL-1, Part B and returns to you within 3 days 	<input checked="" type="checkbox"/> Complete Form PFL-1 <ul style="list-style-type: none"> • Complete PFL-1, Part A • Provide PFL-1 to employer • Employer completes PFL-1, Part B and returns to you within 3 days 	<input checked="" type="checkbox"/> Complete Form PFL-1 <ul style="list-style-type: none"> • Complete PFL-1, Part A • Provide PFL-1 to employer • Employer completes PFL-1, Part B and returns to you within 3 days
<input checked="" type="checkbox"/> Complete Form PFL-2 <ul style="list-style-type: none"> • Complete PFL-2 and collect supporting documentation 	<input checked="" type="checkbox"/> Complete Form PFL-3 <ul style="list-style-type: none"> • Care recipient completes PFL-3 and provides to health care provider • Care recipient's health care provider keeps PFL-3 	<input checked="" type="checkbox"/> Complete Form PFL-5 <ul style="list-style-type: none"> • Complete PFL-5 and collect supporting documentation
<input checked="" type="checkbox"/> Send forms and documents <ul style="list-style-type: none"> • Send completed forms and supporting documentation to insurance carrier • Insurance carrier accepts or denies claim within 18 days 	<input checked="" type="checkbox"/> Complete Form PFL-4 <ul style="list-style-type: none"> • Complete "Employee" information at the top of PFL-4 • Provide PFL-4 to care recipient's health care provider • Care recipient's health care provider completes PFL-4 and returns to you 	<input checked="" type="checkbox"/> Send forms and documents <ul style="list-style-type: none"> • Send completed forms and supporting documentation to insurance carrier • Insurance carrier accepts or denies claim within 18 days
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Submit forms to:



 **Mail:** PFL Claims
ShelterPoint Life
1225 Franklin Avenue, Ste. 475
Garden City, NY 11530

 **Fax:** 516-504-6414

 **Email:** claimforms@shelterpoint.com

Claim status can be checked by calling 800-365-4999.