



The Connecticut Paid Leave (CTPL) program presents the opportunity for you to receive income-replacement benefits while you take time away from work to take care of yourself and your family’s health needs. To apply for these benefits, you must tell us the reason you are applying for benefits and provide documentation supporting the leave reason as well as documentation verifying your identity. You will also need to have your employer(s) complete a **CT PL Employment Verification** form.

Qualifying Circumstances

Check the box indicating which reason applies to you

I’m starting or expanding my family

You are bonding with a new addition to your family; by birth, adoption, or foster care. You may also be eligible to receive income-replacement benefits for absences associated with pre-placement activities, such as court appointments, traveling, etc.

- You must complete a **CT PL Bonding Statement**, and
- Provide a copy of bonding documentation listed in the Bonding Statement.

I am experiencing a serious health condition

You are receiving treatment for or recovering from a serious health condition, including pregnancy, or organ or bone marrow donation.

- Your own injury or illness (including pregnancy and organ/marrow donation). You and your healthcare provider must complete a **CT PL Certification for Serious Health Condition** form.

I need to care for a family member experiencing a serious health condition

You are caring for a family member who is receiving treatment for or recovering from a serious health condition. A family member means a spouse, parent, spouse’s parent, child (of any age), child’s spouse, grandparent, spouse’s grandparent, sibling, sibling in law or an individual related to you by blood or affinity whose close association with you is the equivalent to one of the listed family relationships.

- You must complete a **CT PL Statement of Family Relationship** form, and
- You and the healthcare provider of your family member who has a serious health condition must complete a **CT PL Certification for Care of a Family Member with a Serious Health Condition** form.

I have been impacted by family violence

You are experiencing family violence; you may be eligible to receive up to twelve (12) days of CTPL benefits to seek medical or psychological care, to seek support from a victim services organization, to relocate, or to participate in any civil or criminal proceeding relating to family violence.

- You must complete a **CT PL Family Violence Statement**, and
- You’ll need to provide a copy of appointments, court dates, or other proof of services.

I need to care for a military family member injured during active duty

You are caring for family member that is a Current Service Member during their serious health condition.

- **CT PL Certification for Serious Injury or Illness of a Current Service Member for Military Caregiver Leave** form must be completed by you and your family member’s healthcare provider; **OR**
- You must provide a copy of an ITA (Invitational Travel Authorization) or ITO (Invitational Travel Order).

I need to take time to address Qualifying Exigencies associated with a call to active duty

You are addressing specific exigent circumstances associated with the deployment of a parent, spouse, or child to overseas military duty.

- You must complete a **CT PL Certification for Military Leave for Qualifying Exigency** form, and provide:
 - A copy of orders or letter of impending activation from the family members officer; **OR**
 - A copy of documentation validating the specific activity for which you are taking leave.

Employment Verification

In order to support your Paid Leave request, you must have your employer complete the **CT PL Employment Verification** form. If you have more than one employer, each employer should complete on your behalf.

Identity Verification

In order to support your Paid Leave request, you must provide identification verification documents with your application. Please submit one stand-alone document OR two alternate documents. **Do not send original documents.**

Stand-alone documents:

The easiest way to provide proof of identity is a color copy of your Connecticut driver's license or ID. If you don't have a Connecticut driver's license or ID, you will need to provide **ONE** of the following documents for ID proofing:

- Valid** United States government (federal or state) issued form of identification (i.e., passport, passport card, ID card, enhanced or standard driver's license)
- Valid** United States Citizenship and Immigration Service ID.
 - Form I-766 Employment Authorization
 - Form I-551 Permanent Resident Card
- Valid** foreign government issued form of identification (i.e., passport, consular ID card, national identification card)

Alternate documents:

Please provide **one** of the documents from Column A and **one** of the documents from Column B.

Column A

- A certified copy of your birth certificate filed with a State Office of Vital Statistics or equivalent agency in your state of birth.
- A certificate of Citizenship, Form N-560, or Form N-561, issued by DHS
- A certificate of Naturalization (Form N-550 or Form N-570)

Column B

- An SSN Card
- A W-2 Form
- An SSA-1099 Form
- A Non-SSA-1099 Form
- A pay stub with your full name and SSN on it
- An authorization letter from the IRS displaying your 9-digit individual tax identification number

Where do I send my application?

Administrative Office
 PO Box 84077
 Columbus GA, 31908-4077

Phone: (877) 499-8606
 Fax: (888) 485-0973
 Email: CTPFL@Aflac.com

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. I further certify that if benefits are paid in excess of the amount to which I am entitled, I will return to the Authority the amount that was overpaid, and I acknowledge that failure to do so may result in the accrual of interest and other penalties.

Signature

Date