Connecticut Paid Leave

Statement of Family Relationship

Administrative Office
PO Box 84077
Columbus GA, 31908-4077

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

Applicant Information

First Name:	Middle Initial:	Last Name:	Case Number:
List other last names (if any), under which applicant has worked:		Last 4 Digits of SSN:	Date of Birth:
Street Address:			
City:		State:	Zip Code:
Cell Phone:	Home Phone:		Work Phone:

Affinity Relationship:

I am seeking paid leave benefits in connection with leave to care for a family member with a serious health condition. The family member is my:

- ☐ Spouse
- ☐ Parent
- ☐ Spouse's parent
- ☐ Child (of any age)
- ☐ Spouse of my child
- ☐ Grandparent
- ☐ Spouse's grandparent
- ☐ Sibling
- ☐ Sibling in law
- ☐ An individual related to you by blood or affinity whose close association with you is the equivalent to one of the listed family relationships.

If the family member is an individual related to you by blood or affinity (including a person who stood in loco parentis to you or for whom you stand in loco parentis) you must complete this section.

I am asserting that an affinity relationship exists between _____ and _____.
(Applicant to insert name of affinity relationship individual)

Please describe how this relationship demonstrates a family relationship:

_____

_____

_____

_____

_____

_____

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

** Claims administered by American Family Life Assurance Company of Columbus or its affiliates.*