SAN FRANCISCO ELECTRICAL WORKERS
HEALTH & WELFARE PLAN

APPLICATION FOR SUPPLEMENTAL PARENTAL LEAVE BENEFITS
Claim Form

Instructions: Complete this form if you are eligible to receive supplemental cash payments from the Plan for parental leave. This benefit is available only if you have received all cash payments that will be due you under the State of California Paid Family Leave (CPFL) law to bond with a new child entering your family through birth, adoption or foster care placement. You must submit your claim no later than one year following the last date you were paid by the State for your parental leave. Should incomplete information be provided, a denial letter will be sent and additional documentation will be requested. Please provide this information within 30-days. If you provide this information after 30 days have elapsed, your application will be treated as having been provided on the date you provide the information which will cause your application to be denied as untimely if that date is later than 1-year after the last date you were paid benefits by the State. If you need an additional 30-days to provide the information, you must request the extension before the 30-day period has expired.

Member Name: _____ Member SS#: _____

Address: _____

Telephone: (H) _____ (C) _____

New Child's Name: _____ Date of Birth, Adoption or Placement: _____

Date Leave Began: _____ Date Leave Ended: _____

Total Amount Received Under the CPFL: $_____

Member Certification:

I am the Member named above, and I hereby request that the Plan pay me parental leave benefits as described in the Plan. I certify that:

- The child named above became a new member of my family on the date stated above.
- I took leave for the purpose of bonding with my new child between the dates stated above.
- I applied, and was approved, for parental leave benefits under the California Paid Family Leave law for purposes of bonding with my new child. ***[Attach California Form DE429D.]***
- I have received all payments due me under the California Paid Family Leave law. ***[Attach all payment notifications from the State of California that you have received. They should total to the amount indicated above.]***
- I understand that any payments I receive under this application will be subject to state and federal income and payroll taxes.
- I understand that I may be asked to provide further details about this application.

Member Signature: _____ Date: _____

Return this completed form **with documentation** to: EISB, 720 Market Street, Suite 700, San Francicso, CA 94102.
TEL: (415) 263-3670