



Please note that it is also acceptable to send in supporting documentation in place of this form.

Date prepared: _____ Must be returned by: _____

SECTION 1: COMPLETE FOR BONDING

This section to be completed by the EMPLOYEE:

Employee Name: _____		Notification Number: _____	
Employer Name: _____			
Leave is requested for the following dates: _____ - _____			
Reason for my leave request for federal, state, and/or a company leave: _____			
Name and Age of Child or *Expected / Actual Date of Birth: _____			
<i>*If expected date is provided, please contact New York Life Group Benefit Solutions to confirm the actual delivery date.</i>			
By signing below, I certify the above information is true and correct. I understand that failure to promptly return to work at the end of my leave may be treated as a resignation unless an extension has been approved in writing by my employer.			
Employee's Signature: _____			Date: _____

SECTION 2: COMPLETE FOR ADOPTION

This section to be completed by the ADOPTION ADMINISTRATOR:

Verify that the employee's absence due to the adoption of a child and the date of the adoption: _____		
Signature of Adoption Program Administrator: _____		Date: _____
Printed Name of Administrator: _____		
Organization Name: _____	Address: _____ _____	Phone Number (with area code): _____

SECTION 3: COMPLETE FOR FOSTER PLACEMENT

This section to be completed by the FOSTER PLACEMENT ADMINISTRATOR:

Verify that the employee's absence will occur on:

Foster Care Placement Date:

Signature of Foster Care Program Administrator:

Date:

Printed Name of Administrator:

Organization Name:

Address:

Phone Number (with area code):

**PLEASE BE SURE TO RETURN ALL PAGES*

Return completed certification form to:

NYL GBS Leave Solutions

Email: AbsenceManagement@newyorklife.com

Fax: 866.472.3221

P.O. Box 29050 Phoenix, AZ 85038-9050