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NYL GBS Leave Solutions Documentation of Bonding

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: _____ through _____	
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 Signature	_____ Date

Section 2: Complete for Adoption	
This Section To Be Completed by the Adoption Administrator	
Verify that the employee's absence is 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 81077 Cleveland, OH 44181