

Connecticut Paid Leave Employment Verification



Instructions to the employer: Please complete the following information and return to Aflac within **10 calendar days** of receipt of this form. You can send it by email CTPFL@Aflac.com or **fax to (888) 485-0973**.

Section 1: Applicant's Leave Information *(to be completed by the Applicant or the Employer)*

First Name:	Last Name:	Date of Birth:
Last 4 Digits of SSN:	Beginning Date of Leave:	End Date of Leave:
Leave Type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Reduced schedule		Case Number:
Reason for Leave: <input type="checkbox"/> Employee's own serious health condition <input type="checkbox"/> Caregiver leave <input type="checkbox"/> Bonding leave <input type="checkbox"/> Military caregiver leave <input type="checkbox"/> Qualifying exigency leave <input type="checkbox"/> Safe leave <input type="checkbox"/> Pregnancy/Childbirth		

Section 2: Employer Information *(to be completed by the Employer)*

Employer Name:		
Address:		
City:	State:	Zip Code:
Contact Name:	FEIN:	
Contact Phone Number:	Contact Email:	
If one of the following categories is applicable, check the appropriate box and return the form to Aflac without completing the remaining sections of the form: <input type="checkbox"/> Federal Government <input type="checkbox"/> Railroad <input type="checkbox"/> Government of another state <input type="checkbox"/> Non-contributing employee of a Municipality, Board of Education or Sovereign Nation <input type="checkbox"/> Non-contributing employee of CT State Government		

Section 3: Applicant's Income and Work Schedule *(to be completed by the employer)*

Employee's Rate of Pay (e.g., \$13/hour or \$800/week):	Employee's Hire Date:	Date of employee's separation from employment (if applicable):	
Please select the work days that the employee typically works <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			
A "workweek" is the employee's usual or normal schedule (hours per week). If the employee has a standard workweek (e.g., 40 hours/week, or 24 hours/week) please provide that schedule:			
If the employee's workweek varies from week to week, please state the hours worked in each of the 12 weeks prior to the receipt of this form or prior to the start of leave, whichever occurs first (including any overtime worked), plus any hours for which the employee took any paid time off:			
Week 1:	Week 2:	Week 3:	Week 4:
Week 5:	Week 6:	Week 7:	Week 8:
Week 9:	Week 10:	Week 11:	Week 12:

If the employee is not taking paid leave with this employer, please check this box ☐ and only complete sections 1-3 above, section 6, and submit back to Aflac.

CTPL-0006 (06-2025)

Applicant's First Name:

Applicant's Last Name:

Case Number:

Section 4: Scheduled Closures *(to be completed by the Employer)*

For the requested leave period, please provide the specific dates of any Company holidays or other scheduled closures or shutdowns during which the employee would not ordinarily be expected to work if not on leave:

Section 5: Other Potential Sources of Income *(to be completed by the Employer)*

Has the employee **applied** for Worker's Compensation benefits? ☐ Yes ☐ No

• If Yes, have the Worker's Compensation benefits been **approved**? ☐ Yes ☐ No

○ If Yes, please indicate the dates for which the employee is approved to receive Worker's Compensation Benefits:

Start: _____ End: _____

"Income-replacement benefits" refers to employer-provided sources of income to the employee, including sick leave, vacation leave, paid time off, disability benefits insurance, etc. **Please indicate which of the following applies to the employee (please check all that apply):**

☐ 1. Employee will not receive any employer-provided income-replacement benefits while on leave.

Claim Impact: The claimant may receive their full CTPL weekly benefit entitlement.

☐ 2. Employee will receive employer-provided income-replacement benefits equal to the employee's regular wages for the entire duration of the employee's leave.

Claim Impact: The claim will not be payable due to receiving 100% income from their employer.

☐ 3. Employee will receive employer-provided income-replacement benefits that are equal to the employee's regular wages for a portion of the employee's leave.

Please indicate the last date the employee will receive such income-replacement benefits: _____

Claim Impact: The earliest CTPL claim benefits may be payable is the day after the date indicated above.

☐ 4. Employee will receive employer-provided income-replacement benefits that are less than the employee's regular wages for some or all of the employee's leave.

Please indicate if the employer-provided income-replacement benefits are:

☐ **Primary** - Employer benefit payment duration and amount will be the same whether or not CTPL benefits are payable

What percentage of the employee's wages will be paid and for how long? (Please provide percentage of employee's gross wages, start and end dates of payments.)

Percentage: _____ Start: _____ End: _____

Percentage: _____ Start: _____ End: _____

Claim Impact: The weekly benefit rate will be reduced by the same % and duration indicated above so that CTPL does not exceed 100% of the employee's regular wages

☐ **Secondary** - Employer benefit payment may be reduced by the CTPL benefit payments

Claim Impact: The weekly benefit rate will not be reduced by employer provided benefits; **therefore, it is the employer's responsibility to comply with the statutory requirement that the sum of the CT Paid Leave benefits plus employer-provided benefits does not exceed 100% of the employee's regular wages.**

Any additional information regarding income-replacement benefits:

Section 6: Employer Declaration and Signature

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.

Signature

Date

Printed Name

Title