



Employer or Administrator Request for Benefit Information

Complete this form if you are an **equivalent plan employer or plan administrator** and you would like to request benefit information from Paid Leave Oregon for an employee who has applied for benefits under your approved equivalent plan.

You must get consent from your employee to request any benefit information from the department. You must attach proof of consent to this form.

EQUIVALENT PLAN EMPLOYER INFORMATION

Employer business name: _____

Authorized representative filing the request (*first name, last name*): _____

Federal Employer Identification Number (FEIN): _____ or

Business Identification Number (BIN): _____

EMPLOYEE INFORMATION

Legal first name: _____ Legal last name(s): _____

Social Security Number (SSN): _____ or

Individual Taxpayer Identification Number (ITIN): _____

Employee start date of leave (MM/DD/YYYY): _____ / _____ / _____

EMPLOYEE CONTACT INFORMATION

Phone number: (____) ____ - _____ Message phone number: (____) ____ - _____

Email address: _____

EMPLOYEE MAILING ADDRESS

Street address (*number and name*): _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____

Name:	BIN/FEIN:
CERTIFICATION	
<input type="checkbox"/> I certify under penalty of law that the information I have provided is true and correct to the best of my knowledge and belief.	
<input type="checkbox"/> I certify that I have received consent from my employee to request their benefit information from Paid Leave Oregon.	
Signature (<i>authorized employer representative</i>)	Date (MM/DD/YYYY)
<p>Missing information or documents can cause a delay in processing your request.</p> <p>Mail your completed form and all required documents to:</p> <p style="text-align: center;">Attn: Paid Leave Oregon Oregon Employment Department 875 Union St NE Salem, OR 97311</p>	
<p>Need help? The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please call 833-854-0166 (toll free). TTY users call 711. You can also send an email to paileave@oregon.gov.</p>	