

# What You Need to Apply for Benefits: Medical Leave

Use this checklist to get ready to apply for benefits.

### Employees and self-employed people who have chosen coverage can:

- Create a Frances Online account
- Apply for benefits online through their Frances Online account
- Apply for benefits by mail or over the phone:
  - Download and print an application from the <u>Paid Leave website</u>
  - Call us at 833-854-0166 (toll-free)

Frances Online is the **quickest and easiest way** to apply for Paid Leave. If you can't access Frances Online, send us a paper application or call us to apply by phone. If you apply with a paper application or by phone, it may take longer for you to receive a response.

You may have someone else apply for Paid Leave benefits on your behalf by filling out the <u>Designated Representative Form</u>. Please see the <u>Employee Guidebook</u> for more information.

If your employer has an equivalent plan instead of participating in Paid Leave Oregon, you must apply separately under that equivalent plan. Ask your employer for instructions on how to do that.

# **Get ready**

#### Before you apply:

☐ Inform your employer — you need to tell your employer at least 30 days before the start date of your leave. In an emergency, you can give them 24-hour verbal notice and then follow up with a written notice within 3 days. If you can't provide notice, someone else can do it for you.		
<b>Note:</b> If you can't show that you gave your employer notice about your leave, Paid Leave may reduce your first full weekly benefit payment by 25%.		
☐ Put together the information you will need — details for each step are included in this checklist.		
☐ Create a Frances Online Claimant account — Frances Online is the fastest way to apply for benefits. If you are self-employed, this claimant account is a second account. It isn't the same as the employer account you created to apply for coverage.		
Step 1: Create a Frances Online account		
What you need to create an account:		
☐ Your full legal name and date of birth.		



□ Vour 9	Casial Sacurity Number (SSN) or Individual Taypayor Identification Number (ITIN)
	Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).
	contact information, including your phone number, email address, physical address, and mailing address, if it is different than your physical address.
☐ Yours	tate driver's license or state identification card (if you have one).
☐ Your e	email address.
•	have filed a Paid Leave or Unemployment Insurance claim in the past, you may need to us send you a letter to set up your account securely.
Step 2: App	ly for benefits
Online to ap	ly immediately after you create an account in Frances Online. Sign in to Frances ply. You can also download an application for benefits from our website and mail it to at 833-854-0166 to apply over the phone.
What you no	eed to apply:
☐ Your u	sername and password if applying through Frances Online.
☐ Your S	Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).
☐ The ty	pe of leave you are applying for.
	requested leave schedule (consecutive or intermittent) and the expected start and end of your paid leave.
0	Consecutive leave means that you take leave from the start date to the end date of your leave, without working at any job during that time.
0	Intermittent leave means that you take days or weeks of leave between the start and end dates of your leave, but you also work during your leave. You must take intermittent leave if you are taking leave for two or more life events at the same time.
☐ Your o	current and past 18 months of employment information including:
0	Employer's business name, address, and phone number
0	Your employer's business identification number (BIN) or Federal Employer Identification Number (FEIN) (ask your employer for these numbers)
0	Your job title (to help you find your occupation)
0	Your date of hire
0	How often you are paid by your employer
0	How much your employer pays you
0	The number of days each week that you usually work for each employer
0	The date you told your employer about your leave



Program benefits you may be receiving.
☐ Information about any equivalent plan coverage you have and any paid leave you have taken under this plan.
☐ Your preferred benefit payment method. You can choose between a prepaid debit card and direct deposit. If you choose direct deposit, you will need your bank account and routing numbers.
☐ Your preference for tax withholding.

## **Step 3: Identity Verification**

After we receive your application, we will verify your identity. Sometimes, we may need more information to verify your identity. We may send you a letter in the U.S. mail, even if you chose to get email alerts when you set up your account. **Please watch your U.S. mail** and be ready to answer any follow-up questions we may have.

## Step 4: Verify your life event

#### What you need to verify your life event

There will be a questionnaire in your Frances Online account that asks for additional information about your claim. You will need to log in to your Frances Online account and complete the questionnaire. We will also ask you to send your documentation (listed below) to verify your qualifying life event. The easiest way to do this is to send it with a message in your Frances Online for Claimants account. If you don't have a Frances Online account, you will mail your verification documents with your paper application. We may also call you to get needed information.

The verification documents we ask for depend on the type of leave you need. You need to give us one document from the list below. If this document doesn't include all the required information to verify your leave, we may ask you for additional information.

The documents on this list have sections that your health care provider or your family member's health care provider need to fill out. Have them fill out **one of the following**:

- Paid Leave Oregon Verification of Serious Health Condition Form
- Oregon and Federal Family and Medical Leave Health Care Provider Certification
- The Family and Medical Leave Act (FMLA) Certification of Health Care Provider for Employee's Serious Health Condition Form
  - Note: The U.S. Department of Labor provides this form. You can also use an employer version of the FMLA certification for a serious health condition.
- A document issued by a health care provider



• Other documentation — visit the <u>Employee Guidebook</u> for a list of documentation requirements

Your document must include the following information:

- Your first and last name
- Your date of birth
- The approximate date of which the serious health condition started or created the need for leave
- A reasonable estimate of the duration of the condition or your recovery period
- A reasonable estimate of the frequency and duration of intermittent leave and estimated treatment schedule, if applicable
- A diagnosis or other information to establish that you have a serious health condition

For more information about how to apply for benefits through Frances Online, please watch the <u>How to Apply for Benefits Overview video</u> at paidleave.oregon.gov.

Read our <u>Employee Guidebook</u>, <u>Self-Employed Guidebook</u>, or visit <u>paidleave.oregon.gov</u> for more detailed information about applying for benefits.

