

You can apply for Paid Leave Oregon benefits by completing this application and including the appropriate documentation for your type of leave. We recommend learning about all benefit eligibility requirements before completing your application. You can find this information at paidleave.oregon.gov or by calling us at 833-854-0166.

You can send your application 30 days before the start date of your leave, or up to 30 days after this date. If circumstances outside of your control prevent you from sending your application during this 60-day time frame, Paid Leave may accept your application up to one year after the start of your leave. If you experience circumstances outside of your control, you need to send documentation to Paid Leave explaining the cause of the delay. Paid Leave will review your documentation and make a decision.

The fastest and easiest way to file for benefits, see the status of your claim, and see your benefit payments is by creating a Paid Leave Oregon account at frances.oregon.gov.

VERIFICATION OF LEAVE

You must show verification for your specific life event by including the appropriate verification document. Paid Leave uses this documentation to decide if you qualify for benefits, meet the definition for the type of leave you request, and calculate the amount of leave as well as the time frame you can claim benefits. Visit our Employee Guidebook at paidleave.oregon.gov/resources/resources.html for a list of acceptable verification documents. Be sure to include a legible copy of an accepted verification document with this application.

INFORMATION ON OTHER BENEFITS

Unemployment Insurance and Workers' Compensation time loss benefits

In any week in which you receive Workers' Compensation time loss benefits or Unemployment Insurance benefits, you can't receive Paid Leave benefits for that week.

Time loss benefits are workers' compensation benefits that replace an employee's wages.

Need help?

This information is vital. 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 access.paidleave@oregon.gov.

IDENTIFICATION

Social Security Number (SSN): _____ or

Individual Taxpayer Identification Number (ITIN): _____

Legal first name:

Legal middle name (if any):

Legal last name(s):

Preferred name:

Names your current or past employer(s) know you by:

Date of birth (MM/DD/YYYY): / /

Driver's license or state identification number (if you have one):

Issuing state:

What are your pronouns? (Select all that apply)

- He/him/his
- She/her/hers
- They/them/theirs
- Prefer not to say
- No preference
- Not listed: _____
- Not sure (for authorized representative)

What language do you want to get our services in?

- English
- Spanish

We provide free help so you can use our services. Some examples are sign language interpreters, spoken-language interpreters, written materials in other languages, large print, audio, and other formats.

Do you need help to use our services?

- Yes
- No

Name:		SSN/ITIN:	
IDENTIFICATION (Continued)			
<p>When you apply for Paid Leave Oregon benefits, the Internal Revenue Code and Oregon Administrative Rules require that you provide your Taxpayer Identification Number (TIN). Your TIN is either your assigned Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The Oregon Employment Department (OED) uses it to confirm your identity and to report your benefit payments to the Internal Revenue Service and the Oregon Department of Revenue. If your TIN is a SSN, OED will confirm it with the Social Security Administration. If your TIN is an ITIN, OED may confirm it with the Internal Revenue Service. OED uses your TIN as a record for processing your claim and for statistical purposes related to Paid Leave Oregon. These statistics will not include personally identifiable information. OED may use your TIN to collect a debt.</p>			
CONTACT INFORMATION			
Email address: _____			
<p>Note: If you would like to receive information from us electronically, create a Frances Online account at frances.oregon.gov.</p>			
Phone number #1 <input type="checkbox"/> Cell phone <input type="checkbox"/> Home phone <input type="checkbox"/> Business phone Phone number: (____) _____ - _____		Phone number #2 (optional) <input type="checkbox"/> Cell phone <input type="checkbox"/> Home phone <input type="checkbox"/> Business phone Phone number: (____) _____ - _____	
PHYSICAL ADDRESS			
Street line 1:			
Street line 2:			
Unit type:		Unit number:	
City:	State:	Zip:	County:
Attention:		Country:	
MAILING ADDRESS (If different from physical address)			
Street line 1:			
Street line 2:			
Unit type:		Unit number:	
City:	State:	Zip:	County:
Attention:		Country:	

Name:

SSN/ITIN:

TYPE OF LEAVE & DATES

What type of leave are you requesting? (Select "Yes" to only one)

Bonding leave. Are you taking family leave to care for and bond with a child during the first year after the child's birth or during the first year after the placement of the child through foster care or adoption?

Yes No

Family leave. Are you taking family leave to care for a family member with a serious health condition?

Yes No

Medical leave. Are you taking medical leave for your own serious health condition? Yes No

Safe leave. Are you taking safe leave because you, your child, or dependent is a survivor of sexual assault, domestic violence, harassment, bias crimes, or stalking? Yes No

Pre-placement leave. Are you taking pre-placement leave for necessary activities before adopting a child or having a foster child join your home? (You must take leave on an intermittent schedule with this type of leave. You must file a weekly claim for each week of leave you take.) Yes No

What date do you plan to start your leave? ____ / ____ / ____ (MM/DD/YYYY)

What is the end date of your requested leave? ____ / ____ / ____ (MM/DD/YYYY)

Name:	SSN/ITIN:		
ADDITIONAL TYPE OF LEAVE QUESTIONS			
Answer questions that are related to the type of leave you selected in the section above. Not all types of leave have additional questions.			
<p>Family-Care leave</p> <p>Which family member are you taking leave to care for? <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse or Domestic Partner <input type="checkbox"/> Other</p> <p>If "Other" – Please explain the relationship that is the same as a family member.</p> <p>_____</p> <p>_____</p>			
Contact information for the person you are caring for:			
First name:			
Last name:			
Phone number:			
Address for the person you are caring for:			
Street line 1:			
Street line 2:			
Unit type:	Unit number:		
City:	State:	Zip:	County:
<p>What is the type of care or support you are providing for your family member? Select the option that best applies to your situation.</p> <p><input type="checkbox"/> Emotional support or comfort</p> <p><input type="checkbox"/> Making arrangements for medical care or completing other administrative tasks</p> <p><input type="checkbox"/> Medical or physical assistance</p> <p><input type="checkbox"/> Transportation to medical care</p> <p><input type="checkbox"/> Other</p> <p>If "Other," please explain:</p> <p>_____</p>			

Name:

SSN/ITIN:

Safe leave

Who needs to take safe leave? For myself For my child or dependent

Note: Your child must be under the age of 18, and if they are 18 or older, they need to be a dependent adult with a physical or mental disability that limits their ability to live independently.

Please select the purpose(s) of your safe leave. (Select the option(s) that best applies to your situation.)

- To seek legal or law enforcement help for the health and safety of yourself, your child, or dependent, including preparing for and participating in court hearings that are related to sexual assault, domestic violence, harassment, bias crimes, or stalking
- To seek medical treatment for yourself, your child, or dependent or to recover from injuries caused by sexual assault, domestic violence, harassment, bias crimes, or stalking
- To get counseling for yourself, your child, or dependent from a licensed mental health professional because you, your child, or dependent are a survivor of sexual assault, domestic violence, harassment, bias crimes, or stalking
- To get services for yourself, your child, or dependent from a victim services provider because you, your child, or dependent are a survivor of sexual assault, domestic violence, harassment, bias crimes, or stalking
- To relocate or take steps to secure an existing home to protect yourself or the health and safety of your child or dependent
- None apply

EMPLOYMENT INFORMATION

Complete information about all the jobs you had in Oregon during the following time frames:

- During the 18 months before taking paid leave
- While taking paid leave

Note: If your leave has not started or if you are in the middle of taking your paid leave, only include the jobs you have had through today's date. Include any self-employed businesses if you chose Paid Leave Oregon coverage.

Include all these jobs, even if:

- You aren't taking leave from all of them
- One (or more) of your employers has an equivalent plan

Note: If all your employers offer their own equivalent paid leave plans, stop here. You will need to apply through your employer's plan instead of Paid Leave Oregon.

You must provide all the required information for each job.

Your employer (or you as a self-employed business if you chose coverage) must send your wage information quarterly. Paid Leave will use this information to calculate your weekly benefits. If we can't match or verify your wages, we will contact you for additional information.

Name:		SSN/ITIN:	
Employer #1			
Employer business name:			
Federal Employer Identification Number (FEIN):			
Business Identification Number (BIN):			
Employer address			
Street line 1:			
Street line 2:			
Unit type:		Unit number:	
City:	State:	Zip:	County:
Attention:		Country:	
Employer contact name:			
Employer contact phone number:			
Employer contact email address:			
Work and leave information			
Date of hire: ____ / ____ / ____ (MM/DD/YYYY)			
Are you still working for this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "No," last day worked: ____ / ____ / ____ (MM/DD/YYYY)			
Frequency of pay:			
<input type="checkbox"/> Hourly		<input type="checkbox"/> Semi-monthly	
<input type="checkbox"/> Daily		<input type="checkbox"/> Monthly	
<input type="checkbox"/> Weekly		<input type="checkbox"/> Annually	
<input type="checkbox"/> Bi-weekly (every two weeks)			
For the frequency of pay you selected, what is your amount of pay?			
Have you taken or do you plan to take leave from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are taking leave from this employer, how many days do you usually work per week for this employer? Circle one: 1 2 3 4 5 6 7			
If you are taking leave from this employer, did you notify this employer about your leave?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," when did you notify this employer? ____ / ____ / ____ (MM/DD/YYYY)			

Name:		SSN/ITIN:	
Employer #2			
Employer business name:			
Federal Employer Identification Number (FEIN):			
Business Identification Number (BIN):			
Employer address			
Street line 1:			
Street line 2:			
Unit type:		Unit number:	
City:	State:	Zip:	County:
Attention:		Country:	
Employer contact name:			
Employer contact phone number:			
Employer contact email address:			
Work and leave information			
Date of hire: ____ / ____ / ____ (MM/DD/YYYY)			
Are you still working for this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "No," last day worked: ____ / ____ / ____ (MM/DD/YYYY)			
Frequency of pay:			
<input type="checkbox"/> Hourly	<input type="checkbox"/> Semi-monthly		
<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly		
<input type="checkbox"/> Weekly	<input type="checkbox"/> Annually		
<input type="checkbox"/> Bi-weekly (every two weeks)			
For the frequency of pay you selected, what is your amount of pay?			
Have you taken or do you plan to take leave from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are taking leave from this employer, how many days do you usually work per week for this employer? Circle one: 1 2 3 4 5 6 7			
If you are taking leave from this employer, did you notify this employer about your leave?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," when did you notify this employer? ____ / ____ / ____ (MM/DD/YYYY)			

Name:		SSN/ITIN:	
Employer #3			
Employer business name:			
Federal Employer Identification Number (FEIN):			
Business Identification Number (BIN):			
Employer address			
Street line 1:			
Street line 2:			
Unit type:		Unit number:	
City:	State:	Zip:	County:
Attention:		Country:	
Employer contact name:			
Employer contact phone number:			
Employer contact email address:			
Work and leave information			
Date of hire: ____ / ____ / ____ (MM/DD/YYYY)			
Are you still working for this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "No," last day worked: ____ / ____ / ____ (MM/DD/YYYY)			
Frequency of pay:			
<input type="checkbox"/> Hourly	<input type="checkbox"/> Semi-monthly		
<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly		
<input type="checkbox"/> Weekly	<input type="checkbox"/> Annually		
<input type="checkbox"/> Bi-weekly (every two weeks)			
For the frequency of pay you selected, what is your amount of pay?			
Have you taken or do you plan to take leave from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are taking leave from this employer, how many days do you usually work per week for this employer? Circle one: 1 2 3 4 5 6 7			
If you are taking leave from this employer, did you notify this employer about your leave?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," when did you notify this employer? ____ / ____ / ____ (MM/DD/YYYY)			

Name:		SSN/ITIN:	
Self-Employment #1			
Business name, if applicable:			
Federal Employer Identification Number (FEIN), if applicable:			
Business Identification Number (BIN), if applicable:			
Address			
Street line 1:			
Street line 2:			
Unit type:		Unit number:	
City:	State:	Zip:	County:
Attention:		Country:	
Employer contact name:			
Employer contact phone number:			
Employer contact email address:			
Work and leave information			
First day of work in this business: ____ / ____ / ____ (MM/DD/YYYY)			
Are you still self-employed and working in this business: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "No," last day worked: ____ / ____ / ____ (MM/DD/YYYY)			
Occupation: (job title)			
Frequency of income received from business:			
<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (every two weeks)		<input type="checkbox"/> Semi-monthly (twice per month) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
For the frequency of income you selected, what is your net income from this business?			
Have you taken or do you plan to take leave from this self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are taking leave from this business, how many days do you usually work per week in this business? Circle one: 1 2 3 4 5 6 7			

Name:

SSN/ITIN:

Additional Employers or Self-Employment

- Check this box if you have more jobs or more self-employment. Then fill out and attach the Supplemental Employers Form (find it on the Paid Leave website at paidleave.oregon.gov/resources/forms-and-checklists.html).

ALL EMPLOYER (AND SELF-EMPLOYED BUSINESS) INFORMATION

On average, how many days per week do you work for all your employers in Oregon? Please include your work as a self-employed person if you chose coverage.

Note: If you are sending your application after your leave started, list the average number of days you worked in Oregon when your leave started.

Circle one: 1 2 3 4 5 6 7

ADDITIONAL PREGNANCY LEAVE

This option is only available if you are taking family-bonding leave or medical leave.

Are you currently pregnant or have you given birth in the last year, and are you asking for an additional two weeks of leave for health issues related to pregnancy, childbirth, or a related medical condition?

Yes No

If you aren't currently pregnant, please provide the date that your pregnancy ended:

____ / ____ / ____ (MM/DD/YYYY)

LEAVE SCHEDULE

What is your type of leave schedule? (*Select only one*)

- Intermittent leave schedule.** You take leave between the start and end date of your leave, but may also work some days or weeks during this time frame. You may also be taking leave for two or more types of leave at the same time or you are taking pre-placement leave.

Note: By selecting this option, you must send us a Weekly Claim Form each week you take leave. You must send the form to us within 30 days from the end of each week you take leave. If your leave recently started, include the Weekly Claim Form with your application. See the Weekly Claim Form instructions for additional information. Call us at 833-854-0116 to ask for the form.

For faster weekly claim submissions and to see your weekly claim's status, create a Frances Online account at frances.oregon.gov.

- Consecutive leave schedule.** You take leave for one qualifying event at a time, and you do not work for any of your employers (or self-employment) during your approved leave time frame.

Name:

SSN/ITIN:

To calculate your benefits, provide the following information. For Paid Leave, a week runs from Sunday through Saturday.

How many days of Paid Leave will you take during the **first week** you start leave?

Circle one: 1 2 3 4 5 6 7

How many days of Paid Leave will you take during the **last week** of your leave?

Circle one: 1 2 3 4 5 6 7

OTHER BENEFITS

Have you received or do you expect to receive Workers' Compensation time loss benefits during your leave?

Yes No

Have you received or do you expect to receive Unemployment Insurance benefits during your leave?

Yes No

Name:	SSN/ITIN:
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VOLUNTARY DISCLOSURE

We won't use your answers in this section of the application to make decisions about your claim. We will only use your responses for group data analysis. To help us better understand the different communities we serve, we encourage you to answer the demographics information below. You can choose the option 'prefer not to say' for any questions.

What is the highest degree or level of school you have completed? (Choose one answer)

- No school
- Less than high school
- Some high school, no diploma
- High school graduate, including GED or equivalent
- Technical, trade, or vocational school
- Some undergraduate education or associate degree
- Bachelor's degree
- Postgraduate degree
- Prefer not to say
- Not sure (For authorized representative)

Do you have a disability?

(Choose one answer)

You would be considered to have a disability if you have a physical, intellectual, and/or developmental disability or medical condition that substantially limits a major activity, or if you have a history or record of a disability or medical condition. This also includes if you are regarded as having a disability.

- Yes
- No
- Prefer not to say
- Not sure (for authorized representative)

What is your veteran or military status?

(Choose one answer)

- I am a veteran of the U.S. Armed Forces, Military Reserves, or National Guard
- I am active U.S. Armed Forces, Military Reserves, or National Guard
- I am not a veteran or I do not have a military status
- Prefer not to say
- Not sure (for authorized representative)

Which of the following best describes you?

(Check all that apply)

- American Indian, Native American, or Alaskan Native
- Asian
- Black or African American
- Hispanic/Latino/a/x
- Native Hawaiian, Pacific Islander
- White
- Middle Eastern/North African
- Choose to self-describe:

-
- Prefer not to say
 - Not sure (for authorized representative)

Name:	SSN/ITIN:
<p>Are you Hispanic, Latino/a/x, or Spanish? (Choose one answer)</p> <p><input type="checkbox"/> Yes, I am Hispanic, Latino/a/x, or Spanish</p> <p><input type="checkbox"/> No, I am not Hispanic, Latino/a/x, or Spanish</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Not sure (for authorized representative)</p> <p>What is your sex? (Choose one answer)</p> <p><input type="checkbox"/> Woman/female</p> <p><input type="checkbox"/> Man/male</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Are you transgender? (Choose one answer)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Questioning/exploring</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> I don't know what this question is asking</p> <p><input type="checkbox"/> Not sure (for authorized representative)</p>	<p>What is your gender? (Check all that apply)</p> <p><input type="checkbox"/> Agender/no gender</p> <p><input type="checkbox"/> Non-binary</p> <p><input type="checkbox"/> Woman/girl</p> <p><input type="checkbox"/> Man/boy</p> <p><input type="checkbox"/> Another gender not listed. Please specify: _____</p> <p><input type="checkbox"/> Questioning/exploring</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> I don't know what this question is asking</p> <p><input type="checkbox"/> Not sure (for authorized representative)</p> <p>How do you describe your sexual orientation or sexual identity? (Check all that apply)</p> <p><input type="checkbox"/> Asexual</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Gay</p> <p><input type="checkbox"/> Lesbian</p> <p><input type="checkbox"/> Pansexual</p> <p><input type="checkbox"/> Queer</p> <p><input type="checkbox"/> Questioning/exploring</p> <p><input type="checkbox"/> Same-gender loving</p> <p><input type="checkbox"/> Same-sex loving</p> <p><input type="checkbox"/> Straight (attracted mainly to or only to other gender(s) or sex(es))</p> <p><input type="checkbox"/> Another sexual orientation not listed. Please specify: _____</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> I don't know what this question is asking</p> <p><input type="checkbox"/> Not sure (for authorized representative)</p>

Name:

SSN/ITIN:

RECEIVING YOUR BENEFITS

How would you like to receive benefit payments if they are approved? (Select only one)

Direct deposit

- Checking account Savings account

Financial institution: _____

Bank routing number: _____

Account number: _____

Please check the box below to confirm your choice of direct deposit as your payment method:

- I give the Oregon Employment Department Paid Leave Oregon program permission to electronically deposit payment in the above-listed financial institution. I give the above-named institution permission to accept this payment and deposit it into the account I have listed above

I understand that this permission will replace any previous permission and will remain in effect until I send Paid Leave Oregon written notice of its cancelation, or one year has passed since I last filed a claim.

I understand that if my benefit payments cannot be deposited into the above listed financial institution account, my benefit payments will automatically be paid on a U.S. Bank ReliaCard®. I have reviewed the included ReliaCard® disclosures before making my payment selection.

Debit card (ReliaCard®)

Note: If you have received Paid Leave benefit payments on a ReliaCard® in the past, Paid Leave Oregon will use the same ReliaCard® for this claim. Please let Paid Leave know if you need a new card.

- I have reviewed the included ReliaCard® disclosure.

TAX WITHHOLDING ELECTION

How do you want your taxes from benefit payments withheld?

- I want BOTH 10% for my federal and 8% for my state personal income taxes withheld from my benefit payments.
- I want ONLY 10% of my benefit payments withheld for federal personal income taxes.
- I want ONLY 8% of my benefit payments withheld for state personal income taxes.
- I do not want taxes withheld from my benefit payments.

Name:	SSN/ITIN:
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. I understand the law provides penalties for making false statements to successfully get benefits through Paid Leave Oregon. By signing below, I am making a claim for Paid Leave Oregon benefits. I authorize Paid Leave Oregon to release relevant claim information to my employer(s), including but not limited to, information about my application for leave; the approval or denial of my claim; the dates, duration, and frequency of leave; and my weekly benefit amount. I authorize Paid Leave Oregon to release relevant claim information to health care providers related to my paid leave claim. I understand that I must notify Paid Leave Oregon about any change to the information I provided in this application, including the dates and amount of leave, and changes to my employment.	
Signature:	Date (MM/DD/YYYY):
Claimant-designated representative signature:	Date (MM/DD/YYYY):
Claimant-designated representative (print name:)	
Authorized agent of an incapacitated or deceased claimant signature:	Date (MM/DD/YYYY):
Authorized agent of an incapacitated or deceased claimant (print name:)	
Note: You need to have approval from the department to act on behalf of a claimant as a claimant-designated representative or authorized agent before we can accept an application or other information from you. The forms to ask for this status are available on our website.	
Missing information or documents can cause a delay in processing your application for benefits. Mail your completed application and all required documents to: <p style="text-align: center;">Attn: Paid Leave Oregon Oregon Employment Department 875 Union St NE Salem, OR 97311</p>	

U.S. Bank ReliaCard® Pre-Acquisition Disclosure
 Program Name: Oregon State Government Programs

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your agency for available options and select your option.			
Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network	N/A
		\$2.00* out-of-network	
ATM Balance Inquiry (in-network or out-of-network)			\$0
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 365 days with no transactions)			\$2.00 per month
We charge 3 other types of fees. Here are some of them:			
International Transaction			3%
Card Replacement (standard or expedited delivery)			\$0 or \$15.00
<p>* This fee can be lower depending on how and where this card is used.</p> <p>See the accompanying Fee Schedule for free ways to access your funds and balance information.</p> <p>No overdraft/credit feature. Your funds are eligible for FDIC insurance.</p> <p>For general information about prepaid accounts, visit cfpb.gov/prepaid. Find details and conditions for all fees and services inside the card package or call 1-855-282-6161 or visit usbankreliacard.com.</p>			

U.S. Bank ReliaCard® Fee Schedule
 Program Name: Oregon State Government Programs

All fees	Amount	Details
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator.html .
ATM Withdrawal (out-of-network)	\$2.00	This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$2.00	This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

The ReliaCard is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. © 2025 U.S. Bank. Member FDIC.

Contact Cardholder Services by calling **1-855-282-6161**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.com.

For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.

CR-57059532

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