

This packet is for people who need authorization to act on behalf of a deceased claimant for Paid Leave Oregon purposes.

You can send the packet one of the following ways:

- Use our Contact us form at frances.oregon.gov
- Mail your completed form and all required documents to:

Attn: Paid Leave Oregon
Oregon Employment Department
875 Union St NE
Salem, OR 9731

To avoid delays, please send all required documents and forms together. If we don't receive all the claim information and documentation we need within 30 days from the approval of your authorization application, you may need to restart the process.

Note: Depending on your situation, you may not need all the forms in this packet. For example, if the claimant has already applied for all requested leave, you won't need to send an application.

For more information, please visit our website at paidleave.oregon.gov or contact us at 833-854-0166 (toll-free). TTY users call 711.

PACKET FOR AUTHORIZED AGENT OF A DECEASED CLAIMANT

Authorized Agent Application

Please include the following documents:

1. A completed Authorized Agent for a Deceased Claimant Form **or** letter from the probate court
2. At least two forms of identity verification documents for the authorized agent (see form for instructions)
3. At least 2 forms of identity verification documents for the claimant (see Form for instructions)
4. Document proving the relationship between the authorized agent and the claimant (not applicable if the estate is probated)
5. Death certificate or equivalent document (must be approved by the department)

Benefits Application (if the claimant hasn't already applied for all requested leave)

1. A completed Paid Leave Application for Benefits
2. A completed leave verification form

Payment Application

1. A completed Payment Due to a Decedent Request Form
For payments totaling greater than \$10,000, send one of the following:
 - Small-estate affidavit **or**
 - A letter from probate court for payment directive
2. A copy of the check sent to the person who passed away if it needs to be re-sent

If the beneficiaries or heirs are **not** the authorized agent, you will need to include the following documents:

- A document that proves the relationship between the beneficiaries or heirs and the person who passed away
- At least two forms of identity verification documents for the beneficiaries or heirs
- At least two forms of identity verification documents for the person who passed away
- Death certificate

SECTION 1: GENERAL INSTRUCTIONS

Complete and physically sign this form if you are **asking to represent a deceased claimant as their authorized agent.**

To become an authorized agent, you must be one of the following:

- A surviving spouse
- A trustee of an inter vivos trust (living trust)
- A child, parent, brother or sister, nephew, or niece of the person who died

Paid Leave Oregon may discuss a current or pending Paid Leave claim with the authorized agent. The authorization gives us permission to provide information from our records that would otherwise be confidential. This includes, but is not limited to:

- Information about any benefits the claimant has received or will receive
- Information provided in the claimant's initial application
- Information about any pending or issued decisions we made on a claim

It also gives the authorized agent permission to provide information to Paid Leave, including information needed to:

- Complete a claim for benefits
- File a new claim for benefits for the claimant
- Arrange any approved benefit payments on the claimant's behalf
- Request a hearing to review a Paid Leave decision and appear in a hearing before the Office of Administrative Hearings on behalf of the claimant

Paid Leave only recognizes one authorized agent per claimant at a time. We will not accept a request for an authorized agent for a deceased claimant if an executor or personal representative of the deceased claimant's estate, or a person otherwise authorized by probate court to manage the estate, is authorized to act on behalf of the claimant for Paid Leave Oregon purposes.

Note: Paid Leave must issue benefit payments to survivors in the order listed in ORS 293.490(3).

Please provide all required information. Missing information can cause a delay in processing your request. Signatures on this form must be handwritten. We cannot accept electronic signatures.

If you are ready to send an application for benefits on the claimant's behalf, you may send it with this form.

Note: You, as the authorized agent, are the only person who can send a benefit application on behalf of the claimant.

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.

SECTION 2: INSTRUCTIONS FOR COMPLETING THE FORM

Person Requesting to be an Authorized Agent: Fill out Parts A, B and C of this form.

- **Part A:** Complete this part with the deceased claimant's information and date of death.
- **Part B:** Complete this part with your own information.
- **Part C:** Complete, **physically** sign, and date this part. We cannot accept electronic signatures.
 - The authorization ends automatically when the deceased claimant's current benefit year ends, or if you do not send an application for Paid Leave benefits within 30 days of your approval as the authorized agent.
- Attach documents that confirm your relationship with the deceased claimant and documents that show the identity of the deceased claimant and your own identity. You can find a list of acceptable documents that you can use for these purposes in Section 3 of the instructions.
- Attach a death certificate or other documentation approved by the department that shows the date of death.
- You must send this form and any other required documents to Paid Leave. You can either send them electronically through the [Contact us](#) form at frances.oregon.gov, or by mail to this address:

**Attn: Paid Leave Oregon
Oregon Employment Department
875 Union St NE
Salem, OR 97311**

SECTION 3: ACCEPTABLE DOCUMENTS

Acceptable documents for confirming your relationship to the deceased:

- Legal Birth Certificate
- Legal Marriage Certificate
- Other documents, at the discretion of Paid Leave Oregon, issued by an independent third party that establish the marriage, parenthood, or other family relationship between the claimant and the person applying for authorized agent status on behalf of the claimant.
- Trust document that establishes you are a trustee.

Acceptable documents to establish the identity of the deceased claimant and the person applying to represent the deceased claimant to act on their behalf:

Note: You must send two primary identity documents or one primary and two secondary documents for yourself and for the claimant you will represent. They need to be full color scans and PDFs.

Primary documents

- Driver's license (or learner's permit) from a U.S. state or territory (We will accept an expired license if it expired in the last 12 months and is intact.)
- Other government-issued photo ID (Must be a permanent document with a photo. Military IDs, temporary or paper documents are not accepted.)
- State-issued photo ID (We will accept expired ID if it expired in the last 12 months and is intact.)
- US Passport or US Passport Card
- U.S. Permanent Resident Card (I-551)
- USCIS-issued Employment Authorization Card (I-766) (No employer-issued ID cards)
- Foreign passport
- Veteran's Health ID Card
- DHS Trusted Traveler Cards (Global Entry, NEXUS, SENTRI)
- Canadian driver's license
- Certificate of Naturalization (Form N-550 or N-570)
- National ID card (only if residing outside of the U.S.)
- Federally recognized, Tribal-issued photo ID
- Non-immigrant visa issued by the U.S. Department of State (not expired more than five years)
- Temporary immigrant visa (I551) issued by the U.S. Department of State (not expired more than five years)

Secondary documents (Full-color scans and PDFs of the following documents are acceptable as secondary documents)

- Social Security Card
- U.S. Certification of Birth Abroad (FS-545)
- U.S. Certification of Report of Birth (DS-1350)
- Canadian Indian and Northern affairs card
- College or university student photo ID
- College or university transcript

- U.S. Consular Report of Birth Abroad (FS-240)
- U.S. health insurance card
- U.S. birth certificate with official seal (first and last name)
- W-2 form
- 1098 form
- Auto insurance card
- Border crossing card
- U.S. Coast Guard merchant mariner card
- U.S. Citizen Identification Card form (I-197)
- DOD certificate of discharge
- Auto or home insurance statement
- Letter attesting state residency
- Supplemental Nutrition Assistance Program recipient certification
- Native American tribal document
- Non SSA-1099 form
- SSA-1099 form
- U.S. or U.S. territory voter registration card or certificate
- Women, Infants, and Children (WIC) Puerto Rico recipient certification

Secondary documents (Must be less than 90 days old)

- **Utility bill** (showing your account number, full name, and current address)
- **Medical bill** (showing your account number, full name, and current address)
- **Bank, loan, or financial institution statement** (showing your account number, full name, and current address; issued by the bank)
- **Pay stub** (showing your full name, employer or company name, current address; must be an actual pay stub not a paycheck)



Authorized Agent for Deceased Claimant Form

PART A - CLAIMANT INFORMATION

First name:	Last name:
Social Security Number (SSN): _____ or	
Individual Taxpayer Identification Number (ITIN): _____	
Date of birth (MM/DD/YYYY): / /	Date of death (MM/DD/YYYY): / /:
Physical address:	Mailing address (If different from physical address):
Email address (optional):	Phone number (optional):

PART B – AUTHORIZED AGENT INFORMATION

First name:	Last name:
Date of birth (MM/DD/YYYY): / /	Relationship to claimant:
Physical address:	Mailing address (If different from physical address):
Phone number:	Email address (optional):

PART C – AUTHORIZED AGENT AUTHORIZATION AND SIGNATURE

Authorized agent certification: I am a surviving spouse, a trustee of an inter vivos trust, a child, parent, brother or sister, nephew or niece of the person who died. I am acting in the best interest of the deceased claimant’s estate and will maintain confidentiality of any information I receive from Paid Leave Oregon on behalf of the claimant.

Authorized agent signature: _____ Date: / /

How your approved status as an authorized agent for deceased claimant may end:

- Your authorization will automatically end When the claimant’s current benefit year ends.
- If you do not apply for Paid Leave benefits for the claimant within 30 days of your approval as the authorized agent, your authorization will end.

You must physically sign this form. We cannot accept electronic signatures.

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.			
Family-Care leave			
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			
If "Other" – Please explain the relationship that is the same as a family member.			

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:
What is the type of care or support you are providing for your family member? Select the option that best applies to your situation.			
<input type="checkbox"/> Emotional support or comfort			
<input type="checkbox"/> Making arrangements for medical care or completing other administrative tasks			
<input type="checkbox"/> Medical or physical assistance			
<input type="checkbox"/> Transportation to medical care			
<input type="checkbox"/> Other			
If "Other," please explain:			

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"/> Semi-monthly (twice per month)	
<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 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:
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CERTIFICATION

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):
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Claimant-designated representative signature:	Date (MM/DD/YYYY):
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Claimant-designated representative (print name:)
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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:

**Attn: Paid Leave Oregon
Oregon Employment Department
875 Union St NE
Salem, OR 97311**

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**](http://usbankreliacard.com).

For general information about prepaid accounts, visit [*cfpb.gov/prepaid*](http://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*](http://cfpb.gov/complaint).

CR-57059532

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.

Use this form to claim a Paid Leave Oregon payment on behalf of a decedent (a person who has died).

Who should use this form?

A survivor of a deceased person must file the Payment Due to Decedent Request Form to claim a pending payment when there is no trustee or court-appointed representative.

If the court has appointed a personal representative, or a small-estate affidavit has been filed, use this form to request a replacement check in the name of the personal representative or responsible party of the small estate.

For revocable inter vivos trusts (living trust)

If you are a trustee of a revocable inter vivos trust, a living trust, you should be able to cash the original check issued in the name of the decedent. If you can't cash the check, return the check with the completed form and a copy of the death certificate, if at least six months have passed since the person died. Send these to the address listed on the form.

For non-probated or closed estates

If you have received a check in the name of the decedent and can't cash it, return the check, a copy of the death certificate, and the completed form to the address listed on the form. The payment may be reissued in your name.

For open probated estates

If the personal representative files this form to claim the deceased person's payment for the estate, attach a copy of the court appointment or a copy of the affidavit. The Oregon Employment Department will issue a check in the name of the decedent, in care of the personal representative.

To avoid refund delays, remember to:

- Answer each question on the form.
- Attach a copy of the death certificate.
- Attach a copy of the court appointment, if any.
- Attach a copy of the check sent to the decedent.
- Sign the affidavit.

SECTION 1: DECEASED PERSON INFORMATION

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

Date of death (MM/DD/YYYY): ____ / ____ / ____

Social Security Number (SSN): _____ or

Individual Taxpayer Identification Number (ITIN): _____

Street address (*permanent residence or last place of residence on date of death*):

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

SECTION 2: REQUESTOR INFORMATION

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

Social Security Number (SSN): _____ or

Individual Taxpayer Identification Number (ITIN): _____

Street address: _____

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

Phone number: _____ Email address: _____

SECTION 3: AUTHORIZATION AND SIGNATURE

1. Has a personal representative for the estate been appointed by the court? Yes No
If "Yes," the personal representative must claim the payment.

2. Has a small-estate affidavit been filed with the county clerk? Yes No
If "Yes," the responsible party on the small-estate affidavit must claim the payment.

3. Has the probate or small estate closed? Yes No
If "Yes," the requestor from number 6 below must claim the payment.

4. If the estate has an open probate, I am filing this statement as a (*check one box only*):

a. Personal representative of estate. (*Attach a copy of court appointment.*)

b. Responsible party filing an affidavit for a small estate. (*Attach a copy of the affidavit.*)

