

Bonding Certification	Paid Family Leave		Mail or Fax to: Innovative Care Systems, Inc. Integrated Disability Claims Dept. PO Box 11433 , Torrance, CA 90510 Phone: 800/965-1444 Fax: 310/943-0348
	_____ Employer Name		
BONDING CERTIFICATION – TO BE COMPLETED BY PERSON CLAIMING PFL BENEFITS TO BOND WITH A CHILD			
Your legal name (first, middle last):			
Your Social Security Number:	Child's date of birth:	Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Social Security Number (if available):	Child is my: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Other		
Date of foster care or adoption placement (if applicable):	Child's Name (first, middle, last):		
Child's Residence Address:	City, State, Zip		
As evidence of the relationship as stated above, check one of the following and attach a copy of the document checked.			
<input type="checkbox"/> Child's Birth Certificate	<input type="checkbox"/> Certificate of Placement, AD-907		
<input type="checkbox"/> Child's hospital discharge record	<input type="checkbox"/> Child's passport showing immigration and naturalization service stamp I-551		
<input type="checkbox"/> Declaration of paternity, CS-909	<input type="checkbox"/> Independent adoption placement agreement, AD-924		
<input type="checkbox"/> Foster care placement record, SOC-815	<input type="checkbox"/> Other		
I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements or documents, is to the best of my knowledge and belief true, correct, and complete.			
Original Signature of Bonding Claimant			Date Signed

_____ I wish to take the full six weeks of PFL at this time.

_____ I do not wish to take the full six weeks of PFL at this time.

Therefore, my first day off work is _____.

The date I plan to return to work is _____.