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| Bonding Certification | Paid Family Leave | Mail or Fax to: TRISTAR Benefit Administrators PO Box 32363, Long Beach, CA 90832 Tele: 877/874-3518 Fax: 562/495-6687 |
| _____ 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 _____.