

## PFL LEAVE SCHEDULE ADJUSTMENT REQUEST

It is your responsibility to notify your employer and PFL carrier as soon as practical when changes to your leave occur.

Claimant's Name: \_\_\_\_\_

Claim Number: F \_\_\_\_\_

### PFL Qualifying Event (check one):

- Bond with a new child  
 Care for seriously ill family member  
 Military exigency

Original leave start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Original return to work date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### ADJUSTMENTS:

New leave start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

New return to work date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Add Dates:

Remove Dates:

### Declaration & Signature:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Your Signature \_\_\_\_\_ Date signed \_\_\_\_\_

### Submit completed forms for review to us one of 3 easy ways:

**Email:** claimforms@shelterpoint.com **Fax:** 516-504-6414 **Mail:** ShelterPoint Life, 1225 Franklin Ave, Ste 475, Garden City NY 11530.