



## Family & Medical Certification Request for Military Exigency Leave

### Instructions

Please complete this form in its entirety. Without sufficient information, this form will be returned as incomplete. Remember to make a copy of the completed form for your records.

### 1 Employee Section

First Name  MI  Last Name

Claim Number  DOB: (MM DD YYYY)    Employee ID

### 2 Military Member Information Section

Covered Military Member's Relationship To Employee: Please check ONLY one

- Spouse
- Adoptive Parent
- Foster Parent
- Step Parent
- Adult Child
- Parent
- In Loco Parentis
- Other: Specify Relationship

Name of covered military member on active duty or call to active status in support of a contingency operation:

First Name  MI  Last Name

Period of covered military member's active duty:

Start Date (MM DD YYYY)     End Date (MM DD YYYY)

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation:

Please check one of the following:

- A copy of the covered military member's active duty orders is attached.
- Other documentation from the military certifying that the covered military member is on active duty orders (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
- I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation

### 3 Qualifying Reason For Leave

Please check appropriate reason:

- Short notice deployment
- Military events and related activities
- Childcare and school activities\*
- Financial and legal arrangements
- Counseling\*
- Parental care\*
- Rest and recuperation
- Post Deployment activities
- Additional Activities: Specify

  





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Disability Management Services  
Tel: 877-367-7781 Fax: 877-889-4885  
[www.prudential.com/mybenefits](http://www.prudential.com/mybenefits)

First Name	MI	Last Name	Claim Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3 Qualifying Reason For Leave (Continued)

Describe the reason you are requesting FMLA leave due to the qualifying exigency reason you indicated above (please be specific):

\*If the reason for FMLA leave is for "Childcare and school activities", "Counseling", or "Parental care" and the activity is not for yourself, please indicate the name, date of birth and relationship to the military member for whom the activity is for.

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (MM DD YYYY)

Relationship to the Covered Military Member

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need to leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill of services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

Yes       No       None Available

### 4 Amount of Leave Needed

Approximate date exigency began:

Start Date (MM DD YYYY)	End Date (MM DD YYYY)
<input type="text"/>	<input type="text"/>

Probable duration of exigency:

Start Date (MM DD YYYY)	End Date (MM DD YYYY)
<input type="text"/>	<input type="text"/>

Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?

Yes       No

If yes, estimate the beginning and ending dates for the period of absence:

Start Date (MM DD YYYY)	End Date (MM DD YYYY)
<input type="text"/>	<input type="text"/>

Will you need to be absent from work periodically to address this qualifying exigency?

Yes       No

Estimate the schedule of leave, including the dates of any scheduled meetings or appointments:

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment related meeting very month lasting 4 hours):

Frequency (ex: 2x/week)     x's per     Hour     Day     Week     Month

Duration (ex: 3 hours each)     #     Minutes     Hours     Days     Weeks

Pattern (ex: every Tuesday)





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First Name

MI

Last Name

Claim Number

### 5 Supporting Information

If the leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangement, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging, or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or e-mail address of the individual or entity). This information may be used by Prudential to verify that the information contained on this form is accurate.

Individual First Name:

Individual Last Name:

Organization:

Phone Number:

Fax Number:

E-Mail:

Describe nature of meeting:

  
  
  

### 6 Fraud Notice

**FLORIDA RESIDENTS**—Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NEW YORK RESIDENTS**—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.

**I have read and understand the terms and requirements of the fraud warnings included as part of this form. I certify that the above statements are true.**

X

Claimant Signature

Date Signed (MM DD YYYY)





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**For residents of all states and jurisdictions except Alabama, Arizona, Arkansas, California, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia and Washington; WARNING—**

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

**ALABAMA RESIDENTS**—Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**ARIZONA RESIDENTS**—For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND RESIDENTS**—Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA RESIDENTS**—For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**KENTUCKY RESIDENTS**—Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**MAINE and WASHINGTON RESIDENTS**—Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

**MARYLAND RESIDENTS**—Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW HAMPSHIRE RESIDENTS**—Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY RESIDENTS**—Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NORTH CAROLINA RESIDENTS**—Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a Class H felony.





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**PENNSYLVANIA and UTAH RESIDENTS**—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 material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**PUERTO RICO RESIDENTS**—Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**VERMONT RESIDENTS**—Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

**VIRGINIA RESIDENTS**—Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

