

# Get ready to apply for Paid Family and Medical Leave (PFML) benefits

**For all applications: You need documents to prove your identity.** The easiest way to do that is to provide a color copy of a Massachusetts driver's license or ID card, but there are other options available.

**To provide proof of identity, you will need a valid, unexpired color copy (front and back) of ONE of the following documents:**

- A state driver's license or state ID card
- A Junior Operator License (learner's permit)
- A Massachusetts Commercial Driver's License
- A Massachusetts Limited Term License
- A Massachusetts Not for Federal Use license
- A Massachusetts Tribal ID card
- A U.S. passport or passport card (include both the page with identifying information AND the signature page)
- A Permanent Resident Card (Form I-551) issued by the U.S. Department of Homeland Security (DHS) or the U.S. Immigration and Naturalization Service
- An Employment Authorization Document (EAD) issued by DHS, Form I-766, or Form I-688B
- A foreign passport

**If you don't have any of the options in the column on the left, you will need to provide valid, unexpired copies of TWO documents from the following categories:**

**You will need a color copy of one of these documents:**

- A certified copy of your birth certificate filed with a State Office of Vital Statistics or equivalent agency in your state of birth. (A Puerto Rican birth certificate will only be accepted if it was issued on or after July 1, 2010. For more information on the Puerto Rican birth certificate law, visit the Puerto Rico Federal Affairs Administration.)
- A certificate of citizenship, Form N-560, or Form N-561, issued by DHS
- A certificate of naturalization (Form N-550 or N-570)

**And either a black and white or color copy of one of these documents:**

- An SSN Card
- A W-2 Form
- An SSA-1099 Form
- A Non-SSA-1099 Form
- A pay stub with your full name and SSN on it
- An authorization letter from the IRS displaying your 9-digit individual tax identification number

**Document copies must include both the front and back, be in color, if indicated, and be saved as a PDF or image file (.jpg, .jpeg, .png). Files must be smaller than 4.5 MB.**

Call the Contact Center at (833) 344-7365 between the hours of 8am - 5pm.  
Ask your employer or visit [mass.gov/dfml](https://mass.gov/dfml) to learn more.

**DFML**  
MA Department of  
Family and Medical Leave



## For medical leave applications

You need a **Certification of your Serious Health Condition form** filled out by you and your health care provider that includes:

- A statement that you have a serious health condition and any other relevant details about your condition
- The date on which your serious health condition started
- The probable duration of your serious health condition
- An attestation that you can't work due to your serious health condition

## Family leave to care for a family member with a serious health condition

You'll need a **Certification of your Family Member's Serious Health Condition form** filled out by your family member's health care provider that includes:

- A statement that your family member has a serious health condition and any other relevant details about your family member's condition
- When your family member's condition began
- That you, the employee, are needed to care for the family member and what kinds of care might be needed
- Information about how often and how long your family member needs you to care for them
- The name and address of your family member and their relationship to you

## Family leave to bond with a child

To apply for family leave to bond with a child, you will need to provide **ONE** of these documents:

- The child's birth certificate
- A statement from the child's health care provider with the child's birth date
- A statement from the health care provider of the person who gave birth with the child's birth date
- A statement or birth record from the hospital where the child was born with the child's birth date and signed by the birth registrar
- A certificate from the child's health care provider confirming both the placement of the child and date of placement

- A certification from an adoption or foster care agency involved in the placement confirming both the placement of the child and date of placement
- A certificate from the Department of Children and Families confirming both the placement of the child and the date of the placement

## Family leave to care for a family member who is a covered service member with a serious health

Applications for military-related paid family leave can only be made by calling the Contact Center at **(833) 344-7365**. To apply, we need to know your relationship to your family member and confirm their serious health condition. You'll need a **Certification of your Family Member's Serious Health Condition form** filled out by your family member's health care provider, that includes:

- An attestation by the service member's health care provider that the health condition is connected to the service member's military service.
- The date on which the covered service member's serious health condition began
- That you, the employee, are needed to care for the covered service member and what kinds of care might be needed
- Information about how often and how long the covered service member needs you to care for them
- The name and address of your family member and their relationship to you

## Family leave to manage affairs while a covered service member is or will be deployed

Applications for military-related paid family leave can only be made by calling the Department's Contact Center at **(833) 344-7365**. You will need to provide copies of documents that confirms the following:

- The dates or period of time for which your leave is required
- The reason for your leave
- The service member's name and address and their relationship to you
- The identity of the family member who is or will be deployed

And a copy of **one** of the following certification documents:

- The family member's active duty orders
- A letter of impending activation from the family member's commanding officer
- A **FMLA WH-384** form

