



The Prudential Insurance Company of America  
Disability Management Services  
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[www.prudential.com/mybenefits](http://www.prudential.com/mybenefits)

## Bonding Statement

### Colorado Paid Family and Medical Leave

#### Important Information

To request bonding leave benefits under Colorado Paid Family & Medical Leave, you must return this completed Family Leave Bonding Statement to us with your completed Application and any other supporting documents. Incomplete or missing information may result in a delay in claim processing.

#### Section 1: Employee Information

<u>First Name</u>	<u>MI</u>	<u>Last Name</u>	<u>Date of Birth:</u>
<u>Social Security Number:</u>	<u>Control number:</u>	<u>Prudential Claim Number:</u>	

#### Section 2: Bonding Statement (Statement of the family relationship and bonding type)

I am making a request for paid family leave benefits to bond with:

Child's Name: \_\_\_\_\_

Date of Birth, Adoption or Placement: \_\_\_\_\_

Please select **one** bonding type and submit a copy of the supporting documentation. Please note that additional documentation may be requested as needed:

☐ Biological child – Please provide one of the following:

- Proof of birth (copy of birth certificate, application for a birth certificate, documentation from the health care provider who provided care during birth or recovery, or vital records showing birth of child); or
- Statement from you establishing *in loco parentis* status (defined above).

*In loco parentis* – a relationship in which a person puts himself or herself in the situation of parent by assuming and discharging the obligations of a parent to a child. For more details and examples of these relationships, please see 7 CCR 1107-3.

☐ Adopted child - Please provide proof of adoption placement (copy of adoption papers or court documents; include the child's date of birth and adoption date).

☐ Foster child - Please provide **one** of the following:

- Proof that you are a licensed or certified foster parent and that the child has been placed in your care; or
- Documentation from a child placement agency, state or county department of human services, or a court indicating a kinship or emergency placement was necessary to provide for the immediate care and safety of the minor child and you will be standing *in loco parentis* through a power of attorney or other legal designation.

Employee signature: \_\_\_\_\_ Date signed (mm/dd/yyyy): \_\_\_\_\_