

**REQUEST FOR BENEFITS FOR PAST LEAVE DAYS**

Use this form if you would like to request Paid Family Leave benefits for days of leave before the date on which you submit a claim. In general, the Paid Family Leave program does not provide benefits for days of leave taken before the date on which you submitted a claim. In certain limited cases, called “exigent circumstances,” we may provide an exception to this rule.

Date of submission \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

A. INFORMATION THE CLAIMANT	
Last four of your SSN or ITIN	Last Name
B. INFORMATION ABOUT YOUR EXIGENT CIRCUMSTANCE	
<p>Which type of circumstance did you experience? (check one)</p> <p><input type="checkbox"/> I was physically or mentally unable to submit a claim after my qualifying event. <i>You were medically incapacitated or were admitted to the hospital during the same period as the occurrence of your qualifying event. Please describe your situation in the space below.</i></p> <p><input type="checkbox"/> There was no reasonable way for me to submit a claim for benefits soon after my qualifying event despite my best efforts. <i>There was an unusual or extreme occurrence in the area in which you live or work such as severe weather, mass power outage, large-scale disturbance, or some other independently verifiable event beyond your control that prevented routine errands.</i></p> <p><input type="checkbox"/> My employer did not provide me with information about the Paid Family Leave program as required by the DC Paid Family Leave law and I had no knowledge of my right to submit a claim for Paid Family Leave benefits at the time of my qualifying event. <i>Your employer failed to provide the required notices to you, and you lacked actual knowledge of your right to apply for Paid Family Leave benefits. Covered employers in the District of Columbia are required to notify their employees of their rights under the Paid Family Leave law.</i></p>	

Please provide an explanation of your selection above and a description of your situation. You may attach any additional documentation that supports your explanation.

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I certify that the information I have provided on this application is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_