

INSTRUCTIONS FOR FORM SUBMISSION

This form establishes a limited power of attorney. Use this form to designate an individual as an authorized representative to manage DC Paid Family Leave claims on your behalf. By submitting this form to the Office of Paid Family Leave, you will be granting a trusted person the authority to make or modify Paid Family Leave claims on your behalf, but you will not be granting authority to make decisions on your behalf for any other purpose. This form should be submitted online using the DC Paid Family Leave benefits portal at does.pflbas.dc.gov.

SECTION 1 (to be completed by the claimant before section 2)

A. INFORMATION ABOUT THE CLAIMANT				
Last four of your SSN or ITIN		Last Name		
B. INFORMATION ABOUT THE CLAIMANT'S CHOSEN AUTHORIZED REPRESENTATIVE				
Last Name		First Name	Middle Name	
Mailing Address	Street	City	State	Zip code
Telephone Number		Email Address		
Describe the relationship of authorized representative to claimant (does not have to be familial relationship)				

I, _____ [claimant's name], appoint _____ [authorized representative's name] to act in any lawful way on my behalf with respect to Paid Family Leave benefits administered by the District of Columbia's Department of Employment Services.

This power of attorney designation is effective beginning ____ / ____ / ____ [mm/dd/yyyy] and will expire on ____ / ____ / ____ [mm/dd/yyyy].

Signature of claimant _____
Date [mm/dd/yyyy]

SECTION 2 (to be completed by the authorized representative)

I, _____ [name of authorized representative], agree to accept power of attorney for the above-named claimant for all matters related to Paid Family Leave benefits administered by the District of Columbia's Department of Employment Services for the period specified above.

Signature of authorized representative _____
Date [mm/dd/yyyy]