

ADMINISTRATIVE RULE REVIEW

Adopt New Rule  Permanent Rule	Rule No. <b>PFMLI Draft Rule #20210106</b>	
	Page <b>Page 1 of 1</b>	Last Revised Date <b>December 29, 2020</b>
	NOTICE OF INTENDED ACTION	
	Bulletin Dated	Hearing Scheduled

**PURPOSE:**

This rule describes the required documentation that must be submitted to the Paid Family and Medical Leave Insurance program in order to qualify for benefits when leave is taken for a serious health condition of the covered individual or the covered individual's family member.

1 **PFMLI Draft Rule #20210106**

2 **Verification of Serious Health Condition**

3 A covered individual must submit verification from a health care provider when applying for paid family  
 4 and medical leave insurance benefits for their own serious health condition or the serious health  
 5 condition of a family member. Verification must include:

6 (1) The health care provider's type of medical practice/specialization and contact information, including  
 7 name, address, telephone number, and email address (if available);

8 (2) The approximate date on which the serious health condition commenced, and its probable duration;  
 9 and

10 (3) Other information as requested by the department to determine eligibility for the qualifying event;  
 11 including, but not limited to:

12 (a) For medical leave, information sufficient to establish that the covered individual has a serious health  
 13 condition; or

14 (b) For family leave, information sufficient to establish that the covered individual's family member has  
 15 a serious health condition requiring care.

16 **Stat. Auth.:** ORS 657B.100, 657B.340

17 **Stats. Implemented:** ORS 657B.100