

Connecticut Paid Leave Employment Verification



Administrative Office
PO Box 84077
Columbus GA, 31908-4077

Phone: (877) 499-8606
Fax: (888) 485-0973
Email: CTPFL@Aflac.com

Employee Information (To be completed by the Employee)

First Name: _____	Last Name: _____	Case Number: _____
Phone Number: _____	Last 4 Digits of SSN: _____	Date of Birth: _____
Street Address: _____	City: _____	State: _____ Zip Code: _____
Beginning Date of Leave: _____	End Date of Leave: _____	
Leave type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Reduced schedule		

Under penalties of perjury, I declare that to the best of my knowledge and belief, the information contained herein is true, correct, and complete. Any false statements or other failure to provide truthful, accurate, and complete information may result in monetary and other penalties as well as the possibility of criminal prosecution. I further certify that if benefits are paid in excess of the amount to which I am entitled, I will return to the Authority the amount that was overpaid, and I acknowledge that failure to do so may result in the accrual of interest and other penalties.

Employee Signature and Title _____	Date _____
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Employer Information (To be completed by the Employer)

Instructions to the employer: Please complete the following information and return to Aflac within **10 calendar days** of receipt from your employee. You can send it by email at CTPFL@Aflac.com or fax to (888) 485-0973.