



ShelterPoint Life Insurance Company
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 Garden City, NY 11530
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 Phone: 800.365.4999 (516.829.8100)
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MA Paid Family and Medical Leave Benefits (PFML) Application

Application is hereby made for a plan of Paid Family and Medical Leave based on the statements and representations contained herein. This application becomes part of the policy. Retain a signed copy for your records.

Full Legal Business Name			
Business Address			Mailing Address (if not the same)
City	State	Zip	City State Zip
Applicant E-mail		Applicant Phone	Attention/Care of
Applicant Website Address			
Legal Entity Type (Choose one)			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Limited Partner (LP) <input type="checkbox"/> Joint Venture (JV) <input type="checkbox"/> Limited Liability Co. (LLC) <input type="checkbox"/> Trust or Estate <input type="checkbox"/> Executor or Trustee <input type="checkbox"/> Limited Liability Partnership (LLP or LLLP) <input type="checkbox"/> Other			
Nature of Business		SIC Code	Federal ID #
Requested Effective Date		Current PFML Carrier	
COVERED EMPLOYEES			
All employees, pursuant to Massachusetts Family and Medical Leave Law under M.G.L. c. 175M are covered: <input type="checkbox"/> Yes <input type="checkbox"/> No If NO is checked, please list excluded classes of employees			
EMPLOYEE CONTRIBUTION			
Paid Family and Medical Leave		<input type="checkbox"/> Noncontributory <input type="checkbox"/> Contributory	
Number of Covered Males			
Number of Covered Females			
Total Employees			

Type of Organization	Coverage Includes	Voluntary Coverage: List additional Class(es) of Employees to be included.
<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit	<input type="checkbox"/> Teachers	
	<input type="checkbox"/> Clergy	
	<input type="checkbox"/> Other	

Proprietors: If Business Entity is a Proprietorship, list Names of Proprietors below.			

Additional Entities/Locations to be covered

Name			
Address			
Federal ID #		Unemployment Insurance #	

Name			
Address			
Federal ID #		Unemployment Insurance #	

*** If the number of additional entities exceeds space provided above, attach all additional information required on a separate piece of paper.***

Paid Family and Medical Leave Benefits

Statutory Benefits
 1x Paid Family and Medical Leave Benefit

Billing

Quarterly Billing in Arrears

Authorization

The applicant declares that, to the best of his/her knowledge and belief, the statements and answers to the questions in this application are correct and true.

No one except the Chief Executive Officer, a Vice President or the Secretary of SHELTERPOINT LIFE INSURANCE COMPANY may make or modify any contract on behalf of SHELTERPOINT LIFE INSURANCE COMPANY. Any change or amendment to the policy shall be signed by ShelterPoint Life and the policyholder.

NOTICE Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant: Date _____ Name _____ Title _____

Signature _____

Producer: Date _____ Name _____ Title _____

Signature _____

Agency Name _____ Agency # _____

Agency Address _____ Phone # _____

Policy #:	Effective:	Payroll Rate:
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