

«Name»  
«Address\_Line\_1»  
«Address\_Line\_2»  
«City» «State» «Zip»

## Iyyata Boqonnaa Maatii fi Meedikaalaa Kan Kanfaltii Qabuu

### Jalqabuu keessaniin dura

Karaa oonlaayinii faayidaalee argachuudhaaf yeroo iyyata galchitan, gaaffilee faayidaa torbee keessanii akkamitti akka galchitan filachuu dandeessu(karaa oonlaayinii yookin bilbilaa)akkasumas akkamitti akka kanfaltiwwan faayidaa akka argattan(kallattiidhaan gara herreega baankiitti yookin kaardii liqii dursa kanfalamee(prepaid debit card) dhaan Karaa iyyata warqaa yeroo faayidaaleedhaaf iyyata galchitan, kanneen armaan gadiitti daangeffamtu:

1. Gaaffilee faayidaa torbee karaa bilbilaa 833-717-2273 irratti bilbiluun galchuu.
2. Kanfaltiwwan faayidaa keessan karaa kaardii liqii dursa kanfalamee(prepaid debit card) argachuu.

Gaaffilee torbee keessan karaa oonlaayinii galchuu yookin kanfaltiwwan faayidaalee karaa galchii maallaqaa kallattii fudhachuu yoo barbaaddan, iyyata keessan dirqama karaa oonlaayinii galchuu qabdu. deeffannoo dabalataaf gara[www.paidleave.wa.gov](http://www.paidleave.wa.gov) adeemaa.

Qajeelchi Faayidaa Maatii fi Meedikaalaa Kanfaltii qabu faayidaalee dhaaf akkamitti akka iyyattanii fii gaaffilee torbee keessan akkamitti akka galchitaniif odee effannoo ni dhiyeessaa. Akkasumas seera jalatti mirgootaa fi itti gaafatamuummaawwan qabdan ni ibsa. Qajeelcha isaa [paidleave.wa.gov/benefit-guide](http://paidleave.wa.gov/benefit-guide) irraa buufadhaa yookin 833-717-2273 irratti bilbiluudhaan gargalcha isaa gaafadhaa.

### Qajeelfamoota iyyata faayidaa

#### *Kutaa odee effannoo dhuunfaa fi qunnamtii*

Maqaa, Lakkofsa Eegumsa Hawaasaa(SSN), guyyaa dhalootaa fi odee effannoo qunnamtii. Teessoon isin dhiyeessitan bakka nuti kaardii liqii dursee kanfalamu keessan yookin waantoa biroo meeyiliin itti erginudha.

## *Kutaa Qacarrii hojjetaa*

Boqonnaa ba'uudhaaf sa'aatiwwan gahaa ta'an hojjechuu keessan mirkaneeffachuuudhaaf odee effannoo isin dhiyeessitan fayyadamaa.

- Maqaa Qacaraa. Maqaa daldala fi dhaabbata hojjechaafii turtanii.
  - Unified Business Identifier (UBI) yookin Federal Employer Identification Number (FEIN). Gaafachuuniidhaan UBI qacaraa keessan argadhu, yookin meeshaa ilaaltuu UBI kan weebaayitii Muummee Gibiraa fayyadamuudhaan ([www.DOR.wa.gov](http://www.DOR.wa.gov)).
- 
- Guyyaa jalqabbi fi dhuma qacarrii. Yoo qacaraa kee yeroo ammaa ta'an, guyyaa isa dhuma bakka duwwaa dhiisuudhaan hojjetaa yeroo ammaa ta'uu isaanii agarsiisuudhaaf saanduqicha irratti mallatti.

## *Kutaa odee effannoo bakka duwwaa dhiisi*

Waayee gaaffi boqonnaa keessanii odee effannoo ni gaafanna, gosa boqonnaa gaafachaa jirtanii(meedikaalaa, maatii, walitti qabama fira dhaloota daa'imaa dabalatee, yookin leenjii loltummaa) yookin guyyaa jalqaaa fi dhuma keessan isin gaafanna.

## *Namni guca kanaa nuuf guutuu danda'u jiraa?*

Dhimmaa faayidaalee Boqonnaa Maatii fi Meedikaalaa kanfaltii qabuuf akka bakka keessan isiniif buu'ee dalaguuf nama biraaf eeyyamuu dandeessu. Kana raawwachuuudhaaf, Guca Bakka bu'insaa saxaxamee guutaa. Guca gargalchaa weebaayitii irra jiru argachuudhaaf 833-717-2273

## *Bakka bultii yookin deeggarsa sababa qabeessa ta'e*

Bakka bultii sababa qabeessa ta'e yookiin sagantaa keenya irratti isin hirmaachisuuuf akka isin gargaaruu deeggarsa bira yoo barbaaddan, maaloo nu beeksisaa. Gaaffileen bakkee bultii sababa qabeessaaf dhiyaatan karaa Waajira Eegduu-Imimmaanii Boqonnaa Maatii fi Meedikaalaa Kanfaltii Qabuu dalagamanii jiru. Bakkee bultii gaafachuudhaaf, imeelii PFMLaccess@esd.wa.gov yookin gara 833-494-2273, Washington Relay Service 711 itti bilbilaa.

## **Iyyata keessan galchuu**

Iyyata guutuu keessan, garagalcha dookimentiiwan addabaastuu keessanii, akkasumas dookimentiiwan kanneen araan gadii deeggaran(Waraaqaa ragaa haala fayyaa hamaa ta'e, Guca bakka bu'aa) gara gadiitti meeyil godhaa:

Muummee Eegumsa Qacarrii  
Paid Family and Medical Leave Care Center(Giddugala Kunuunsa Boqonnaa Maatii fi yaalaa Kan Kaffaltii Qabu)  
P.O. Box 19020  
Olympia, WA 98507-0020

## **Gaaffilee qabduu?**

Gaaffilee kamiyyuu yoo qabaattan, maaloo karaa 833-717-2273 yookin karaa imeelii paidleave@esd.wa.gov nu qunnamaa. Wixataa hanga Jimaataa sa'atii 8:30 a.m fi 4:30 ni arganna

# Iyyata Faayidaa

## Odeeffannoo dhuunfaa

*Yoo haala biraatiin ibsaman malee, kutaaleen hundi ni barbaachisoodha.*

**Maqaa(jalqabaa, maqaa abbaa, akaakayyu):**

**SSN:**

**Guuyaa dhalootaa:**

**Lakkoofsa bilbilaa:**

**Teessoo imeelii (dirqalee):**

**Mala qunnamtii filatamaa ta'e:**

- Bilbila
- Imeeleeli
- Meeyilii

**Lakkoofsa bilbilaa isin dhiyeessitan irratti ergaa  
barreeffamaa bal'aa ta'e erguu dandeenyaa?**

- Eeyyee
- Lakki

**Yeroo danda'ametti, afaan dubbi Ingiliffa irraan adda ta'e fayyadamuu filattuu?**

- Eeyyee
- Lakki

**Afaan isin filattan maalidhaa?**

- |   |                                    |                                      |
|---|------------------------------------|--------------------------------------|
| <input type="radio"/> Amaariffa   | <input type="radio"/> Jaappaniffa  | <input type="radio"/> Raashiyaan     |
| <input type="radio"/> Arabiffa  | <input type="radio"/> Kooriyaan    | <input type="radio"/> Soomaalii      |
| <input type="radio"/> Kaamboodiyaan (Khmer)   | <input type="radio"/> La'ootiyaan  | <input type="radio"/> Ispaaniish     |
| <input type="radio"/> Chaayiniffa   | <input type="radio"/> Maarshaalees | <input type="radio"/> Tagaalooq      |
| <input type="radio"/> Ingiliffa   | <input type="radio"/> Afaan Oromoo | <input type="radio"/> Yuukireeniyaan |
| <input type="radio"/> Faarsii   | <input type="radio"/> Punjaabii    | <input type="radio"/> Veetinaamiiz   |
| <input type="radio"/> Kan biraa. Kan biraa yoo ta'e, afaan isin filattan maalidhaa? _____ |                                    |                                      |

**Teessoo Meeyili:**

**Magaalaa:**

**Naannoo:**

**Koodii Zip:**

**Saala:**

- Dhalaalaa
- Dhiira
- Lachuu kan hin taane
- Himuu hin barbaadu

**Kanneen armaan gadii keessaa wursii sanyii keessan sirittiin kan ibsu isa kamidhaa? Kanneen ta'an hundumaa filadhaa.**

- |   |   |
|---|---|
| <input type="radio"/> Adii  | <input type="radio"/> Dhalataa Hawaayii yookin Paafik Aayislaander biraa    |
| <input type="radio"/> Gurraacha yookin Afrikaan Ameerikaan                      | <input type="radio"/> Hispaanik yookin Laatinx                              |
| <input type="radio"/> Ameerikaa Indiyaa yookin Dhalataa Alaaskaa                | <input type="radio"/> Bahaa Giddugalaa yookin Arab Ameerikaan               |
| <input type="radio"/> Kibba Eeshiyaa yookin Ameerikaan Kibba Eeshiyaa           | <input type="radio"/> Himuu hin barbaadu                                    |
| <input type="radio"/> Eeshiyaa Bahaa yookin Ameerikaan Eeshiyaa Bahaa           | <input type="radio"/> Kan biraa. Kan biraa yoo jiraate, maaloo Ibsaa: _____ |
| <input type="radio"/> Eeshiyaa Kibbabahaa yookin Ameerikaan Eeshiyaa Kibbabahaa |   |

- D Eeshiyaa Bahaa yookin Ameerikaanii Eeshiyaa \_\_\_\_\_  
Bahaa  
D Eeshiyaa Kibbabahaa yookin Ameerikaanii  
Eeshiyaa Kibbabahaa

## Odeeffannoo keessan as kaawaa

Kutaalee tokko YOOKIN lama guutaa. Kutaaleen biroo hundi ni barbaachisu.

### KUTAA 1:

**Yoo Maatii yeroo daa'ima argachuuf jiru taatan:**

**Yeroo waqtii ulfummaatti kunuunsa meedikaalaatiif boqonnaa fudhachaa jirtu yoo ta'e?**

- D Eeyyee. Yoo eyyee ta'e, guyyaan dhumaa yookin guyyaan dhalootaa daa'ima sanaa:\_\_\_\_\_  
D Lakki

**Erga deessanii booda, damdamachuudhaaf boqonnaa fudhachaa jirtuu?**

- D Eeyyee. Yoo eyyee ta'e, guyyaan dhumaa yookin guyyaan dhalootaa daa'ima sanaa:\_\_\_\_\_  
D Lakki

**Ulfaa'ina keessaniin yookin dhalota keessaniin wal-qabatee rakkowwan garaagaraa isin mudatanii jiruu?**

- D Eeyyee  
D Lakki

**Daa'ima haaraa dhalate keessan waliin hariroo uumuudhaaf boqonnaa fudhachaa jirtuu? (baratamaadhaan boqonnaa meedikaalaa booda kan fudhatamanidha)**

- D Eeyyee  
D Lakki

### KUTAA 2:

**Haalota biroo kamiyuu:**

**Maaliif boqonnaa fudhachuu barbaaddanii?** (Tokko filadhaa)

- D Boqonnaa meedikaalaa ofii keessaniif  
D Miseensa maatii kunuunsuudhaaf boqonnaa fudhatamu  
Eyyee yoo ta'e, miseensa maatii isa kamiif boqonnaa fudhachaa jirtuu?  
D Maatii (yookin maatii hiriyaan gaa'elaa)  
D Hiriyaan gaa'elaa  
D Daa'ima(yookin ilmaa seeraanii, intala seeraanii)  
D Obbolaawan  
D Ijoollee ijoollee keessanii  
D Ijoollee ijoollee keessanii (yookin Ijoollee ijoollee hiriyaan gaa'elaa keessanii)  
D Kan biraa:  
D Dhalota yookin ramaddii daa'ima booda walitti dhufeenta uumuu  
Yoo eeyyee ta'e, Guyyaan dhalootaa yookin ramaddii daa'ima sanaa:  
D Bu'aa ba'ii loltummaa

**KUTAA 3:**

**Yeroo hagamiitiif boqonnaa irra ta'uu barbaaddaa?**

Guyyaa Jalqabbii: \_\_\_\_\_

Guyyaa Dhumaa: \_\_\_\_\_

**Boqonnaa kan fudhatten osoo yeroon boqonnaa keessan hin gahiin akka ta'e ni beektuu turee?**

- Eeyyee
- Lakki

**Odeeffannoo qacarrii**

*Boqonnaa fudhachuudhaaf sa'aatiawan gahaa ta'an hojechuu keessan mirkaneessuudhaaf seenaa hojii keessan argachuu barbaadna. J'iota 18 darban keessatti hojichiisa hojettaanif eeraa. Yoo barbaachisaa ta'e fuulota dabalataa itti dabala.*

**Haalli qacarrii keessan yeroo ammaa maalidhaa?**

- Hojjetaa mindaa yeroo guutuu
- Hojjetaa yeroo haftee yookin sa'aatiidhaanii
- Hojii dhabaa

**Maqaa qacaraa:**

**UBI yookin FEIN:**

**Lakkoofsa bilbilaa qacaraa:**

**Kuni qacarrii keessan yeroo jalqabaatii?**

- Eeyyee
- Lakki

**Qacaraa kana irraa boqonnaa fudhachuudhaaf karoorsaa jirtuu?**

- Eeyyee
- Lakki

**Qacaraa kanaaf akka boqonnaa fudhatten beeksiftanii turtanii?**

- Eeyyee
- Lakki
- Ulaagaalee irra darbaman

**Eeyyee yoo ta'e, gaafa guyyaa kamii isaan beeksiftanii? \_\_\_\_\_**

**Guyyaa jalqabbii qacarrii hojii:**

**Guyyaa dhumaa qacarrii (dirqalee):**

**Teessoo Qacaraa:**

**Magaalaa:**

**Naannoo:**

**Koodii Zip:**

**Maqaa qacaraa:**

**UBI yookin FEIN:**

**Lakkoofsa bilbilaa qacaraa:**

Kuni qacarrii keessan yeroo jalqabaatii?  <input type="checkbox"/> Eeyyee <input type="checkbox"/> Lakki	Qacaraa kana irraa boqonnaa fudhachuudhaaf karoorsaa jirtuu?  <input type="checkbox"/> Eeyyee <input type="checkbox"/> Lakki	
<b>Qacaraa kanaaf akka boqonnaa fudhattan beeksiftanii turtanii?</b>		
D Eeyyee D Lakki D Ulaagaalee irra darbaman		
<b>Eeyyee yoo ta'e, gaafa guyyaa kamii isaan beeksiftanii?</b> _____		
Guyyaa jalqabbii qacarrii hojii:	Guyyaa dhumaq qacarrii (dirqalee):	
<b>Teessoo Qacaraa:</b>		
Magaalaa:	Naannoo:	Koodii Zip:
<b>Maqaa qacaraa:</b>		
UBI yookin FEIN:	Lakkoofsa bilbilaa qacaraa:	
Kuni qacarrii keessan yeroo jalqabaatii?  <input type="checkbox"/> Eeyyee <input type="checkbox"/> Lakki	Qacaraa kana irraa boqonnaa fudhachuudhaaf karoorsaa jirtuu?  <input type="checkbox"/> Eeyyee <input type="checkbox"/> Lakki	
<b>Qacaraa kanaaf akka boqonnaa fudhattan beeksiftanii turtanii?</b>		
D Eeyyee D Lakki D Ulaagaalee irra darbaman		
<b>Eeyyee yoo ta'e, gaafa guyyaa kamii isaan beeksiftanii?</b> _____		
Guyyaa jalqabbii qacarrii hojii:	Guyyaa dhumaq qacarrii hojii:	
<b>Teessoo Qacaraa:</b>		
Magaalaa:	Naannoo:	Koodii Zip:

### Waliigaltee fi mallattoo

Boqonnaan Maatii fi Meedikaalaa Kaffaltii Qabu odee effannoo waayee keessanii(yookin gaaffii abbummaa keessanii) eejansiiwwan, muummeewwan biroo, yookin hojjechiistota keessan waliin waliif quoduu danda'a. Tarii odee effannoo isin dhiyeessitan mirkaneessun nu barbaachisuu mala akkasumas akka barbaachisummaa isaatti odee effannoo dabatalaas isin gaafachuu dandeenya.

Ofii keessan haalan bakka hin buune taanaan, yookin osoo beektanii odee effannoo nu jalaa yoo dhoksitan, akka dogongorsiisutti ilaalam. Odee effannoo sirrii ta'e yoo dhiyeessitan, iyyata faayidaa keessan isin dhorkuu

**Maqaa qacaraa:**

<b>UBI yookin FEIN:</b>	<b>Lakkoofsa bilbilaa qacaraa:</b>
<b>Kuni qacarrii keessan yeroo jalqabaatii?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Eeyyee</li> <li><input type="checkbox"/> Lakki</li> </ul>	<b>Qacaraa kana irraa boqonnaa fudhachuudhaaf karoorsaa jirtuu?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Eeyyee</li> <li><input type="checkbox"/> Lakki</li> </ul>

**Qacaraa kanaaf akka boqonnaa fudhattan beeksiftanii turtanii?**

- Eeyyee
- Lakki
- Ulaagaalee irra darbaman

**Eeyyee yoo ta'e, gaafa guyyaa kamii isaan beeksiftanii? \_\_\_\_\_**

<b>Guyyaa jalqabbii qacarrii hojii:</b>	<b>Guyyaa dhumaq qacarrii hojii:</b>	
<b>Teessoo Qacaraa:</b>		
<b>Magaalaa:</b>	<b>Naannoo:</b>	<b>Koodii Zip:</b>

**Waliigaltee fi mallattoo**

Boqonnaan Maatii fi Meedikaala Kaffaltii Qabu odeeffannoo waayee keessanii(yookin gaaffii abbummaa keessanii) eejansiwwan, muummeewwan biroo, yookin hojjechiistota keessanii waliin qooduu danda'a. Odeeffannoowwan isin nuuf kennitan mirkaneeffachuu ykn odeeffannoowwan dabalataa akka barbaachisummaa isaatti gaafachuu dandeenya.

Yoo nama biraatiin bakka buufamtanii yookin buutanii jiraattan, yookin osoo beektanii odeeffannoo nu jalaa yoo dhoksitan, akka yakka dogongoorsiisaatti ilaalamta. Odeeffannoo sirii ta'e yoo dhiyeessitan, iyyata faayidaa keessan isin dhorkuu dandeenya yookin faayidaalee hanga ammaatti argattan akka deebistanii kanfaltan isin gaafanna. Adabbii yookin to'annooyakkaa keessan galuu dandeessu. Guca kana irratti mallatteessuudhaan, *Odeeffannoon koo akka ifatti bahuuf eeyyama koo kennaan jira akkasumas gaaffilee iyyata sanaa deebiseen jira.*

<b>Mallattoo:</b>	<b>Guyyaa:</b>
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**Maqaa barreeffame:**

*Namni faayidaalee argachuudhaaf iyyachaa jiru, sababa rakkoo fayyaa qaamaa cimaa yookin müidhaatiif guca kana irratti mallatteessuu hin danda'u yoo ta'e, bakka bu'aan hayyamameef tarii bakka nama sanaa ta'uudhaan mallatteessuufi danda'a, akkasuma isaaniis guca Bakka Bu'aa Hayyama Qabaatee Saxaxame guutee galchuu qabu.*

**Maqaa bakka bu'aa eeyyama qabuu (dirq-alee):**

<b>Mallattoo bakka bu'aa eeyyama qabuu (dirq-alee):</b>	<b>Guyyaa (dirq-alee):</b>
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**Lakkoofsa bilbilaa (dirq-alee):**

**Imeelii (Dirqalee):**

# DOOKIMENTIIWWAN MIRKANEESSII

## EENYUMMAA

Dookimentiiwwan eenyummeessaa fudhatama qabu, Eeyyama Meedikaalaa fi Maatii Kaffaltii qabuuf (Paid Family and Medical Leave)

Iyyata Eeyyama Meedikaalaa fi Maatii kaffaltii qabuu keessan waliin galmeewwan mirkaneessii eenyummeessaa dirqama dhiyeessuu qabdu. Dookimentii mirkaneessii eenyummaa dirqama bakka buutota aangoo qaban kamiifiyyuu dhiyaachuu qaba. **Tarreffama armaan gadii keessa Maaloo dookimentii of-danda'a tokko qofaa YOOKIN dookimentiiwwan filannoo lama deebisaa**. Kanneen orijinala ta'an hin ergiinaa.

### dookimentiiwwan of-danda'oo (kanneen keessa isa tokko)

- **Guca eenyummeessaa (kunis kaardii paaspoortii, kaardii ID, eeyyama konkolaachisummaa fooyya'aa yookin sadarkaa isaa eeggate, Kaardii Qaxxamura Biyyaa Visa B1/B2.) mootummaa Yuunaaytid Isteetiskan** seera qabeessa ta'e.
- **Waraqaa Eenyummaa Tajaajila** Lammummaa fi Godaansaa Yuunaaytid Isteetis Kan Seera Qabeessa Ta'e. Gucooni(unki) fudhatama qaban:
  - I-327 U.S. Eeyyama Dookimentii Himalaa Deebisanii Galchuu
  - Kaardii Jirenya Dhaabbataa I-551
  - I-571 U.S. Galmee Himala Godaanaa
  - Eeyyama Qacarrii hojii I-766
- **Gucaa Waraqaa Eenyummaa mootummaa seera qabeessa ta'e** (kunis, paaspoortii, kardii ID qoonsilaa, kaardii eenyummeessaa biyyaleessaa yookin "cedula" mallattoo fi suura waliin, kkf.)
- **Kaardii Waraqaa Eenyummaa** galmee seera qabeessa ta'e, saba Indiyya mootummaa federalaatiin beekamtii qabu irraa (dirqama mallattoo fii suura keessan qabaachuu qaba)
- **U.S Seera Qabeessa ta'e.** Waraqaan Eenyummaa Dhimmoota Waajira Indiyaatiin kennaman (dirqama mallattoo fi suura keessan qabaachuu qabu)

### Dokumentiiwwan filannoo (kanneen keessa lamaan)

- **Guca eenyummeessaa (kunis kaardii paaspoortii, kaardii Waraqaa Eenyummaa, eeyyama konkolaachisummaa fooyya'aa yookin sadarkaa isaa eeggate, Kaardii Qaxxamura Biyyaa Visa B1/B2.) mootummaa Yuunaaytid Isteetis** kan yeroon isaa irra darbe.
- **Lammummaa Yuunaaytid Isteetsii fi Waraqaa Eenyummaa Tajaajila** kan yeroon Isaa irra darbe. Gucooni(unki) fudhatama qaban:
  - I-327 U.S. Eeyyama Dookimentii Himalaa Deebisanii Galchuu
  - Kaardii Jiraataa Dhaabbataa I-551
  - I-571 U.S. Galmee Himala Godaantotaa
  - Eeyyama Qacarrii I-766
- **Guca ID mootummaa /yeroon isaa irra darbee** (kunis, paaspoortii, kardii ID qoonsilaa, kaardii eenyummeessaa biyyaleessaa yookin "cedula" mallattoo fi suura waliin, kkf.)
- Waraqalee guddifachaa
- Waraqaa raga dhalootaa U.S yookin biyyaa biraa irraa rageeffame
- Kaardii galmee dhalootaa rageeffame (dirqama maqa, guyya dhalootaa, guyya faayilaa, akkasumas guyya kennname)
- Eeyyama meeshaa waraanaa dhokataa sirrii ta'e kan eejansi mootummaa naannoo yookin kaawontiitiin kennname
- Gabaasa Qoonsilaa Biyyaa Alaatti Dhalachuu agarsiisu
- Waardii Labsii/Ajaja Maxxantummaa Mana Murtii
- Xalayaa qulqulleessii yookin galmee konkolaachisummaa DMV mootummaa irra
- Ragaa Wal-hiikinsaa rageeffame
- Waraqaa Ragaa/ eeyyama gaa'elaa rageeffame
- Eeyyama ogeessummaa (narsii, fiziihiyaanaa, Injinaraa, kkf.)
- Galmee yookin traanskiriiptii mana barumsaa

- Kaardii eenyummeessa barataa seera qabeessa ta'e, kan kollejji yookin yuuniversiitii akka biyyalessaatti eeyyama qabu irraa kenname
- Eeyyama Eenyummeessaa Hojjetaa Geejjiiba irraa (Transportation Worker Identification Credential TWIC)
- Maqaa yookin gal mee konkolaachisubmmaa (maqaan xinnoo fudhatama hin qabu)
- Kaffaltii waantoota mana keessaa (gaazii, elektirikii, bishaan, balfaa, bilbila toora lafaa, TV, intarneetii, ISTA)
- Xalayaa faayidaalee DSHS (Department of Social and Health Services) (fayyaa, nyaata, kkf.)
- Mirkaneessii mana qabaachuu ( galmeewwan qabeenya ittin qabsiistanii manicha ittin bittani, galmeewwan gibira qabeenyichaa, oogummaa, maqaa, kkf.)
- Imeeyili hojji mootummaa naannoo, federaalaa, sabaa, kaawontii yookin tuta mootummaa magaalichaa irraa
- Xalayaa Lakkobsa Eenyummeessaa Gibira Dhuunfaa (Individual Tax Identification Number ITIN) Tajaajila Gibira Biyyaa keessaa (Internal Revenue Service IRS) irraa
- Seera inshuraansii abba manummaa yookin kireeffataa
- Seera yookin kaffaltii inshuraanii konkolaataa
- Cheekii kaffaltii yookin ajaja kaffaltii maqaa fi lakkofsa bilbilaa yookin teessoo qacaraatiin hojjetame
- Gucaa W-2 qacaraa irraa, yookin guca 1099
- Galmee Moorage (gatii, kontiraata, kkf.)

# Waraqaawwan Ragaa Dhalootaa fi Ulfaa'uu Boqonnaa Maatii fi Meedikaalaa Kanfaltii qabu

## SADARKA 1:

### Guca isa sirrii filadhaa

Paakkeettiin kun gucoota sadarkaalee ulfaa'inaa fi dhalootaa of keessaa qaba. Gucicha daangessiwwan keessaniif filadhaa. Gosa boqonnaa fudhattan kamiifuu iyyataa fi dookimentiwwan galchuu qabdu.

#### Ulfaa'ina.

- Guca **Waraqaa Ragaa Kunuunsa Meedikaalaa Da'umsaan Duraa** fayyadamaa kunuunsa Meedikaalaa yeroo turtii ulfaa'inaa keessanitti argachuudhaaf.

#### Da'umsaan booda damdamachuu

- Erga deessanii booda damdamannaadhaaf torbeewwan boqonnaa meedikaalaa(fayyaa) jalqabaa jahaaf **Guca Waraqaa Ragaa Dhalootaa** fayyadamaa. Gucni kun da'umsaa booda damdamachuudhaaf akkasumas daa'imaa haaraa waliin walitti dhufeenyaa uumuuf boqonnaa maatii fudhatamuf fayyaduu danda'a.
- Torbeewwan jahaa oliif da'umsa irraa damdamachuuf yeroo boqonnaa barbaaddan guca**Medical Certification for Birth Complications** fayyadamaa.

#### Daa'ima keessan haaraa waliin walitti dhufeenyaa uumuu

- Maatiwwan lachuun guca **Waraqaa Ragaa Dhalootaa** boqonnaa maatiidhaaf daa'ima maatii keessan keessatti dhalate waliin walitti dhufeenyaa uumuudhaaf fayyadamuu ni danda'u. Yaadannoo, boqonnaa walitti hidhuun iyataa biraa barbaada.

## SADARKA 2:

### Gucicha guutaa

Dhiyeessaan kunuunsa fayaa keessan gucoota waraqaa ragaa meedikaalaa kana guutuu fi irratti mallatteessuu qabu. Gucootni dhiyeessaa kunuunsa fayyaatiin irratti mallatteeffamanii guyyaa iyyanno keessaniin dura guyyoota 90 oliif turan fudhatama hin qabaatani. Qajeelfamootni dhiyeessitoota kunuunsa fayaa kuusaa kana keessatti haamatamee jira.

Dhiyeessaan kunuunsa fayaa, miidwaayifii(deessistuun), yookin bakka bu'aa mooraa kunuunsa fayaa tokko guca Waraqaa Ragaa guutee irratti mallatteessuu qaba.

#### Namni guca kana naaf guutuu danda'u jiraa?

- Namni dhuunfaa biraa guca Bakka Bu'aa Hayyamame Muudame akka guutan gochuudhaan kaayyoo faayidaa Boqonnaa Maatii fi Yaalaa Kaffaltii qabuu(Paid Family and Medical Leave)'f bakka kee bu'ee akka hoijetu hayyamuu dandeessa.
- Garagalcha guca Designated Authorized Representative(Bakka Bu'aa Hayyama Argatee Muudamee) gaafachuudhaaf karaa 833-717-2273 nuuf bilbilaa.

## SADARKAA 3:

### Guca guuttan ol-fe'aa

Guca keessan karaa herreega faayidaa boqonnaa Kanfaltii qabuu ol fe'aa yookin iyyata waraqaa keessan keessatti itti dabalaan.

#### Gaaffilee qabduu?

Gaaffilee kamiyyuu yoo qabaattan, maaloo karaa  
833-717-2273 yookiin [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov). nu qunnamaa

# Instructions for Healthcare Providers

Paid Leave medical certification forms are used to certify a serious health condition to qualify for Paid Family and Medical Leave. Your patient may be applying due to their own serious health condition, their pregnancy, or to care for a family member with a serious health condition. Our Certification of Birth form can be used for the first six weeks of medical leave to recover from giving birth and for family leave to bond with a new baby.

"Healthcare Provider" is defined by law in RCW 50A.05.010 and WAC 192-500-090.

## SERIOUS HEALTH CONDITION

A serious health condition is defined in RCW 50A.05.010. Generally, a serious health condition could include an illness, injury, impairment, or physical or mental condition that involves:

- Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity; or
- Continuing treatment by a healthcare provider including any of the following:
  - **Incapacity:** A period of incapacity of more than three consecutive days and subsequent treatment or period of incapacity relating to the same condition. Incapacity means an inability to work, attend school, or perform other regular daily activities because of a serious health condition, treatment of that condition or recovery from it, or subsequent treatment.
  - **Pregnancy:** Any period of incapacity due to pregnancy, or for prenatal care.
  - **Chronic conditions:** Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
    - » Requires periodic visits to a health care provider;
    - » Continues over an extended period of time, including recurring episodes of a single underlying condition; and
    - » May cause episodic rather than a continuing period of incapacity, including asthma, diabetes, and epilepsy.

- **Permanent/Long-term:** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider, including:

- » Alzheimer's, a severe stroke, or the terminal stages of a disease; or
- » Multiple treatments: Any period of absence to receive multiple treatments, including any period of recovery from the treatments.
- » Substance abuse may be a serious health condition if the treatment meets other requirements in this definition.

## FREQUENTLY ASKED QUESTIONS

Visit [paidleave.wa.gov/help-center](http://paidleave.wa.gov/help-center) and click on Healthcare Providers.

### Questions?

If you have any questions, please contact us at 833-717-2273 or [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov).

# Prenatal Care Medical Certification

Washington  
**Paid Family & Medical Leave**  
Employment Security Department

## Use this form for:

- Medical leave for prenatal care
- Medical leave related to a prenatal complication

## Patient information

Complete the patient information section, then have your healthcare provider complete and sign the certification.

**Patient's name:**

**Patient's date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Paid Leave Customer ID number (if known):**

## Healthcare provider certification

**To be completed and signed by a healthcare provider for leave related to prenatal care.**

- Indicate on this form if your patient is experiencing incapacity related to pregnancy. This allows us to approve the full amount of leave they are entitled to.
- Give specific dates. Terms such as "unknown" or "indeterminate" won't be sufficient to determine Paid Leave eligibility.
- All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.

The patient is (*check all that apply*):

- Pregnant and seeking leave for prenatal care.**
- Experiencing incapacity due to a prenatal health condition.** *Can include but is not limited to severe morning sickness, preeclampsia, infections, or other prenatal complications.*

**Start date:** (*Day the patient's leave begins*)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**End date:** (*If leave is needed for the duration of the pregnancy, provide estimated due date. Otherwise, the estimated date incapacity will no longer exist.*)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Healthcare provider's information and signature

*I declare under penalty of perjury that the information provided in this form is true and correct, that the patient's condition meets the definition of "serious health condition," and that I am a healthcare provider authorized to certify their condition (RCW 50A.05.010; WAC 192-500-090).*

**Signature:**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name and title:**

**Certificate license number and state (optional):**

**Type of practice/Specialty:**

**Phone:**

**Email address:**

**Business name and address:**

**Upload completed form to your Paid Leave account.**

If you do not have an account, include the form with your benefit application or fax to 833-535-2273.

# Certification of Birth



Use this form for:

- Family leave to bond with a child born into your family
- The first six weeks of medical leave to recover from giving birth

If more than six weeks of recovery from birth is medically necessary, use the Medical Certification for Birth Complications.

Do not use this form for family leave for adoption, foster care, or other approved placement types. Visit [paidleave.wa.gov](http://paidleave.wa.gov) for information about required documentation for family leave for placement.

## Parents' information

Complete the parent information section, then have your healthcare provider, midwife, or a representative of your healthcare facility complete and sign the certification.

### Information about parent that gave birth:

Name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Paid Leave Customer ID number (if known): \_\_\_\_\_

### Information about second parent (if taking leave):

Name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Paid Leave Customer ID number (if known): \_\_\_\_\_

## Certification of birth

To be completed and signed by a healthcare provider, midwife, or a representative of a healthcare facility.

All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.

Child's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of birth (city, state): \_\_\_\_\_

## Provider's information and signature

I declare under penalty of perjury that the information provided in this form is true and correct, and that I am a healthcare provider as defined in RCW 50A.05.010, a midwife, or a representative of a healthcare facility.

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

Name and title: \_\_\_\_\_

Type of practice/Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Business name and address: \_\_\_\_\_

**Upload completed form to your Paid Leave account.**

If you do not have an account, include the form with your benefit application or fax to 833-535-2273.

# Medical Certification for Birth Complications

Washington  
**Paid Family & Medical Leave**  
Employment Security Department

## Use this form:

- If more than six weeks of recovery from birth is medically necessary.

When six weeks or less is needed to recover from giving birth, use the Certification of Birth form.

## Patient information

Complete the patient information section, then have your healthcare provider complete and sign the certification.

**Patient's name:**

**Patient's date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Paid Leave Customer ID number (if known):**

## Healthcare provider's certification

To be completed and signed by a healthcare provider if more than six weeks of recovery from birth is medically necessary.

- Give specific dates. Terms such as "unknown" or "indeterminate" won't be sufficient to determine Paid Leave eligibility.
- Answers should be your best estimate based on your medical knowledge, experience, and examination of the patient.
- All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.

**Briefly describe the incapacity due to postnatal serious health condition.** Can include but is not limited to recovery after a cesarean delivery, infections, or other postnatal complications.

**Provide the start and end dates for the leave needed for the serious health condition described above.** Do not include bonding leave, which may be applied for separately.

**Start date:** (Child's date of birth) \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **End date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Healthcare provider's information and signature

I declare under penalty of perjury that the information provided in this form is true and correct, that the patient's condition meets the definition of "serious health condition," and that I am a healthcare provider authorized to certify their condition (RCW 50A.05.010; WAC 192-500-090).

**Signature:**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name and title:**

**Certificate license number and state (optional):**

**Type of practice/Specialty:**

**Phone:**

**Email address:**

**Business name and address:**

**Upload completed form to your Paid Leave account.**

If you do not have an account, include the form with your benefit application or fax to 833-535-2273.

## Instructions for designating an authorized representative

### Can I help someone apply for benefits?

You may be authorized by another individual to act on their behalf for the purposes of Paid Family and Medical Leave benefits. Requests to designate an authorized representative can only be granted if we receive one of the following:

- A completed Paid Family and Medical Leave designated authorized representative form;
- Documentation of a court-appointed legal guardian with authority to make decisions on a person's behalf;
- Documentation of an individual designated as a power of attorney to act on a person's behalf; or
- Other written documentation designating an authorized representative.

#### Instructions

Complete sections 1-3. The person applying for benefits and their designated authorized representative must both sign this form. Include this form with the completed application for Paid Family and Medical Leave benefits.

### What if they cannot sign this form?

If a patient is incapable of designating an authorized representative, a healthcare provider may do so on their behalf. This form must be signed by a healthcare provider attesting that the patient is:

- incapable of completing the administrative requirements necessary for receiving Paid Family and Medical Leave benefits, and
- unable to designate an authorized representative to act on their behalf.

The healthcare provider must also attest that they are acting in the patient's best interest.

Healthcare providers who are authorized to sign this form are defined in RCW 50A.05.010 and WAC 192-500-090. Generally, "healthcare provider" means:

- A physician or an osteopathic physician who is licensed to practice medicine or surgery, as appropriate, by the state in which the physician practices;
- Nurse practitioners, nurse-midwives, midwives, clinical social workers, physician assistants, podiatrists, dentists, clinical psychologists, optometrists, and physical therapists licensed to practice under state law and who are performing within the scope of their practice as defined under state law by the state in which they practice.

#### Instructions

Complete sections 1-4. The designated authorized representative and healthcare provider must both sign this form. Include this form with the completed application for Paid Family and Medical Leave benefits.

### Questions?

If you have any questions, please contact us at 833-717-2273 or [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov).

Washington  
**Paid Family & Medical Leave**  
Employment Security Department

## Designated authorized representative

A designated representative is someone whom you appoint and authorize to act on your behalf and represent you to complete the administrative requirements necessary for receiving Paid Family and Medical Leave benefits. A designated representative is allowed to provide and obtain personal information regarding your application for Paid Family and Medical Leave and any benefits you may receive. By designating a representative, you are authorizing us to disclose your information to the individual named in section two of this form.

### Section one: Employee information

*Information about the employee taking leave*

**Customer ID number (if known):**

**Name:**

**Date of birth:**

**Address:**

**Phone number:**

**Email address:**

### Section two: Authorized representative information

*Information about the authorized representative*

**Name:**

**Relationship to employee:**

**Address:**

**Phone number:**

**Email address:**

### Section three: Authorization and signatures

**Employee's authorization:** I designate and authorize the person listed in section two of this form to act on my behalf to complete the administrative requirements necessary for receiving Paid Family and Medical Leave benefits.

*Note: Use section four if the employee is unable to sign this form*

**Signature:**

**Date:**

**Authorized representative's attestation:** I declare under penalty of perjury that the information provided in this form is true and correct and that I am acting in the best interests of the patient by completing this form.

**Authorized representative name:**

**Authorized representative signature:**

**Date:**

Washington  
**Paid Family & Medical Leave**  
**Employment Security Department**

If an employee applying for leave is incapable of designating an authorized representative, a healthcare provider may do so on their behalf. This form must be signed by a healthcare provider attesting that their patient is incapable of completing the administrative requirements necessary for receiving Paid Family and Medical Leave benefits and is unable to designate an authorized representative to act on the patient's behalf. The healthcare provider must also attest that they are acting in the patient's best interest.

### **Section four: Provider's information and certification**

To be completed by a healthcare provider as defined in RCW 50A.05.010. Serious health condition is defined in RCW 50A.05.010. Answer all questions fully and completely. Please be sure to sign the form.

<b>Patient's name:</b>	<b>Date of birth:</b> _____ / _____ / _____
<b>Does the patient have a serious health condition and are they incapable of designating an authorized representative?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>I declare under penalty of perjury that:</i>	
<ul style="list-style-type: none"><li>• The patient listed on this form is incapable of completing the administrative requirements necessary for receiving Paid Family and Medical Leave benefits and is unable to designate an authorized representative to act on their behalf;</li><li>• I am acting in the patient's best interests by completing this form; and</li><li>• The information provided in this form is true and correct and I am a healthcare provider authorized to certify their condition [RCW 50A.05.010; WAC 192-500-090].</li></ul>	
<b>Signature:</b>	<b>Date:</b>
<b>Name and title:</b>	
<b>Certificate license and state:</b>	
<b>License area/area of practice:</b>	
<b>Business name:</b>	
<b>Address:</b>	
<b>Phone number:</b>	
<b>Email address:</b>	

U.S. Bank ReliaCard® Pre-Acquisition Disclosure  
Maqaa Sagantaa: Washington Paid Family & Medical Leave

Tajaajiloonni jiran afaan Ingiliffaa qofaan argamu.

Akkaataa itti kaffaltiiwan keessan fudhattan irarti filannowowan ni qabdu,  
gara herreega baankii keessaniitti kallattumaan yoyokan kaardii dursa itti kaffalamuu  
klanatti galchuu dabalatee.  
Filannoowan jiran eejansii keessan gaafadhaa akkasumas filannoo kessan filadhaa.

Kaffaltii ji'aa <b>\$0</b>	Bitata tokkotti <b>\$0</b>	Baasi ATM <b>\$0</b> neetookriidhaan <b>\$2.50</b> netoorkiidhaan ala	Maallaqa Callaa Deebisanii Fe'uu <b>N/A</b>
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ATM'dhaan herreega haftee gaafachuu (neetookriidhaan yookan neetookriidhaan ala)	\$0
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Tajaajila maamilaa (bakka bu'aa battalaa yookan kallaatti)	\$0 blibiluu tokkootti
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Kan hin hojjeenne	\$0
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**Kaffaltiiwan gosa biroo 3 kaffalchiisna.** Isaan keessa tokko:

Kaardii bakka buusuu (dhiyeessii sadarkaa isaa eeggate yookan hatattaamaa)	\$0 yookan \$15.00
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Odeeffannoo maallaqaa fi herreega haftee keessanii argachuuf karaalee bilisaatiif sagantaa kaffaltii  
dabalataa ilaala.

**Deeggarsi baankii/haalli liqii hin jiru.**  
Maallawan keessan inshuraansii FDIC tiif ulaagaa ni guuta.

Waa'ee herreegawwab dursanii kaffalamanii odeffannoo waliigalaa argachuuf, kana *daawwadhaa*  
*cfpb.gov/prepaid* (afaan Ingiliffaa).  
Kaffaltiiwanii fi tajaajilawwan paakeejii kaardii keessa jiran hundumaaf ibsawwanii fi haalota  
argadhaa yookan lakk. **1-888-964-0359** tiin bilbilaa yookan toora kana daawwadhaa  
**usbankreliacard.com** (afaan Ingiliffaa).

**U.S. Bank ReliaCard® Sagantaa Bilisaa**  
**Maqaa Sagantaa: Washington Paid Family & Medical Leave**

Kaffaltiiwan hundumaa	Hanga herreega	Bal'inaan
<b>Maallaqa callaa argachuu</b>		
ATM'dhaan Baasuu (Netoorkiidhaan)	\$0	Kun kaffaltii baasii keenyaati. "Neetoorkiidhaan" kan ibsu U.S.Bank yookan neetoorkiiwan MoneyPass® ATM ti. Iddoon kana irratti argamuu ni danda'a <a href="http://usbank.com/locations">usbank.com/locations</a> (afaan Ingiliffaatiin) ykn <a href="http://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> (afaan Ingiliffaatiin).
ATM'dhaan Baasuu (Neetoorkiin ala)	\$2.50	Kun kaffaltii keenya kan baasii tokkooti. "Neetoorkiidhaan ala" jechuun ATM'wwan hunda kan U.S. Bank tiin alal jiran yookan neetoorkiiwan MoneyPass ATM jedhuudha. Oppireetara ATM tiin kaffaltii kaffaluu ni dandeessu bittaa fi gurgurtaa guutuu baattanis jechuudha.
Maallaqa calala kaffalaa baasuu	\$0	Kun kaffaltii keenya yeroo isin Kaardii keessaniin kaffalaa fudhatu irraa baasii gootan kaffalamuudha Visa®
<b>Odeeffannoo</b>		
Hanga herrega haftee ATM dhaan gaafachuu (neetoorkiidhaan)	\$0	Bu'uura gaafiiiti kaffaltiin keenya kana. "Neetoorkiidhaan" jechuun Baankii U.S. yookan neetoorkiiwan MoneyPass ATM kan ibsuudha. Iddoon kana irratti argamuu ni danda'a <a href="http://usbank.com/locations">usbank.com/locations</a> (afaan Ingiliffaatiin) ykn <a href="http://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> (afaan Ingiliffaatiin).
Hanga herreega haftee ATM'dhaan gaafachuu (netoorkiidhaan ala)	\$0	Gaaffiitti kaffaltiin Kenya kana. "Neetoorkiidhaan ala" jechuun ATM'wwan Baankii U.S.alal jiran yookan neetoorkiiwan MoneyPass ATM jechuudha. Oppireetara ATM'tiin kaffaltii kaffaluu ni dandeessa.
<b>Kaardii keessan U.S. alatti fayyadamuu.</b>		
Bittaa fi gurgurtaa Idil addunyaa	3%	Kun kaffaltii keenya kan yeroo isin daldal; atoota biyya alaa biratti bittaa raawwattan fi maallaqa callaa ATM'wwan biyyaa alaa irra baastan kaffalamu ta'ee kuni dhibbantaa bittaa fi gurgurtaa doolaaraan raawwatamen erga sharafni kamiiyuu jijiiramee booddee kan kaffalamuudha. Bittaa fi gurgurtaan tokko tokko, isin fi/yookan daldalaan yookan ATM biyya United States keessatti kan argamtan ta'u seerota netoorkii hojii irra oolan jalatti akka bittaa fi gurgurtaa biyya alaayyi kan fudhataman fudhatamu akkasumas nuti daldaltoonni, ATM'wwan fi bittaawwanii fi gurgurtaawwan kunneen kaayyoo kanaaf akkamitti akka isaan qoodaman hin beeknu.
Baasi ATM Idil Adunyaa	\$3.00	Kun kaffaltii keenya kan baaasii tokkooti. Oppireetara ATM tiin kaffaltii kaffaluu ni dandeessu bittaa fi gurgurtaa guutuu baattanis jechuudha.
<b>Kan biroo</b>		
Kaardii Bakka Buusuu	\$0	Kun kaffaltii keenya kan kaardii tokko bakka buusuun kaffalamu ta'ee karaa dhiyeessaa sadarkaa isaa weggateen isintti kan ergamuudha (hanga guyyoota hojii 10tti).
Dhiyeessii Hatattamaan Kaardii Bakka Buusuu	\$15.00	Kun kaffaltii keenya kan Kaardii tokko hatattamaan bakka uusuuti (hanga guyyoota hojii 3tti) kaffaltii Kaardii Bakka Buusuu kamiyyun dablatatti kan kaffalamaniidha.
Hojjeechuu dhabuu	\$0	Kaardii keessan fayyadamuun bittaa fi gurgurtaa erga hin cumurinii booddee ji'a tokkoon tokkootiin kaffaltiin keenya kana.

Walqunnamtiin kun afaan Oromooy yoo dhiyaatu, walqunnamtiiwan U.S. Bank fi, sanadoota ahaadiiwan waliigaltee keessaniin walqabatan, ifa baasuuwan, beeksisawwanii fi ibsawwan akkasumas tajaajilawwan baankii karaa intartetii fi moobaayilitii raawwataman hordofuun dhiyaatan afaan Ingiliffaan qofaan jiraachuu ni danda'u. Sanadoota kanneen dubbisuu fi hubachuu ni dandeessa, yookan isaan hiikuuf gargaaraa argachuu kan dandeeessu yoo ta'u kunis oomishaa fi tajaajila kana hubachuu fi itti fayyadamuufida. Snadooni afaan Igiliffaa gaaffiidihaanni dhiyaatu.

Maallaqni kessan ionshuraansii FDIC tiin ulaagaa ni guuta. Maallaqni keessan Waldaa Biyooleessa U.S.Bank dhaabbata inshuraansii FDIC-gale keessatti kan qabamu yoo ta'u akkasumas wabummaan hanga \$250,000 dhaabbata FDIC tiin taatee tokko kan Baankii U.S. hin raawwannetti kenneera. Odeeffanno bal'aadhaaf [fdic.gov/deposit/deposits/prepaid.html](http://fdic.gov/deposit/deposits/prepaid.html) (afaan Inglizii) ilaalaalaa

Haalli liqii deggarsa baankii hin jiru.

Tajaajilawwan warara kaardii qabatee lakk **1-888-964-0359**, tiin bilbiluun, lakk. S.Po. 551617tiin erguun, Jacksonville, FL 32255 yookan kana daawwachuu [usbankreliacard.com](http://usbankreliacard.com) (afaan Ingiliffaatiin).

Waa'ee herregawwan dursanii kaffalamaniidhaa odeeffanno waligalaa argachuuf, kana daawwadhaa [cfpb.gov/prepaid](http://cfpb.gov/prepaid) (afaan Ingiliffaatiin). Waa'ee herreega dursee kaffalamuu komii yoo qabaattan Consumer Financial Protection Bureau lakk.1-855-411-2372 irratti bilbilaa yookan kana daawwadhaa [cfpb.gov/complaint](http://cfpb.gov/complaint) (afaan Ingiliffaatiin).

CR-21378422