

Special Identifier (if needed) (Click or tap here to enter text.)

Employee First and Last Name (Click or tap here to enter text.)

ADDRESS (Click or tap here to enter text.)

ADDRESS (Click or tap here to enter text.)

« CITY STATE ZIP (Click or tap here to enter text.) CITY STATE ZIP »

Application for Paid Family and Medical Leave

Before you begin

When you apply for benefits online, you can choose how to submit your weekly benefit claims (online or over the phone) and how to receive your benefit payments (direct deposit to your bank account or on a prepaid debit card). When you apply for benefits with a paper application, you are limited to:

1. Submitting weekly benefit claims over the phone by calling 833-717-2273.
2. Receiving your benefit payments on a prepaid debit card.

If you would like to file your weekly claims online or receive your benefit payments through direct deposit, you must submit your application online. Go to www.paidleave.wa.gov for more information.

The Paid Family and Medical Leave Benefit Guide provides information on how to apply for benefits and submit weekly claims. It also explains your rights and responsibilities under the law. Download the guide at www.paidleave.wa.gov/benefit-guide or request a copy by calling 833-717-2273.

Submitting your application

Mail your completed application, copies of your identifying documents, and any other supporting documents (certification of a serious health condition, designated authorized representative form, etc.) to:

Employment Security Department
Paid Family and Medical Leave
P.O. Box 19020
Olympia, WA 98507-0020

Codsiga Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo

Kahor inta aadan bilaabin

Marka aad lacagta ku codsanayso onlaynks, waxaad dooran kartaa sida aad u soo gudbisoo codsiyadaada lacagta ee todobaadlaha ah (onlaynka ama taleefan ahaan) iyo sida aad ku heli lahayd lacagahaaga (lacag dhigid toos ah oo la dhigayo akoonkaaga bangiga ama kaarka lacagta lagu shubto). Markaad lacagaha ku codsato qaab warqad ah, waxaad ku xaddidan tahay:

1. Soo gudbinta codsiyadaada lacagta ee todobaadlaha ah ee dhanka taleefanka adigoo wacaya 833-717-2273.
2. Ku qaadashada lacagahaaga kaarka lacagta lagu shubto.

Haddii aad jeclaan lahayd inaad ku xarayso codsiyadaada todobaadlaha ah onlaayn ahaan ama aad ku hesho lacagahaaga qaab lacag dhigid toos ah, waa inaad codsigaga ku soo gudbisaa qaab onlayn ah. Aad www.paidleave.wa.gov si aad u hesho macluumaad dheeraad ah.

Tilmaamaha Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo wuxuu bixiyaa macluumaadka ku saabsan sida loo codsado lacagaha oo loo diro codsiyada toddobaadlaha ah. Waxay kaloo ay kuu sharxaysaa xuquuqdaada iyo waajibaadkaaga hoos yimaada sharciga. Kasoo degso hagitaanka www.paidleave.wa.gov/benefit-guide ama codso nuqul adoo wacaya 833-717-2273.

Soo gudbinta codsiyada

Kusoo dir boostaada codsiyada la buuxiyay, nuqulada dhukumiintiyadaada aqoonsiga, iyo dhukumiintiyada kale ee taageerada ah (cadaynta xaalad caafimaad oo halis ah, foomka wakiilka loo oggolaaday, iwm.):

Employment Security Department
Paid Family and Medical Leave
P.O. Box 19020
Olympia, WA 98507-0020

Questions?

If you have questions, please contact us at 833-717-2273 or email paidleave@esd.wa.gov. We are available Monday through Friday between 8:30 a.m. and 4:30 p.m.

Benefit application instructions

Personal and contact information section

Provide your name, Social Security (SSN), birthdate and contact information. The address you provide is where we will mail your prepaid debit card and other correspondence.

Employment information section

We'll use the information you provide to confirm you've worked enough hours to be eligible for leave.

- Employer name. The name of the business or organization you worked for.
- Unified Business Identifier (UBI) or Federal Employer Identification Number (FEIN). Find your employer's UBI by asking them for it, or by using the UBI look-up tool on the Department of Revenue's website (www.DOR.wa.gov).
- Employment start and end dates. If they're your current employer, leave the end date blank and check the box to indicate they're your current employer.

Leave information section

We'll ask for information about your leave request, including the type of leave you're requesting (medical, family, bonding after birth or placement of a child, or military exigency) and your expected start and end dates.

Su'aalo ma qabtaa?

Haddii aad su'aalo qabtid, fadlan nagala soo xiriiir 833 717-2273 ama iimayl noogu soo dir paidleave@esd.wa.gov. Waxaa nala heli karaa Isniinta illaa Jimcaha inta u dhaxaysa 8:30 subaxnimo iyo 4:30 galabnimo.

Tilmaamaha codsiga lacagta

Qaybta macluumaadka shakhsi ahaaneed iyo xiriirka

Bixi magacaaga, Sooshal Sikyuuratiga (Social Security Number, SSN), taariikhda dhalashada iyo macluumaadka xiriirka. Ciwaanka aad bixiso waa halka aanu kuugu soo diri doono kaarka lacagta lagu shubo iyo waraaqaha kale.

Qaybta macluumaadka shaqada

Waxaan u isticmaali doonaa macluumaadka aad bixiso si aan u xaqiijino inaad shaqeysay saacado kugu filan si aad ugu qalanto fasaxa.

- Magaca shirkada aad u shaqayso. Magaca ganacsiga ama ururka aad u shaqaysay.
- Aqoonsiga Ganacsiga Midaysan (Unified Business Identifier, UBI) ama Lambarka Aqoonsiga Loo Shaqeeyaha ee Dawlada Dhexe (Federal Employer Identification Number, FEIN). Soo hel UBI-ga shirkadda aad u shaqayso adigoo iyaga waydiinaya, ama adigoo isticmaalaya aaladda raadinta UBI ee ku taal bogga Department of Revenue's (www.DOR.wa.gov).
- Taariikhaha bilowga iyo dhamaadka shaqada. Haddii ay tahay shirkadda aad hadda u shaqayso, ka tag taariikhda dhammaadka iyadoo maran oo calaamad sax saar sanduuqa si aad u muujiso inay tahay shirkadda aad hadda u shaqayso.

Qaybta macluumaadka fasaxa

Waxaan ku waydiin doonaa macluumaadka ku saabsan codsigaaga fasaxa, oo ay ku jiraan nooca fasaxa aad codsanayso (caafimaadka, qoyska, kalgacaylka dhalashada ka dib ama meelaynta ubadka, ama duruufo militari) iyo taariikhaha bilawga iyo dhamaadka ee aad qorsheynayso.

Can someone else complete this form for me?

You can authorize another individual to act on your behalf for the purposes of Paid Family and Medical Leave benefits. To do this, complete the Designated Authorized Representative form. Contact us at 833-717-2273 to get a copy of the form.

Reasonable accomodation or assistance

If you need a reasonable accommodation or other assistance to help you interact with our program, please let us know. Requests are handled through the Office of the Paid Family and Medical Leave Ombuds. To request an accommodation, email PFMLaccess@esd.wa.gov or call 833-494-2273, Washington Relay Service 711.

Qof kale ma ii buuxin karaa foomkan?

Waxaad u oggolaan kartaa shaqsi kale inuu ku matalo iyadoo u jeeddadu tahay lacagaha Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo. Si tan loo sameeyo, buuxi foomka Wakiilka Loo Oggolaaday. Naga la soo xiriir 833-717-2273 si aad u hesho nuqul ka mid ah foomka.

Abaabul ama caawimaad macquul ah

Haddii aad u baahan abaabul ama caawimaad kale oo macquul ah si ay kaaga caawiso la falgalka barnaamijkeena, fadlan nala soo socodsii. Codsiga waxaa qabta Xafiiska Xiriiriyaha Fasaxa Caafimaadka iyo Qoyska ee Lagu helo Mushaarka (Paid Family and Medical Leave Ombuds). Si aad u codsato habaynta, iimayl u dir PFMLaccess@esd.wa.gov ama wac 833-494-2273.

Benefit application

Codsiga lacagta

To apply, provide the required information (*) requested below.	Si aad u codsato, bixi macluumaadka loo baahan yahay (*) ee hoos lagaaga codsaday.
Personal information Xogta Shaqsiga	
First name* Magaca Koowaad* :	Middle initial Magaca Dhexe :
Last name* Magaca Dambe* :	
SSN or ITIN* SSN ama ITIN* :	Date of birth* Taariikhda Dhalashada* :
Phone number* Lambarka Taleefoonka* :	
Email address Ciwaanka limaylka:	
Preferred contact method* Habka Xiriirka La doorbidaayo* :	
<input type="checkbox"/> Phone Taleefoonka <input type="checkbox"/> Email limaylka <input type="checkbox"/> Mail Boostada	
Can we leave a detailed voicemail message at the phone number you provided?* Maku reebi karnaa fariinta codka oo faahfaahsan lambarka taleefanka aad bixisay* :	
<input type="checkbox"/> Yes Sí <input type="checkbox"/> No Maya	
When possible, do you prefer to communicate in a language other than English?* Marka ay suurtagal tahay, ma doorbidaysaa inaad ku hadasho luuqad aan Ingiriisi ahayn?*	
<input type="checkbox"/> Yes Haa <input type="checkbox"/> No Maya	
What is your preferred language?* Waa maxay luuqada aad doorbineyso*	
<input type="checkbox"/> Amharic Amxaari <input type="checkbox"/> Arabic Carabi <input type="checkbox"/> Cambodian (Khmer) Cambodian <input type="checkbox"/> Chinese Shiinees <input type="checkbox"/> English Ingiriis <input type="checkbox"/> Farsi Farsi <input type="checkbox"/> Japanese Jabaniis <input type="checkbox"/> Korean Kuuriyaan <input type="checkbox"/> Laotian Laotian <input type="checkbox"/> Other. If other, what is your preferred language? Mid kale. Haddii aad luuqad kale ku hadasho, waa maxay luuqada aad doorbidayso? _____	<input type="checkbox"/> Marshallese Marshallese <input type="checkbox"/> Oromo Oromo <input type="checkbox"/> Punjabi Punjabi <input type="checkbox"/> Russian Ruush <input type="checkbox"/> Somali Soomaali <input type="checkbox"/> Spanish Isbaanish <input type="checkbox"/> Tagalog Tagalog <input type="checkbox"/> Ukrainian Af yukreen <input type="checkbox"/> Vietnamese Fitnaamiis
Mailing address* Ciwaanka boostada* :	
City* Magaalada* :	
State* Gobalka* :	Zip Code* Koodhka Boostada* :

Gender* | Jinsiga* :

- Female | Dhedig Non-binary | Aan hal jinsi oo gaar ah lahayn
 Male | Lab Prefer not to say | Waxaan doorbidayaa inaanan sheegin

Which of the following best describes your ethnicity and/or race? Check all that apply.* | Kuwaan soo socda midkee sida ugu fiican u qeexaya qowmiyadaada iyo/ama isirkaaga? Calaamadee dhammaan meelaha ku khuseeya.*

- American Indian or Alaskan Native | Hindida Mareykanka ama U dhashay Alaska
 Black or African American | Madow ama Afrikaan Maraykan ah
 Hispanic or Latino/Latina | Hispanic ama Latino/Latina
 Middle Eastern or Arab American | Bariga Dhexe ama Carabta Maraykanka ku Dhashay
 Native Hawaiian or Other Pacific Islander | U dhashay Hawaii ama Jasiiradaha kale ee Pacific Island
 East Asian | Aasiyada Bari
 South Asian | Aasiyada Koonfureed
 Southeast Asian | Aasiyada Koonfur-Bari
 White | Cadaan
 Prefer not to say | Waxaan doorbidayaa inaanan sheegin
 Ethnicity and/or race not listed | Qowmiyad iyo/ama isirka aan halkaan lagu sheegin

Leave information | Macluumaadka Fasaxa

Complete sections one OR two. All other sections are required. |

Dhameystir qaybaha koow AMA laba. Dhammaan qaybaha kale ayaa loo baahan yahay.

SECTION 1 | QAYBTA 1 :

If you are a parent that is going to or gave birth | Haddii aad tahay waalid u socda ama dhalay:

Are you taking leave for medical care during pregnancy? | Ma waxaad fasax u qaadanaysaa daryeelka caafimaadka xilliga uurka?

- Yes | Haa
 If yes, baby's due date or date of birth | Haddii jawaabtu haa tahay, taariikhda ilmuhu dhalanaayo ama taariikhda uu dhashay:
 (MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____

- No | Maya

Are you taking leave to recover from giving birth? | Ma qaadanaysaa fasax aad kaga soo kabsanayso dhalmada?

- Yes | Haa
 If yes, baby's due date or date of birth | Haddii jawaabtu haa tahay, taariikhda ilmuhu dhalanaayo ama taariikhda uu dhashay:
 (MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____

- No | Maya

Are you experiencing complications related to your pregnancy or birth? | Miyaad la kulmeysaa dhibaatooyin la xiriira uurkaaga ama dhalashadaada?

- Yes | Haa
 No | Maya

Are you taking leave to bond with your new baby (typically taken after medical leave)? | Ma waxaad qaadanaysaa fasax aad ku xiririnayso ilmahaaga cusub (sida caadiga ah waxa la qaataa fasaxa caafimaadka ka dib)?

- Yes | Haa
 If yes, baby's date of birth | Haddii jawaabtu haa tahay, taariikhda dhalashada ilmaha:
 (MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____

- No | Maya

SECTION 2 | QAYBTA 2 :

For all other situations | Dhammaan xaaladaha kale :

Why do you need to take leave? (Choose one) | **Maxaad ugu baahan tahay fasaxa?** (Calaamadee mid)

- Medical leave for yourself | Fasaxa caafimaadka naftaada
- Leave to care for a family member | Fasaxa aad qaadanayso si aad u daryeesho xubin qoyska kamid ah
If yes, which family member are you taking leave for? | Hadday ay haa tahay, xubintee qoyska ka mid ah ayaad fasax u qaadanaysaa?
 - Child (or son-in-law, daughter-in-law) | Ilmo (ama soddog, gabadh uu soddog u yahay)
 - Grandchild | Canug aad Awoowe u tahay
 - Grandparent (or grandparent of spouse) | Awoowe (ama awoowada xaaska)
 - Parent (or parent of spouse) | Waalidka (ama waalidka xaaska)
 - Sibling | Walaal
 - Spouse | Lamaane
 - Other | Lamaane: _____
- Bonding after the birth of your child | Fasaxa xiriirka lagula yeesho ilmaha kadib dhalmada cunugaaga
If yes, child's date of birth | Haddii jawaabtu haa tahay, taariikhda ilmuhu dhashay:
(MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____
- Bonding after the placement of your foster child | Fasaxa xiriirka lagula yeesho ilmaha kadib ilmo aad korineyso lagu keeno
If yes, child's date of placement | Haddii jawaabtu haa tahay, taariikhda ilmuhu la qoray:
(MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____
- Bonding after the adoption of your child | Fasaxa xiriirka lagula yeesho ilmaha kadib korshada cunugaaga
If yes, child's date of adoption | Haddii jawaabtu haa tahay, taariikhda korsashada ilmaha:
(MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____
- Military exigency | Xubin militariga katirsan
If yes, which family member are you taking leave for? | Hadday ay haa tahay, xubintee qoyska ka mid ah ayaad fasax u qaadanaysaa?
 - Child (or son-in-law, daughter-in-law) | Ilmo (ama soddog, gabadh uu soddog u yahay)
 - Grandchild | Canug aad Awoowe u tahay
 - Grandparent (or grandparent of spouse) | Awoowe (ama awoowada xaaska)
 - Parent (or parent of spouse) | Waalidka (ama waalidka xaaska)
 - Sibling | Walaal
 - Spouse | Lamaane
 - Other | Lamaane: _____

SECTION 3 | QAYBTA 3 :

How long do you expect to be on leave?* | **Muddo intee le'eg ayaad filaysaa inaad maqnaanayso?***

Start date (MM/DD/YYYY) | Taariikhda Billoowga (Bisha/Maalinta/Sanadka): _____

End date (MM/DD/YYYY) | Taariikhda La dhameynaayo (Bisha/Maalinta/Sanadka):

Did you know you would need to take leave before your leave started? | Ma ogtahay inaad u baahan tahay inaad fasax qaadato ka hor inta aanu fasaxaagu bilaaban?

- Yes | Haa
- No | Maya

Employment information | Xogta Shaqada

We need your employment history to determine whether you've worked enough hours to qualify for leave. Please list each employer you've worked for within the last 18 months. Attach additional pages if needed.

Waxaan u baahanahay taariikhdaada shaqo si aan u go'aamino inaad shaqeysay saacado kugu filan si aad ugu qalanto fasaxa. Fadlan qor shaqo bixiye kasta oo aad u shaqeysay 18 kii billood ee la soo dhaafay. Ku dheji bogag dheeraad ah haddii loo baahdo.

What is your current employment status?* | Waa maxay heerkaaga shaqo ee hadda*

- Full-time salaried employee | Shaqaale mushaar buuxa qaata
- Hourly or Part-time salaried employee | Shaqaale saacadle ah ama mid dhiman oo mushaarle ah
- Unemployed | Shaqo la'aan

Employer name* | Magaca Shirkada* :

UBI or FEIN* | UBI ama FEIN* :

Employer phone number* | Lambarka taleefoonka shirkada* :

Is this your current employer?* | Kani ma lambarka aad hadda isticmaashaa?*

- Yes | Haa
- No | Maya

Did you notify this employer that you plan to take leave?* | Ma u sheegtay shirkadaan inaad qorsheyneysa inaad qaadata fasax?*

- Yes | Haa
 If yes, on what date did you notify them? | Hadday ay haa tahay, waa maxay taariikhda aad ogeysiisay iyaga?
 (MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____
- No | Maya
- Requirement waived | Shuruudaha la dhaafay

Employment start date (MM/DD/YYYY)* | Taariikhda aad billoowday Shaqada (Bisha/Maalinta/Sanadka)* :

Employment end date (MM/DD/YYYY) | Taariikhda La dhameynaayo Shaqada (Bisha/Maalinta/Sanadka) :

Employer address* | Ciwaanka Deegaanka Shirkada* :

City* | Magaalada* :

State* | Gobalka* :

Zip Code* | Koodhka Boostada* :

Employer name* Magaca Shirkada* :	
UBI or FEIN* UBI ama FEIN* :	
Employer phone number* Lambarka taleefoonka shirkada* :	
Is this your current employer?* Kani ma lambarka aad hadda isticmaashaa?* <input type="checkbox"/> Yes Haa <input type="checkbox"/> No Maya	
Did you notify this employer that you plan to take leave?* Ma u sheegtay shirkadaan inaad qorsheyneysa inaad qaadata fasax?* <input type="checkbox"/> Yes Haa If yes, on what date did you notify them? Hadday ay haa tahay, waa maxay taariikhda aad ogeysiisay iyaga? (MM/DD/YYYY) (Bisha/Maalinta/Sanadka) _____ <input type="checkbox"/> No Maya <input type="checkbox"/> Requirement waived Shuruudaha la dhaafay	
Employment start date (MM/DD/YYYY)* Taariikhda aad billoowday Shaqada (Bisha/Maalinta/Sanadka)* :	
Employment end date (MM/DD/YYYY) Taariikhda La dhameynaayo Shaqada (Bisha/Maalinta/Sanadka) :	
Employer address* Ciwaanka Deegaanka Shirkada* :	
City* Magaalada* :	
State* Gobalka* :	Zip Code* Koodhka Boostada* :
Employer name* Magaca Shirkada* :	
UBI or FEIN* UBI ama FEIN* :	
Employer phone number* Lambarka taleefoonka shirkada* :	
Is this your current employer?* Kani ma lambarka aad hadda isticmaashaa?* <input type="checkbox"/> Yes Haa <input type="checkbox"/> No Maya	
Did you notify this employer that you plan to take leave?* Ma u sheegtay shirkadaan inaad qorsheyneysa inaad qaadata fasax?* <input type="checkbox"/> Yes Haa If yes, on what date did you notify them? Hadday ay haa tahay, waa maxay taariikhda aad ogeysiisay iyaga? (MM/DD/YYYY) (Bisha/Maalinta/Sanadka) _____ <input type="checkbox"/> No Maya <input type="checkbox"/> Requirement waived Shuruudaha la dhaafay	
Employment start date (MM/DD/YYYY)* Taariikhda aad billoowday Shaqada (Bisha/Maalinta/Sanadka)* :	
Employment end date (MM/DD/YYYY) Taariikhda La dhameynaayo Shaqada (Bisha/Maalinta/Sanadka) :	
Employer address* Ciwaanka Shirkada* :	
City* Magaalada* :	
State* Gobalka* :	Zip Code* Koodhka Boostada* :

Consent and signature	Oggolaanshaha iyo saxiixa
<p>Paid Family and Medical Leave may share and receive information about you (or your claim) with other agencies, departments, or your employers. We may need to verify information you provide and may request additional information as needed.</p> <p>If you misrepresent yourself, or knowingly withhold information from us, it will be considered fraud. If you provide inaccurate information, we may deny your benefit application or require that you pay back benefits you were given. You could face fines or criminal prosecution. By signing this document, <i>I consent to the disclosure of my information and have answered the application questions truthfully.</i></p>	<p>Fasaxa Qoyska iyo Caafimaadka ee Lacagta lagu bixiyo ayaa laga yaabaa inay hay'adaha kale, waaxaha, ama shirkadaha aad u shaqayso la wadaagaan kana helaan macluumaadka adiga kugu saabsan (ama codsigaaga). Waxaa laga yaabaa inaan u baahanahay inaan xaqiijino macluumaadka aad bixisay waxaana laga yaabaa inaan codsano macluumaad dheeri ah haddii loo baahdo.</p> <p>Haddi aad si khaldan isu sheegto, ama adigoo og aad naga qariso macluumaadka, waxa loo qaadan doonaa khiyaamo. Haddii aad bixiso macluumaad aan sax ahayn, waxa laga yaabaa in aanu diidno codsigaga dheefta ama waxa laga yaabaa in aanu kaa doonayno in aad dib u bixiso wuxtarrada lagu siiyey. Waxaad wajihi kartaa ganaax ama dacwad dambiyeed. Markaan saxiixo dukumintigaan, <i>Waan ogolahay siidaynta macluumaadkayga waxaanna si run ah uga jawaabay su'aalaha codsiga.</i></p>
<p>Signature* Saxiixa* :</p>	<p>Date* Taariikhda* :</p>
<p>Printed name* Magaca Farta Waawayn laagu qoray* :</p>	

Authorized Representative	Wakiilka oggolaanshaha Haysta
<p><i>If the person applying for benefits is unable to sign this form because of a serious health condition or injury, an authorized representative may sign on their behalf, provided they also submit a Designated Authorized Representative form.</i></p>	<p><i>Haddii qofka codsanaya faa'iidooyinka aanu awoodin inuu saxiixo foomkan xaalad caafimaad oo halis ah ama dhaawac awgiis, wakiil idman ayaa u saxeexi kara iyaga oo metelaya, waase haddii ay sidoo kale soo gudbiyaan foom la magacaabay oo wakiil idman.</i></p>
<p>Authorized representative name Magaca Wakiilka oggolaanshaha Haysta :</p>	
<p>Authorized representative signature Saxiixa Wakiilka oggolaanshaha Haysta :</p>	
<p>Date Taariikhda :</p>	
<p>Phone number Lambarka Taleefoonka :</p>	
<p>Email Iimaylka :</p>	

DUKUMINTIYADA XAQIJIINTA

AQOONSIGA

Dukumiintiyada aqoonsiga ee lagu aqbali karo Fasaxa Mushaarka lagu qaato ee Qoyska iyo Caafimaadka (Paid Family and Medical Leave)

Waa inaad ku keentaa dukumiintiyada xaqiijinta aqoonsiga codsigaaga Fasaxa Mushaarka lagu qaato ee Qoyska iyo Caafimaadka. Dukumiintiyada xaqiijinta aqoonsiga sidoo kale waa in la siiyaa wakiil kasta oo loo idmaday. **Fadlan ka soo gudbi hal dukumiinti kaligiis ah AMA laba dukumiinti oo beddel ah ee liiska hoose.** Ha soo dirin dukumeentiyada orijinaalka ah.

Dukumiintiyada keli-keli ah (mid ka mid ah kuwan)

- **Foomka** aqoonsiga ay bixisay Dawladda Maraykanka (heer federaal ama heer gobol) (sida., baasaboorka, kaarka baasaboorka, kaarka aqoonsiga, liisanka darawaalnimada caadiga ah ama mid la xoojiyay, Kaarka B1/B2 ee Fiisaha Gudbinta Xuduudaha, iwm.)
- **Aqoonsiga** Saxda ah ee AUnited States Citizenship and Immigration Service. Foomamka la oggolyahay waa:
 - I-327 U.S. Oggolaanshaha Dib-u-Galida Dukumintiga Safarka
 - I-571 U.S. Dukumintiga Safarka Qaxootiga
 - I-551 Kaarka Degenaanshaha Joogtada ah
 - I-766 Oggolaanshaha Shaqada
- **Foom** aqoonsi oo sax ah ay soo saartay dawlad shisheeye (sida baasaboorka, kaarka aqoonsiga qunsuliyadda, kaarka aqoonsiga qaranka ama "cedula" oo leh saxeeex iyo sawir, iwm.)
- **Kaarka** saxda ah ee aqoonsiga isdiwaangalinta ee ka socota qabiilka Hindida ee federaalku aqoonsan yahay (waa inuu lahaada saxiixaaga iyo sawirkaaga)
- **Kaarka** aqoonsiga Saxda ah ay bixisay Xafiiska qaabilsan Arrimaha Hindida (waa inuu kujiraa saxiixaaga iyo sawirkaaga)

Dukumiintiyada kale (laba ka mid ah)

- **Foomka** aqoonsiga ay bixisay Dawladda Maraykanka oo dhacsan (heer federaal ama heer gobol) (sida baasaboorka, kaarka baasaboorka, kaarka aqoonsiga, liisanka darawaalnimada caadiga ah ama mid la xoojiyay, Kaarka B1/B2 ee Fiisaha Gudbinta Xuduudaha, iwm.)
- **Aqoonsiga** Saxda ah ee Adeegga Socdaalka iyo Jinsiyadda Mareykanka oo Dhacsan. Foomamka la oggolyahay waa:
 - I-327 U.S. Oggolaanshaha Dib-u-Galida Dukumintiga Safarka
 - I-571 U.S. Dukumintiga Safarka Qaxootiga
 - I-551 Kaarka Degenaanshaha Joogtada ah
 - I-766 Oggolaanshaha Shaqada
- **Foom** aqoonsi oo sax ah ay soo saartay dawlad shisheeye oo dhacsan (sida baasaboorka, kaarka aqoonsiga qunsuliyadda, kaarka aqoonsiga qaranka ama "cedula" oo leh saxeeex iyo sawir, iwm.)
- Waraaqaha korsashada
- Shahaadada dhalashada Mareykanka ama mid ajnabi ah ee la xaqiijiyay
- Kaarka diiwaangelinta dhalashada ee la xaqiijiyay (waa inuu ku jiraa magacaaga, taariikhda dhalashada, goobta dhalashada, taariikhda faylkaaga, iyo taariikhda la soo saaray)
- Oggolaansho hub qarsoodi ah oo ay bixiso hay'aad gobol ama degmo
- Warbixinta Qunsuliyada ee Dhalashada Dibadda
- Qaybta amarka Maxkamadda/Amarka Ku-tiirsanaanta
- Warqad caddayn ah ama diiwaanka wadista ee ka socda gobolka DMV (Department of Motor Vehicles)
- Warqad furiinka oo la xaqiijiyay
- Shahaadada/liisanka guurka ee la xaqiijiyay
- Liisan xirfadeed (kalkaaliye caafimaad, dhakhtar, injineer, iwm.)
- Natijada dugsiga ama diiwaanka
- Kaarka aqoonsiga ardayga oo saxda ah oo ay soo saartay kulliyad ama jaamacad qaran laga aqoonsan yahay
- (Aqoonsiga Shaqaalaha Gaadiidka) Transportation Worker Identification Credential (TWIC)

Kaarka U.S. Bank ReliaCard® Shaacinta Hor-u-qaadashada
Magaca Barnaamijka: Bixinta Mushaarka Fasaxa Qoyska & Caafimaadka
ee Washington (Washington Paid Family & Medical Leave)

Adeegyada ayaa laga yaabaa in lagu heli karo luqada ingiriisiga oo kali ah.

Waxaad haysataa fursad ah sida aad ku heli lahayd lacagtaada, oo ay ku jirto lacag dhigashada tooska ah ee koontadaada bangiyeed ama kaarkan horubixinta. Weydii wakaaladaada ikhtiyaaraadka la heli karo oo dooro ikhtiyaarkaaga.			
Khidmada bil kasta	libsi kasta	Lacag kala bixida ATM-ka	Lacag ku shubid
\$0	\$0	\$0 shabakada ku jira \$2.50 shabakada ka baxsan	Ima Khuseeyo
Weydiinta Baaqiga ATM-ka (shabakada ku jira ama shabakada ka baxsan)			\$0
Adeegga Macmiilka (iswada ama wakiil toos ah)			\$0 wicitaan kasta
Isticmaal la'aan			\$0
Waxaan qaadnaa 3 nooc oo khidmad kale ah. Mid ka mid ah waa:			
Kaar Beddelka (bixinta caadiga ama degdega ah)			\$0 ama \$15.00
Eeg jadwalka Khidmada ee la socda si aad u hesho siyaabo bilaash ah aad ku isticmaashid macluumaadka lacagtaada iyo baaqigaaga.			
Lama ogola deyn/amaah dheeraad ah. Lacagtaadu waxay u qalantaa caymiska FDIC.			
Wixii macluumaad guud ee ku saabsan koontooyinka horubixinta, booqo cfpb.gov/prepaid (ku qoran Af-Ingiriiska). Ka raadi faahfaahinada iyo shuruudaha dhammaan khidmadaha iyo adeegyada gudaha xirmada kaarka ama wac 1-888-964-0359 ama booqo usbankreliacard.com (ku qoran Af-Ingiriiska).			

U.S. Bank ReliaCard® Jadwalka Khidmada

Magaca Barnaamijka: Bixinta Mushaarka Fasaxa Qoyska & Caafimaadka ee Washington (Washington Paid Family & Medical Leave)

Dhammaan khidmadaha	Caddada	Faahfaahino
Hel lacag caddaan ah		
Lacag kala bixida ATM-ka (shabakada ku jira)	\$0	Tani waa khidmaddeena lacag la bixid kasta. "Shabakada ku jira" waxaa loola jeedaa shabakadaha U.S. Bank ama MoneyPass® ATM. Goobaha waxaa laga heli karaa usb.com/locations (ku qoran Af-Ingiriiska) ama moneypass.com/atm-locator.html (ku qoran Af-Ingiriiska).
Lacag kala bixida ATM-ka (shabakada ka baxsan)	\$2.50	Tani waa khidmaddeena lacag la bixid kasta. "Shabakada ka baxsan" waxaa loola jeedaa dhammaan ATM-yada ka baxsan shabakadaha U.S. Bank ama MoneyPass ATM. Waxaa sidoo kale kugu soo dallaci karo khidmad howlwadeenka ATM-ka xitaa haddii aadan dhameystirin isweydaariska maaliyadeed.
Kala bixida Lacag-bixiyaha Bangiga	\$0	Tani waa khidmaddeena marka aad kala baxdid lacag caddaan ah kaarkaaga adigoo la jooga lacag-bixiyaha bangiga ama is-kaashato aqbalaan Visa®.
Macluumaadka		
Weydiinta Baaqiga ATM-ka (shabakada ku jira)	\$0	Tani waa khidmaddeena baaqi weydiin kasta. "Shabakada ku jira" waxaa loola jeedaa shabakadaha U.S. Bank ama MoneyPass ATM. Goobaha waxaa laga heli karaa usb.com/locations (ku qoran Af-Ingiriiska) ama moneypass.com/atm-locator.html (ku qoran Af-Ingiriiska).
Weydiinta Baaqiga ATM-ka (shabakada ka baxsan)	\$0	Tani waa khidmaddeena baaqi weydiin kasta. "Shabakada ka baxsan" waxaa loola jeedaa dhammaan ATM-yada ka baxsan shabakadaha U.S. Bank ama MoneyPass ATM. Waxaa sidoo kale kugu soo dallaci karo khidmad howlwadeenka ATM-ka.
Ku isticmaalida kaarkaaga meel ka baxsan Mareykanka.		
Isweydaariska Maaliyadeed ee Caalamiga Ah	3%	Tani waa khidmaddeena taasoo ku khuseysa markaad u isticmaasho kaarkaaga ka iibsiga ganacsatada ajnabiga ah iyo la bixida lacag caddaan ah ATM-yada ajnabiga ah waana boqolleyda caddada isweydaariska doolarka, kadib sarifashada lacag kasta. Isweydaariyada maaliyadeed qaarkood, xitaa haddii adiga iyo/ama ganacsadaha ama ATM-ka ku yaalo gudaha Mareykanka, waxaa loo tixgeliyaa isweydaarsiyo maaliyadeed oo ka baxsan dalka sida ay dhigayaan sharciyada shabakada lagu dabaqi karo, mana xakameyno sida ganacsatadaan, ATM-yadaan iyo isweydaariyadaan maaliyadeed loo kala qaybiyay ujeedadaan awgeed.
Lacag kala bixida ATM-ka Caalamiga ah	\$3.00	Tani waa khidmaddeena lacag la bixid kasta. Waxaa sidoo kale kugu soo dallaci karo khidmad howlwadeenka ATM-ka xitaa haddii aadan dhameystirin isweydaariska maaliyadeed.
Kale		
Kaar Beddelka	\$0	Tani waa khidmaddeena kaar beddel kasta lagugu soo diro bixinta caadiga ah (ilaa 10 maalmood oo shaqo).
Kaar Beddelka Degdega ah	\$15.00	Tani waa khidmaddeena bixinta degdega ah (ilaa 3 maalmood oo shaqo) ee la soo dallaco marka lagu daro khidmada Kaar Beddel kasta.
Isticmaal la'aan	\$0	Tani waa khidmaddeena aan kugu dallacno bil kasta kadib marka aadan dhameystirin isweydaaris maaliyadeed adigoo isticmaalaya kaarkaaga.

Inkastoo wada-xiriirkan lagu bixiyo Soomaali, iyadoo la raacayo wada-xiriirada U.S. Bank, iyo dukumiintiyada la xiriira heshiisyadaada qandaraaseed, shaacinada, ogeysiinada, iyo bayaannada, adeegyada Internet-ka iyo adeegyada telefoon-bangiyeedka waxaa lagu heli karaa oo keliya Af-Ingiriisi. Waa inaad awoodid inaad akhriso oo aad fahamto dukumiintiyadaan, ama aad raadsato qof kuu turjumo, si aad u fahamto oo u isticmaasho sheygan ama adeeggan. Dukumiintiyada Af-Ingiriisi ah ayaa la heli karaa marka la codsado.

Lacagtaadu waxay u qalantaa caymiska FDIC. Lacagahaaga waxaa lagu heyn doonaa U.S. Bank National Association (Ururka Qaranka ee Bankiga Mareykanka), hay'ad ku jirta caymiska FDIC, oo ilaa \$250,000 ay caymiyaan FDIC haddii ay dhacdo in U.S. Bank musalafa. Ka eeg fdic.gov/deposit/deposits/prepaid.html (ku qoran Af-Ingiriiska) wixii faahfaahino ah.

Lama ogola deyn/amaah dheeraad ah.

La xiriir Adeegyada Kaarlaha adoo wacaya **1-888-964-0359**, boostada P.O. Box 551617, Jacksonville, FL 32255 ama booqo usb.com/reliacard (ku qoran Af-Ingiriiska).

Wixii macluumaad guud ee ku saabsan koontooyinka horubixinta, booqo cfpb.gov/prepaid (ku qoran Af-Ingiriiska). Haddii aad qabto cabasho ku saabsan koontada horubixinta, ka wac Consumer Financial Protection Bureau (Xafiiska Ilaalinta Maaliyadda Macmiilka) lambarka 1-855-411-2372 ama booqo cfpb.gov/complaint (ku qoran Af-Ingiriiska).

CR-21378422