

User Guide for Benefit Customers

Washington's Paid Family & Medical Leave Program

Here for you. Use this guide to help you use Paid Family and Medical Leave online portal to access and manage your benefit account.

Stay informed. This guide is updated regularly to match the current user experience. The most recent version of this guide is available at paidleave.wa.gov.

PORTAL USER GUIDE

UPDATED NOVEMBER 2024



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Introduction

This user guide will help you use the Paid Family and Medical Leave online portal to access and manage your benefit account.

See the table of contents for specific tasks and the info boxes, like the one below, for additional information that may answer your questions or help you work through common issues.

A Need help? Check these boxes for helpful information and ways to troubleshoot common issues.

The SecureAccess Washington (SAW) and Paid Leave Portals

You must login to the SAW portal first to access the Paid Leave portal.

SecureAccess Washington (SAW) is an online portal used to access Washington state services securely. You only need one SAW account to access services from state agencies, including Paid Family and Medical Leave.

Check out the <u>SAW User Guide</u> for instructions on how to sign-in to your SAW account, create a SAW account, link your SAW account to the Paid Leave Portal, and use multi-factor authentication.

Paid Family and Medical Leave Portal

Create a Paid Leave Benefit Account

If you have not created a Paid Leave account, the first screen you see in the Paid Leave portal is the 'Create an Account' screen. If you have created another Paid Leave account and were taken to that account's homepage, follow the <u>+Add/Switch instructions</u> below to get to the 'Create an Account' screen.

1. On the 'Create an Account' screen, click **Apply for Paid Leave Benefits**.

Create an Account		
Welcome to the Leave and Care account creation page. W	hat brings you here today?	
Apply for Paid Leave Benefits		
Create your Paid Leave benefit account to apply for benefits.	Apply for Paid Leave Benefits	\$
Register your Business		
Register your business to report and pay for Paid Leave and WA Cares Fund by creating an employer account.	Register your Business	>
Register as an Employer Agent		
Report and pay for Paid Leave and WA Cares Fund on behalf of your employer clients by creating an employer agent account.	Register as an Employer Agent.	>
Elect Coverage as Self-Employed		
Opt in to Paid Leave, WA Cares, or both. Report self- employment earnings to use program benefits in the future.	Elect Coverage as Self-Employed	>
Apply for WA Cares Exemption		
Create your WA Cares Fund exemption account to apply for an exemption.	Apply for WA Cares Exemption	*

- **2.** On the 'Provide Your Information' screen:
 - a. Enter your personal information and complete all required fields (*).

If you don't have a social security number
 (SSN) or individual taxpayer identification number
 (ITIN), contact us for a paper benefit application.
 Or, for those who prefer a language other than
 English, visit paidleave.wa.gov for a translated
 copy.

b. Click Next.

Employment Security Department WASHINGTON STATE	Hi, PurpleBlossom Return
Provide Your Information	
Personal Information	
We require the following personal information to set up your according to the set of the	Middle Initial
Last Name*	
SSN or ITIN*	Re-Enter SSN or ITIN*
Primary Contact Information	
Domestic / International Phone Number (### #####)*	Phone Ext.
Email Address*	
I Mailing Address	
We may need to send mail regarding your account.	
Address Line 1*	Address Line 2
City*	State*
ZIP Code*	ZIP Code Ext
Car	cel Next

- **3.** On the 'Address Validation' screen:
 - a. Choose the standardized address listed, if available, or the one you entered.
 - b. Click **Confirm**.

If the address you entered matches to the standardized address in our system, you will skip this screen and be directed to the 'Confirm Your Information' screen.

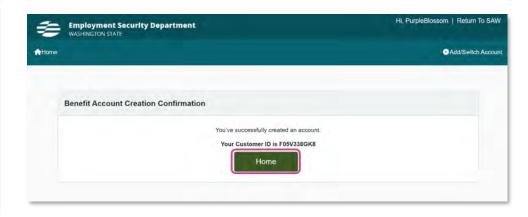
Address Validation			
We've updated your address to meet addre	ss validation standards.		
Standardized Address			
1202 8TH AVE SE OLYMPIA, WA 98501 - 1616			
C You entered			
O 1202 8th ave se olympia. WA 19123			
We encourage you to provide a valid addre addresses to proceed. If you need to make		oondence regarding your acco	ount. Please select one of the above
		Confirm	

- **4.** On the 'Confirm Your Information' screen:
 - a. Review your information. If any changes are needed, click **Previous.**
 - b. Once you have confirmed information is correct, click **Submit.**

Confirm Your Information		
Réview your information. If it's correct, click "Submit". To make	changes, click "Previous".	
Personal Information		
First Name	Middle Initial	
Purple		
Last Name	SSN or ITIN	
Blossom	012-23-6694	
Primary Contact Information		
Phone Number	Phone Ext.	
509-509-5099		
Email Address		
lest@test.com		
I Mailing Address		
Address Line 1	Address Line 2	
1202 8TH AVE SE		
City	State	
OLYMPIA	WA - Washington	
ZIP Code	ZIP Code Ext	
98501	1616	

HI DiroleBlossom I Dehim To CAM

 You will receive confirmation that your account has been created, along with your new Customer ID. Select Home to go to your 'Paid Leave benefit account homepage'.



Switch to or create another Paid Leave account

If you already have created one type of Paid Leave account, and would like to create a new account type, or switch to another already-made account, you can do so by selecting the **+ Add/Switch Account** link in the top menu bar.

- On your 'Paid Leave benefit account homepage' click + Add/Switch Account in the top menu bar.
- **2.** The 'Choose an Account' screen will list accounts you have already created. You can:
 - a. Select the account you wish to switch to.
 - b. Click **Create a New Account** to see a list of the other account types you can create.



Apply for Paid Leave Benefits

1. On your 'Paid Leave benefit account homepage' click **Apply for Benefits.**

ome	Add/Switch Account
Name	Customer ID
Purple Blossom	F05V338GK8
Take Action	
Apply for Benefits	
Update Contact Preferences	
Start Weekly Payment	
No weekly claims available.	
My Claim(s)	
No claim available.	
Claim Review(s)	
You can ask us to review your claim if you need to make	a change or disagree with the decision. Visit <u>paidleave wa.gov/after-you-apply</u> for more information.

- **2.** On the 'Before You Begin' screen:
 - a. Read the helpful information.
 - b. Select the checkbox to consent to the disclosure of your information and attest that you agree to answer the application questions truthfully.
 - c. Click Next.

Before You Begin	
	dical Leave Benefit Guide provides information on how to apply for benefits and submit weekly claims. It also explains your rights the law. Download the guide at paidleave.wa.gov/benefit-guide.
As part of the application	process, you will need to provide personal information and documentation that supports your claim. You can begin your ad your documents later. For a list of all the types of documentation we can accept, visit <u>paidleave wa.gov/workers</u> .
You must read and agr	ee to the following before you can continue:
	Leave may share and receive information about you (or your claim) with other agencies, departments, or your employers. We lation you provide and may request additional information as needed.
	elf, or knowingly withhold information from us, it will be considered fraud. If you provide inaccurate information, we may deny you uire that you pay back benefits you were given. You could face fines or criminal prosecution.

- **3.** On the 'Provide Contact Preferences' screen:
 - a. Enter your contact information and complete all required fields (*).
 - b. Click Next.

If you answered Yes to communicating in a language other than English, you will need to select your preferred language and dialect (if applicable).

- **4.** On the 'Address Validation' screen:
 - a. Choose the standardized address listed, if available, or the one you entered.
 - b. Click **Confirm**.

If the address you entered matches to the standardized address in our system, you will skip this screen and be directed to the 'Confirm Your Information' screen.

Primary Contact Information	
Domestic International	
Phone Number (###-###-####)*	Phone Ext.
833-717-2273	
Email Address*	Preferred Contact Method*
george.washington@esd.wa.gov	Email
Can we leave a detailed voicemail message at the phone number you provided?* Yes No 	
Language Preference When possible, do you prefer to communicate in a language other than English?* way and the second s	
When possible, do you prefer to communicate in a language other than English?* Yes No 	
When possible, do you prefer to communicate in a language other than English?* Yes No What is your preferred language?* Spanish	
When possible, do you prefer to communicate in a language other than English?* Yes No What is your preferred language?* Spanish Mailing Address	Address Line 2
When possible, do you prefer to communicate in a language other than English?* Yes No What is your preferred language?* Spanish Mailing Address	
When possible, do you prefer to communicate in a language other than English?* Ves No What is your preferred language?* Spanish Mailing Address Address Line 1* 212 MAPLE PARK AVE SE	
When possible, do you prefer to communicate in a language other than English?* Ves No What is your preferred language?* Spanish Mailing Address Address Line 1* 212 MAPLE PARK AVE SE	Address Line 2
When possible, do you prefer to communicate in a language other than English?* Ves No What is your preferred language?* Spanish Mailing Address Address Line 1* 212 MAPLE PARK AVE SE City*	Address Line 2 State*

- **5.** On the 'Additional Information' screen:
 - a. Select your gender.
 - b. Select your ethnicity and/or race.
- 6. Click Next.

Additional Information	
Gender*	
Which of the following best describes your ethnicity and/or race? Select all that apply:*	
American Indian or Alaska Native	
Black or African American	
Hispanic or Latino/Latina	
Middle Eastern or North African	
Native Hawaiian or Other Pacific Islander	
East Asian	
South Asian	
Southeast Asian	
White	
Prefer not to say	
Ethnicity and/or race not listed	
Previous Cancel N	lext

- 7. On the 'Leave Information' screen:
 - a. Follow prompts to select why you are applying for leave. The questions are dynamic and will change based on your answers.

Click the help icons (1) on this page to see more information about the question, which may help you in applying.

- b. Enter your leave start and end date.
- c. Answer the questions about whether you knew you would take leave beforehand and if you notified your employer.
- d. Click Next.

1	Add/Swit
Leave Information	
We're going to ask you several questions about your leave.	
Are you taking leave for medical care during your pregnancy?* Ves No	
How long do you expect to be on leave? Leave Start Date (MM/DD/YYYY)*	Leave End Date (MM/DD/YYYY)*
Leave Start Date (MMUDD/YYYY)*	Leave End Date (MM/DD/YYYY)*
Did you know you would need to take leave before your leave started?* 0	
○ Yes ○ No	
Did you notify your employer in advance that you needed leave?*	
Ves No Unemployed	
Previous Cance	el Next

- 8. On the 'Employment Information' screen:
 - a. Choose your current employment status.
 - b. Review your employer information.
 - c. Add an employer if one is missing.

We use the wages and hours reported by your employers to determine your benefit amount. If you worked for an employer in Washington state in the 18 months prior to the start of your claim and they are not listed, manually add them.

d. Click Next.

Contraction of Advanced		
Message Center		• Add/Switch
Employment Information		
Employment information		
What is your current employmen	nt status?* Hourly or Part-time salaried employee Unemployed	
We will look at your hours and way through today. Provide your employment status	es to see if you are eligible for benefits. The following employer(s) reported for you s for the employer(s) listed.	u from 01/01/2021
Employer Name	Employment Status	
Test Business 111559349 LLC	I currently work here I used to work here I never worked	here
Missing Employer(s)		
	y employer(s) from 01/01/2021 through today that is not listed above?	
If yes, click Add Employer below a		
Add Employer		
UBI Employer Name No records	Start Date End Date Employment Status Address	Phone Number Action
No records		

- 9. On the 'Upload Your Documents' screen:
 - a. Select the **Document Type** from the drop down menu

Proof of Identity is required when you apply.
<u>Click here for a list of acceptable identity</u>
verification documents.

- b. Click **Choose File** to select your proof of identity file from your documents.
- c. Click **Upload** to upload the selected file.Once uploaded, it will appear in the table.You cannot edit or delete the document.
- d. Repeat steps a. c. to upload additional documents, Select the correct file type for the document you wish to upload.
- e. Click Next.

If you do not upload supporting documentation on the 'Upload Your Documents' screen, you will be asked if you are sure you want to continue without uploading your supporting document(s). You may continue, but if we don't receive the document(s) within 14 days, we may deny your application.

Upload Your Documents			
	6		
You're missing your proof		and the second	cense or passport. A complete list of the
	alable in the "Applying for benefits" s		
You're missing your media	cartification		
		vider. Information about what we acc	ept is on our website at <u>paidleave.wa.gov/get-</u>
To upload a document, select the upload a document, you will not b		menu, then click, "Choose File." You	can upload up to 200 documents. Once you
 We accept the following file File sizes are limited to 25 M 	formats: .pdf, .tif, .tiff, .jpeg, .jpg, .png /IB each	1	
Document Type*			
Select One		~	
Select file to upload			
Choose File No file chosen		Upload	
Document Name	Document Type	Uploaded By	Uploaded Date
No records			
To save your application as a dra	ft, click "Cancel."		
	Previous	Cancel Next	

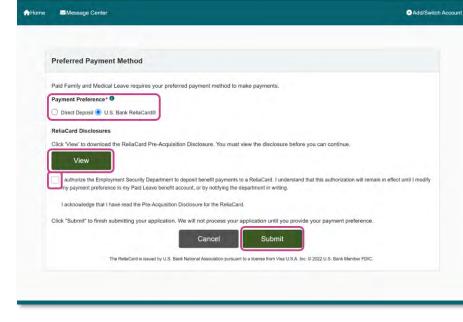
10. On the 'Review Your Application' screen:

- a. Review each sections information for accuracy. If any information is incorrect, click **Edit** to go back to the section and correct the information.
- b. Click Next.

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collarbone.brg Proof of Identity 10/29/2024	Book.log			
records	tollarhoma inu			
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b save your application as a idraft, click "Cancel." To finalize your application, click "Next."	To save your application as a draft, click "Cance	s." To finalize your applicatio	n, dick "Nest"	

UPDATED NOVEMBER 2024

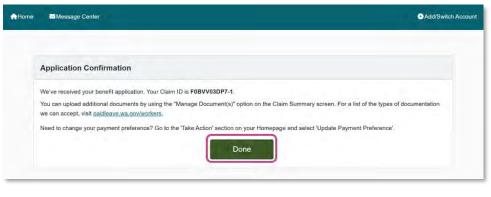
- On the 'Preferred Payment Method' screen choose if you want to be paid via direct deposit or U.S. Bank ReliaCard.
 - a. If you choose the ReliaCard:
 - 1. Click **View** to read the ReliaCard disclosure.
 - 2. Select the checkbox authorizing the Employment Security Department to send payments to your preferred method.
 - 3. Click Submit.
 - b. If you select direct deposit:
 - 1. Select the account type you want your payments deposited into.
 - 2. Enter and re-enter your routing number.
 - 3. Enter and re-enter your account number.
 - 4. Select the checkbox authorizing the Employment Security Department to send payments to your preferred method.
 - 5. Click Submit.



Preferred Payment Method			
Paid Family and Medical Leave requires your preferred p	payment method to r	nake payments.	
Payment Preference* 0			
● Direct Deposit 〇 U.S. Bank ReliaCard⊗			
Account Type*		Deposit Type*	
Select One	~	Select One	Ý
Routing Number*		Re-Enter Routing Number*	1
Account Number*		Re-Enter Account Number*	
authorize the Employment Security Department to depo			
effect until I modify my payment preference in my Paid L	eave benefit account.	or by notifying the department by email, secure messi	age or mail.
Click "Submit" to finish submitting your application. We w	vill not process your	application until you provide your payment prefere	nce.
	Capaci	C. hanit	
	Cancel	Submit	

12. On the 'Application Confirmation' screen:

- a. Read the confirmation that your application has been received and any important reminders.
- b. Click Done.
- **13.** You can see your application listed in the table under the 'My Claim(s)' section of your 'Paid Leave benefit account homepage'. Information you can view includes:
 - a. The type of leave you applied for
 - b. The submission date
 - c. Claim status
 - **Submitted**: we've received your request but haven't started processing it yet.
 - **In Review**: we are reviewing your application. If we need more information, 23'll reach out to you.
 - **Review Complete**: we've finished our review of your request, and we'll send you a letter with a decision.
 - d. The approved leave duration.



Name			Customer ID	
Purple Blossom			F0BVV03DP7	
Take Action				
Update Contact Pr	references			
\$ Update Payment Pr	eference			
Start Weekly Paym	ient			
No weekly claims ava	ailable.			
My Claim(s)				
		a have submitted to PFML. To vie iew the benefit application you so		int to the claim or take actions such as upload laim ID.
Claim ID	Claim Type	Submission Date	Claim Status	Approved Leave Duration
F0BVV03DP7-1	Family	10/31/2024	Submitted	Pending
1 record				
1 record Claim Review(s)				

Manage your Paid Leave benefit account

View leave claim information

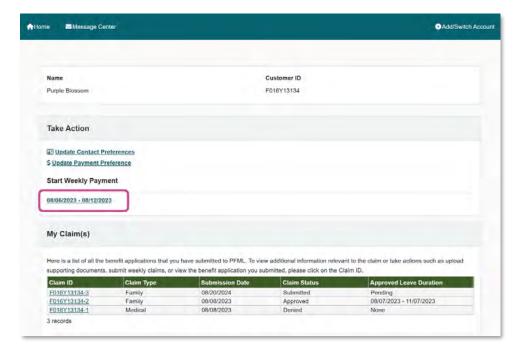
 On your 'Paid Leave benefit account homepage', in the 'My Claim(s)' section, click the Claim ID hyperlink of the claim you want to see more information about.

Name			Customer ID	
Purple Blossom			F0BVV03DP7	
Take Action				
I Update Contact Pre	eferences			
\$ Update Payment Pre	eference			
Start Weekly Payme	ent			
No weekly claims ava	ilable.			
My Claim(s)				
		a have submitted to PFML. To vie iew the benefit application you su		
supporting documents, Claim ID	submit weekly claims, or v Claim Type	iew the benefit application you su Submission Date	ubmitted, please click on the C Claim Status	
supporting documents, Claim ID F0BVV03DP7-1	submit weekly claims, or v	iew the benefit application you su	ubmitted, please click on the C	laim ID.
supporting documents, Claim ID	submit weekly claims, or v Claim Type	iew the benefit application you su Submission Date	ubmitted, please click on the C Claim Status	faim ID. Approved Leave Duration
Claim ID EOBVV03DP7-1 1 record Claim Review(s)	submit weekly claims, or v Claim Type Family	iew the benefit application you su Submission Date 10/31/2024	ubmitted, please click on the C Claim Status Submitted	faim ID. Approved Leave Duration
Claim ID EOBVV03DP7-1 1 record Claim Review(s)	submit weekly claims, or v Claim Type Family	iew the benefit application you su Submission Date 10/31/2024	ubmitted, please click on the C Claim Status Submitted	laim ID. Approved Leave Duration Pending

- 2. On the 'Claim Summary' screen, you can see a summary of your claim including:
 - Claim ID
 - Claim Status
 - Claim Type
 - Approved Leave Duration
 - **Provide Payment Preference**: This option is only available if you did not provide your payment preference when you applied. Your claim will stay in pending status until you have provided this information.
 - View Application: takes you to a PDF version of the application you submitted.
 - **Manage Document(s)**: takes you to the 'Upload Your Documents' screen where you can upload additional documents and view the document you previously uploaded.
 - **Print Weekly Claims**: Automatically downloads a PDF document of your weekly claims for that specific leave claim.
 - A breakdown of your leave hours in your claim: If your leave has been approved, you will see a graphic telling you how many hours of leave you have available in your claim year, how many have been used, and how many are remaining.
 - **Start Weekly Payment:** If you have a weekly claim ready to file, you will see this option on the screen. You will file the oldest week you have available first.
 - **Correspondence:** View any decision letters we have sent you. Decisions letters are only sent when a decision has been made on a claim.

File a weekly claim

1. On the 'Paid Leave benefit homepage' click the **date hyperlink** under 'Start Weekly Payment'.



- **2.** On the 'Provide Weekly Claim Information' screen:
 - a. Read the disclosure statement. Click the checkbox to consent to the disclosure of your information and agree to answer the application questions truthfully.
 - b. If you have served a waiting week for your claim year, you will see the question, "Do you want to receive Paid Leave benefits for this week?"
 - If you answer No, you do not want to receive Paid Leave benefits for the week, you will not be given the weekly claim questionnaire. Click Submit.

0	Employment Security Department WASHINGTON STATE	t Hi, PurpleBlossom Return To S/
lome	Message Center	Add/Switch Acc
	Provide Weekly Claim Information	
	Week Start Date	Week End Date
	08/13/2023	08/19/2023
	Before You Begin	
	employers. We may need to verify information yo If you misrepresent yourself, or knowingly withhol	eceive information about you (or your claim) with other agencies, departments, or your su provide and may request additional information as needed. id information from us, it will be considered fraud. If you provide inaccurate information, we you pay back benefits you were given. You could face fines or criminal prosecution.
ſ	I consent to the disclosure of my information and	agree to answer the application questions truthfully.
Ì	Do you want to receive Paid Leave benefits fo	or this week?" 0
	Why are we asking?	
	Some people use Paid Leave for full weeks while • If you didn't take Paid Leave this week, you can	skip this weekly claim by selecting, "No".
	 If this is your first weekly claim and your leave reasonable. 	equires a waiting week, you must complete this weekly claim for it to count.
		Cancel

- 3. In the 'Questionnaire' section of the 'Provide Weekly Claim Information' screen:
 - a. Answer all the questions. The questions presented will depend on how you answered the previous question. Below is a list of all the questions you may see.
 - 1. Did you (or will you) receive Unemployment Insurance benefits for this week?
 - 2. Were you (or will you be) paid for this week by Labor & Industries Workers' Compensation or by your employer's private insurer for an on-the-job injury?
 - 3. Did you work at all this week?
 - a. If Yes:
 - How many hours did you work?
 - Did you miss at least 8 consecutive hours of work this week?
 - 4. Did you use any paid time off from your employer, like vacation or sick leave?
 - a. If yes, how many hours of paid time off did you use?

Review your answers for accuracy. Then, click **Submit**.

Request a change or disagree with a decision

 On your 'Paid Leave Benefit account homepage' click **Request Review** underneath the 'Claim Review(s)' section.

The **Request Review** hyperlink will only be available after a decision has been made on a claim.

ame			Customer ID	
urple Blossom			F016Y13134	
ake Action				
Update Contact Prefer Jodate Payment Prefer				
art Weekly Payment				
06/2023 - 08/12/2023				
	fit applications that you have submitted	to PFML. To view additional information reli	want to the claim or take actions such as a	cload supporting documents, submit weekly claims, or view the benef
rre is a list of all the bene plication you submitted, p	please click on the Claim ID.		er y y han e y kom e regen	
rre is a list of all the bene plication you submitted, (Initm (D	please click on the Claim ID. Claim Type	Submission Date	Glaim Status	Approved Leave Duration
rre is a list of all the bene plication you submitted, j (Inim ID 016Y13134-3	please click on the Claim ID.		er y y han e y kom e regen	
oplication you submitted, y stalm 10 016Y13134-3 016Y13134-2 016Y13134-1	please click on the Claim ID. Claim Type Family	Submission Date 08/20/2024	Claim Status Submitted	Approved Leave Duration Pending
me is a list of all the bene plication you submitted, (taim ID 016Y13134-3 016Y13134-2	please click on the Claim ID. Claim Type Family Family	Submission Date 08/20/2024 08/08/2023	Glaim Status Submitted Approved	Approved Leave Duration Pending 68/07/2023 - 11/07/2023
ere is a list of all the bene plication you submitted, i taim to 016Y13134-3 016Y13134-2 016Y13134-2	please click on the Claim ID. Claim Type Family Family	Submission Date 08/20/2024 08/08/2023	Glaim Status Submitted Approved	Approved Leave Duration Pending 68/07/2023 - 11/07/2023
re is a list of all the bene plication you submitted, p listin 10 0109/13124-3 0109/13124-2 0109/13124-1 ecords laim Review(s)	Claim Type Claim Type Family Family Medical	Submission Date 08/20/2024 08/08/2023	Chaim Schurg Suichmiged Approval Denied	Approved Leave Duration Panding (dev/2022-116/2023- (exce

2. On the 'Request for Review' screen, choose a **Topic** for review.

Request for Review		
Use this form to request a review of a de	ecision we made on your Paid Leave benefi	t application or weekly claim(s).
	time. We won't review additional requests	until we make a decision on the
first one you submit.		
When you submit your request, we'll revi	iew the information you provide and may re	ach out for more detail if
When you submit your request, we'll revi needed. After we review your request, w	e'll let you know what we decide.	ach out for more detail if
When you submit your request, we'll revi needed. After we review your request, we Select the topic that describes your co	e'll let you know what we decide.	ach out for more detail if
When you submit your request, we'll revi needed. After we review your request, w	e'll let you know what we decide.	ach out for more detail if
When you submit your request, we'll revi needed. After we review your request, w Select the topic that describes your co topics*	e'll let you know what we decide. oncern and the claim it's related to. Claim*	
When you submit your request, we'll revi needed. After we review your request, we Select the topic that describes your co topics* Select One Select One Denied Application	e'll let you know what we decide. oncern and the claim it's related to. Claim*	
When you submit your request, we'll revi needed. After we review your request, we Select the topic that describes your co fopics* Select One Select One	e'll let you know what we decide. oncern and the claim it's related to. Claim*	
When you submit your request, we'll revi needed. After we review your request, we Select the topic that describes your co topics* Select One Select One Denied Application Benefit Amount	e'll let you know what we decide. oncern and the claim it's related to. Claim*	

- 3. On the 'Request for Review' screen:
 - a. Choose the claim you are requesting a review of.
 - b. Provide a reason for requesting a review.
 - c. Click **Upload Document** to upload documents that support your request.

Request for Review		
Use this form to request a review of a decision	we made on your Paid Leave benefit application or weekly claim(s).	
Don't submit more than one request at a time. V	We won't review additional requests until we make a decision on the first one y	you submit.
When you submit your request, we'll review the	information you provide and may reach out for more detail if needed. After we	e review your request, we'll let
you know what we decide.		
	n and the claim it's related to.	
you know what we decide	and the claim it's related to. Claim*	
you know what we decide. Select the topic that describes your concern		
you know what we decide. Select the topic that describes your concern Topics* Select One	Claim	
you know what we decide. Select the topic that describes your concern Topics*	Claim*	107/2023
you know what we decide. Select the topic that describes your concern Topics* Select One	Claim* Select One Select One	
you know what we decide. Select the topic that describes your concern Topics* Select One Reason(s)*	Claim* Select One Select One F016Y13134-2 (FAMILY) 08/07/2023 - 11/	
you know what we decide. Select the topic that describes your concern Topics* Select One Reason(s)*	Claim* Select One <u>Select One</u> F016Y13134-2 (FAMILY) 08/07/2023 - 11/ F016Y13134-1 (MEDICAL) 08/08/2023 - 1	
you know what we decide. Select the topic that describes your concern Topics* Select One	Claim* Select One Select One F016Y13134-2 (FAMILY) 08/07/2023 - 11/	

4. On the 'Upload Your Documents' screen:

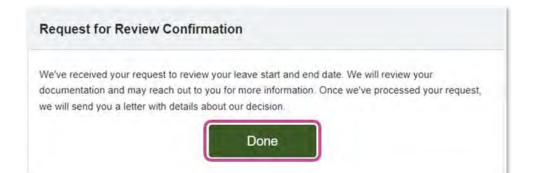
- a. Choose the **Document Type**
- b. Click Choose File
- c. Click Upload
- d. Make sure the document you uploaded appears in the Document table.
- e. Click **Continue**

nenu, plaad. u uto 200 documents. u can find successfully uploaded documents in the table below.
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d up to 200 documents.
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Upload
ype Uploaded By Uploaded Date
Shrundan batta
tity Purple Blossom 02/05/2024

4. On the 'Request for Review' screen click Submit.

Message Center			●Add/Swite
Request for Review			
Use this form to request a review of a decision	we made on your Paid Leave	benefit application or weekly claim(s).	
		uests until we make a decision on the first one you submit.	
When you submit your request, we'll review the	e information you provide and	may reach out for more detail if needed. After we review your r	request, we'll let
you know what we decide.			
you know what we decide. Select the topic that describes your concer	n and the claim it's related to		
you know what we decide.	n and the claim it's related t). Claim* F016Y13134-2 (FAMILY) 08/07/2023 - 11/07/2023	~
you know what we decide. Select the topic that describes your concer Topics* Denied Application	v	Claim* F016Y13134-2 (FAMILY) 08/07/2023 - 11/07/2023	
you know what we decide. Select the topic that describes your concer Topics* Denied Application	n was denied and what informa	Claim* F016Y13134-2 (FAMILY) 08/07/2023 - 11/07/2023 tion or documentation you need to provide before we can mak	
you know what we decide. Select the topic that describes your concer Topics* Denied Application Your denial letter explains why your application	n was denied and what informa	Claim* F016Y13134-2 (FAMILY) 08/07/2023 - 11/07/2023 tion or documentation you need to provide before we can mak	
you know what we decide. Select the topic that describes your concer Topics* Denied Application Your denial letter explains why your application Please read it carefully and include your docur	n was denied and what informa	Claim* F016Y13134-2 (FAMILY) 08/07/2023 - 11/07/2023 tion or documentation you need to provide before we can mak	
you know what we decide. Select the topic that describes your concer Topics* Denied Application Your denial letter explains why your application Please read it carefully and include your docur Reason(s)*	n was denied and what informa	Claim* F016Y13134-2 (FAMILY) 08/07/2023 - 11/07/2023 tion or documentation you need to provide before we can mak	
you know what we decide. Select the topic that describes your concer Topics* Denied Application Your denial letter explains why your application Please read it carefully and include your docur Reason(s)*	n was denied and what informa	Claim* F016Y13134-2 (FAMILY) 08/07/2023 - 11/07/2023 tion or documentation you need to provide before we can mak	

- **5.** In the 'Request for Review Confirmation' pop up window:
 - a. Read the confirmation message.
 - b. Click Done.



- **6.** On your 'Paid Leave benefit account homepage', you can view the status of your request for review.
 - **Submitted**: We've received your request but haven't started processing it yet.
 - In Review: A specialist is reviewing your request. If they need more information, they'll reach out to you, so make sure your contact information is up to date.
 - **Review Complete**: We've finished our review of your request, and we'll send you a letter with the decision.

Claim Review(s)

You can ask us to review your claim if you need to make a change or disagree with the decision. Visit paidleave wa.gov/after-you-apply for more information.

Request Review

Here are the request(s) for review you've submitted since July 1, 2024. It may take a few minutes for new requests to show. We will send a decision letter once we complete our review.

Claim ID	Status	Topic	Submission Date
MED_REPO-1	Submitted	Leave Start And End Date	09/12/2024
HEL. H 8 1 3-1	Review Complete	Employment History	09/12/2024

Update payment preference and/or complete a pending application

 On your 'Paid Leave benefit account homepage', under the 'My Claim(s)' section, click the Claim ID hyperlink of the application you want to complete.

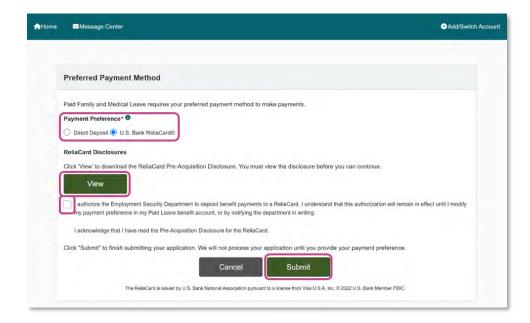
If you applied without selecting your payment preference, your application will be pending until you provide your payment information.

Message Centr	er a			Add/Switch)
lame			Customer ID	
Purple Blossom			F6KK4GV9P4	
Take Action				
E Update Contact Pref	ferences			
Start Weekly Payme	nt			
lo weekly claims avail	able.			
My Claim(s)				
			w additional information relevant to the bmitted, please click on the Claim ID.	e claim or take actions such as upload
Claim ID	laim Type	Submission Date	Claim Status	Approved Leave Duration
F6KK4GV9P4-1 record	amily	05/15/2024	Pending Payment Information	Pending
Claim Review(s)				
ou can ask us to review	vour claim if you need to	o make a change or disagree with	the decision. Visit paidleave.wa.gov/a	fler-you-apply for more information.

2. On the 'Claim Summary' screen click **Provide Payment Preference.**

Claim Summary		
Paid Family and Medical Leave		
Claim ID	Clair	n Type
F6KK4GV9P4-1	Fami	ily
Claim Status 0	App	roved Leave Duration 0
Pending Payment Information	Penc	ding
\$ Provide Payment Preference		
View Application		
(D Manage Document(s)		
E Print Weekly Claims		
Weekly Claims		
You must file weekly claims to rece	ive benefits.	
Weekly claims are available to file after	r each week is over. Weeks start on Sunday a	nd end on Saturday.
We will review each weekly claim and	update the status here. Payments are usually	received within a week of weekly claim approval.
Correspondence		
The table below shows initial decision	letters we sent you. Please click on the docum	nent name to download the file.
Document Name	Document Type	Date
No records		
	Home	

- On the 'Preferred Payment Method' screen choose whether you want to be paid via direct deposit or U.S. Bank ReliaCard.
 - a. If you choose the ReliaCard:
 - 1. Click **View** to read the ReliaCard disclosure.
 - Select the checkbox authorizing the employment security department to send payments to your preferred method.
 - 3. Click Submit.
 - b. If you choose direct deposit:
 - 1. Select the account type you want your payments deposited into.
 - 2. Enter and re-enter your routing number.
 - 3. Enter and re-enter your account number.
 - 4. Select the checkbox authorizing the employment security department to send payments to your preferred method.
 - 5. Click Submit.



Preferred Payment Method		
Paid Family and Medical Leave requires your prefe	rred payment method to make payments.	
Payment Preference* 0		
Direct Deposit U.S. Bank ReliaCard		
Account Type*	Deposit Type*	
Select One	✓ Select One	~
Routing Number*	Re-Enter Routing Number*	1
Account Number*	Re-Enter Account Number*	{
<u></u>		
	o deposit benefit payments into the account provided above. I understand Paid Leave benefit account, or by notifying the department by email, secur	

Update contact information

 On your 'Paid Leave benefit account homepage' under the 'Take Action' section, click Update Contact Preferences.

Message Center		Add/Switch	
Name	Customer ID		
Judah Judith	F02FTC61VK		
Take Action			
Update Contact Preferences			

2. On the 'Update Contact Preferences' screen update the information you'd like to update and click **Update**.

Message Center		Add/Switch
Update Contact Preferences		
Primary Contact Information		
Domestic International		
Phone Number (###-####-#####)*	Phone Ext.	
509-509-5099		
Email Address*	Preferred Contact Method*	
kaelynnmarie.gonzalez@esd.wa.gov	Email	~
 ✿ Language Preference When possible, do you prefer to communica ○ Yes ● No 	te in a language other than English?*	
I Mailing Address		
Mailing Address Address Line 1*	Address Line 2	
	Address Line 2	
Address Line 1*	Address Line 2 State*	
Address Line 1* 910 N 3RD ST		~
Address Line 1* 910 N 3RD ST City*	State*	~
Address Line 1* 910 N 3RD ST City* TACOMA	State* WA - Washington	~
Address Line 1* 910 N 3RD ST City* TACOMA ZIP Code*	State* WA - Washington ZIP Code Ext	~

Update employment information

 On your 'Paid Leave benefit account homepage' under the 'Take Action' section, click Update Current Employer.

Home Message Center 1		Add/Switch Account
Name	Customer ID	
George Washington	F2GKBR2Y5R	
Take Action		
Continue a Draft Benefit Application (Last Saved Da Dydate Contact Preferences \$ Update Payment Preference	te: 09/19/2024)	
Update Current Employer Start Weekly Payment		
No weekly claims available.		
No weekly claims available.		

- **2.** On the 'Update Your Employment Information' screen you can correct the following:
 - a. Your employment status.
 - b. Employment start-dates for current employers.
 - c. Employment end-dates for former employers.
- 3. Click Save to save corrected information.

Update Your Employment Information	n			
You currently work or used to work for the following If any of these details have changed since you a		e below. (•	
Employer Name	Employment Status			
Nimbus Integration Test Services LLC	● I currently work here ○ I used to w	rork here		
	Employment Start Date (MM/DD/YY)	(Y)		
	12/01/2023			
Big House Construction	I currently work here I used to we have a set of the	ork here		
	Employment Start Date (MM/DD/YY)	(Y)		
	02/01/2023	=		
ESD 14 September Investigation Services LLC	I currently work here I used to w	ork here		
	Employment Start Date (MM/DD/YY)	(Y)		
	01/01/2020			
AB Test 111439504 LLC	I currently work here I used to w	ork here		
	Employment Start Date (MM/DD/YY)	(Y)	Employment End Date (MM/DD/YYYY)	
	10/01/2023		12/31/2023	=
Did you start working in Washington for any em	ployer(s) not listed above?			
If yes, click Add Employer below.				
Add Employer				
UBI Employer Name Sta	art Date End Date Employment	Status A	Address Phone Number	Action

- To add an employer that is missing, click Add Employer on the 'Employer Search' screen:
 - a. Enter your employers name or Unified Business Identifier (UBI).

The Unified Business Identifier number (UBI) is a 9-digit number issued by the Washington State Department of Revenue.

Update Your Employment Information	n			
You currently work or used to work for the following	employer(s).			
If any of these details have changed since you		ase update below.	0	
Employer Name	Employment Status			
Nimbus Integration Test Services LLC	I currently work here I used to work here			
	Employment Start Date (M	M/DD/YYYY)		
	12/01/2023			
Big House Construction	I currently work here	I used to work here		
	Employment Start Date (M	M/DD/YYYY)		
	02/01/2023			
ESD 14 September Investigation Services LLC	● I currently work here ◯	used to work here		
	Employment Start Date (M	M/DD/YYYY)		
	01/01/2020			
AB Test 111439504 LLC	O I currently work here	I used to work here		
	Employment Start Date (M	M/DD/YYYY)	Employment End Date (MM/DD/YYYY)	
	10/01/2023		12/31/2023	=

b. Click **Search**.

- 1. If your employer is listed, click **Select** in that employer row.
- 2. If your employer is not listed in the table, click **Add Missing Employer**.

If there are multiple results, check the employer address. You may also obtain your employer's UBI from your employer directly. Searching by UBI is the best way to ensure you are selecting the correct employer.

Employer Search Search for an employer			
Search for an employer			
	using its legal name or Unified Business Ident	ifier (UBI).	
Employer Name (starts	with) O	UBI (###-###-###) 0	
	Previous	Search	
Message Center	+ 1		 Add/Swite
Employer Search			
Search for an employer	using its legal name or Unified Business (dent	lifier (UBI).	
Employer Name (starts	with) O	UBI (###-###-###) 0	
abc			
	Previous	Search	
Search Results			
Search Results			
	employer from the list below. Employer Name	Employer Address	Action
Concession of the local division of the loca		Employer Address	
Click 'Select' to add an e UBI	ABC	31700 NE 157TH ST, DUVALL WA 98019-7600, AK 32121	Select
Concession of the local division of the loca	ABC	31700 NE 157TH ST, DUVALL WA 98019-7600, AK 32121 NTER 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321	Select Select
UBI	ABC	NTER 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321	
UEI 604-844-122 604-865-109 604-216-128	ABC ABC & ME EARLY LEARNING CEI ABC ACADEMY OF DIVERSITY, L ABC AUTOSALES	NTER 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 LC 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321	Select
UBI 604-844-122 604-865-109 604-216-128 604-877-692	ABC ABC & ME EARLY LEARNING CE ABC ACADEMY OF DIVERSITY, L ABC AUTOSALES ABC BILINGUAL CHILDCARE LLC	NTER 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 LC 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 2 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321	Select Select Select Select
UEI 604-844-122 604-865-109 604-216-128 604-877-692 605-268-836	ABC ABC & ME EARLY LEARNING CEI ABC ACADEMY OF DIVERSITY, L ABC AUTOSALES ABC BILINGUAL CHILDCARE LLC ABC BROTHERS LLC	NTER 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 LC 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 2 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321	Select Select Select Select Select
UEI 604-844-122 604-865-109 604-216-128 604-877-692 605-268-836 605-268-836 604-905-342	ABC ABC & ME EARLY LEARNING CEI ABC ACADEMY OF DIVERSITY, L ABC AUTOSALES ABC BILINGUAL CHILDCARE LLC ABC BILINGUAL CHILDCARE LLC ABC BUSINESS CONSULTANTS I	NTER 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321	Select Select Select Solact Select
UBI 604-844-122 604-865-109 604-216-128 604-877-692 605-268-836 604-905-342 604-914-163	ABC ABC & ME EARLY LEARNING CE ABC ACADEMY OF DIVERSITY, L ABC AUTOSALES ABC BILINGUAL CHILDCARE LLC ABC BROTHERS LLC ABC BROTHERS LLC ABC SUSINESS CONSULTANTS I ABC COMMUNICATIONS LLC	NTER 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 LC 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321	Select Select Select Select Select Select Select
UEI 604-844-122 604-865-109 604-216-128 604-97-692 605-288-836 604-905-342 604-514-183 604-516-129	ABC ABC & ME EARLY LEARNING CEI ABC ACADEMY OF DIVERSITY, L ABC AUTOSALES ABC BILINGUAL CHILDCARE LLC ABC BUSINESS CONSULTANTS I ABC COMMUNICATIONS LLC ABC COMSTRUCTION LLC	NTER 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321 161 Main Street, Apt 1 million, Seattle, WA 98584 - 4321	Select Select Select Select Select Select Select Select
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- a. The 'Employment Details' form will appear at the bottom of the screen. Within it:
 - Complete all required fields, denoted by an asterisk*.
 - 2. Click **Save**.

Employer Name*	UBI 🗿
Is this their current employer?* O Yes O No	
Employment Start Date (MM/DD/YYYY)*	Employment End Date (MM/DD/YYYY)*
Phone Contact Information Domestic International Phone Number (###.#######)*	Phone Ext.
Mailing Address Constic International Address Line 1*	Address Line 2
City*	State*
ZIP Code*	ZIP Code Ext

- c. On the 'Update Your Employment Information' screen:
 - 1. Check that your employer is now listed within the table.
 - 2. Click Save.

2110.003				
Employer Name	Employment Status			
Nimbus Integration Test Services LLC	I currently work here I used to work	here		
	Employment Start Date (MM/DD/YYYY)			
	12/01/2023			
Big House Construction	I currently work here I used to work	here		
	Employment Start Date (MM/DD/YYYY)			
	02/01/2023			
ESD 14 September Investigation Services LLC	i currently work here 🔘 I used to work	here		
	Employment Start Date (MM/DD/YYYY)			
	01/01/2020	-		
AB Test 111439504 LLC	 I currently work here I used to work 	here		
	Employment Start Date (MM/DD/YYYY)		Employment End Date (MM/DD/YYYY)	
	10/01/2023		12/31/2023	
	employer(s) not listed above? Start Date End Date Employment Sta 1//01/2001 I currently work h	1	Address Phone Number 110 N 3RD ST, TACOMA 509-509-5099	Actio