

Employee Name: _____ FMLA Claim #: _____

**Certification for Serious Injury or Illness of Current Servicemember or Veteran
For Military Family Leave/Caregiver Leave (Family and Medical Leave Act)**

Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness or illness of a servicemember or veteran. If requested by the employer, your response is required to obtain or retain the benefit of FMLA protected leave. Failure to do so may result in a denial of an employee's FMLA request.

SECTION I: For Completion by the employee and/or current servicemember or veteran for whom the Employee is requesting leave.
(This section must be completed first before any of the below sections can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and Address of Employer (this is the employer of the employee requesting leave to care for current servicemember or veteran):

Name of Employee Requesting Leave to Care for Current Servicemember or Veteran:

First Middle Last

Name of Current Servicemember or Veteran (for whom employee is requesting leave to care):

First Middle Last

Relationship of Employee to Current Servicemember or Veteran:

Spouse Parent Son Daughter Next of Kin

Part B: SERVICEMEMBER INFORMATION

If this absence is to care for a current Servicemember, please answer questions 1 and 2.

1) Is the Servicemember or Veteran a Current Member of the Regular Armed Forces, the National Guard or Reserves?

Yes No

If yes, please provide the servicemember's military branch, rank, and unit currently assigned to:

Is the servicemember or veteran assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as medical hold or warrior transition unit)? Yes No If yes, please provide the name of the medical treatment facility or unit:

2) Is the Servicemember or Veteran on the Temporary Disability Retired List (TDRL) Yes No

If this absence is to care for a Veteran, please answer questions 3 through 6.

3) Date of the veteran's discharge:

4) Was the veteran dishonorably discharged or released from the Armed Forces (including the National Guard or Reserves)? Yes No

5) Please provide the veteran's military branch, rank and unit at the time of discharge:

6) Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness? Yes No

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Part C: CARE TO BE PROVIDED TO THE CURRENT SERVICEMEMBER OR VETERAN

Describe the Care to Be Provided to the current Servicemember or Veteran and an Estimate of the Leave Needed to Provide the Care:

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SECTION II: For Completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) A DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). (Please ensure that Section I has been completed before completing this section.) Please be sure to sign the form on the last page.

INSTRUCTIONS to the HEALTH CARE PROVIDER: If The Employee named in section one has requested leave under the FMLA to care for a family member who is a current member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness, the information in this paragraph will apply. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

If the Employee named in section one has requested leave under the military caregiver leave provision of the FMLA to care for a family member who is a veteran, the information in this paragraph will apply. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran and is:

- (i) A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank or rating; or
- (ii) A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
- (iii) A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment, or
- (iv) An injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

For both Covered Servicemembers and Veterans, a complete and sufficient certification to support a request for FMLA leave due to a current servicemember's or veteran's serious injury or illness includes written documentation confirming that the servicemember's or veteran's injury or illness was incurred in the line of duty on active duty or if not, that the current servicemember's or veteran's injury or illness existed before the beginning of the servicemember's or veteran's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that the current servicemember or veteran is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answers should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the servicemember's or veteran's condition for which the employee is seeking leave.

NOTE TO ALL HEALTH CARE PROVIDERS: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except

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as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic Information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Part A: HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name and Business Address:

Type of Practice/Medical Specialty: _____

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider; or (5) a health care provider as defined in 29 CFR 825.125: _____

Telephone: () _____ Fax: () _____ Email: _____

Part B: MEDICAL STATUS

Please answer question 1 for a Covered Servicemember

Please answer question 2 for a Veteran

Please answer questions 3 – 6 for either a Covered Servicemember or a Veteran

1) The Current Servicemember or Veteran's medical condition is classified as (Check One of the Appropriate Boxes):

- (VSI) Very Seriously Ill/Injured** - Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)
- (SI) Seriously Ill/Injured** - Illness/Injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)
- OTHER Ill/Injured** - a serious injury or illness that may render the servicemember or veteran medically unfit to perform the duties of the member's office, grade, rank, or rating.
- NONE OF THE ABOVE** - (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under the FMLA. If such leave is requested, you may be required to complete an employer provided form seeking the same information.)

2) The Veteran's medical condition is:

- A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank or rating.
- A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.
- A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.
- An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.
- None of the above

3) Is the Current Servicemember or Veteran being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces?

Yes No

4) Approximate date condition commenced: _____

5) Probable duration of condition and/or need for care: _____

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6) Is the current servicemember or veteran undergoing medical treatment, recuperation, or therapy for this condition? Yes No

If yes, please describe medical treatment, recuperation or therapy: _____

Part C: SERVICEMEMBER'S OR VETERAN'S NEED FOR CARE BY FAMILY MEMBER

"Need for care" encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious s injury or illness, the covered servicemember or veteran is unable to care for his or her own basic medical, hygienic or nutritional needs or safety, or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

1) Will the servicemember or veteran need care for a single continuous period of time, including any time for treatment and recovery?

Yes No

If yes, estimate the beginning and ended dates for this period of time: _____

2) Will the servicemember or veteran require periodic follow-up treatment appointments? Yes No

If yes, estimate the treatment schedule: _____

3) Is there a medical necessity for the servicemember or veteran to have periodic care for these follow-up treatment appointments?

Yes No

4) Is there a medical necessity for the servicemember or veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g. episodic flare-ups of medical condition)? Yes No If yes, please estimate the frequency and duration of the periodic care:

Health Care Provider Signature

Date

Print Health Care Provider Name

Please return to the employer's FMLA administrator at:

MetLife Disability
P.O. Box 14590
Lexington, Kentucky 40512
Fax: 1-800-230-9531