**§850-D. Applications and claims for benefits**

**1. Procedures and forms.**  The administrator shall establish reasonable procedures and forms for filing claims for family leave benefits and medical leave benefits under this subchapter and shall specify what supporting documentation is necessary to support a claim for benefits, including any documentation required from a health care provider for proof of a serious health condition and any documentation required by the administrator with regard to a claim for safe leave or qualifying exigency leave.

[PL 2023, c. 412, Pt. AAA, §7 (NEW).]

**2. Filing of application.**  An individual may file an application for family leave benefits or medical leave benefits no more than 60 days before the anticipated start date of family leave and medical leave and no more than 90 days after the start date of family leave and medical leave. The administrator shall waive the 90-day filing deadline for good cause. The administrator shall institute forms and procedures that are not unduly burdensome to an individual claiming benefits.

[PL 2023, c. 412, Pt. AAA, §7 (NEW).]

**3. Notification of employer.**  The administrator shall notify the relevant employer within 5 business days of a claim being filed pursuant to this subchapter.

[PL 2023, c. 412, Pt. AAA, §7 (NEW).]

**4. Confidentiality.**  Any medical or health information required under this section must be treated as confidential and may not be disclosed except with permission from the covered individual who provided it unless disclosure is otherwise required by law. Nothing in this section may be construed to compel a health care provider to provide any information for certification that would be in violation of Section 1177 of the federal Social Security Act, 42 United States Code, Section 1320d-6.

[PL 2023, c. 412, Pt. AAA, §7 (NEW).]

**5. Ineligibility.**  A covered individual is not eligible to receive family leave benefits or medical leave benefits if the administrator finds, through a process established by rule, that the covered individual, for the purpose of obtaining these benefits, has willfully made a false statement or misrepresentation regarding a material fact or has willfully withheld a material fact concerning the facts required to be certified pursuant to this section. The department shall establish a process by rule for the determination of eligibility under this section, including a grievance process for a covered individual determined to be ineligible.

[PL 2023, c. 412, Pt. AAA, §7 (NEW).]

SECTION HISTORY

PL 2023, c. 412, Pt. AAA, §7 (NEW).

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