

MATERNITY DISABILITY BENEFIT AND PAID PARENTAL BENEFIT REQUEST FORM

In order to apply for LPL's Maternity Disability Benefit and/or Paid Parental Benefit in conjunction with an approved leave of absence, please complete the form below and submit it to LPL's Leave of Absence Coordinator for Processing. ****PLEASE NOTE: EMPLOYEES IN A STATE WITH STATE DISABILITY INSURANCE (SDI) AND/OR PAID FAMILY LEAVE (PFL) BENEFITS, SHOULD FIRST FILE FOR SDI/PFL AND THEN SUBMIT THE APPLICATION FOR STATE BENEFITS OR STATEMENT WITH THIS REQUEST FORM.**

1. Type of benefit request (check all that apply):

- Maternity Disability Benefit Paid Parental Benefit

2. Type of request?

- New Change

3. In what state do you reside?

4. Complete only if requesting LPL's Maternity Disability Benefits, otherwise please proceed to the next section.

- a. Do you expect to receive state disability insurance (SDI) during leave? Yes No
If no, go to question 4c.
- b. What amount do you expect to receive on a weekly basis in SDI?
- i. Does the state have one week waiting period to receive SDI? Yes No
- ii. For how many weeks do you anticipate receiving SDI?
- c. Did you purchase buy-up short term disability insurance? Yes No
- d. Is your gross weekly salary more than \$2,500? Yes No
- i. If yes, what is your average LPL weekly salary?

5. Complete if requesting LPL's Paid Parental Benefits.

- a. What is your average LPL weekly salary?
- b. Does a spouse also work at LPL who will be requesting this benefit? Yes No
- c. Do you expect to receive state paid family leave (PFL) during leave? Yes No
If no, proceed to the next section.
- i. What amount do you expect to receive on a weekly basis for PFL?
- ii. For how many weeks do you anticipate receiving PFL?

EMPLOYEE INFORMATION	
Employee Full Name:	Date of Request:
Home/Cell phone:	Personal Email:
Anticipated date of birth, adoption, or foster care placement of child:	Department:
Expected last day of work (date):	Expected return to work (date):
<p>I have read and understand LPL Financial's Maternity Disability Benefit policy and Paid Parental Benefit policy, including the supporting FAQs on LPL@Work regarding the benefits, eligibility, and procedures for these benefits. I understand that my requested benefit(s) is/are subject to change and subject to providing Payroll and LOA Coordinator with accurate information and/or documentation.</p> <p>I certify I am an eligible employee and wish to use the benefits indicated herein.</p>	
_____ Employee Signature	_____ Date
<p>Return completed form to: Attn: Leave of Absence Fax: 858-909-2953 or Email: LOA@lplfinancial.com</p>	
<p>Please Note: Processing of this form may take up to two pay periods, which may impact timing of payment.</p>	