



## Cigna Leave Solutions® Documentation of Birth

Please note that it is also acceptable to send in supporting documentation of the birth in place of this form.

Date Prepared: \_\_\_\_\_

Must be returned by: \_\_\_\_\_

<b>Employee name:</b>		<b>Leave number:</b>
<b>Employer name:</b>		
<b>Care for Newborn (Bonding) Leave is requested for the following dates:</b>		
<b>Name and Age of Child:</b>		
<b>*Expected / Actual Date of Birth:</b> <i>*If expected date is provided, please contact Cigna to confirm the actual delivery date.</i>		
By signing below, I certify the above information is true and correct. I understand that failure to promptly return to work at the end of my leave may be treated as a resignation unless an extension has been approved in writing by my employer.		
<b>Employee's Signature:</b>		<b>Date:</b>

Return completed form to:

**Cigna Leave Solutions® P.O. Box 16163 Pittsburgh, PA 15242-0791**

**Fax: 866.931.5095**

**Email: [FMLACertifications@Cigna.com](mailto:FMLACertifications@Cigna.com)**