

## Waterman, Robert - WHD

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**From:** Marti Cardi <Marti.Cardi@matrixcos.com>  
**Sent:** Friday, October 04, 2019 5:33 PM  
**To:** WHDPRAComments  
**Cc:** Gail Cohen  
**Subject:** Matrix Absence Management, Inc. SUPPLEMENTAL comments- proposed FMLA forms  
**Attachments:** FMLA certification forms supplemental comments 10-04-2019.docx

Hello. Please accept the attached supplemental comments from Matrix Absence Management, Inc., on the DOL's proposed FMLA certification forms.

Thank you.

**Marti Cardi, Esq.**  
**Vice President, Product Compliance**

**MATRIX**  
ABSENCE MANAGEMENT  
A MEMBER OF THE TOKIO MARINE GROUP

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Ping us for the latest news and insights on absence management and accommodations.

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October 4, 2019

VIA email to [WHDPRAComments@dol.gov](mailto:WHDPRAComments@dol.gov)

U.S. Department of Labor  
Wage and Hour Division  
200 Constitution Avenue NW  
Washington, DC 20210

Re: Proposed Certification of Health Care Provider Forms  
(Family and Medical Leave Act)  
SUPPLEMENTAL RESPONSE

Dear Sir or Madam:

Matrix Absence Management submitted comments on the proposed FMLA certification forms earlier today. Please also consider the following issues.

The certification forms for the employee's own serious health condition or a family member's serious health condition each contain a section for the health care provider to identify what category of serious health condition the employee or the family member has. We have two suggestions.

First, the section is preceded by an instruction "Select the appropriate category." Instead, the instruction should be, "Check all that apply." Many conditions may satisfy more than one category and it is important for the employer to know about each category to understand what the employee's needs may be, how to manage the leave, and what to expect overall.

Second, each form should have an additional option, "None of the above." It happens occasionally that the health care provider does not support any time off because the employee does not have a serious health condition as defined by the FMLA. Without this option the provider may feel that he/she is required to check at least one category of serious health condition. Providers do not understand the FMLA and are unlikely to write in "none of the above" if it is not on the DOL official form.

Thank you for your consideration.

*/s/ Marti Cardi*

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