

From: [Donna Trisler](#)
To: [WHDPRAComments](#)
Subject: Comments on new FMLA forms
Date: Monday, August 26, 2019 11:13:17 AM

Thank you for giving us this opportunity.

Certification for Health Care Provider for Employee

Form says under the Employer portion, that use of form is optional. Wouldn't you want the form to be mandatory for all businesses to use it for consistency and so that employees do not question why employers have chosen to use another format?

Part A, #8. Confused on what this question is looking for. Is it dates of treatments? If so, after the word on indicate what you are looking for. I.e. on the following dates.

Part B #3a. Is this an opportunity to insert mental illness related therapy as an example. Form does not talk at all or give mental illness as an example of a need for an extended leave but this condition is now covered under the ADA.

Part B #4. Confusing. Simplify this section by allowing the Dr. to write it out. I.e., Patient needs physical therapy for his recovery 5 hours a week for up to 4 continuous weeks.
The Dr. won't know the schedule at the time this paperwork is filled out to be able to put down the days of the week the 5 hours will be scheduled. Allow for some flexibility by allowing Doctor to write it out.

Other thoughts.

Somewhere on the form it would be helpful to have guidelines for the HR professionals and the employees as to what attending physician you want to have fill out the documents.

I.e.- Emergency room admitting physician, Hospital physician, General practitioner that sees the patient after patient is released from hospital...??

Bottom line is, how can we as HR professionals know which Doctor to have fill out the forms in the case of an unplanned medical situation and depending on the physician who ends up overseeing the employee's care, the initial leave dates and intermittent needs may be different than what an original attending Dr. may fill out.

Does it make sense to have the employee be responsible for bringing the original paperwork to the physician who ends up guiding their care if that physician is different than the one who originally cared for them? Should there be a second signature line for another physician to sign that they agree or disagree with the original physician's dates of recovery and intermittent care needs?

Nowhere in the paperwork does it talk about the definitions of a qualified health care provider. Can there be a link to the definition?

I was surprised to find that a qualified mental health provider for mental health illnesses can be a MSW. Also no mention of mental health as a qualifying health condition for a FMLA.

Under section called Definition of Serious Health Condition Last box, Conditions requiring multiple

treatments..... 2nd bullet is confusing. If ee or ee family member did not receive treatment? Not sure what this means.

It would be helpful if somewhere in paperwork state that the cost of having this paperwork filled out is the employees responsibility even though employer is requiring it. It is a shame that health care companies don't allow this to be free under the insurance plans.

Certification for health Care providers for care of family members.

To take a leave to care for a family member with a serious illness, was only if there was no other support for that family member.

Maybe that is not the case anymore but if it is, where could that be included in the wording?

It seems that 5 business days is too little amount of time to get a health care provider to fill out the form for care of a family member.

Wonder why it wouldn't be the same 15 days that the employee form requires?

Love the addition of the detail of how to handle the payment of benefits while on leave. Thank you for that !!

L

Donna Trisler

Operations Administrator



Ph (317) 471-8560

F (317) 471-8627

The information contained in this electronic transmission and any attachments hereto is considered proprietary and confidential. Distribution of this material to anyone other than the addressed is prohibited. Any disclosure, copying, distribution or use of the contents of this transmission or any attachments hereto for any reason other than their intended purpose is prohibited. If you have received this transmission in error, please contact the sender.