<< To be Submitted on the Insurance Company’s Letterhead >>

Date

Via Delaware LaborFirst

Chris Counihan

Director, Division of Paid Leave

Delaware Department of Labor

Fox Valley Annex Building

4425 North Market Street

Wilmington, DE 19802

RE: Delaware Paid Leave Self-Insured Plan Application

Acknowledgment of Prefunded Claims Bank Account Requirement

 Employer DOL Account Number:

Dear Director Counihan,

In accordance with **19 Del. Admin. C. §1401-17.4**, I hereby acknowledge that to retain self-insurance approval, [insert Company Name] is required to establish, maintain and fund a separate bank account for family and medical leave claims no later than January 1, 2026. I certify that the account shall be funded in an amount required by **19 Del. Admin. C. §1401-17.4.7 and that a**ll family and medical leave claims associated with this self-insured plan will be paid from this account. I understand and agree to provide p**roof of the funding calculation and the bank account containing the minimum funding amount to the Division of Paid Leave, through Delaware LaborFirst, no later than January 1, 2026.**

Best Regards,

Name

Title

Company’s Name

Street Address

City, State Zip Code

Business Phone Number

Business Email Address