



# Paid Family Leave

# NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

Metropolitan Life Insurance Company

INSERT INSURER NAME HERE

Covering Employees of:

State of New York

INSERT EMPLOYER NAME HERE

## Paid Family Leave is insurance that provides job protected paid time off to:

- **Bond** with a newly born, adopted, or fostered child
- **Care** for a family member with a serious health condition
- **Assist** loved ones when a family member is deployed abroad on active military service

## How to File:

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

## Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave

FOR MORE INFORMATION AND HELP:  
 Visit [ny.gov/PaidFamilyLeave](http://ny.gov/PaidFamilyLeave)  
 or call **(844) 337-6303**

You can get forms to take Paid Family Leave from

- Your employer,
- The insurance carrier below, or
- [ny.gov/PaidFamilyLeave](http://ny.gov/PaidFamilyLeave)

INSERT NAME, ADDRESS, AND TELEPHONE NUMBER OF INSURER OR MAIN OFFICE OF AUTHORIZED NEW YORK SELF-INSURER

Metropolitan Life Insurance Company  
200 Park Avenue, New York, NY 10166  
(800) 300-4296

Policy #: 211911 Effective From: 01/01/2019 To: 01/01/2020

Statutory  Under a Plan or Agreement

Class(es) of Employees Covered:

Management/Confidential employees

### NOTICE OF COMPLIANCE

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.



# Paid Family Leave

# 2019 STATEMENT OF RIGHTS FOR PAID FAMILY LEAVE

## IF YOU NEED TO TAKE TIME OFF FROM WORK TO CARE FOR A FAMILY MEMBER, YOU MAY BE ENTITLED TO PAID FAMILY LEAVE BENEFITS

**Paid Family Leave is employee-funded insurance that provides job-protected, paid time off to:**

- Bond with a newly born, adopted or fostered child;
- Care for a family member with a serious health condition; or
- Assist loved ones when a spouse, domestic partner, child or parent is called to active military service abroad.

### Eligibility:

- Employees with a regular work schedule of **20 or more hours per week** are eligible after **26 consecutive weeks** of employment.
- Employees with a regular work schedule of **less than 20 hours per week** are eligible after **175 days worked**.

Citizenship or immigration status is not a factor in your eligibility.

**Benefits:** In 2019, you can take up to 10 weeks of Paid Family Leave and receive 55% of your average weekly wage, capped at 55% of the New York State average weekly wage. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting Paid Family Leave.

### Rights and Protections:

- **Job Protection:** Return to the same or comparable job after you take leave.
- You keep your **health insurance** while on leave (you may have to continue paying your portion of the premium costs, if any).
- Your **employer is prohibited from discriminating or retaliating** against you for requesting or taking Paid Family Leave.
- You **do not have to exhaust sick leave or vacation** accruals before using Paid Family Leave.

### Paid Family Leave Request Process:

1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible.
2. Complete and submit the *Request for Paid Family Leave (Form PFL-1)* to your employer.
3. Complete and attach the additional forms as required and submit to the insurance carrier listed below **within 30 days of starting your leave, to avoid losing benefits**.
4. In most cases, the insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed request or your first day of leave, whichever is later.

You may obtain all forms from your employer, their insurance carrier listed below or online at [PaidFamilyLeave.ny.gov/Forms](http://PaidFamilyLeave.ny.gov/Forms).

### Disputes:

If your Paid Family Leave claim is denied, you may request to have the denial reviewed by a neutral arbitrator. The insurance carrier listed below will provide you with information about requesting arbitration.

### Discrimination Complaints:

If your employer terminates your employment, reduces your pay and/or benefits, or disciplines you in any way as a result of you requesting or taking Paid Family Leave, you may request to be reinstated by taking these steps:

1. Complete the *Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119)*
2. Send your completed form to your employer and a copy of the completed form to: Paid Family Leave, P.O. Box 9030, Endicott, NY 13761-9030
3. If your employer does not reinstate you **or take other corrective action** within 30 days, you may file a discrimination complaint with the Workers' Compensation Board using the *Paid Family Leave Discrimination/Retaliation Complaint (Form PFL-DC-120)*, available at [PaidFamilyLeave.ny.gov/Forms](http://PaidFamilyLeave.ny.gov/Forms). The Workers' Compensation Board will assemble your case and schedule a hearing.
4. There are other state and federal laws that protect employees from discrimination. Additional information is available at [PaidFamilyLeave.ny.gov](http://PaidFamilyLeave.ny.gov).

**For more information, forms, and instructions, visit [PaidFamilyLeave.ny.gov](http://PaidFamilyLeave.ny.gov) or call (844)-337-6303.**

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's Paid Family Leave benefits insurance carrier is:

Metropolitan Life Insurance Company  
200 Park Avenue, New York, NY 10166  
(800) 300-4296

**PRESCRIBED BY THE CHAIR,  
WORKERS' COMPENSATION BOARD**