



Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance
Coverage Provided by:

INSERT INSURER NAME HERE

Covering Employees of:

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**
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*

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

Policy #: _____ Effective From: _____ To: _____

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:

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.