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](https://ny.gov/PaidFamilyLeave) or call (844) 337-6303

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**Policy #:** 24-000019-40  
**Effective From:** 7/1/2018  
**To:** 7/1/2019

- **Statutory** ☐  
- **Under a Plan or Agreement**

**Class(es) of Employees Covered:**

All Eligible Employees