

Paid Family Leave insurance coverage provided by: \_\_\_\_\_\_ First Reliance Standard Life Insurance Company

INSERT INSURER NAME HERE

Covering employees of: <u>Pace University</u>

INSERT EMPLOYER NAME HERE

## Paid Family Leave is employee-funded insurance that provides eligible employees 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 (see paidfamilyleave.ny.gov for eligible family members); or
- ASSIST loved ones when a spouse, domestic partner, child, or parent is deployed abroad on active military service.

Paid Family Leave may also be available for use in situations when you or your minor dependent child are under an order of quarantine or isolation due to COVID-19. See PaidFamilyLeave.ny.gov/COVID19 for full details.

## Paid Family Leave Request Process:

- 1. Notify your employer at least <u>30 days</u> 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 documentation as instructed on the request form and submit to your employer's insurance carrier listed below. Submit within <u>30 days</u> after the start of your leave to avoid losing benefits.

You may obtain all forms from your employer, their insurance carrier listed below, or online at PaidFamilyLeave.ny.gov/Forms.

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

INSURER OR AUTHORIZED NEW YORK SELF-INSURER INFORMATION	
Name: First Reliance Standard Life Insurance Company	Telephone: <u>1-800-351-7500</u>
Address: 488 Madison Avenue, Suite 803, New York, NY 10022	
Policy #: DBL 1330000113 Effective date	from: 09/01/2024 to Until Cancelled
Statutory 🛛 Under a plan or agreement	
Class(es) of employees covered: <u>All Employees eligible under the New York Paid Family Leave Benefits Law</u>	

## For more information, visit **PaidFamilyLeave.ny.gov** or call (844) 337-6303

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.