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 leave**

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

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**New York State Insurance Fund**
NYSIF Document Control Center-Disability Underwriting
1 Watervliet Ave Ext, Albany, NY 12206
(866) 697-4332

Policy #: DB 6155 92-4  
Effective From: 01/01/2018  
To: 03/10/2019

**Class(es) of Employees Covered:**
All Eligible 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.