



**Paid Family Leave**

**NOTICE TO EMPLOYEES**

Paid Family Leave Insurance Coverage Provided by:

THE STATE INSURANCE FUND

Covering Employees of:

VMWARE INC

**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**

*You can get forms to take Paid Family Leave from*

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

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

Statutory  Under a Plan or Agreement

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.

