



# 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](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)

INSERT NAME, ADDRESS, AND TELEPHONE NUMBER OF INSURER OR MAIN OFFICE OF AUTHORIZED NEW YORK SELF-INSURER  
 HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY  
 P.O. BOX 2999, HARTFORD, CT 06104  
 800-454-7020

Policy #: \_\_\_\_\_ Effective From: \_\_\_\_\_

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.