



Paid Family Leave

2019 STATEMENT OF RIGHTS FOR PAID FAMILY LEAVE

IF YOU NEED TO TAKE TIME OFF FROM WORK TO CARE FOR A FAMILY MEMBER, YOU MAY BE ENTITLED TO PAID FAMILY LEAVE BENEFITS

Paid Family Leave is employee-funded 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; or
- Assist loved ones when a spouse, domestic partner, child or parent is called to active military service abroad.

Eligibility:

- Employees with a regular work schedule of **20 or more hours per week** are eligible after **26 consecutive weeks** of employment.
- Employees with a regular work schedule of **less than 20 hours per week** are eligible after **175 days worked**.

Citizenship or immigration status is not a factor in your eligibility.

Benefits: In 2019, you can take up to 10 weeks of Paid Family Leave and receive 55% of your average weekly wage, capped at 55% of the New York State average weekly wage. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting Paid Family Leave.

Rights and Protections:

- **Job Protection:** Return to the same or comparable job after you take leave.
- You keep your **health insurance** while on leave (you may have to continue paying your portion of the premium costs, if any).
- Your **employer is prohibited from discriminating or retaliating** against you for requesting or taking Paid Family Leave.
- You **do not have to exhaust sick leave or vacation** accruals before using Paid Family Leave.

Paid Family Leave Request Process:

1. Notify your employer at **least 30 days** 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 forms as required and submit to the insurance carrier listed below **within 30 days of starting your leave, to avoid losing benefits**.
4. In most cases, the insurance carrier must pay or deny benefits within **18 calendar days** of receiving your completed request or your first day of leave, whichever is later.

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

Disputes:

If your Paid Family Leave claim is denied, you may request to have the denial reviewed by a neutral arbitrator. The insurance carrier listed below will provide you with information about requesting arbitration.

Discrimination Complaints:

If your employer terminates your employment, reduces your pay and/or benefits, or disciplines you in any way as a result of you requesting or taking Paid Family Leave, you may request to be reinstated by taking these steps:

1. Complete the *Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119)*
2. Send your completed form to your employer and a copy of the completed form to: Paid Family Leave, P.O. Box 9030, Endicott, NY 13761-9030
3. If your employer does not reinstate you **or take other corrective action** within 30 days, you may file a discrimination complaint with the Workers' Compensation Board using the *Paid Family Leave Discrimination/Retaliation Complaint (Form PFL-DC-120)*, available at PaidFamilyLeave.ny.gov/Forms. The Workers' Compensation Board will assemble your case and schedule a hearing.
4. There are other state and federal laws that protect employees from discrimination. Additional information is available at PaidFamilyLeave.ny.gov.

For more information, forms, and instructions, visit PaidFamilyLeave.ny.gov or call (844)-337-6303.

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's Paid Family Leave benefits insurance carrier is:

THE HARTFORD
PO BOX 14306
LEXINGTON, KY 40512-4306
FAX 833-357-5153
PHONE 866-548-3101

**PRESCRIBED BY THE CHAIR,
WORKERS' COMPENSATION BOARD**