

Paid Family Leave NOTICE OF COMPLIANCE



Paid Family
Leave

Paid Family Leave insurance coverage provided by: Metropolitan Life Insurance Company
INSERT INSURER NAME HERE

Covering employees of: New York City Health & Hospitals Corporation
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 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 documentation as instructed on the request form and submit to your employer's insurance carrier listed below. Submit within 30 days 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: Absolve, P.O. Box 1328, Mt. Laurel, NJ 08054 Telephone: Absolve (800)401-2691

Address: Insurer:Metropolitan Life Insurance Company, 200 Park Ave, New York, NY 10166, 800-300-4296

Policy #: 228909 Effective date from: 01/01/2025 to 12/31/2025

Statutory Under a plan or agreement

Class(es) of employees covered: All Eligible New York Employees

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.