Information for Employees



New York State Paid Family Leave provides job-protected, paid time off so you can:



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



SUPPORT yourself or your minor dependent child in the event of a COVID-19 quarantine

Who is covered under Paid Family Leave?

Most employees who work for private employers in New York State are covered under Paid Family Leave. If you are a public employee, you may be covered if your employer has opted in to provide the benefit. Union-represented public employees may be covered if the benefit has been negotiated through collective bargaining.

How can Paid Family Leave help you and your family?

- Bonding with a child: You can take time to bond with your newly born, adopted, or fostered child within the first 12 months of birth or placement.
- © Caring for a family member: You can take time to care for your spouse, domestic partner, child/stepchild, sibling* (biological, adopted, half, and step), parent/stepparent, parent-in-law, grandparent, or grandchild with a serious health condition.
- Assisting a service member: You can take time to assist when a spouse, domestic partner, child, or parent is called to active military service abroad.
- Support yourself, or your minor dependent child: You may also be able to take leave 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.

Who is eligible for Paid Family Leave?

If you are covered under Paid Family Leave, you are eligible to take it for a qualifying event once you have met the minimum requirements:

- Full-time employees: If you work a regular schedule of 20 or more hours per week, you are eligible after 26 consecutive weeks of employment with your employer.
- Part-time employees: If you work a regular schedule of less than 20 hours per week, you are eligible after working for your employer for 175 days, which do not need to be consecutive.

Citizenship and/or immigration status is not a factor in your eligibility. Some part-time or seasonal employees may qualify for a waiver to opt out of coverage. Visit paidfamilyleave.ny.gov/protections#opting-out to learn more.

What are your rights and protections under Paid Family Leave?

- Dob protection: Return to the same or comparable job after you take leave.
- Health insurance: Your coverage continues while on leave on the same terms as if you continued working. If you contribute to the cost of your health insurance, you must continue to pay your portion while on leave.
- Discrimination & retaliation: Your employer is prohibited from discriminating or retaliating against you for requesting or taking Paid Family Leave.

*New in 2023. Check with your employer's insurance carrier for details on when this goes into effect for their policy.



How is Paid Family Leave funded?

Paid Family Leave is funded through employee payroll contributions that are set each year to match the cost of coverage. The contribution rate is reviewed annually, and is subject to change by the New York State Department of Financial Services. Visit PaidFamilyLeave.ny.gov/cost for the current contribution rate and annual maximum contribution.

What are the benefits?

You can take up to 12 weeks of Paid Family Leave and receive 67% of your average weekly wage (AWW), capped at 67% of the New York State Average Weekly Wage (NYSAWW). Generally, your AWW is the average of your last eight weeks of pay prior to starting Paid Family Leave. The NYSAWW is updated annually and published on the New York State Department of Labor's website. See dol.ny.gov.



How do you apply?

Requesting Paid Family Leave is easy. Start by planning your leave:

- Leave can be taken either all at once or intermittently, but must be taken in full-day increments.
- You must notify your employer at least <u>30 days</u> before the start of leave if foreseeable; otherwise, you must notify your employer as soon as possible.

Once you're ready to apply, follow these three steps:

- COLLECT YOUR FORMS AND DOCUMENTATION: You can get Paid Family Leave forms from your employer, your employer's insurance carrier, or directly from PaidFamilyLeave.ny.gov/forms. Your form packet will include the Request for Paid Family Leave (Form PFL-1), along with any additional forms needed for the type of leave you want to take. The form instructions will detail what, if any, supporting documentation you will need to submit as part of your Paid Family Leave request.
- 2. COMPLETE & ATTACH: Complete the forms for the specific type of leave you are planning to take. Note that Form PFL-1 has parts that need to be completed by you and by your employer. Fill out your section, make a copy, and give the form to your employer to fill out Part B. Your employer is required to return Form PFL-1 to you within three business days. If there is a delay, you do not have to wait to proceed. Send the Form PFL-1 that you have filled out, along with the rest of your request package, directly to the employer's insurance carrier.
- 3. SUBMIT WITHIN 30 DAYS: You must submit your completed request package to your employer's insurance carrier within 30 days after the start of your leave to avoid losing benefits.
 - To find out who your employer's Paid Family Leave insurance carrier is, you can:
 - Look for the Paid Family Leave poster in your workplace.
 - Ask your employer.
 - Look it up using the employer coverage search application on wcb.ny.gov.
 - If you cannot find your employer's insurance carrier, call the **Paid Family Leave Helpline** for assistance at (844) 337-6303. The Helpline is available Monday through Friday, 8:30 a.m. to 4:30 p.m.

In most cases, the insurance carrier must pay or deny benefits within <u>18 days</u> of receiving your completed request or your first day of leave, whichever is later. Your request cannot be considered incomplete solely because your employer did not fill out Part B of *Form PFL-1* within <u>three business days</u>.

IT IS YOUR RESPONSIBILITY TO SUBMIT THE FORMS TO YOUR EMPLOYER'S INSURANCE CARRIER. IT IS NOT YOUR EMPLOYER'S RESPONSIBILITY.

Employee Notice of Paid Family Leave Sibling Care for 2023



Coming Soon! Paid Family Leave Enhancement: Sibling Care

Starting January 1, 2023 , Slocum Dickson Medical Group, PLLC employees will be able to take New York State Paid Family Leave to care for a sibling with a serious health condition. This adds to the list of family members for whom you can already take Paid Family Leave to care for in times of need.

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Spouse/domestic partner

Child/stepchild

Parent/stepparent/parent-in-law

Grandparent

Grandchild

Sibling (Starting in _____

CARE CAN INCLUDE PROVIDING:

Necessary physical care

Emotional support

Visitation

Assistance in treatment

Transportation

Help arranging for a change in care

Assistance with essential daily activities

Personal attendant services

Your family member can live outside of New York State and even outside of the country, as long as you are in close and continuing proximity to them during the Paid Family Leave period when you are providing care.

For more information on NYS Paid Family Leave, including downloadable fact sheets and request forms, visit **PaidFamilyLeave.ny.gov**.

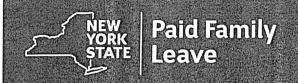
For more information, visit PaidFamilyLeave.ny.gov or call the Paid Family Leave Helpline for assistance at (844) 337-6303.

Employee Notice of Paid Family Leave Payroll Deduction for 2023



Employee Name			
Employer Name	Slocum Dickson Medical Group, PLLC		
with a newly born condition, or assis service. Paid Fam their minor depen	, adopted, or fostered child, ca st loved ones when a family me ily Leave may also be available	es with job-protected, paid time off to bond re for a family member with a serious health ember is deployed abroad on active military for use in situations when an employee or quarantine or isolation due to COVID-19. details.	
their wages up to wages each pay p less than the New	a cap set annually. The 2023 poeriod and is capped at an annu York State Average Weekly Wa	Il payroll deduction, which is a percentage of ayroll contribution is 0.455% of an employee's ual maximum of \$399.43. Employees earning age (\$1,688.19 per week), will have an annual 8, consistent with their actual weekly wages.	
Based on your ave	erage pay period earnings of	\$	
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For more information, visit PaidFamilyLeave.ny.gov or call the Paid Family Leave Helpline for assistance at (844) 337-6303.



NOTICE TO **EMPLOYEES**

Paid Family Leave Insurance Coverage Provided by:

Sun Life Financial

Covering Employees of:

Slocum-Dickson Medical Group PLLC

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 my gov/ParelFarmiWLeave OF CB ! (2444) C.37-62(0)

You can get forms to take Paid Family Leave from

- · Your employer,
- The insurance carrier below, or
- ny.gov/PaidFamilyLeave

Sun Life and Health Insurance Company SC 4312

Customer Service 855-629-8811 M-F 8:00 a.m. - 8:00 p.m., ET

One Sun Life Executive Park Wellesley Hills, MA 02481-5699

781-504-5599

To: 12/31/2023 01/01/2023 Effective From:

■ Statutory □ Under a Plan or Agreement

Class(es) of Employees Covered:

Policy #: 819731

L-120 (11-17)

All Employees eligible under New York State Law

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.