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

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You can get forms to take Paid Family Leave from:
- Your employer,
- The insurance carrier below, or
- [ny.gov/PaidFamilyLeave](http://ny.gov/PaidFamilyLeave)

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**INSURER AND MAIN OFFICE OF AUTHORIZED NEW YORK SELF-INSURER**

**SHELTERPOINT LIFE INSURANCE COMPANY**

1225 FRANKLIN AVENUE, STE 475, GARDEN CITY, NY 11530

PHONE 800-365-4999

**Policy #:** DBL421433

**Effective From:** 10/28/2019

**To:** 10/27/2020

- **Statutory**
- **Under a Plan or Agreement**

**Class(es) of Employees Covered:** All Employees Eligible Under New York State Disability Benefits Law

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**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.