



# Paid Family Leave

# NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

INSERT INSURER NAME HERE

Covering Employees of:

**HOMEMAKERS UPSTATE GROUP, INC.**

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 #: LNY709802001 Effective From: 01/01/2022 To: 12/31/2022

Statutory  Under a Plan or Agreement

Class(es) of Employees Covered:

**All employees eligible under New York State Paid Family Leave 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.

**STATE OF NEW YORK WORKERS' COMPENSATION BOARD**  
**DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**  
**CERTIFICATE/CANCELLATION OF INSURANCE**

Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

Initial  Cancellation  Reinstatement  Supersedes Transaction Effective Date: 01/01/2022

A. INSURER		
1. INSURER NAME <b>HARTFORD LIFE AND ACCIDENT</b>	2. INSURER CODE <b>B488759</b>	3. INSURER PHONE # <b>1-800-454-7020</b>
4. CONTACT NAME <b>ELIZABETH TELLO</b>	5. TITLE <b>MANAGER</b>	6. DATE <b>12/28/2021</b>
B. CURRENT EMPLOYER INFORMATION		
7. WCB EMPLOYER NUMBER	8. NYS UIER NUMBER <b>PENDING</b>	9. EMPLOYER FEIN <b>16-0979130</b>
10. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/ AKA/TA) <b>HOMEMAKERS UPSTATE GROUP, INC.</b>		13. LEGAL STATUS (SEE BACK OF FORM) <b>03</b>
11. EMPLOYER STREET ADDRESS <b>2465 SHERIDAN DRIVE</b>		14. NUMBER (#) OF EMPLOYEES <b>520</b>
12. EMPLOYER CITY, STATE and ZIP CODE <b>TONAWANDA NY 14150</b>		15. EMPLOYER PHONE # <b>716-838-6060</b>
C. POLICY		
* If policyholder is an Association, Union or Trustee for which Form DB-820.3 is filed, do not complete item 18		
16. POLICY NUMBER <b>LN709802001</b>	17. POLICY EFFECTIVE DATE <b>01/01/2022</b>	18. POLICY FORM NUMBER* <b>P1114724(O)DBL</b>
19. WCB PLAN NUMBER (Only for Association, Union or Trustee with Form DB-801 on file)		20. PREMIUM AMOUNT <b>0</b>
D. REASONS FOR CANCELLATION		
<input type="checkbox"/> Non-Payment of Premium <input type="checkbox"/> Not Subject/No Eligible Employees <input type="checkbox"/> Out of Business <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____ Date: _____ Date: _____ Date: _____		
DATE CANCELLATION OR TERMINATION SENT TO EMPLOYER: _____		
E. Complete if SUPERSEDES box is checked at top of form		F. POLICYHOLDER if different from Employer
21. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/ AK/TA)		27. POLICYHOLDER NAME <b>HOMEMAKERS UPSTATE GROUP, INC.</b>
22. EMPLOYER'S STREET ADDRESS		28. POLICYHOLDER ADDRESS <b>2465 SHERIDAN DRIVE</b>
23. CITY, STATE and ZIP CODE		29. CITY, STATE and ZIP CODE <b>TONAWANDA NY 14150</b>
24. EMPLOYER FEIN	25. POLICY EFFECTIVE DATE	30. POLICYHOLDER FEIN <b>16-0979130</b>
26. POLICY NUMBER		
G. 1. The policy covers Employer's employees as follows:		
a. The policy provides coverage for: <input checked="" type="checkbox"/> Both disability and paid family leave benefits <input type="checkbox"/> Disability benefits only <input type="checkbox"/> Paid family leave benefits only		
b. The policy covers the following class or classes of employees: <input checked="" type="checkbox"/> All employees <input type="checkbox"/> Only the class or classes of employees listed here: _____		
2. The employee contributions required and benefits insured are:		
<input checked="" type="checkbox"/> The same in all respects as under Section 204 and not in excess of those authorized under Section 209 As described in attached supplement, Form DB-820.1 <input type="checkbox"/> As described in Employer's Application for Acceptance of a plan, Form DB-800, filed with and accepted by the Chair. <input type="checkbox"/> As described in Certificate of Insurance, Form DB-820.3, filed on behalf of the Association, Union or Trustees (policyholders) on _____ or amended Form DB-820.3 filed thereafter.		

To be filed by Insurance Carrier on behalf of Employer to provide, through insurance, exactly statutory benefits, (Section 204) LRS OR benefits under a plan accepted by the Chair.

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

# New York State Paid Family Leave

Starting **January 1, 2018**, Paid Family Leave (PFL) will provide paid time off so that you can:

- Bond with a newly born, adopted, or fostered child
- Care for a close family member (defined as a child, parent, parent-in-law, grandparent, grandchild, spouse, or domestic partner) with a serious health condition (defined as requiring inpatient care; or continuing treatment or continuing supervision by a health care provider).
- Assist loved ones when a spouse, child, domestic partner or parent is on active military leave

## **Additional Protections:**

- Employees have the right to return to their same or comparable job upon return from Paid Family Leave
- Employees are guaranteed continued health insurance while on leave, as long as they continue to pay their health insurance premium contributions.
- An employer may not discriminate or retaliate against employees for taking or asking about Paid Family Leave.

## **WHO IS ELIGIBLE?**

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

## **Q&A**

### **Q. Does Paid Family Leave cost me anything?**

New York's Paid family Leave is paid for by employees through post-tax payroll deductions, like NYS Statutory Disability. The maximum employee contribution in 2018 will be 0.126% of an employee's weekly wage up to the annualized New York State Average Weekly Wage. For example, for someone with an **average weekly wage of \$400**, the **weekly deduction would be \$0.50 per week**.

### **Q. Do I have to participate in the Paid Family Leave program?**

Yes, Paid Family Leave is not optional for most employees.

**EMPLOYMENT BOARD  
POSTING**

### **Q. Will I have to take all of my paid time off before I use Paid Family Leave?**

An employer may allow you to use paid time off, but cannot require you to use it.

### **Q. How long can I take Paid Family Leave, and how much will I receive?**

Benefits phase in over a 4 year period, but in 2018 an employee would be eligible for **8 weeks of paid leave at 50% of their average weekly wage (AWW)**. If your AWW exceeds the NYS Average Weekly Wage, you would receive 50% of the NYS Average Weekly Wage. Paid Family Leave benefits are subject to income tax.

### **Q. Does Paid Family Leave time have to be taken consecutively, or can I use a week at a time?**

Paid Family Leave does not need to be taken all at once, it can be used for as little as 1 full day as long as you are eligible and you can meet the documentation requirements.

### **Q. I am pregnant. Will I be able to receive Paid Family Leave during my pregnancy?**

Paid Family Leave may be taken during the first 12 months following a child's birth, it is not for pre-natal conditions.

### **Q. I am collecting workers' compensation. Will I be able to use Paid Family Leave?**

If you are not working and collecting workers' comp, you may not use Paid Family Leave. You must be working to use it.

## **HOW TO APPLY**

- If possible, notify employer 30 days in advance. If advance notice not possible, notify employer as soon as possible.
- Employee fills out a claim form as per employer instructions. Employee obtains supporting documentation for leave (i.e. birth certificate, signed documentation from family member's physician, military deployment certification, etc.)
- Employee submits claim form and supporting documentation to insurance carrier or as directed by employer.
- Insurance carrier must pay or deny a claim within 18 days of the completed claim.

**For more information, refer to the employee handbook or speak with your supervisor.**