New York State Paid Family Leave

Effective January 1, 2018

Brief Summary of Final Regulations

Updated July 13, 2017

Note: This document was initially compiled by Tony Argento and subsequently edited, annotated, and updated by Joanne R. Schneider, SPHR, SHRM-SCP and is for information purposes only. The full text of the final NYS Paid Family Leave regulations is located at Section 355.2(c) of Title 12 of the NYCRR (New York Code of Rules and Regulations) and can be found at: http://www.wcb.ny.gov/PFL/pfl-regs-text.jsp.

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Overview

Having completed review of public comments to proposed regulations, on July 19, 2017, New York State released its final regulations for implementation of the Paid Family Leave (PFL) law which goes into effect on January 1, 2018.

Core information in the proposed regulations (released in February and May) did not change. The final regulations provide additional guidance to employers, insurance carriers, and employees about the leave’s benefits and procedures. With a five month window prior to the effective date, all parties should have sufficient time to prepare for the start of PFL on January 1, 2018.

Employers with one or more employees are required to comply with PFL. Out of state employers with employees in New York State are also subject to the law for their New York employees.

What is Paid Family Leave?

NYS Paid Family Leave will provide eligible workers with wage replacement during time away from a job to:

- Bond with the employee’s new child during the first 12 months after the child’s birth, or the first 12 months after the child’s placement for adoption or foster care with the employee. **Note:** Eligible employees who give birth in 2017 will be able to take PFL in 2018 as long as it is within 52 weeks of the birth.

- Provide care for a family member with a serious illness. The definition of family member includes a biological or legal relationship and in “loco parentis” in definitions of child and parent. These include:
  - spouse/domestic partner
  - child (no age limit)
  - parent and parent-in-law
  - grandparent (parent of employee’s parent)
  - grandchild (child of employee’s child)

- Participate in “qualifying exigencies” as defined in federal Family and Medical Leave Act due to a spouse, domestic partner, child, or parent’s active duty military service or notice of a call or order to activity duty. Qualifying exigencies include:
  - attending certain military events
  - arranging for alternative childcare
  - caring for a military member’s parent who is incapable of self-care when the care is necessitated by the member’s covered active duty
  - addressing certain financial and legal arrangements
  - attending certain counseling sessions
  - attending post-deployment reintegration briefings

Paid Family Leave starts in January 2018 with eight weeks of coverage at 50% of an employee’s salary capped at the state’s average weekly wage as defined annually by New York State. The 2016 average
weekly wage was $1,305.92, which would make the cap $652.96 per week. The leave benefit amount will rise over four years to the maximum benefit of 12 weeks of leave at 67% of a worker’s salary (with the cap at 67% of the state average weekly wage).

The following chart explains how the benefit will increase until it reaches full implementation on January 1, 2021:

**Benefits Implementation Schedule**

<table>
<thead>
<tr>
<th>Year</th>
<th>Weeks Available</th>
<th>Max % of Employee Salary</th>
<th>Cap % of State Average Weekly Wage*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2018</td>
<td>8</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>1/1/2019</td>
<td>10</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>1/1/2020</td>
<td>10</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>1/1/2021</td>
<td>12</td>
<td>67%</td>
<td>67%</td>
</tr>
</tbody>
</table>

*The State Average Weekly Wage (SAWW) is set every year after a comprehensive analysis by the New York State Department of Labor and is typically announced around the end of March of the following year.

**Covered Employers and PFL Insurance Policy**

The program is mandatory for all private employers with at least one employee. The Paid Family Leave rider will be added by the insurance carrier to all current disability policies.

However, insurance carriers have 60 days from the date the employee deduction amount was announced (June 1, 2017) to decide whether to offer PFL insurance riders or withdraw from offering both mandated New York short term disability insurance as well as the paid family rider. If this occurs, some employers may be “scrambling” to find new carriers for coverage in a relatively short time frame.

Private employers who self-fund short-term disability benefits may either self-fund PFL or elect to purchase a Paid Family Leave only policy from an insurance carrier. If self-funding PFL, the employer must make an election no later than September 30, 2017 notifying the Worker’s Compensation Board and make a surety deposit. In addition, the self-funded private employer is responsible for any PFL benefits paid out in excess of employee deductions. Self-funded employers who use the services of a third party administrator to process PFL claims are required to use those who are licensed by the Workers’ Compensation Board.

Public employers (government entities) may opt in. Public employees who are represented by a union may be covered if PFL is collectively bargained.

**Funding Paid Family Leave**

A new employee payroll deduction will fund the program with deductions starting as early as July 2017 at the employer’s option, but no later than January 1, 2018. A maximum contribution rate will be established each year starting on June 1, 2017 for the 2018 year and thereafter each September 1st.
On June 1, 2017, the NYS Department of Financial Services announced that the weekly employee deduction rate would be a percent of salary. The payroll deduction paid by an employee will depend on how much an employee earns: employees earning less will pay a lower deduction, and those earning more will pay a higher deduction as they are eligible for higher benefits as a percentage of their income, up to the maximum PFL benefit.

The rate for coverage beginning January 1, 2018 will be 0.126% up to the cap of the current state average weekly wage (SAWW) of $1,305.92. The calculation for payroll purposes for the capped amount would be: $1,305.92 x .00126 = $1.65 as the maximum per week per employee for 2018. Employers should consult with their payroll vendor if they have questions on employee contribution calculations for payroll purposes as it will vary by employee and earnings.

An employer who self-funds disability has the option to self-fund PFL. However, if the premiums collected are less than the benefits paid, the employer must cover the shortfall out of operating funds.

Employee Eligibility

Eligible employees are those who regularly work 20 or more hours a week for 26 consecutive work weeks; or, if regularly working less than 20 hours a week after completing 175 days at the time they apply for benefits. Any time worked during a day by an employee working less than 20 hours per week counts as a full day for the purpose of determining the 175 day eligibility period.

Non-citizens who are covered by an employer for the required eligibility periods are also eligible.

When fully implemented, employees will be capped at 12 weeks of PFL in a 52 week period, and 26 weeks of combined disability and PFL in any 52 consecutive week period.

PFL is tracked by the “look back” method; that is, when an employee requests PFL, the carrier will look back 52 weeks to see if the employee has taken any disability or PFL in that period to determine available benefit time.

Optional Employee Waiver

There is an optional employee waiver from PFL deductions and benefits when:

- The employee’s regular employment schedule is 20 hours or more per week but the employee will not work 26 consecutive weeks; or
- The regular employment schedule is less than 20 hours per week and the employee will not work 175 days in a 52 consecutive week period.

Employers must include an optional waiver form in new hire paperwork at the start of employment for those employees who fall in the categories above. (NYS is expected to develop a model waiver form.) Employers must keep fully executed waivers on file as long as the employee remains employed or in case waivers are requested by the Worker’s Compensation Board which regulates PLF.

- **Waivers and Changes in Work Schedule**
  Within eight weeks of a change in the regular work schedule of an employee that requires the employee to continue working for 26 consecutive weeks or 175 days in a 52 consecutive week
period, any waiver signed by the employee is deemed revoked. An employee whose waiver has been revoked is obligated to begin making contributions to the cost of PFL benefits, including any retroactive amounts due from date of hire as soon as the employee is notified by the employer of their obligation to participate in PFL.

- **Employees Who Do Not Wish To Sign A Waiver**
  It is important for employers to remember that the waiver is the option of an employee who is scheduled to work less than 26 weeks or 175 days when hired. An employer cannot require a potentially waiver qualifying employee to sign the waiver. An employee who does not wish to sign a waiver must pay regular PFL deductions for the full duration of his or her employment with the employer. The employer is obligated to provide PFL for the employee when eligible under the law.

**Employees of NYS Employers Who Work Outside NYS**

In The “Summary of Assessment of Public Comment on Revised Proposed Regulations (5/24/2017)” published in connection with the final PFL regulations, it stated:

“The Board received multiple comments asking for employers not to be required to provide paid family leave benefits to employees who do not live and work in New York. Section 203 of the WCL requires employees in the employment of a covered employer to be provided paid family leave benefits. Section 201(6)(B) and (C) of the WCL controls when an employee is in employment for the purpose of Article 9 of the WCL. Employees who work in New York State, with only incidental work outside the state, are covered. If an employee works in another state, and only incidentally works in New York, they are not in covered employment. If an employee does not perform his or her work in any other single state, he or she is in covered employment if some of his or her work is performed in New York and the employee is either: (1) based in New York; (2) controlled from New York; or (3) the employee lives in New York. (WCL § 201(6) (C)). The Board will add additional examples as they arise to the published answers to frequently asked questions on the program’s webpage. Because the criteria for covered employment is set forth in statute, it cannot be changed by regulation. Accordingly, no changes to the regulations has been made.”

NYS employers with out of state employees should consult their insurance carrier and/or employment law counsel for advice on this subject and their options regarding out of state employees.

**Employee Job Protection**

PFL is job protected. Employees on PFL are entitled to restoration to “the position of employment held by the employee when the leave commenced or to be restored to a comparable position with comparable employment benefits”. Employees are also protected from retaliation if they exercise their rights to PFL.

**Health Insurance Continuation**

Employees on PFL who participate in the employer's health insurance plan are entitled to continue health benefits on the same basis as if actively working. Employees, however, must continue to pay their portion of the premium cost while on PFL in order to maintain uninterrupted health insurance coverage. If payment is more than 30 days late, the employer may cancel the employee's insurance as long as 15 days
written notice of the cancellation date has been given to employee. Upon return from PFL, the employee’s health insurance must be restored.

**Vacation/PTO Use During PFL**

Employees may request using available vacation time during PFL. However, the employer cannot require that the employee use vacation time.

**Applying for Paid Family Leave Benefits**

**Advance Notice to Employer**

Employees are responsible for notifying their employer if they intend to apply for PFL benefits. If the PFL request is foreseeable, the employee must provide the employer with 30-days advance notice so they can plan for the employee's absence. If the event was not foreseeable, the employee must notify the employer as soon as practical taking into account all of the facts and circumstances. It should be practicable for the employee to provide notice of the need for leave either the same day or the next business day. In all cases, however, the determination of when an employee could practically provide notice must take into account the individual facts and circumstances surrounding the qualifying event.

When an employee takes intermittent PFL, the employer may require the employee to provide notice as soon as practicable before each day of intermittent leave.

**Content of Notice to Employer**

When giving notice of a request for PFL, the employee shall make the employer aware of the qualifying event, the type of PFL, and the anticipated timing and duration of the leave. When requesting intermittent PFL, the employee is to advise the employer and insurance carrier of the schedule for intermittent leave.

When an employee seeks PFL leave for the first time for a qualifying event, the employee need not expressly assert rights under PFL or even mention family leave. In all cases, the employer should seek further information from the employee to determine whether paid family leave is being sought by the employee.

**Employees with Multiple Employers**

Employees with multiple covered employers are not required to take PFL from each covered employer during a single period of PFL. An employee with multiple covered employers may not take PFL for a single qualifying event from different covered employers at separate intervals but must take family leave from all covered employers during the same family leave period.

**PFL Application Process**

Note: Draft samples of the forms mentioned below are attached to this document. They should be used for information only. NYS has not yet released final model forms. Also, since employees are accustomed to going to the employer’s HR representative, we recommend employers have copies of the final forms available to give to employees.
Summary Chart

<table>
<thead>
<tr>
<th>PFL Event</th>
<th>Required Forms</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonding with newborn, adopted, foster child</td>
<td>PFL-1 and PFL-2</td>
<td>Yes, see below.</td>
</tr>
<tr>
<td>Care for a sick family member</td>
<td>PFL-1, PFL-3, and PFL-5</td>
<td>Yes, see below.</td>
</tr>
<tr>
<td>Qualifying Exigencies</td>
<td>PFL-1 and PFL-5</td>
<td>Yes, see below.</td>
</tr>
</tbody>
</table>

1. **Employee’s PFL Request**
   An eligible employee requesting PFL must complete the Request for Paid Family Leave (Form PFL-1) or in another format designated by the insurance carrier or a self-insured employer.

   The employee completes Form PFL-1 Part A - “Employee Information” and submits Form PFL-1 to the employer to complete Part B - “Employer Information”. The employer is required to return the completed Form PFL-1 Part-B to the employee within three (3) business days.

   It is the employee’s responsibility to file the completed PFL application, supplemental forms, and required documentation directly with the insurance carrier whose name and mailing address will be provided by the employer on Part B of Form PFL-1.

2. **Required Documentation**
   In addition to Form PFL-1, the employee must complete one or more of the following forms along with required documentation noted below.

   a. **Bonding Certification (Form PFL-2)**
      PFL only begins after birth and is not available for prenatal conditions. A parent may take PFL during the first 12 months following the birth, adoption, or fostering of a child.

      For Birth - the birth mother will need the following documentation:
      - Birth Certificate, or documentation of pregnancy or birth from a health care provider including the mother’s name and due/birth dates.

      A second parent will need the following documentation:
      - Birth Certificate, or documentation of pregnancy or birth from a health care provider including the mother’s name and due/birth dates; if the 2nd parent is not named on the birth certificate, the 2nd parent must provide an acknowledgement of paternity, an order of filiation or other evidence of relationship with the parent named by the medical provider or on the birth certificate.
      - Voluntary Acknowledgement of Paternity, or a Court Order of Filiation, or a copy of documentation for the birth mother (above), **PLUS** a second document verifying relationship to the mother.

      For Foster Care:
      - Letter of Placement issued by a county or city department of social services or a local voluntary agency.
- If a second parent is not named in the Letter of Placement, a copy of that document **PLUS** a second document verifying relationship to the parent named in the foster care placement.

**For Adoption:**
- Legal evidence of adoption process
- If a 2nd parent is not named on the birth certificate, the 2nd parent must provide Voluntary Acknowledgement of Paternity, or Court Order of Filiation, or a second document verifying relationship to the mother or the child.

Once the employee completes Forms PFL-1 and PFL-2, the employee sends both forms with required documentation to the insurance carrier for review.

**b. Caring for a Close Relative with a Serious Health Condition**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or continuing supervision by a health care provider. For example, employees who need one or more full days to care for a parent undergoing chemotherapy; or a parent is having surgery followed by extensive recuperation; or a child is undergoing intense psychotherapy and is unable to attend school for a period of time.

The family member being cared for must complete Form PFL-3 “Release of Personal Health Information under the Paid Family Leave Law”. PFL-3 must be submitted to the medical provider along with Form PFL-4 “Health Care Provider Certification for Care of Family Member with Serious Health Condition”. Once the medical provider completes Form PFL-4 and gives it to the employee, the employee sends both forms with required documentation to the insurance carrier for review.

**c. Active Duty Deployment**

PFL is available to eligible employees for situations listed under the “emergency exigency” provisions of the federal Family Medical Leave Act. In addition to Form PFL-1, the employee completes Form PFL-5 “Military Qualifying Event” and attaches the following documentation:
- US Department of Labor Military Family Leave Certification (Federal Military Leave Form)
- Copy of Military Duty Papers
- Other documentation supporting the reason for the leave (copy of meeting notice, ceremony details, rest and recuperation orders, etc.)

Once the employee completes Forms PFL-1 and PFL-5, the employee sends both forms with required documentation to the insurance carrier for review.

**Filing a Claim with the PFL Insurance Carrier**

Once all forms and documentation have been completed and sent to the employer’s insurance carrier, the claim will be reviewed. The insurance carrier will reply within 18 days. If the carrier approves the claim, it is processed and benefit payments begin.
If the insurance carrier permits, an employee may file the claim for PFL in advance if the leave is foreseeable. However, if the claim is incomplete, the carrier will notify the employee within 5 business days of the missing information.

If the employer self-insures PFL, the employee will give all forms and documentation to the employer to review and decide if the claim qualifies under PFL, process claims, and make benefit payments. Employers who self-ensure and use a third party administrator to process claims are required to use a third party administrator licensed by the Workers’ Compensation Board.

Employees can find more information about filing a claim by calling the PFL toll-free helpline at (844) 337-6303.

Incomplete Claim
If the claim is denied due to an incomplete claim package, the insurance carrier or self-insured employer must notify the employee of each piece of required information missing from the employee’s Request for Paid Family Leave (PFL Form-1) and/or supplemental forms and documents. If the claim is not refiled within 30 days from when leave was first taken, the insurance carrier or self-insured employer may deny the claim.

Claim Denial
If the claim is denied, the insurance carrier will provide the reason. Examples of reasons why a claim may be denied include but are not limited to:

- Employee has not been employed by the employer for a sufficient length of time to be eligible for benefits;
- Employee is not an employee of the employer;
- The family member that the employee is seeking leave to care for is not a covered family member under PFL law.
- The amount of family leave requested exceeds the statutory maximum or the family leave needed as stated in the medical certification of the employee.
- The qualifying event was foreseeable and the employee failed to provide the employer with notice as required in PFL regulations. In such a case, the insurance carrier may issue a partial denial of any excess leave or a partial denial for 30 days.
- The employee requesting leave is the perpetrator of domestic violence or child abuse against the care recipient.

If a claim is denied, the employee and insurance carrier, or self-insured employer, should make every effort to informally resolve a denial of benefits. However, an appeal process is available through the Worker’s Compensation Board. See “Employee FAQs - Using Your Paid Family Leave Benefit” on page 12.

Other Employer Responsibilities

**Required Poster** - By January 1, 2018, employers must display a poster, similar to the poster required for Workers’ Compensation or Disability coverage, where all employees can see it. On the NYS PFL website, it states that the employer’s insurance carrier will provide the poster. Employers should check with their insurance carrier.
PFL Guidance to Employees - Regulations required that employers include PFL information in their employee handbook, or if no handbook, similar employee materials concerning the employee’s rights and obligations under PFL including information on how to file a claim for leave benefits.

New York Paid Family Leave and Interaction with Other State/Federal Laws

NYS Disability - Since PFL is part of the disability law, eligible employees may not take more than a combined total of 26 weeks in any 52 week period. An employee’s own illness is not covered under PFL. However, in a maternity situation, a woman may elect to take PFL instead of disability leave; or, take disability leave for maternity and then PFL bonding leave.

Federal Family & Medical Leave Act - For employers with 50 or more employees subject to FMLA and where the employee is eligible for both leaves, they may run concurrently. If an employer fails to designate PFL as FMLA leave, where applicable, the employee will still have FMLA leave available to use after the PFL event leave ends. Employers should continue to follow normal FMLA documentation procedures and use applicable forms, such as the model forms developed by the U.S. Department of Labor, to designate or deny FMLA. It is important to remember that while employers determine if a FMLA leave is approved, it is the insurance carrier who makes the determination to approve PFL, not the employer.

There will be challenges facing employers subject to FMLA as PFL differs significantly from FMLA but does have some similarities. Key points known at this time include:

<table>
<thead>
<tr>
<th>NYS Paid Family Leave</th>
<th>Federal FMLA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company with 1 or more employees</td>
<td>Company with 50 or more employees</td>
</tr>
<tr>
<td>Employee eligible after 6 months FT employment (or 175 days for PT)</td>
<td>Employee eligible after 1 year employment and must have worked 1250 hours in the 12-month period immediately preceding the need for leave</td>
</tr>
<tr>
<td>Up to 12 weeks paid leave (implementation starts at 8 weeks leave). By law, the required tracking year will be look back method.</td>
<td>Up to 12 weeks unpaid leave in 1 FMLA tracking year period designated by employer.</td>
</tr>
<tr>
<td>Does not apply to employee’s own illness. Also applies to bonding with newborn/adoptive, foster child, caring for parent-in-law, employee’s grandparent, and employee’s grandchild (child of the employee’s child) as well as military exigency as defined in FMLA.</td>
<td>Applies to employee’s own illness as well as to care for a spouse, child, parent, military exigency, and servicemember care leave, many of which are similar events as NYS paid leave.</td>
</tr>
<tr>
<td>Job restoration guarantee</td>
<td>Job restoration guarantee</td>
</tr>
</tbody>
</table>
## Employee FAQs - Using Your Paid Family Leave Benefit

### When do I need to file a claim?
If you have a foreseeable situation, you must give your employer 30-days advance notice so they can plan for your absence. If the event was not foreseeable, you must notify your employer as quickly as possible. If you fail to do so without unusual circumstances justifying the failure, your PFL can be delayed or partially denied.

### Do I have to follow my employer's policies for leave when requesting Paid Family Leave?
If your employer’s rules about taking time off are less strict than the rules to take PFL, your employer may require you to follow them.

### How will I be paid?
You will be paid by check, direct deposit or debit card. Not every carrier will offer all three, but the carrier must pay you by check if you request this on your Request for PFL Form.

### When will I be paid?
Within 18 days of filing a complete claim for benefits, the PFL insurance carrier (or your employer if they self-insure) must pay you or deny the claim and provide an explanation of the denial.

### Will I be able to take Paid Family Leave on an hourly basis?
No, PFL is only available in full day increments, but it can be taken intermittently, so you can take only the full days off during the week when you are caring for your relative or bonding with a child.

### My employer offers benefits that go beyond the state’s program, such as more than 12 weeks leave or higher wage replacement. Can I use both?
If your employer already has a PFL program that fulfills or exceeds New York State law, you will receive only those benefits. The provisions of the PFL law are a foundation and employers are free to exceed the minimum benefit required by law.

### If I receive 8 weeks of Paid Family Leave benefits to bond with my newborn and then one of my parents becomes seriously ill later in the year, will I be able to receive Paid Family Leave benefits again since it is for a different reason?
No. An employee is only eligible for the maximum benefit for the year they apply.

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### Table: Comparison of NYS Paid Family Leave and Federal FMLA

<table>
<thead>
<tr>
<th>NYS Paid Family Leave</th>
<th>Federal FMLA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance continuation on same basis as if working.</td>
<td>Health insurance continuation on same basis as if working.</td>
</tr>
<tr>
<td>Employee may request using vacation as part of PFL, but the employer cannot require use of vacation during FMLA leave.</td>
<td>Employer can require use of vacation during FMLA leave.</td>
</tr>
<tr>
<td>Employer’s short term disability carrier determines if leave request qualifies under Paid Family Leave Act.</td>
<td>Employer designates if leave qualifies under FMLA.</td>
</tr>
</tbody>
</table>
Can I take both temporary disability and Paid Family Leave?
Your combined total disability leave and Paid Family Leave in any 52 week period may not exceed 26 weeks.

Claims Denial and Discrimination
If your claim for PFL is denied and you disagree with the denial reason, you may request to have the denial reviewed by an independent arbitrator. Your employer must send you information explaining how to file a request for arbitration of your denial of PFL benefits. For more information, you can check with your Human Resources department.

If my employer does not complete or fully complete the Employer section on the Request for Paid Family Leave Form, can my claim be denied?
No. Your claim may not be denied because the employer section of the Request for PFL Leave Form is incomplete.

What are the protections for employees who take Paid Family Leave?
An employer may not discriminate against employees for taking PFL. Employees are guaranteed job protection, with the same or a comparable job, upon return from PFL. Employees are also guaranteed continuation of health insurance while out on PFL, but an employee who contributes to the cost of health insurance must continue to pay his or her portion of premium cost while out on PFL.

Can my employer take any action against me for taking Paid Family Leave?
No. Your employer may not retaliate or discriminate against you because you have taken PFL. If your employer does not return you to your same or a comparable job, you must formally request reinstatement.

General FAQs

Does Paid Family Leave cost me anything?
New York's PFL is entirely employee-funded. That is, the benefit is paid for by employees. Beginning on or after July 1, 2017, you will see a payroll deduction to pay for your PFL benefit. The amount of the deduction will be established before July 2017.

Do I have to participate in the Paid Family Leave program?
Yes, PFL is not optional for most employees. The exception is if you are in a job that will not allow you to attain the 26 continuous weeks or 175 days needed to qualify for PFL, for example a seasonal worker.

I am pregnant. Will I be able to receive Paid Family Leave during my pregnancy?
PFL only begins after birth. It is not available for pre-natal conditions.

Will I be able to use Paid Family Leave to take care of an eligible relative living outside New York?
Yes, as long as you are caring for an eligible family member and provide the medical certification.

I am not a US citizen. Will I still be eligible for Paid Family Leave?
Yes. Your citizenship status has no impact on your PFL eligibility.
I am an undocumented worker. Can I take Paid Family Leave?
Yes. Your immigration status has no impact on your PFL eligibility.

Will I be able to use Paid Family Leave if I work part-time?
In most instances, yes. You must work 175 days part-time to be eligible for a PFL benefit.

I am collecting workers’ compensation. Will I be able to use Paid Family Leave?
If you are not working and are collecting workers’ compensation, you may not use PFL.

I am a freelance worker. Am I eligible for Paid Family Leave?
If you do not have a regular employer and work as an independent contractor, you will not have PFL benefits unless you purchase coverage for yourself.

I am a farm laborer. Am I eligible for Paid Family Leave?
If you work in service as a farm laborer, you are not eligible for disability or PFL benefits.

Will I have to take all of my sick time and/or vacation before I use Paid Family Leave?
An employer may permit you to use vacation or sick leave for full salary, but may not require you to use either.

Can I take Paid Family Leave and use my sick and/or vacation time together so that I receive my full salary?
Yes, if your employer allows you to use your sick and vacation time and allows you to receive your full salary, than you can do so.

Will my spouse and I be able to use Paid Family Leave at the same time?
If you and your spouse have different employers, you are both eligible to take PFL at the same time. However, if you and your spouse work for the same employer, they can deny PFL to more than one employee at the same time to care for the same family leave recipient, or to bond with a child.

Do other states have Paid Family Leave?
New York will now join California, Rhode Island, and New Jersey as the only states in the nation that provide a PFL benefit. When fully implemented, New York will have the longest and most comprehensive PFL program in the nation.

Legal Disclaimer
This summary is compiled using information published on www.ny.gov/new-york-state-paid-family-leave and is designed to be a brief description of the final regulations of the NYS PFL law. It is not a complete summary of all provisions nor does it contain any recommendations by GBS. It provides general information only on the current state of this legislation and regulations. It should not be construed as legal advice. Your general counsel or an attorney specializing in these areas should be sought for specific issue
Request For Paid Family Leave  
(Form PFL-1)

PART A - EMPLOYEE INFORMATION (to be completed by employee)

1. Employee's legal name (first name, middle initial, last name)  
2. Other last names, if any, under which employee has worked

3. Employee's mailing address  
   Making address
   City, state, zip code, country (if not U.S.A.)

4. Employee’s Social Security number (or TIN)
5. Employee’s date of birth (MM/DD/YYYY)
6. Employee’s primary telephone number ( ) - 
7. Employee’s gender  
   Male  Female

Employee’s preferred language  
   English  Español  Русский  Polski  日本  Italiano  Kreyòl ayisyen  한국어  Other

Employee’s ethnicity and race  
   Optional, for purposes of health demographic only (U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0)

   Is employee of Hispanic, Latina, or Spanish origin?  
   (One or more categories may be selected.)
   Mexican  Cuban  Mexican American  Black or African American  Asian Indian  Filipino
   Chicano/a  Not of Hispanic, Latina, or Spanish origin  Other Asian
   Puerto Rican  Unknown  Other Hispanic, Latina, or Spanish origin  Other

What is employee’s race?  
   (One or more categories may be selected.)
   American Indian or Alaska Native  Asian Indian  Hawaiian
   Black or African American  Other Asian  Native Hawaiian
   Guamanian or Chamorro  Other Hispanic, Latina, or Spanish origin  Other
   Native Hawaiian  Other Hispanic, Latina, or Spanish origin

Paid Family Leave (PFL) Request

12. Reason for PFL request:  
   Bond with child  Care for family member  Military qualifying event

13. The family member is employee’s:  
   Child  Spouse  Domestic partner  Parent  Parent-in-law  Grandparent  Grandchild

14a. Estimated PFL’s start date (MM/DD/YYYY)  
14b. If providing less than 30 days advance notice from the date in 14a, please explain:

15. Estimated PFL end date (MM/DD/YYYY)

16a. Will PFL be for a continuous period of time and/or periodic?  
   Continuous  Periodic

16b. Identify dates PFL will be taken:

16c. Are these dates estimated?  Yes  No

17. Is this form being pre-filled?  Yes  No

Employment Information

18. Business name

19. Employee’s date of hire (MM/DD/YYYY)

20. Employee’s work location
   Street address
   City, state, zip code, country (if not U.S.A.)

21. Employee’s average weekly wage  $

22. Employer’s telephone number ( ) - 

23a. Does employee have more than one employer?  Yes  No  
23b. If yes, is employee taking PFL from the other employer?  Yes  No

24. Is employee currently receiving Workers’ Compensation Lost Wage Benefits?  Yes  No

Disclosure statement: Information regarding PFL benefits received by the employee, such as payments received and types of leave, will be provided to the employer.

Declaration and signature

Any person who knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, or self-insurer, any information containing any false material statement or conceals any material fact shall be guilty of a crime and subject to substantial fines and imprisonment.

I hereby making a request for paid family leave benefits under the NYS Workers’ Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Employee’s signature  
Date signed (MM/DD/YYYY)
### Request For Paid Family Leave (Form PFL-1)

**TO BE COMPLETED BY THE EMPLOYEE**

**Employee's name**
(first name, middle initial, last name)  

**Last 4 digits of employee's Social Security number (or TIN)**  

**PART B - EMPLOYER INFORMATION** (to be completed by the employer)

1. **Business name and mailing address**

   Business name

   Mailing address

   City, state, zip code, country (if not U.S.A.)

2. **Employer’s FEIN**

3. **Employer’s NAICS Industry Code**
   Codes are available at:  

4. **Employer’s contact name**

5. **Employer’s contact telephone number**

   ( ) -

6. **Employer’s contact email address**

7. **Employee’s date of hire (MM/DD/YYYY)**

8. **Employee’s occupation**
   Codes are available at:  

9. **Enter the last 8 weeks of wages for the employee**

<table>
<thead>
<tr>
<th>Week no.</th>
<th>Week ending date (MM/DD/YYYY)</th>
<th>Number of days worked</th>
<th>Gross amount paid</th>
<th>Week no.</th>
<th>Week ending date (MM/DD/YYYY)</th>
<th>Number of days worked</th>
<th>Gross amount paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>5</td>
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</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. **Employee’s average weekly wage** $__________________________

11. **If employee received or will receive full wages while on PFL will employer be requesting reimbursement?**  
   ○ Yes □ No

12a. **In the preceding 52 weeks has the employee taken leave for:**  
   ○ Disability ○ PFL ○ Both Disability and PFL ○ None

12b. **Enter the total number of weeks and days taken for both Disability and PFL in the last 52 weeks:**
   
   **Disability:** Weeks ________ Days ________  
   **PFL:** Weeks ________ Days ________

   Please provide specific dates for Disability:  
   Please provide specific dates for PFL:

13. **Is the employee taking Family Medical Leave Act (FMLA) concurrently with PFL?**  
   □ Yes □ No

**PFL Insurance Carrier**

14. **PFL insurance carrier’s name and mailing address**

   PFL insurance carrier’s name

   Mailing address

   City, state, zip code, country (if not U.S.A.)

15. **PFL insurance carrier’s telephone number**

   ( ) -

16. **PFL policy number**

   __________________________

**Declaration and signature**

Any person who knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, or self-insurer, any information containing any false material statement or conceals any material fact shall be guilty of a crime and subject to substantial fines and imprisonment.

I am the person authorized to sign as the employer of the employee requesting PFL. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.

**Employer’s authorized signature**  
**Title**

**Date signed (MM/DD/YYYY)**  

---

PFL-1 (XX-XX) Page 2 of 2  
If you need assistance, please call (844) 337-6303  
www.ny.gov/PaidFamilyLeave
Under New York State Law, qualified employees are entitled to Paid Family Leave (PFL) benefits to:

- Bond with a newborn, a newly adopted or fostered child
- Care for a family member with a serious health condition
- Care for family members as needed due to another family member’s active military duty or impending active duty

The following are instructions for how to request Paid Family Leave.

**Request For Paid Family Leave (Form PFL-1)**

To request PFL, the employee requesting PFL completes all items in Part A of the Request For Paid Family Leave (Form PFL-1). All items on the form are required unless noted as optional. The employee then provides the form and instructions to the employer to complete Part B.

The employer completes Part B of the Request For Paid Family Leave (Form PFL-1) and returns it to the employee within three days.

Additional forms are required depending on the type of PFL leave being requested. The employee requesting leave is responsible for the completion of these forms.

<table>
<thead>
<tr>
<th>Reason for Paid Family Leave</th>
<th>Required Additional Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bond with a newborn, a newly adopted child or a foster child</td>
<td><strong>Bonding Certification (Form PFL-2)</strong></td>
</tr>
<tr>
<td>*Care for a family member with a serious health condition</td>
<td><strong>Health Care Provider Certification For Care Of Family Member With Serious Health Condition (Form PFL-4)</strong></td>
</tr>
<tr>
<td>Time off due to a family member’s active military duty or impending active duty</td>
<td><strong>Military Qualifying Event (Form PFL-5)</strong></td>
</tr>
</tbody>
</table>

* If the employee is taking PFL to care for a family member with a serious health condition, the care recipient completes the Release Of Personal Health Information Under The Paid Family Leave Law (Form PFL-3). This form must be provided to the care recipient’s health care provider along with the Health Care Provider Certification For Care Of Family Member With Serious Health Condition (Form PFL-4). The health care provider completes the Health Care Provider Certification For Care Of Family Member With Serious Health Condition (Form PFL-4) and returns it to the employee requesting PFL.

The employee submits the completed Request For Paid Family Leave (Form PFL-1) with the required additional form to the employer’s PFL insurance carrier listed on Part B of Request For Paid Family Leave (Form PFL-1). The employee should retain a copy of each submitted form for his or her records.

**Note:** Please use the following format for dates: MM/DD/YYYY.

See next page for instructions for Part A of the Request For Paid Family Leave (Form PFL-1).
The employee requesting PFL must complete all required information.

Question 2: Indicate if employee has used another last name, either professionally or personally, in the past year.

Question 4: Social Security number or TIN: An employee who has a Taxpayer Identification Number (TIN) should enter his or her TIN.

Paid Family Leave Request

Questions 12 & 13: Indicate the reason for the PFL request and the employee’s relationship to the family member.

Questions 14 & 15: The employee must provide the start and end dates of the requested PFL. These dates should be the actual dates that the PFL will begin and end. If uncertain, estimate the start and end dates.

Question 14b: If the employee is submitting the PFL request to his or her employer with less than 30 days’ advance notice from the start date of the PFL, the employee must explain why 30 days’ notice could not be given. If the explanation will not fit in the space provided on the form, enter “See Attached” and add an attachment with the explanation. Be sure to include the employee’s full name and last four digits of his or her Social Security number (or TIN) at the top of the attachment.

Question 16b: Enter the dates PFL will be taken. Please be as specific as possible. If the dates are unknown or estimated, the PFL carrier may require you to submit a request for payment after the PFL day is taken. Payment will be due as soon as possible but in no event more than 18 days from the date of the request for payment.

If the explanation will not fit in the space provided on the form, enter “See Attached” and add an attachment with the explanation. Be sure to include the employee's full name and last four digits of his or her Social Security number (or TIN) at the top of the attachment.

Question 17: Indicate if the employee is pre-filing his or her PFL request. Pre-filing is defined as submitting the application in advance of an upcoming qualifying event, with certain required information missing due to the information being unknown at the time of the filing. If pre-filing is permitted by the carrier or self-insured employer, the missing information must be supplied as soon as it is known. Benefits cannot be determined until all of the required information is provided.

The PFL insurance carrier or self-insured employer will provide the employee a notice within five days which 1) states the claim is pending; 2) identifies what information is missing; 3) instructs how to submit the missing information. Once all information is supplied, the PFL insurance carrier or self-insured employer has 18 days to pay or deny the claim.

If the carrier or self-insured employer does not permit pre-filing, the carrier or self-insured employer must return the Request for Paid Family Leave within five days to the employee with an explanation that the claim should be re-submitted when all information is available.

Employment Information

Example of a gross weekly wage calculation:

Week 1 - Gross wage including overtime $550
Week 2 - Gross wage $500
Week 3 - Gross wage $500
Week 4 - Gross wage $500
Week 5 - Gross wage $500
Week 6 - Gross wage $500
Week 7 - Gross wage, including overtime $600
Week 8 - Gross wage, including overtime $550

Total: $4,200
Divide by 8: 8

Average Weekly Wage = $525

Bonus earned in preceding 52 weeks: $2,600
Divide by 52: 52
Prorated Weekly Bonus = $50

Average Weekly Wage = $525
Prorated Weekly Bonus = $50

Average Weekly Wage (including bonus) = $575

Please note that the employer is also required to provide this information in Part B of the Request For Paid Family Leave (Form PFL-1).

Question 23b: If the employee has more than one employer, indicate whether the employee is taking PFL from the other employer.

Employee enters name and last four digits of his or her Social Security number (or TIN) at the top of page 2. Employee signs and dates, before giving this form to his or her employer to complete Part B.
PART B - EMPLOYER INFORMATION (to be completed by the employee’s employer)

The employer of the employee requesting PFL must complete all information in Part B.

**Employer Information**

**Question 1:** Enter the business’ full legal name and address.

**Question 2:** If a Social Security number is used for the Federal Employer Identification Number (FEIN), enter the Social Security number.

**Question 3:** The employer industry code can be found at: https://www.naics.com/naics-drilldown-table/

**Question 4, 5 & 6:** Enter the name, phone number and email address of a contact person at the employer who can answer questions regarding this form.

**Question 8:** The employee occupation code can be found at: www.bls.gov/soc/2010/soc_alph.htm

**Question 9:** Enter the wages earned by the employee during the last eight weeks preceding the PFL start date. The gross amount paid is the employee’s gross weekly pay, including any overtime and tips earned for that week, plus the weekly prorated amount of any bonus or commission received during the preceding 52 weeks. (For detailed steps, see Question 19 on page 2 of the instructions.)

**Question 10:** Calculate the gross average weekly wage by adding up the gross amounts paid, listed in Question 9, and then divide by eight (or number of weeks worked if less than eight).

**Question 12a:** If the answer is “none,” enter a “0” for total weeks and days.

**Question 12b:** The maximum number of weeks available for Disability and PFL in any 52-week period is 26 weeks. Specify the total number of weeks, as well as the number of additional days if the leave includes a partial week, taken for Disability and PFL during the preceding 52 weeks.

**PFL Insurance Carrier**

Enter the Paid Family Leave disability/PFL insurance carrier’s name, address and PFL policy number. If this employer is self-insured, enter the name and address of where the PFL request should be submitted for processing.

Employer signs and dates, and then returns to the employee requesting PFL within three business days.

See additional instructions for required forms relevant to the type of PFL leave being requested.
# Request for Paid Family Leave
## Bonding Certification (Form PFL-2)

**TO BE COMPLETED BY THE EMPLOYEE**

**Employee’s name**
(first name, middle initial, last name)  

**Last 4 digits of employee’s Social Security number (or TIN)**

### BONDING CERTIFICATION (to be completed by the employee)

1. **Child’s legal name**
   (first name, middle initial, last name)

2. **Child’s date of birth**
   (MM/DD/YYYY)

3. **Child’s address**

   Mailing address

   City, state, zip code, country (if not U.S.A.)

4. **Child’s gender**
   ○ Male  ○ Female

5. **Child is employee’s:**
   ○ Biological child  ○ Stepchild  ○ Foster child  ○ Adopted child  ○ Legal ward  ○ Domestic partner’s child

6. **Select one of the following and attach a copy of the document required as evidence of the relationship.**
   (Do not send the original document. It will not be returned.)

   **Parent of newborn infant:**
   - Birth mother:
     - Health care provider certification of pregnancy (include expected due date AND mother’s name); OR
     - Health care provider certification of birth (include date of birth of infant AND mother’s name); OR
     - Infant’s birth certificate
   - Other parent:
     - Voluntary acknowledgment of paternity; OR
     - Court order of filiation; OR
     - Birth mother documents (see above) PLUS one of the following:
       - Marriage certificate; OR
       - Certificate of civil union; OR
       - Certificate of domestic partnership
     - OR; Other documentation of parental relationship
   
   **NOTE:** If the second parent is named on the birth certificate, a copy of the birth certificate is sufficient.

   **Foster parent:**
   - Letter of foster care placement issued by county or city department of Social Services or authorized voluntary foster care agency

   **Adoptive parent:**
   - Court document finalizing adoption
   - Documentation in furtherance of adoption

   **Date of foster care or adoption placement, if applicable**
   (MM/DD/YYYY)

**Declaration and signature**

Any person who knowingly and with intent to circumvent presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, or self-insurer, any information containing any false material statement or conceals any material fact shall be guilty of a crime and subject to substantial fines and imprisonment.

I am hereby making a request for paid family leave benefits under the NYS Workers’ Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

**Employee's signature**

**Date signed (MM/DD/YYYY)**
Request For Paid Family Leave
Bonding Certification (Form PFL-2)

If the employee is requesting PFL to bond with a newborn, a newly adopted child or a foster child, the employee must submit the Bonding Certification (Form PFL-2) with the Request For Paid Family Leave (Form PFL-1).

**BONDING CERTIFICATION** (to be completed by the employee)

The employee requesting PFL must complete all applicable requested information.

Employee enters name and last four digits of his or her Social Security (or TIN) number at the top.

Enter the child's information, and indicate the child's relationship to the employee.

**Questions 1, 2 & 4:** If the form is submitted to the PFL insurance carrier prior to the birth of a child, this is considered pre-filing. The employee is then required to contact the PFL insurance carrier and provide the required documentation of the child's birth. The PFL carrier will tell the employee how and when to provide the required additional documentation.

There may be instances where PFL can be taken before the adoption is finalized. For example, the employee may be required to appear in court or travel to another country as part of the adoption process. The employee should include documentation to show that the PFL is necessary to further the adoption.

**Question 6:** See chart below for documentation details. Unless specified, do not send the original documents.

<table>
<thead>
<tr>
<th>Bonding Form/Certification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth mother: Health care provider certification of pregnancy</td>
<td>An original letter obtained from the birth mother's health care provider that certifies pregnancy. It should include the mother's name and the expected due date.</td>
</tr>
<tr>
<td>Health care provider certification of birth</td>
<td>An original letter obtained from the birth mother's health care provider that includes the mother's name and infant's date of birth.</td>
</tr>
<tr>
<td>Birth Certificate</td>
<td>A copy of the certificate issued by the city or county office in which the infant is born.</td>
</tr>
<tr>
<td>Voluntary Acknowledgment of Paternity (Form LDSS-4418)</td>
<td>A copy of the form that establishes legal fatherhood when the parents are unmarried. Completed by both mother and father. For more information, see childsupport.ny.gov/dcse/aop_howto.html</td>
</tr>
<tr>
<td>Court Order of Filiation</td>
<td>A copy of the order from the family court that names the father of a child. Establishes legal fatherhood when the parents are unmarried. Completed by both mother and father. For more information, visit childsupport.ny.gov/dcse/aop_howto.html</td>
</tr>
<tr>
<td>Marriage Certificate</td>
<td>A copy of the official statement issued by the town or city clerk from which the marriage certificate was issued.</td>
</tr>
<tr>
<td>Civil union/domestic partner's documentation</td>
<td>A copy of the certificate of civil union or domestic partnership.</td>
</tr>
<tr>
<td>Foster care placement letter</td>
<td>A copy of the letter of foster care placement issued by the county or city department of social services or authorized voluntary foster care agency.</td>
</tr>
<tr>
<td>Court documents of adoption</td>
<td>A copy of the court document finalizing adoption or documentation in furtherance or court order finalizing adoption.</td>
</tr>
<tr>
<td>Other documentation</td>
<td>Other documentation of parental relationship may be accepted if none of the others listed apply.</td>
</tr>
</tbody>
</table>

Employee signs and dates.
Request for Paid Family Leave
Release Of Personal Health Information (PHI)
Under The Paid Family Leave Law (Form PFL-3)

TO PERMIT THE RELEASE OF PERSONAL HEALTH INFORMATION BY THE HEALTH CARE PROVIDER FOR A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION (to be signed by the health care recipient)

I, __________________________, authorize my health care provider listed on this form to release my personal health information to __________________________ and his or her employer's PFL insurance carrier __________________________.

Records Subject to Release: This form gives the health care provider listed permission to include information from your health care records on the attached medical certification. This form gives your health care provider permission to release only the information in your health care records that relate to your current condition, which is the subject of the employee’s request for Paid Family Leave benefits. Your health care provider may not, however, discuss your health care information with anyone.

Duration of Revocable Release: This authorization ends after one year, or when you revoke the release. You can cancel this release at any time. To cancel, send a letter to the health care provider listed on this form.

This form does NOT allow your health care provider to release the following types of information, unless you specifically permit such release. Put an “X” next to any information your health provider MAY release:

☐ HIV/AIDS related information  ☐ Mental health information  ☐ Alcohol/drug treatment  ☐ Psychotherapy notes

Health Care Provider Information
Identify the health care provider who is currently providing you with treatment for a condition that is subject to the employee’s request for PFL benefits.

2. Health care provider’s name __________________________

3. Health care provider’s mailing address

Mailing address __________________________

City, state, zip code, country (if not U.S.A.) __________________________

4. Health care provider’s telephone number (provide area or country code) __________________________

Care Recipient Information

5. Care recipient’s mailing address

Mailing address __________________________

City, state, zip code, country (if not U.S.A.) __________________________

6. Care recipient’s Social Security number (if applicable) __________________________

7. Care recipient’s telephone number (provide area or country code) __________________________

READ AND SIGN BELOW. I hereby request that the health care provider listed above give a completed Form PFL-4 to the person identified above. I understand that such information includes a diagnosis and prognosis of my current condition, the date it commenced, and any estimation of the amount of care that I require from the employee requesting PFL benefits as a result of my current condition.

Care recipient’s signature __________________________ Date signed (MM/DD/YYYY) __________________________

Authorized representative

I, __________________________, represent the care recipient in this matter as authorized by:

☐ Parental right  ☐ Power of attorney (attach copy)  ☐ Court order (attach copy)  ☐ Health care proxy (attach copy)

Authorized representative’s signature __________________________ Date signed (MM/DD/YYYY) __________________________

The employee should retain a copy for his or her own records.
Request For Paid Family Leave
Release Of Personal Health Information Under
The Paid Family Leave Law (Form PFL-3)

If an employee is requesting PFL to care for a family member with a serious health condition, the care recipient or an au-
thorized representative must complete a Release Of Personal Health Information Under The Paid Family Leave Law (Form
PFL-3) and submit it to his or her health care provider, along with a copy of the Health Care Provider Certification For Care Of
Family Member With Serious Health Condition (Form PFL-4).

The Release Of Personal Health Information Under The Paid Family Leave Law (Form PFL-3) enables the health care provider
to complete Health Care Provider Certification For Care Of Family Member With Serious Health Condition (Form PFL-4) and
release it to the employee seeking PFL benefits. The employee requesting PFL then submits both the PFL-1 and the Health
Care Provider Certification For Care Of Family Member With Serious Health Condition (Form PFL-4) to his or her employer’s
PFL insurance carrier, or to his or her employer if the employer is self-insured, for PFL benefit determination.

Before completing and signing, the care recipient must read the Release Of Personal Health Information Under The Paid Fam-
ily Leave Law (Form PFL-3) in its entirety.

This form will be retained by the health care provider. The employee should make a copy for his or her records before giving it
to the health care provider.

TO PERMIT THE RELEASE OF PERSONAL HEALTH INFORMATION BY THE HEALTH CARE PROVIDER FOR A
FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION (to be completed by care recipient)

The PFL insurance carrier name requested at the top of the form is the same as the PFL insurance carrier identified in
Request For Paid Family Leave (Form PFL-1) Part B line 14.

Care recipient or authorized representative must complete all applicable requested information.

If a care recipient is unable to fill out this form, an authorized representative must attach a copy of legal documentation,
such as a health care proxy or power of attorney, permitting the representative to sign on behalf of the care recipient. The
health care provider will require this documentation of authorization unless the authorized representative is a parent signing
on behalf of a minor child.

Care recipient or authorized representative signs and dates.

This form is given to the care recipient’s health care provider along with the
Health Care Provider Certification For Care Of Family Member With Serious Health Condition (Form PFL-4).
Request for Paid Family Leave
Health Care Provider Certification For Care Of Family Member With Serious Health Condition (Form PFL-4)

TO BE COMPLETED BY THE EMPLOYEE

Employee’s name
(first name, middle initial, last name) ____________________________
_________________________ ____________________________
Employee’s mailing address

Mailing address

City, state, zip code, country (if not U.S.A.) ____________________________

HEALTH CARE PROVIDER CERTIFICATION FOR CARE OF FAMILY MEMBER WITH SERIOUS HEALTH CONDITION
(to be completed by the health care provider and returned to the aboved named employee)

Patient Information (family member with serious health condition)

1. Patient’s name

2. Patient’s date of birth (MM/DD/YYYY)

3. Does patient require care by the employee requesting Paid Family Leave (PFL)?
   ○ Yes   ○ No (If no, skip to “Health Care Provider Information”)

For the purposes of this section, “providing care” may include necessary physical care, emotional support, visitation, assistance in treatment, transportation, arranging for a change in care, assistance with essential daily living matters, and personal attendant services.

4. Primary (ICD-10 code)

5. Secondary (ICD-10 code)

6. Date patient’s condition commenced (MM/DD/YYYY)

7. First date care for patient is needed (MM/DD/YYYY)

8. Expected date patient will no longer require care (MM/DD/YYYY)

9. Estimated number of days per week OR days per month patient requires care
   ____________________________ Days/Week OR ____________________________ Days/month

Health Care Provider Information

10. Health care provider’s name

11. Type of health care provider:
   ○ Medical Doctor (MD)
   ○ Doctor of Osteopathy (DO)
   ○ Doctor of Podiatric Medicine (DPM)
   ○ Doctor of Chiropractic Medicine (DC)
   ○ Dentist (DDS/DDOM)
   ○ Physician’s Assistant (PA)
   ○ Nurse Practitioner (NP)
   ○ Licensed Psychologist
   ○ Licensed Social Worker (LMSW/LCSW)
   ○ Other (specify) ____________________________

12. Health care provider’s mailing address

Mailing address

City, state, zip code, country (if not U.S.A.) ____________________________

13. Health care provider’s telephone number
   (provide area or country code)

14. Health care provider’s fax number
   (provide area or country code)

15. Health care provider’s email address (optional)

16. State or country (if not U.S.A.) in which health care provider is licensed to practice

17. Specialty

18. Health care provider’s license number

Certification and signature

Any person who knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, or self-insurer, any information containing any false material statement or conceals any material fact shall be guilty of a crime and subject to substantial fines and imprisonment.

My signature attests that the information I have provided in this form is based on my professional assessment within my licensed scope of practice.

Health care provider’s signature ____________________________

Date signed (MM/DD/YYYY) ____________________________
Request For Paid Family Leave
Health Care Provider Certification For Care Of Family Member With Serious Health Condition (Form PFL-4)

The employee requesting PFL to care for a family member with a serious health condition must submit the Health Care Provider Certification For Care Of Family Member With Serious Health Condition (Form PFL-4) with the Request For Paid Family Leave (Form PFL-1).

Employee enters name, address and last four digits of his or her Social Security (or TIN) number at the top.

HEALTH CARE PROVIDER CERTIFICATION FOR CARE OF FAMILY MEMBER WITH SERIOUS HEALTH CONDITION (to be completed by the health care provider and returned to the employee named at the top of the form)

The care recipient’s health care provider must complete all applicable requested information unless noted as optional. The care recipient’s health care provider must complete the Patient Information and Health Care Provider sections of the Health Care Provider Certification For Care Of Family Member With Serious Health Condition (Form PFL-4).

Health Care Provider signs and dates, and then returns the form to the employee requesting PFL.

If you believe the care recipient is the victim of abuse or neglect caused by the employee requesting PFL, you may decline to provide this certification.
Request for Paid Family Leave
Military Qualifying Event (Form PFL-5)

TO BE COMPLETED BY THE EMPLOYEE

Employee’s name (first name, middle initial, last name)

Last 4 digits of employee’s Social Security number (or TIN)

MILITARY QUALIFYING EVENT (to be completed by employee)

1. Name of military member on covered active duty or call to covered active duty status (first name, middle initial, last name)

2. Military member’s date of birth (MM/DD/YYYY)

3. Military member’s mailing address

4. Military member’s gender  Male  Female

5. The above-named military member is employee’s:
   - Spouse
   - Child
   - Domestic partner
   - Parent

6. Period of military member’s covered active duty (MM/DD/YYYY)

7. Please select one of the following and attach the indicated document to support that the military member is on covered active duty or impending call to covered active duty status:
   - Covered active duty orders
   - Letter of impending call to covered duty
   - Documentation of military leave signed by the approving authority for military member’s Rest and Recuperation

Qualifying Reason For Leave

8. Describe the reason employee is requesting PFL due to a qualifying event

9. Written documentation supporting this request for leave is available and attached?  Yes  No  None Available

A complete and sufficient certification to support a request for PFL leave due to a qualifying event includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member’s Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs.

Leave For Meetings (if applicable)

If leave is requested to meet with a third party, the employee must provide supporting documentation of the meeting that includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone number, fax number or email address of the individual or entity). The reason for a meeting can include: arranging for child or parental care, counseling, making financial or legal arrangements, acting as the military member’s representative before a federal, state or local agency for purposes of obtaining, arranging or appealing military service benefits, or attending any event sponsored by the military or military service organizations.

10. Name of individual with whom employee is meeting

11. Title

12. Organization

13. Telephone number (provide area or country code)

14. Mailing address

15. Fax number (provide area or country code)

16. Email address

17. Describe nature of meeting:

18. Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (e.g., one deployment-related meeting every month):

Declaration and signature

Any person who knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, or self-insurer, any information containing any false material statement or conceals any material fact shall be guilty of a crime and subject to substantial fines and imprisonment.

I am hereby making a request for paid family leave benefits under the NYS Workers’ Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Employee’s signature

Date signed (MM/DD/YYYY)
Request For Paid Family Leave
Military Qualifying Event (Form PFL-5)

If an employee is requesting PFL because of a family member’s active military duty or impending active duty, the employee must submit the Military Qualifying Event (Form PFL-5) with the Request For Paid Family Leave (Form PFL-1).

The employee must identify the family member called to service, provide a copy of the member’s active or impending duty orders, and describe the reason leave is being requested.

**MILITARY QUALIFYING EVENT** (to be completed by the employee)

The employee requesting PFL must complete all applicable requested information.

Employee enters name and last four digits of his or her Social Security (or TIN) number at the top.

Enter the military member’s information, and indicate the military member’s relationship to the employee.

**Question 6:** Enter dates of expected military covered active duty.

**Question 7:** Documentation that shows that the military member is on covered active duty or is on impending call to covered active duty is required and must be attached to this form. Select the type of documentation that is attached from the list below.

Required documentation includes one of the following:
- Covered active duty orders; OR
- Letter of impending call to covered duty; OR
- Documentation of military leave signed by the approving authority for military member’s Rest and Recuperation.

**Qualifying Reason for Leave**

**Question 8:** Explain the need for PFL because of the Military Qualifying Event. For example: “My spouse was just called on short notice to covered active duty status, and will be deployed to (country) in five days. I need to take PFL to be with them and make arrangements for while they are away on active duty.” If the explanation will not fit in the space provided on the form, enter “See Attached” and add an attachment with the explanation. Be sure to include the employee’s full name and last four digits of his or her Social Security number (or TIN) at the top of the attachment.

**Question 9:** Include one or more of the qualifying supporting documents:
- Meeting announcement for informational briefing sponsored by the military; or
- Document(s) confirming an appointment with a school official, doctor, attorney or financial advisor; or
- Copy of a bill for services for the handling of legal or financial affairs.

**Leave for Meetings (if applicable)**

If the PFL request is to meet with a third party (such as to arrange child care or parental care, attend counseling, etc.), enter the meeting information, including the meeting’s purpose, with whom it will take place, and contact information. Attach supporting documentation for each meeting.

Employee signs and dates.