

# Paid Family Leave NOTICE OF COMPLIANCE



Paid Family  
Leave

Paid Family Leave insurance coverage provided by: THE STATE INSURANCE FUND  
INSERT INSURER NAME HERE

Covering employees of: AMERICAN RESIDUALS & TALENT INC  
INSERT EMPLOYER NAME HERE

Paid Family Leave is employee-funded insurance that provides eligible employees job-protected, paid time off to:

- **BOND** with a newly born, adopted, or fostered child;
- **CARE** for a family member with a serious health condition (see [paidfamilyleave.ny.gov](https://paidfamilyleave.ny.gov) for eligible family members); or
- **ASSIST** loved ones when a spouse, domestic partner, child, or parent is deployed abroad on active military service.

Paid Family Leave may also be available for use in situations when you or your minor dependent child are under an order of quarantine or isolation due to COVID-19. See [PaidFamilyLeave.ny.gov/COVID19](https://PaidFamilyLeave.ny.gov/COVID19) for full details.

## Paid Family Leave Request Process:

1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible.
2. Complete and submit the **Request for Paid Family Leave (Form PFL-1)** to your employer.
3. Complete and attach the additional documentation as instructed on the request form and submit to your employer's insurance carrier listed below. Submit within 30 days after the start of your leave to avoid losing benefits.

You may obtain all forms from your employer, their insurance carrier listed below, or online at [PaidFamilyLeave.ny.gov/Forms](https://PaidFamilyLeave.ny.gov/Forms).

**Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave**

## INSURER OR AUTHORIZED NEW YORK SELF-INSURER INFORMATION

Name: NYSIF Telephone: 888-875-5790

Address: PO Box 66699 Albany, NY 12206

Policy #: DB 1996 22-3 Effective date from: 07/01/2026 to 07/01/2027

Statutory  Under a plan or agreement

Class(es) of employees covered: All Eligible Employees

For more information, visit [PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov) or call (844) 337-6303

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD  
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.



# NEW YORK PAID FAMILY LEAVE



**BOND** with a child



**CARE** for a family member



**ASSIST** military families



## PFL Benefits

### 67% Wage Benefits

Receive 67% of your average weekly wage, up to a cap.



### Up to 12 Weeks of Leave

Can be taken all at once, or in full-day increments.



### Strong Protections

- ✓ Return to same or comparable job.
- ✓ Continued health insurance.
- ✓ No discrimination or retaliation.



## How to Request PFL

Give 30 days' notice to your employer, if foreseeable.

Complete request forms and submit to your employer's insurance carrier.



Carrier pays or denies benefits within 18 days of your first day of leave or receipt of your completed request, whichever is later.



## Who Can Request PFL?

### Generally, Employees Who:

- ✓ Work for a private employer in New York State, or a public employer who has opted in.
- ✓ Meet the time-worked requirements:
  - Full-time (regularly work 20 or more hours/week), after 26 consecutive weeks of employment.
  - Part-time (regularly work fewer than 20 hours/week), after 175 working days.



## Resources

### [PaidFamilyLeave.ny.gov](https://www.paidfamilyleave.ny.gov)

Visit the website for more information and to download PFL request forms.

### 844-337-6303

Call the toll-free PFL Helpline 8:30 a.m. to 4:30 p.m. Monday – Friday



**STRONG FAMILIES, STRONG NEW YORK**



**Paid Family Leave**

# Employee Notice of Paid Family Leave Payroll Deduction for 2026



**Paid Family  
Leave**

Employee Name \_\_\_\_\_

Employer Name \_\_\_\_\_

New York's Paid Family Leave provides employees with 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; or **assist** loved ones when a family member is deployed abroad on active military service.

Employees pay for these benefits through a small payroll deduction, which is a percentage of their wages up to a cap set annually. **The 2026 payroll contribution is 0.432% of an employee's wages each pay period and is capped at an annual maximum of \$411.91.** Employees earning less than the New York State Average Weekly Wage (\$1,833.63 per week), will have an annual contribution amount less than the cap of \$411.91, consistent with their actual wages.

Based on your average pay period earnings of \$ \_\_\_\_\_.

your estimated pay period deduction will be: \$ \_\_\_\_\_.

*Note: This deduction may fluctuate pay period to pay period, depending on your hours worked.*

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

NEW YORK STATE INSURANCE FUND

AMERICAN RESIDUALS & TALENT INC

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

- 1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

NYSIF
PO Box 66699
Albany, NY 12206

Policy #: DBL 1996 22-3 Effective From: 07/01/2026 To: 07/01/2027

[X] Statutory [ ] Under a Plan or Agreement

Class(es) of Employees Covered:

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

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

