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)

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**HARTFORD LIFE AND ACCIDENT**

PO BOX 2999, Hartford, CT 06104-2999 Phone: 800-454-7020

Policy #: LNY 619732 001  
Effective From: 07/01/19  
To: 06/30/20  

[ ] Statutory  [ ] Under a Plan or Agreement

All employees eligible under New York State Paid Family Leave 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.