Lincoln Life Assurance Company of Boston

Johns Hopkins University

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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Lincoln Life Assurance Company of Boston
100 Liberty Way, Suite 100
Dover, New Hampshire 03820-4695
1-800-210-0268

Policy #: GS3-890-LF0364-90
Effective From: 01/01/2021 To: 12/31/2021

☑ Statutory □ Under a Plan or Agreement

Class(es) of Employees Covered: All Employees Eligible Under The 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.