Paid Family Leave is employee funded 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; or
- Assist loved ones when a family member is called to active military service abroad.

Eligibility:

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

You are eligible regardless of your citizenship or immigration status.

Benefits: In 2019, you can take up to **ten weeks** of Paid Family Leave and receive **55%** of your average weekly wage, capped at **55%** of the New York State average weekly wage. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting Paid Family Leave.

**Rights and Protections**

- **Job Protection**: Return to the same or comparable job after you take leave.
- You keep your **health insurance** while on leave (you may have to continue paying your portion of the premium costs, if any).
- Your employer is prohibited from **discriminating or retaliating** against you for requesting or taking Paid Family Leave.
- You do not have to exhaust sick leave or vacation accruals before using Paid Family Leave.

**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 forms as required and submit to the insurance carrier listed below.
4. The insurance carrier must pay or deny your request within 18 days of receiving your completed request.

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

**Disputes**

If your Paid Family Leave claim is denied, you may request to have the denial reviewed by a neutral arbitrator. The insurance carrier listed below will provide you with information about requesting arbitration.

**Discrimination Complaints**

If your employer terminates your employment, reduces your pay and/or benefits, or disciplines you in any way as a result of you taking or asking about Paid Family Leave, you may request to be reinstated by taking these steps:

2. Send your completed form to your employer and a copy of the completed form to: Paid Family Leave, P.O. Box 9030, Endicott, NY 13761-9030
3. If your employer does not reinstate you within 30 days, you may file a discrimination complaint with the Worker's Compensation Board using form PFL-DC-120, available at [http://www.ny.gov/PaidFamilyLeave](http://www.ny.gov/PaidFamilyLeave). The Worker's Compensation Board will assemble your case and schedule a hearing.

For more information, forms, and instructions, visit [www.ny.gov/PaidFamilyLeave](http://www.ny.gov/PaidFamilyLeave) or call (844)-337-6303.

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's paid family leave benefits insurance carrier is:

THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK
360 HAMILTON AVENUE, SUITE 210
WHITE PLAINS, NEW YORK 10601
833-786-5638

PRESCRIBED BY THE CHAIR,
WORKERS’ COMPENSATION BOARD

NYS Paid Family Leave • PO Box 9030, Endicott NY 13761
PFL Helpline: (844) 337-6303 • [www.ny.gov/PaidFamilyLeave](http://www.ny.gov/PaidFamilyLeave)
Special Paid Family Leave Notice of Rights Information for SUNY Employees

Unclassified SUNY employees (MC13 and UUP-represented) have a unique eligibility definition that does not fully align with the basic state definition. For Unclassified SUNY Employees, eligibility is defined as:

A. A professional employee or academic employee (whose regular professional obligation is primarily other than teaching classes) whose regular professional obligation is at least 20 hours per week, and who will complete 26 consecutive workweeks of such employment.*

B. A professional employee or academic employee (whose regular professional obligation is primarily other than teaching classes whose regular professional obligation is less than 20 hours per week, and who will complete 175 cumulative workdays of such employment. For these purposes, work days include days that the employee reports to the work location.*

C. An academic employee whose regular professional obligation is primarily teaching, and teaches at least two courses per semester, and who will complete 26 consecutive workweeks of such employment. Periods of professional obligation beginning prior to and/or ending after the respective semesters will count for these purposes.*

D. An academic employee whose regular professional obligation is primarily teaching, and teaches less than two courses per semester, and who will complete 175 cumulative workdays of employment. For these purposes, workdays include days the employee is scheduled to teach/student contact, plus one day per week. Periods of professional obligation beginning prior to and/or ending after the respective semesters will count for these purposes.*

*Note: Durations of full-paid leave (e.g., through use of accruals) count towards the service requirement (e.g., 26 consecutive workweeks, 175 cumulative workdays), as long as the biweekly PFL premiums are paid for the duration of the leave. Separations of less than one year will not constitute a break in service. Once an employee has had a separation of more than one year they will once again have to meet the minimum eligibility requirements for PFL.

Unclassified SUNY employees also have additional contact information available:

For PFL forms - please visit https://www.suny.edu/benefits/attendance/pfl/
For PFL filing process questions - please call 888-PFL-SUNY (888-735-7869) or email PFL@flexbene.com
For PFL claim specific or claim payment questions - please call The Standard at 833-786-5638