# **2021** STATEMENT OF RIGHTS

### If you need to take time off from work to care for a family member, you may be entitled to paid family leave benefits

### 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 spouse, domestic partner, child or parent is called to active military service abroad.

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** for full details.

#### **Eligibility:**

- Employees with a regular work schedule of <u>20 or more hours per week</u> are eligible after <u>26 consecutive weeks</u> of employment.
- Employees with a regular work schedule of <u>less than 20 hours per week</u> are eligible after <u>175 days worked</u>. Citizenship or immigration status is not a factor in your eligibility.

#### Benefits:

In 2021, you can take up to 12 weeks of Paid Family Leave and receive 67% of your average weekly wage, capped at 67% 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 <u>30 days</u> 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 within <u>30 days</u> of starting your leave, to avoid losing benefits.
- **4.** In most cases, the insurance carrier must pay or deny benefits within 1<u>8 calendar days</u> of receiving your completed request or your first day of leave, whichever is later.

You may obtain all forms from your employer, their insurance carrier listed below or online at PaidFamilyLeave.ny.gov/Forms.

#### **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 requesting or taking Paid Family Leave, you may request to be reinstated by taking these steps:

- 1. Complete the Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119).
- **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
- If your employer does not reinstate you or take other corrective action within <u>30 days</u>, you may file a discrimination complaint with the Workers' Compensation Board using the *Paid Family Leave Discrimination/Retaliation Complaint (Form PFL-DC-120)*. The Workers' Compensation Board will assemble your case and schedule a hearing.
- 4. There are other state and federal laws that protect employees from discrimination. Additional information is available at **PaidFamilyLeave.ny.gov**.

#### For more information, forms and instructions, visit **PaidFamilyLeave.ny.gov** or call the PFL Helpline (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:

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

The Hartford Financial Services Group, Inc.

NYS Paid Family Leave PO Box 9030, Endicott NY 13761

# **Information for Employees**

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New York State Paid Family Leave provides job-protected, paid time off so you can:

BOND with a newly born, adopted, or fostered child for a family member with a serious health condition



loved ones when a family member is deployed abroad on active military service

# Who is covered under Paid Family Leave?

Most employees who work for private employers in New York State are covered under Paid Family Leave. If you are a public employee, your employer may opt in to provide the benefit. If you are a union-represented public employee, you could be covered under Paid Family Leave if your union and public employer have agreed to include it in their collective bargaining agreement.

## How can Paid Family Leave help you and your family?

- Bonding with a child: You can take time to bond with your newly born, adopted, or fostered child within the first 12 months of birth or placement.
- Caring for a family member: You can take time to care for your spouse, domestic partner, child/stepchild, parent/stepparent, parent-in-law, grandparent, or grandchild with a serious health condition.
- Assisting a service member: You can take time to assist your spouse, domestic partner, child/stepchild, parent/stepparent or parent-in-law when they are deployed abroad on active military service.

## Who is eligible for Paid Family Leave?

If you are covered under Paid Family Leave, you are eligible to take it for a qualifying event once you have met the minimum requirements:

- Full-time employees: If you work a regular schedule of 20 or more hours per week, you are eligible after 26 consecutive weeks of employment with your employer.
- Part-time employees: If you work a regular schedule of less than 20 hours per week, you are eligible after working for your employer for 175 days, which do not need to be consecutive.

Citizenship and/or immigration status is not a factor in your eligibility. Some part-time or seasonal employees may qualify for a waiver to opt out of coverage. Visit **paidfamilyleave.ny.gov/protections** to learn more.

## What are your rights and protections under Paid Family Leave?

- You have job protection, so you are entitled to return to the same job (or a comparable one) when you return from Paid Family Leave.
- Your health insurance continues while on leave on the same terms as if you had continued working. If you contribute to the cost of your health insurance, you must continue to pay your portion of the cost while on leave.
- Your employer is prohibited from discriminating or retaliating against you for requesting or taking Paid Family Leave.

## How is Paid Family Leave funded?

Paid Family Leave is funded through employee payroll contributions that are set each year to match the cost of coverage. The rate of employee contributions is reviewed annually, and is subject to change by the New York State Department of Financial Services. Visit **PaidFamilyLeave.ny.gov/cost** for the current contribution rate and annual maximum contribution.



## What are the benefits?

Paid Family Leave provides time off and wage replacement benefits that phase in completely in 2021. Eligible employees can take time off and receive a percentage of their average weekly wage (AWW), capped at the same percentage of the New York State Average Weekly Wage (SAWW). The SAWW is updated annually. Your AWW is the average of your pay for the last eight weeks in which you worked and received wages prior to starting Paid Family Leave.

BENEFITS INCREASE THROUGH 2021					
Year	Weeks of Leave	Benefits			
2020	10 weeks	60% of employee's AWW, up to 60% of SAWW			
2021	12 weeks	67% of employee's AWW, up to 67% of SAWW			

## How do you apply?

Requesting Paid Family Leave is easy. Start by planning your leave:

- Leave can be taken either all at once or intermittently, but must be taken in full-day increments.
- You must notify your employer at least <u>30 days</u> before the start of leave if foreseeable; otherwise, you must notify your employer as soon as possible.

Once you're ready to apply, follow these three steps:

- 1. COLLECT YOUR FORMS AND DOCUMENTATION: You can get Paid Family Leave forms from your employer, your employer's insurance carrier or directly from PaidFamilyLeave.ny.gov/forms. Your form packet will include the *Request for Paid Family Leave (Form PFL-1)*, along with any additional forms needed for the type of leave you want to take. The form instructions will detail what, if any, supporting documentation you will need to submit as part of your Paid Family Leave request.
- 2. COMPLETE & ATTACH: Complete the forms for the specific type of leave you are planning to take. Note that Form PFL-1 has parts that need to be completed by you and by your employer. Fill out your section, make a copy and give the form to your employer to fill out Part B. Your employer is required to return Form PFL-1 to you within three business days. If there is a delay, you do not have to wait to proceed. Send the Form PFL-1 that you have filled out, along with the rest of your request package, directly to the insurance carrier.
- **3. SUBMIT WITHIN 30 DAYS:** You must submit your completed request package to your employer's insurance carrier within <u>30 days</u> after the start of your leave to avoid losing benefits.
  - To find out who your employer's Paid Family Leave insurance carrier is, you can:
    - Look for the Paid Family Leave poster in your workplace.
    - Ask your employer.
    - Look it up using the employer coverage search application on wcb.ny.gov.
  - If you cannot find your employer's insurance carrier, call the Paid Family Leave Helpline for assistance at (844) 337-6303. The Helpline is available Monday through Friday, 8:30 a.m. to 4:30 p.m.

In most cases, the insurance carrier must pay or deny benefits within <u>18 days</u> of receiving your completed request or your first day of leave, whichever is later. Your request cannot be considered incomplete solely because your employer did not fill out *Part B* of *Form PFL-1* within <u>three business days</u>.

It is YOUR responsibility to submit the forms to your employer's insurance carrier. It is NOT your employer's responsibility.

## For more information, visit PaidFamilyLeave.ny.gov or call (844) 337-6303.





# NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

#### The Hartford Financial Services Group, Inc.

INSERT INSURER NAME HERE

Covering Employees of:

The Planet Group & Affiliates

## 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** 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

INSERT NAME, ADDRESS, AND TELEPHONE NUMBER The Hartford Financial Services Group, Inc. 1-800-454-7020 One Hartford Plaza, Hartford, CT 0615520	OF INSURER OR MAIN	OFFICE OF AUTHO	RIZED NEW	VYORK SELF-INSURER
617163 (All Companies except PTech) Policy #: <u>623867 (Planet Technolog)</u>	Effective From: _	01/01/2020	to	until cancelled
Statutory 🗆 Under a Plan or Agreement				
Class(es) of Employees Covered:				

#### 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.



# Paid Family Leave Overview

New York Paid Family Leave provides job-protected, paid time off so you can:

- Bond with a newly born, adopted or fostered child,
- Care for a close relative with a serious health condition, or
- Assist with family situations when a family member 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** for full details.

You can continue your health insurance while on leave and are guaranteed the same or comparable job after your leave ends. If you contribute to the cost of your health insurance, you must continue to pay your portion of the premium cost while on Paid Family Leave.

## **Benefits - Time**

Paid Family Leave benefits were phased in over a four-year period. As of January 1, 2021, eligible employees may take up to 12 weeks of leave. This leave can be taken either all at once or intermittently, but must be taken in full-day increments. You may take the maximum time-off benefit in any given 52-week period.

## **Benefits - Pay**

As of January 1, 2021, Paid Family Leave benefits provide 67% of your average weekly wage, capped at the same percentage of the New York State Average Weekly Wage.

Visit **PaidFamilyLeave.ny.gov** for information on this year's maximum weekly benefit, as well as a calculator to estimate your own benefits.

**EXAMPLE:** An employee who earns \$1,000 a week would receive a benefit of \$670 a week.

# Eligibility

All eligible employees are entitled to participate in Paid Family Leave.

- Full-time employees: Employees who work a regular schedule of 20 or more hours per week are eligible after 26 consecutive weeks of employment.
- Part-time employees: Employees who work a regular schedule of less than 20 hours per week are eligible after working 175 days, which do not need to be consecutive.

Employees are eligible regardless of citizenship and/or immigration status.



# Funding

Paid Family Leave is funded through employee payroll contributions that are set each year to match the cost of coverage. The rate of employee contributions is reviewed annually, and is subject to change by the New York State Department of Financial Services. Visit **PaidFamilyLeave.ny.gov** for information on this year's employee contribution rate, as well as a calculator to estimate your own payroll contributions.

# **Qualifying Events**

**New Child:** You can take Paid Family Leave during the first 12 months following the birth, adoption, or fostering of a child. Expectant mothers cannot take Paid Family Leave for their own pregnancy. Paid Family Leave for the birth of a child begins after the birth. It is not available for prenatal conditions.

**Serious Illness:** You can take Paid Family leave to care for a close relative with a serious health condition. These relatives can live outside of New York State and even outside the country. You cannot take Paid Family Leave for your own 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.

A close relative includes:

- Spouse
- Domestic partner
- Child and stepchild
- Parent and stepparent
- Parent-in-law
- Grandparent
- Grandchild



**Military Active Service Deployment:** You can take Paid Family Leave to assist with family situations arising when your spouse, domestic partner, child, or parent is deployed abroad on active military service or has been notified of an impending military deployment abroad. You cannot use Paid Family Leave for your own qualifying military event.

**COVID-19 Quarantine:** 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** for full details.

## Please Note:

- Paid Family Leave can be taken by employees who are eligible for time off under the provisions of the FMLA. PFL will run concurrently with designated FMLA leave when the reason for leave qualifies under both PFL and FMLA. Eligible employees must then apply for both PFL and FMLA.
- You may not receive short-term disability and Paid Family Leave benefits at the same time. You may not take more than <u>26 combined weeks</u> of short-term disability and Paid Family Leave in a <u>52-week period</u>.
- If you are unable to work and qualify for Workers' Compensation Benefits, you may not use Paid Family Leave benefits at the same time as you are receiving Workers' Compensation benefits. If you are receiving reduced earnings, you may be eligible for Paid Family Leave. Please check with human resources.
- Time spent on paid vacation, sick or personal days can be counted toward an employee's eligibility determination.
- Employees may not use accrued time with PFL benefits in order to receive full pay during their absence.
- While on PFL, employees will not continue to accrue sick time.
- Company policy allows only one employee at a time to receive PFL to bond with the same child or care for the same family member.

# **Your Rights and Protections**

- You have **job protection**, ensuring you can return to the same job (or a comparable one) when you return from Paid Family Leave.
- You can keep your **health insurance** while on leave. If you contribute to the cost of your health insurance, you must continue to pay your portion of the premium cost while on leave.
- Your employer is **prohibited from discriminating or retaliating** against you for requesting or taking Paid Family Leave.
- You do not have to take all of your sick and/or vacation time before using Paid Family Leave.

# **Taking Paid Family Leave**

- 1. Notify your employer. When you want to take Paid Family Leave, you must notify your employer at least <u>30 days</u> before your leave will start if it's foreseeable. Otherwise, notify your employer as soon as possible.
- Obtain required forms. Contact your employer, employer's insurance carrier, or visit PaidFamilyLeave.ny.gov to obtain the required forms.
- 3. Complete and attach: The Request For Paid Family Leave (Form PFL-1) has sections that need to be completed by you and by your employer. Fill out your section, make a copy and give the form to your employer to fill out Part B. Your employer is required to return Form PFL-1 to you within three business days. If there is a delay, you do not have to wait to proceed. Send the Form PFL-1 that you have filled out, along with the rest of your request package, directly to your employer's insurance carrier.
- **4**. **Obtain and attach supporting documentation**. The specific documentation or additional forms required for each type of leave are described on the request for Paid Family Leave and at **PaidFamilyLeave.ny.gov/Apply**.
- Submit your request forms and supporting documentation. You must submit your completed request package to your employer's insurance carrier within 30 days after the start of your leave to avoid losing benefits. In most cases, the insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed request or your first day of leave, whichever is later.

# **Paid Family Leave Process and Contacts**

At <u>The Planet Group &amp; Affiliates</u>	, requests for Paid Family Leave forms and
forms submissions should be directed to: _	INPUT DEPARTMENT NAME AND/OR EMAIL ADDRESS
Our Paid Family Leave insurance carrier is:	The Hartford Financial Services Group, Inc. (1-800-454-7020) INPUT CARRIER NAME AND CONTACT INFORMATION

## **Disputes**

If your Paid Family Leave claim is denied, the insurance carrier or employer, if self-insured, will provide you with information about how to request arbitration. A neutral arbitrator will decide claim-related disputes.

#### Contact:

insurance carrier:	The Hartford Financial Services Group, Inc. (1-800-454-7020)	
or,	INPUT CONTACT INFORMATION IF APPLICABLE	
For self-insured emp	oloyers:	
	INPUT DEPARTMENT NAME AND/OR EMAIL ADDRESS IE APPLICABLE	

# **Discrimination Complaints**

Employees are protected from discrimination and retaliation for requesting or taking Paid Family Leave.

If your employer terminates your employment, reduces your pay and/or benefits, or disciplines you in any way as a result of you requesting or taking Paid Family Leave, send your employer's designated Paid Family Leave contact a formal request for job reinstatement using the *Formal Request For Reinstatement Regarding Paid Family Leave (Form PFL-DC-119)*, which can be found in the forms section of PaidFamilyLeave.ny.gov. File the completed form with your employer and send a copy to:

#### Paid Family Leave, P. O. Box 9030, Endicott, NY 13761-9030

If your employer fails to comply with the request for reinstatement within <u>30 days</u>, you may file a Paid Family Leave discrimination complaint with the Workers' Compensation Board using *Paid Family Leave Discrimination Complaint (Form PFL-DC-120)*, which is also available on the Paid Family Leave website. Once your complaint is received, the Board will assemble your case and schedule a preliminary hearing in front of a Workers' Compensation Law Judge.



For more information on Paid Family Leave, please visit **PaidFamilyLeave.ny.gov** or contact Human Resources.

