

February 15, 2018



**Paid Family
Leave**

Paid Family Leave for Bonding

Agenda

- 1. Why We Need Paid Family Leave**
- 2. Benefits**
- 3. Eligibility and Contributions**
- 4. Taking Paid Family for Bonding**
- 5. Top Questions About Paid Family Leave for Bonding**
- 6. Resources**



Why Do We Need Paid Family Leave?

Helpline: (844) 337-6303

Website: www.ny.gov/PaidFamilyLeave



**Paid Family
Leave**

Why Do We Need Paid Family Leave?

1

Employees struggle to choose between maintaining a job and caring for loved ones

2

Employees face the stress of weeks of lost wages

3

Employees fear losing their jobs

NY Leads the Nation

- Governor Cuomo worked to develop the nation's **strongest** and **most comprehensive** Paid Family Leave policy
- **April 2016** the bill was signed into law

Paid Family Leave Basics

Provides **Paid Time Off** and **Job Protection** so you can:



Bond with a new child



Care for a sick family member



Assist loved ones when a family member is deployed abroad

Paid Family Leave for Bonding

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Why Paid Leave for Bonding is so Important

- **New mothers have fewer postpartum depression symptoms, higher breastfeeding rates, and breastfeed longer**
- **Parents are less stressed and have stronger parent-child bonding**
- **Infants have fewer infections and are generally healthier**

NY Paid Family Leave for Bonding

Provides for both parents to bond with a child within the first 12 months of:

Birth

Adoption

**Foster
Care**

Time Off Benefits

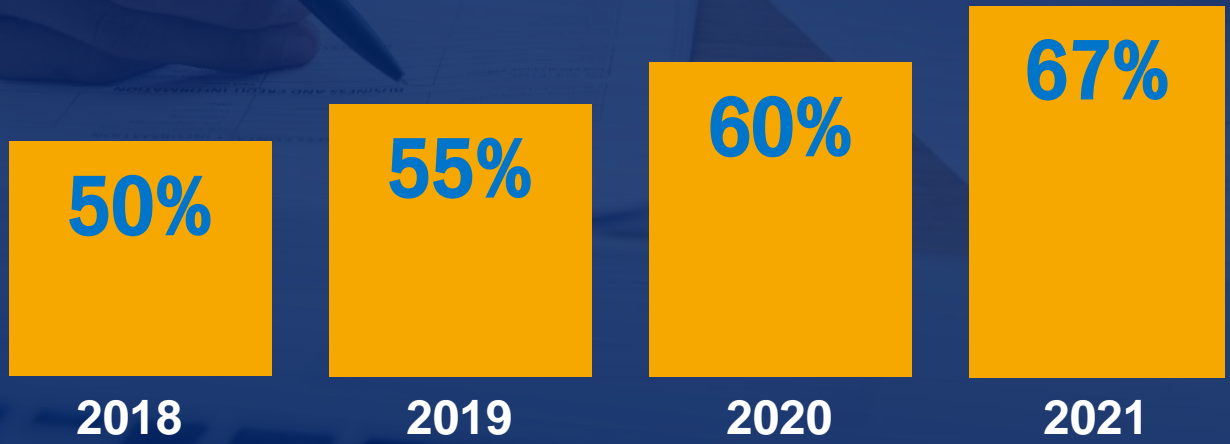
Time off benefits **phased in** starting January 1, 2018 at **8 weeks** and will reach **12 weeks** by 2021



* The Department of Financial Services will review the marketplace every year before benefits are increased

Wage Benefits

Benefits **phased in** starting January 1, 2018 at **50%** of an employee's average weekly wage and will reach **67%** by 2021



* Benefits will be capped at the designated percentage of the New York State Average Weekly Wage

Your Rights and Protections

Employees have paid time off and:

- **Job Protection**
- **Health insurance** continued while on leave
 - Employees continue paying their share, if any
- **Protection from discrimination and retaliation** for requesting or taking Paid Family Leave



Employee Contributions

Helpline: (844) 337-6303

Website: www.ny.gov/PaidFamilyLeave



**Paid Family
Leave**

How Much Do You Pay?

- You pay for these benefits through a small weekly payroll deduction
- The 2018 payroll contribution is **0.126%** of your weekly wage
 - Contributions are capped at an annual maximum of \$85.56
 - If you earn less than the NYS Average Weekly Wage, your annual contribution will be less than the cap

Example: If you earn **\$27,000 this year (\$519 a week)**, you will pay about **65 cents** per week for Paid Family Leave

Weekly Deduction Calculator

A weekly deduction calculator is available: ny.gov/PFLcalculator

The screenshot shows the New York State website interface for the Paid Family Leave calculator. At the top, there is a navigation bar with the New York State logo, links for Services, News, Government, and Local, a search bar, and links for Location and Translate. Below this is a green header with 'Paid Family Leave' and sub-links for EMPLOYERS, EMPLOYEES, PROVIDERS, and FORMS. The main content area is titled 'PAID FAMILY LEAVE Weekly Payroll Deduction' and states: 'Your weekly Paid Family Leave payroll deduction is estimated to be \$0.76 (If you are paid bi-weekly, double this amount to see what will be taken out of your paycheck.)'. A note below reads: 'Note: Your actual deduction amount may vary from pay period to pay period, depending on your gross weekly pay.' There is a green 'RESUBMIT' button. At the bottom, a section titled 'QUESTIONS OR CONCERNS' provides contact information for filing a complaint.

Examples for 2018 Paid Family Leave Coverage

Weekly Salary	Weekly PFL contribution	Maximum PFL Time Off	Weekly Pay on PFL	Maximum Paid Benefit
\$500 (\$26,000 annually)	\$0.63/week (\$32.76 annually)	8 weeks	\$250	\$2000
\$1305.92 (\$67,907 annually)	\$1.65/week (\$85.56 annually)	8 weeks	\$652.96	\$5223.68



Employee Eligibility

Helpline: (844) 337-6303

Website: www.ny.gov/PaidFamilyLeave



**Paid Family
Leave**

Who is Eligible?

- **Most employees who work for private employers**
- **If you are a public employee, your employer may opt in**
- **Public employees represented by a union may be covered if Paid Family Leave is collectively bargained**

Who is Eligible?

For bonding leave within the first 12 months:

- **Both parents (any gender) are eligible**
- **Birth parents, adoptive parents, foster parents**

Who is Eligible?

You are eligible if you regularly work:

- **20 or more** hours per week
 - For **26** consecutive weeks
- **Less than 20** hours per week
 - For **175** days which do not need to be consecutive

You are eligible regardless of your **citizenship and/or immigration status**

Can You Waive Coverage?

Employees who do not work the minimum time may file waivers

- Available at ny.gov/PaidFamilyLeave
- Employees who file a waiver will be **ineligible** for benefits and **exempt** from making contributions

Can You Revoke a Waiver?

- **The waiver will be automatically revoked if your schedule changes or you may voluntarily revoke it at any time**
- **You will begin making Paid Family Leave contributions along with any retroactive amounts due**



Taking Paid Family Leave For Bonding

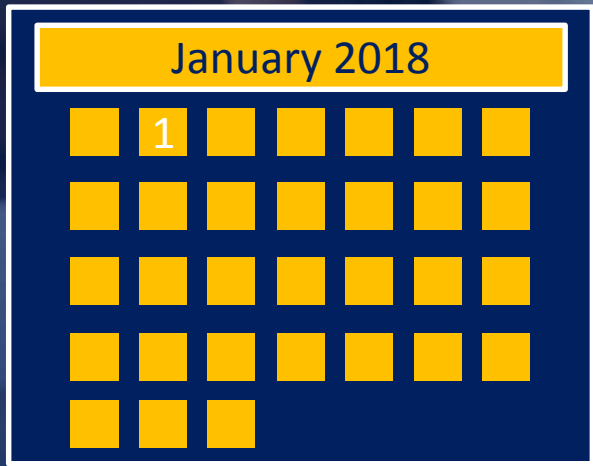
Helpline: (844) 337-6303

Website: www.ny.gov/PaidFamilyLeave



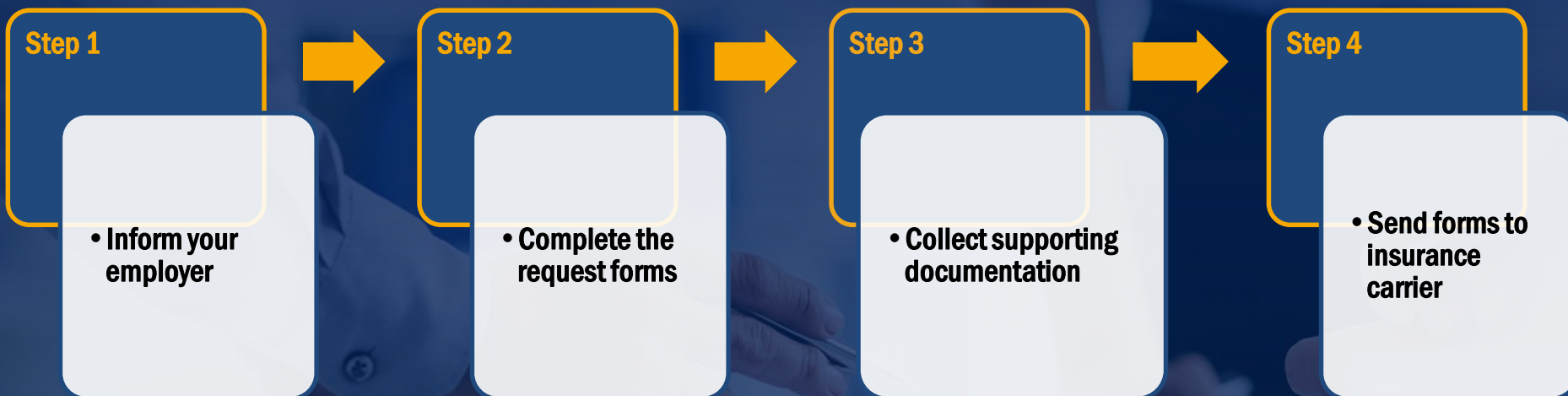
**Paid Family
Leave**

When Can You Take Paid Family Leave?



- As of **January 1**
- **Maximum benefit available once every 52 weeks**

How You Request Leave



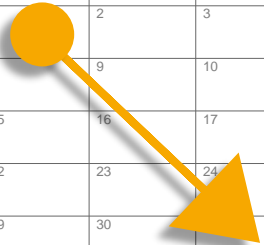
Insurers must pay or deny the request within **18 days of receipt**

Step 1: Inform Your Employer

- Let your employer know at least 30 days before your leave will start, if it's foreseeable

OCTOBER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				



Step 2: Complete the Required PFL Request Forms

Bonding leave package includes two forms

- Request for Paid Family Leave, form PFL-1
- Bonding Certification, form PFL-2

You can get request forms from:

- Your employer
- Your employer's insurance carrier
- ny.gov/PaidFamilyLeaveApply

Request for Paid Family Leave (Form PFL-1)

1. Employee information (Print name and address of employee)

2. Employer information (Print name and address of employer)

3. Employee information (Print name and address of employee)

4. Employee information (Print name and address of employee)

5. Employee information (Print name and address of employee)

6. Employee information (Print name and address of employee)

7. Employee information (Print name and address of employee)

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11. Employee information (Print name and address of employee)

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16. Employee information (Print name and address of employee)

17. Employee information (Print name and address of employee)

18. Employee information (Print name and address of employee)

19. Employee information (Print name and address of employee)

20. Employee information (Print name and address of employee)

Request for Paid Family Leave Bonding Certification (Form PFL-2)

1. Employee information (Print name and address of employee)

2. Employer information (Print name and address of employer)

3. Employee information (Print name and address of employee)

4. Employee information (Print name and address of employee)

5. Employee information (Print name and address of employee)

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14. Employee information (Print name and address of employee)

15. Employee information (Print name and address of employee)

16. Employee information (Print name and address of employee)


17. Employee information (Print name and address of employee)

18. Employee information (Print name and address of employee)

19. Employee information (Print name and address of employee)

20. Employee information (Print name and address of employee)

Completing the Request for Paid Family Leave (Form PFL-1, Part A)



Paid Family Leave

Request For Paid Family Leave
(Form PFL-1)

INSTRUCTIONS INCLUDED WITH FORM

PART A - EMPLOYEE INFORMATION (to be completed by the employee)

1. Employee's legal name (first name, middle initial, last name)

2. Other last names, if any, under which employee has worked

3. Employee's mailing address
Street address
City, State
Zip code Country (if not U.S.A.)

4. Employee's Social Security Number or TIN

5. Employee's date of birth (MM/DD/YYYY)

6. Employee's primary telephone number

7. Employee's preferred email address while on PFL (if available)

8. Employee's gender
 Male Female Not designated/Other

9. Employee's preferred language
 English Spanish French Polish
 中文 Italiano Kreyol ayisyen 普通话
 Other

Optional (for research purposes)

10. Employee's ethnicity/race
For purposes of health demographic only. (U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0.)

Is employee of Hispanic, Latino/a, or Spanish origin?
(One or more categories may be selected.)

Mexican
 Mexican American
 Chicano/a
 Puerto Rican
 Dominican
 Cuban
 Another Hispanic, Latino/a, or Spanish origin
 Not of Hispanic, Latino/a, or Spanish origin
 Unknown

What is employee's race?
(One or more categories may be selected.)

American Indian or Alaska Native
 Black or African American
 Asian Indian
 Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Other Asian
 White
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander
 Other race

Paid Family Leave (PFL) Request (to be completed by the employee)


11. Reason for PFL request: Bond with child Care for family member Military qualifying event

12. The family member is employee's:
 Child Spouse Domestic partner Parent Parent-in-law Grandparent Grandchild

Form PFL-1 continued on next page

PFL-1 (11-17)
Page 1 of 4

If you need assistance, please call (844) 337-6303
www.ny.gov/paidfamilyleave



Completing the Request for Paid Family Leave (Form PFL-1, Part A)

PART A - EMPLOYEE INFORMATION (to be completed by the employee) - continued from prior page

Form PFL-1 continued from prior page

13. Will PFL be for a continuous period of time and/or periodic?

<input type="checkbox"/>	Continuous	PFL start date (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>	PFL end date (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Dates are estimated
<input type="checkbox"/>	Periodic	Identify dates periodic PFL will be taken: <input type="text"/>		<input type="checkbox"/> Dates are estimated

14. If providing less than 30 day's advance notice to the employer, please explain:

Completing the Request for Paid Family Leave (Form PFL-1, Part A)

Employment Information (to be completed by the employee)

15. Business name

16. Employee's date of hire (MM/DD/YYYY) / /

17. Employee's work location

Street address

City, State

Zip code

Country (if not U.S.A.)

18. Employee's average gross **weekly** wage (This data will be requested of both employee and employer)

19. Employer's telephone number for contact regarding this request () -

20a. Does employee have more than one employer? Yes No

20b. If yes, is employee taking PFL from the other employer? Yes No

21. Is employee currently receiving Workers' Compensation Lost Wage Benefits? Yes No

Disclosure statement: Information regarding PFL benefits received by the employee, such as payments received and types of leave, will be provided to the employer.

Completing the Request for Paid Family Leave (Form PFL-1, Part A)

Declaration and signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am hereby making a request for paid family leave benefits under the NYS Workers' Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Employee's signature

Date signed (MM/DD/YYYY)

□□ / □□ / □□□□

I am submitting this form in advance (see instructions about pre-submitting). I understand the insurance carrier will contact me to advise how to submit the required missing information.

PFL-1 (11-17)
Page 2 of 4

If you need assistance, please call (844) 337-6303
www.ny.gov/PaidFamilyLeave

Employer to Complete the Request for Paid Family Leave (Form PFL-1, Part B)

FORM PFL-1 - CONTINUED FROM PRIOR PAGE

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (First name, middle initial, last name) _____ Employee's date of birth (MM/DD/YYYY) _____

PART B - EMPLOYER INFORMATION (to be completed by the employer)

1. Business's full legal name and mailing address

Business name _____

Mailing address _____

City, State _____ Zip code _____ Country (if not U.S.A.) _____

2. Employer's FEIN -

3. Employer's Standard Industrial Classification (SIC) Code

4. Employer's contact name for questions related to PFL _____

5. Employer's contact telephone number () -

6. Employer's contact email address _____

7. Employee's date of hire (MM/DD/YYYY) / /

8. Employee's occupation Codes are available at www.ils.gov/doc/2015major_occupation.htm -

9. Enter the last 8 weeks of gross wages for the employee and calculate the average gross weekly wage

Week no.	Week ending date (MM/DD/YYYY)	Number of days worked	Gross amount paid
1			
2			
3			
4			
5			
6			
7			
8			

Calculated average gross **weekly** wage: _____


10. If employee received or will receive full wages while on PFL, will employer be requesting reimbursement? Yes No

Form PFL-1 continued on next page

PFL-1 (11-17) Page 3 of 4 If you need assistance, please call (844) 337-4303 www.ny.gov/PaidFamilyLeave



Bonding Certification (Form PFL-2)



Paid Family Leave

**Request For Paid Family Leave
Bonding Certification (Form PFL-2)**

INSTRUCTIONS INCLUDED WITH FORM

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name) _____ Employee's date of birth (MM/DD/YYYY) _____
 _____ / _____ / _____

Other last names, if any, under which employee has worked _____ Employee's Social Security Number or TIN _____
 _____ - _____ - _____

Employee's mailing address _____
 (Mailing address)

City, State _____ Zip code _____ Country (if not U.S.A.) _____

BONDING CERTIFICATION (to be completed by the employee)

1. Child's date of birth (MM/DD/YYYY) _____ / _____ / _____

2. Child's gender Male Female Not designate/Other

3. Does child live with the employee requesting PFL? Yes No

4. Child is employee's:
 Biological child Stepchild Foster child Adopted child Legal ward Spouse/Domestic partner's child Loss parents

5. Select one of the following and attach the document as required as evidence of the relationship.
 Parent of newborn child:
 Birth mother:
 Health care provider certification of pregnancy (include expected due date AND mother's name); OR
 Health care provider certification of birth (include date of birth of child AND mother's name); OR
 Child's birth certificate
 Other parent:
 Copy of birth certificate naming coequal parent; OR
 Voluntary acknowledgment of paternity; OR
 Court order of filiation; OR
 Birth mother documents (see above) PLUS one of the following:
 Marriage certificate; OR
 Certificate of civil union; OR
 Evidence of domestic partnership
 OR, Other documentation of parental relationship


Foster parent:
 Letter of foster care placement or anticipated placement issued by county or city department of Social Services or authorized voluntary foster care agency

Adoptive parent:
 Court document finalizing adoption
 Documentation in furtherance of adoption

6. Date of foster care or adoption placement, if applicable (MM/DD/YYYY) _____ / _____ / _____

Form PFL-2 continued on next page

PFL-2 (11-17) Bonding Certification Page 1 of 2 If you need assistance, please call (844) 337-6303 www.ny.gov/PaidFamilyLeave



Step 3: Provide Supporting Documentation

- **You must provide proof of your relationship to the child with a supporting document**
 - Birth certificate
 - Certification of pregnancy or birth
 - Acknowledgement of paternity
 - Certificate of marriage or civil union
 - Evidence of domestic partnership
 - Letter of foster care placement
 - Court document finalizing adoption

Step 3: Provide Supporting Documentation

If you are a(n)...	Bonding Form/Certification needed:
Birth mother submitting before the birth of your child	<ul style="list-style-type: none"> • Health Care Provider certification of pregnancy
Birth mother submitting after the birth of your child	<ul style="list-style-type: none"> • Child's birth certificate or • Health Care Provider certification of birth
Individual who is not the birth mother	<ul style="list-style-type: none"> • Child's birth certificate; or • Voluntary Acknowledgment of Paternity (Form LDSS-4418); or • Court Order of Filiation; or • Documentation from health care provider of pregnancy or birth AND a second document verifying relationship with the birth mother or child (marriage certificate, civil union, or domestic partner documents)
Foster parent	<ul style="list-style-type: none"> • A foster care placement letter
Adoptive parent	<ul style="list-style-type: none"> • Court documents of adoption

Step 4: Send Forms to Insurance Carrier

- Send all forms and documentation to your employer's insurance carrier.
- The insurance carrier must pay or deny your request within 18 calendar days of receiving your request.

OCTOBER						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Handling Disputes

- **If your request is denied, you may request a review**
- **Arbitration under a neutral arbitrator will resolve disputes**

Protection from Discrimination

If your employer:

- does not reinstate you to the same or similar position,
- terminates you,
- reduces your pay and/or benefits, or
- disciplines you for requesting or taking Paid Family Leave,

you can file a **discrimination claim** with the Workers' Compensation Board



Top Questions About Paid Family Leave for Bonding

Helpline: (844) 337-6303

Website: www.ny.gov/PaidFamilyLeave



**Paid Family
Leave**

How are Paid Family Leave and the Federal Family and Medical Leave Act (FMLA) Similar?

The federal Family Medical Leave Act is a United States labor law that provides job-protected unpaid leave for employees for qualified medical and family reasons.

How are Paid Family Leave and FMLA Similar?

Both Paid Family Leave and the Family and Medical Leave Act provide:

- **Leave for :**
 - bonding with a child
 - caring for sick family members
 - assisting family when a service member is deployed abroad
- **Job protection**
- **Continued health insurance during leave**

How do Paid Family Leave and FMLA Differ?

	PFL	FMLA
Benefits	Paid	Unpaid
Coverage	<ul style="list-style-type: none"> All private employers Public employers may opt in One or more employees in any calendar year 	<ul style="list-style-type: none"> Public and private employers 50 or more employees in a 75-mile radius
Eligibility	<ul style="list-style-type: none"> After 26 consecutive weeks of employment if regularly working 20 or more hours per week After 175 days worked if regularly working less than 20 hours per week 	<ul style="list-style-type: none"> 12 months of employment 1,250 hours of work in the 12-month period preceding leave
Reason for Leave	<ul style="list-style-type: none"> Employees cannot use for own serious health condition Can be used to care for a child of any age 	<ul style="list-style-type: none"> Employee can use for own serious health condition Can only be used to care for a child if the child is under 18 years old, or “incapable of self-care because of a mental or physical disability”
Length of Leave	<ul style="list-style-type: none"> Only in full-day increments 	<ul style="list-style-type: none"> Hourly basis
Paid Time Off	<ul style="list-style-type: none"> Employers cannot require employees use paid time off while on PFL 	<ul style="list-style-type: none"> Employer can compel an employee to use paid time off while on FMLA

Can You Take Both Paid Family Leave and Short-Term Disability?

Employees cannot collect disability and Paid Family Leave benefits at the same time

- **A birth mother may be eligible to take short-term disability and then Paid Family Leave (or vice versa)**
- **Total disability and Paid Family Leave cannot exceed 26 weeks in a 52 week period**

How does Paid Family Leave Work with Other Maternity/Paternity Leave Policies?

- **Employers are free to supplement Paid Family Leave with additional benefits**
- **Employers can require Paid Family Leave to run concurrently with their own maternity/paternity leave policies**
- **Check with your employer about how the benefits interact**

What If You've Taken Leave for a Child in 2017?

- **You are still eligible if you gave birth to, adopted or fostered a child in 2017 - as long as you're still within the first 12 months**
 - **...Even if you've already taken FMLA, short-term disability and/or other leave through your employer's maternity/paternity policy**



Paid Family Leave is Here

Helpline: (844) 337-6303

Website: www.ny.gov/PaidFamilyLeave



**Paid Family
Leave**

Learn More

Visit ny.gov/PaidFamilyLeave to access:

- Detailed information on Paid Family Leave
- Weekly payroll deduction calculator
- Paid Family Leave Fact Sheets and FAQs for new parents
- Paid Family Leave request forms

Learn More

Helpline:

(844) 337-6303

8:30 a.m. – 4:30 p.m., Monday-Friday

Website:

ny.gov/PaidFamilyLeave

Get Email Updates:

Select “Get Updates” on the bottom of PFL website

GET UPDATES

Helpline: **(844) 337-6303**

Website: **www.ny.gov/PaidFamilyLeave**



**Paid Family
Leave**



Questions?

Helpline: (844) 337-6303

Website: www.ny.gov/PaidFamilyLeave



**Paid Family
Leave**