



Paid Family Leave for **Military Service**



Paid Family
Leave

Agenda

1. Why New York Needs Paid Family Leave
2. Eligibility, Benefits and Contributions
3. Taking Paid Family Leave for Military Service
4. Top Questions About Paid Family Leave for Military Service
5. Resources

A man and a woman are shown in a close embrace, smiling warmly at each other. The man is on the left, and the woman is on the right. They appear to be in a professional or office setting. The background is slightly blurred, showing what might be office cubicles or a hallway. The overall tone is positive and supportive.

Why Do We Need Paid Family Leave?

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

Website: **PaidFamilyLeave.ny.gov**



**Paid Family
Leave**

Why Do We Need Paid Family Leave?

- Employees struggle to maintain their jobs while caring for family in a specific time of need
- Employees face the stress of weeks of lost wages
- Employees fear losing their jobs

NY Leads the Nation

In April 2016, Governor Cuomo signed the nation's **strongest** and **most comprehensive** Paid Family Leave policy into law



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Paid Family Leave Basics

- It provides **paid time off** and **job protection** so you can:



Bond with a child



Care for a family member with a serious health condition



Assist loved ones when a family member is deployed abroad

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**Paid Family
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Paid Family Leave in 2018

8.5 million New Yorkers covered
128,000 working New Yorkers helped
150+ military claims

86,000+
babies
benefitted
from bonding
leave in 2018



39,000+
family
members
received care
in 2018

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Paid Family
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A man and a woman are shown in a close embrace, smiling warmly at each other. The man is on the left, and the woman is on the right. They appear to be in a domestic setting, possibly a home. The image is overlaid with a semi-transparent blue filter.

Paid Family Leave for Military Service

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**Paid Family
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Assist During a Military Deployment

- For assistance when a spouse, child, domestic partner or parent is deployed abroad on active military service. Events may include:
 - Short-notice military deployment
 - Military events; related activities
 - Service member's Rest, Recuperation or counseling
 - Post-deployment activities
 - Making financial/legal arrangements
 - Child care arrangements for military member's child

Why Paid Family Leave for Military is So Important

- Peace of mind that employees can provide support to their family without having to worry about financial security
- Military spouses can focus on their career and families
- Provides time for employees to be present and reconnect with loved ones when they return from deployment



Employee Benefits and Contributions

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**Paid Family
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Time Off and Wage Benefits

BENEFITS INCREASE THROUGH 2021		
YEAR	WEEKS OF LEAVE	BENEFITS
2019	10 weeks	55% of employee's AWW,* up to 55% of SAWW**
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

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

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

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Wage Benefit Calculator

■ A wage benefit calculator is available:

[Paidfamilyleave.ny.gov/PFLbenefitscalculator2020](https://paidfamilyleave.ny.gov/PFLbenefitscalculator2020)

PAID FAMILY LEAVE

2019 Wage Benefit Calculator

In 2019, employees who take Paid Family Leave will receive 55% of their average weekly wage (AWW), capped at 55% of the New York State Average Weekly Wage. Your AWW is the average of your last eight weeks of pay prior to starting Paid Family Leave. The maximum weekly benefit for 2019 is \$746.41.

Use the calculator below to view an estimate of your weekly benefit.*

Enter your last eight weeks of gross pay:

0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00

SUBMIT

Note: When calculating benefits, Paid Family Leave insurers must use whichever is higher: the last eight weeks worked **including** the week when PFL started, or the last eight weeks worked **not including** the week PFL started.

PAID FAMILY LEAVE

2020 Wage Benefit Calculator

In 2020, employees who take Paid Family Leave will receive 60% of their average weekly wage (AWW), capped at 60% of the New York State Average Weekly Wage. Your AWW is the average of your last eight weeks of pay prior to starting Paid Family Leave. The maximum weekly benefit for 2020 is \$840.70.

Use the calculator below to view an estimate of your weekly benefit.*

Enter your last eight weeks of gross pay:

0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00

SUBMIT

Note: When calculating benefits, Paid Family Leave insurers must use whichever is higher: the last eight weeks worked **including** the week when PFL started, or the last eight weeks worked **not including** the week PFL started.

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Paid Family Leave

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

How Much Do You Pay?

- You pay for these benefits through a small weekly payroll deduction
- The **2019** payroll contribution is **0.153%** of your weekly wage
 - Contributions are capped at an **annual maximum of \$107.97**
- The **2020** payroll contribution will be **0.270%** of your weekly wage
 - Contributions will be capped at an **annual maximum of \$196.72**
- If you earn less than the NYS Average Weekly Wage, your annual contribution will be less than the cap

Weekly Deduction Calendar

- A weekly deduction calculator is available:
Paidfamilyleave.ny.gov/paid-family-leave-calculator2020

PAID FAMILY LEAVE

2020 Paid Family Leave Payroll Deduction Calculator

If you are eligible for Paid Family Leave, you pay for these benefits through a small payroll deduction equal to 0.270% of your gross wages each pay period. In 2020, these deductions are capped at the annual maximum of \$196.72.

Use the calculator below to view an estimate of your deduction.

Enter your gross pay for the pay period, including estimated bonuses/commissions:

*This calculator is meant to give only an estimate of your PFL deduction. Your actual deduction amount may change depending on whether you receive bonuses and commissions or other forms of compensation as part of your wage.

SUBMIT

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A man and a woman are shown in a close embrace, smiling warmly at each other. The man is on the left, and the woman is on the right. They are both wearing patterned shirts. The background is a soft, out-of-focus indoor setting. The entire image is overlaid with a semi-transparent blue filter.

Employee Eligibility

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Who is Covered?

- 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

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**Paid Family
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Who is Eligible?

- You can take Paid Family Leave related to a military deployment when your
 - spouse
 - domestic partner
 - child or
 - parent

is on active service abroad or has been notified of an impending call or order of active service abroad, and family assistance is needed

Who is Eligible?

You are eligible if you regularly work:

- **20 or more** hours per week
 - For **26** consecutive weeks of employment with the same employer
- **Less than 20** hours per week
 - For **175** days

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

Can Employees Waive Coverage?

Employees can waive coverage if they work

- **20 or more** hours per week but
 - Will not be in employment for **26** consecutive weeks
- **Less than 20** hours per week and
 - Will not work **175** days in a year

Can You Revoke a Waiver?

- Automatically revoked if your schedule changes so you don't qualify for a waiver
 - Voluntarily revoked at any time
- You will begin making Paid Family Leave contributions along with any retroactive amounts due

A photograph of a man and a woman smiling and hugging each other, overlaid with a blue gradient. The man is on the left, and the woman is on the right. They are both looking at each other and smiling.

Taking Paid Family Leave

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**Paid Family
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How Employees Request Leave

Step 1

- Inform your employer



Step 2

- Complete the request forms



Step 3

- Send forms to the insurance carrier

- Insurers must pay or deny the request within **18 days of a completed request**

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Paid Family
Leave

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	31			

Step 2: Complete the Required PFL Request Forms


Military leave package includes two forms

- *Request for Paid Family Leave (Form PFL-1)*
- *Military Qualifying Event (Form PFL-5)*

You can get request forms from:

- Your employer
- Your employer's insurance carrier
- [PaidFamilyLeave.ny.gov](https://www.PaidFamilyLeave.ny.gov)

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 Español Pycckий Polski
 中文 Italiano Kreyol ayisyen 한국어
 Other

10. Employee's ethnicity/race
For purposes of health demographic only. (U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.3.)

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



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

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)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

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**Paid Family
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Employer to Complete *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.dhs.gov/spec2013/major_group.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) 337-6303
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Website: PaidFamilyLeave.ny.gov



Completing the *Military Qualifying Event (Form PFL-5)*



Paid Family Leave

Request For Paid Family Leave Military Qualifying Event (Form PFL-5)

INSTRUCTIONS INCLUDED WITH FORM

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

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

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

/ /

Employee's Social Security Number or TIN

- -

Employee's mailing address

Mailing address

City, State

Zip code

Country (if not U.S.A.)

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

Website: **PaidFamilyLeave.ny.gov**



Paid Family Leave

Completing the *Military Qualifying Event* (Form PFL-5)

MILITARY QUALIFYING EVENT (to be completed by the employee)		
1. Name of military member on covered active duty or impending call to covered active duty status (international deployment) (first name, middle initial, last name)		
<hr/>		
2. Military member's date of birth (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>		
3. Military member's gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not designated/Other		
4. Military member's mailing address		
Mailing address		
<hr/>		
City, State	Zip code	Country (if not U.S.A.)
5. The above-named military member is employee's: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner <input type="checkbox"/> Child <input type="checkbox"/> Parent		
6. Period of military member's covered active duty (MM/DD/YYYY)		
<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>		
7. Please select one of the following and attach the indicated document to support that the military member is on covered active duty or impending call or order to covered active duty status:		
<input type="checkbox"/> Covered active duty orders <input type="checkbox"/> Letter of impending call or order to covered duty <input type="checkbox"/> Documentation of military leave signed by the approving authority for military member's Rest and Recuperation		
Qualifying Reason For Leave (to be completed by the employee)		
8. What is the reason employee is requesting PFL? (One or more reasons may be selected.)		
<input type="checkbox"/> Arranging for child care	<input type="checkbox"/> Acting as military member's representative before a federal, state, or local agency for purpose of obtaining, arranging, or appealing military service benefits	
<input type="checkbox"/> Arranging for parental care	<input type="checkbox"/> Attending any event sponsored by the military or military service organizations	
<input type="checkbox"/> Counseling	<input type="checkbox"/> Other	
<input type="checkbox"/> Making financial arrangements	<input type="checkbox"/>	
<input type="checkbox"/> Making legal arrangements	<input type="checkbox"/>	

Form PFL-5 continued on next page

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**Paid Family
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Completing the *Military Qualifying Event* (Form PFL-5)

FORM PFL-5 - 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)

□□□ / □□□ / □□□□□□

MILITARY QUALIFYING EVENT (to be completed by the employee) - continued from prior page

Form PFL-5 continued from prior page

9. Written documentation supporting this request for leave is available and attached?

Yes No None Available

Note: A complete and sufficient certification to support a request for PFL leave due to a qualifying event includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. If leave is requested to meet with a third party, the employee must provide the supporting documentation of the meeting that includes the name, address, appropriate contact information of the individual or entity with whom you are meeting (i.e., either telephone number, fax number, or email address of the individual or entity).

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)

□□□ / □□□ / □□□□□□

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**Paid Family
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Step 3: Send Forms to Insurance Carrier

- Send all forms and documentation to your employer's insurance carrier
- The insurance carrier must pay or deny your completed request within 18 calendar days of receiving your completed 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 Paid Family Leave request is denied, or you have another claim-related dispute, you may request arbitration
- Arbitration for Paid Family Leave is handled by NAM (National Arbitration and Mediation) www.nyspfla.com

Protection from Discrimination

If your employer:

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

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

A photograph of a man and a woman smiling and holding a baby together. The image is overlaid with a semi-transparent blue filter. The text is centered over the image.

Top Questions About Paid Family Leave for Military Leave

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Website: **PaidFamilyLeave.ny.gov**



**Paid Family
Leave**

How are Paid Family Leave and FMLA Similar?

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

- **Leave** for:

- bonding with a child
- caring for a family member with a serious health condition
- assisting when a family member is called to active military service abroad

- **Job protection**

- **Continued health insurance** during leave on the same terms as if the employee had continued to work

How do Paid Family Leave and FMLA Differ?

Law	PFL	FMLA
Benefits	Paid	Unpaid
Coverage	<ul style="list-style-type: none"> • Almost all private employers • Public employers may opt in • One or more employees in employment on each of at least 30 days in a 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 with that employer if regularly working 20 or more hours per week • After 175 days worked for the same employer 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"> • You cannot use for own serious health condition • Can be used to care for a child of any age 	<ul style="list-style-type: none"> • You 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 you use paid time off while on PFL 	<ul style="list-style-type: none"> • Employer can compel you to use paid time off while on FMLA

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Website: PaidFamilyLeave.ny.gov



**Paid Family
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What is Needed to Demonstrate a Domestic Partnership?

- Common ownership of property
- Children in common
- Sign of intent to marry
- Shared budgeting
- Length of personal relationship

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**Paid Family
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Can Military Leave be used to Take Time Off to Care for a Service Member's Child?

- Military leave covers making arrangements for the service member's child and may include:
 - Providing care on an urgent, immediate need basis
 - Providing care if they have a serious health condition
 - Enrolling or transferring the child to a new school or day care facility
 - Attending meetings with staff at a school or daycare facility

Ongoing, routine childcare needs are not covered

Can You Take Paid Family Leave to Care for Ill or Injured Service Members or Veterans?

Employees can take Paid Family Leave under family care for the following qualifying family members with a serious health condition:

- Spouse
- Domestic Partner
- Child/Stepchild
- Parent/Stepparent
- Parent-in-law
- Grandparent
- Grandchild

Can Employees Take Paid Family Leave to Care for Ill or Injured Service Members or Veterans?

A serious health condition is defined as an **illness, injury, impairment, or physical or mental health condition** requiring either:

- **inpatient care**; or
- **continuing treatment or supervision** by a health care provider

How Does Paid Family Leave differ from the U.S. Department of Veterans Affairs (VA) Benefits?

- Benefit is for the employee, as the caregiver helping their ill or injured family member (veteran)
- Illness or injury of the veteran does not have to be service connected
- Nature of the veteran's military discharge does not matter
- Illness or injury does not need a final diagnosis

How Do You Plan Leave When You Don't Know Exact Dates?

- Inform your employer and submit your forms/documentation as soon as possible
- Submit your request within 30 days from first day of leave to prevent lost benefits
- For intermittent leave, employers can require as much notice as practicable before each day of leave
- Estimated dates can be provided on Form PFL-1

Do You Have to Submit the Entire Form Package Each Time You Need Leave?

- Each insurance carrier's process may differ
- For additional information, refer to Section 204(1) of the Workers' Compensation Law

A man and a woman are shown in a close embrace, smiling warmly at each other. The man is on the left, and the woman is on the right. They appear to be in a professional or office setting. The background is slightly blurred, showing what might be office cubicles or a hallway. The overall tone is positive and supportive.

Paid Family Leave Support

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

Website: **PaidFamilyLeave.ny.gov**



**Paid Family
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Employee Resources

Visit PaidFamilyLeave.ny.gov to access:

- Detailed information on Paid Family Leave
- Weekly payroll deduction calculator
- Paid Family Leave request forms for Military-Related Leave
- Updates for 2020

Learn More

Helpline:
(844) 337-6303

Website:
PaidFamilyLeave.ny.gov

Get Email Updates:
**Select “Get Paid Family Leave Updates” on the
bottom of PFL website**

GET UPDATES

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Questions?

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