

Paid Family Leave insurance coverage provided by: ______THE STATE INSURANCE FUND

INSERT INSURER NAME HERE

Covering employees of: LEIDOS INC

INSERT EMPLOYER NAME HERE

Paid Family Leave is employee-funded insurance that provides eligible employees 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 (see **paidfamilyleave.ny.gov** for eligible family members); or
- **ASSIST** loved ones when a spouse, domestic partner, child, or parent 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.

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 documentation as instructed on the request form and submit to your employer's insurance carrier listed below. Submit within <u>30 days</u> after the start of your leave to avoid losing benefits.

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

Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave

INSURER OR AUTHORIZED NEW YORK SELF-INSURER INFORMATION

| Name: NYSIF | Telephone: <u>888-875-5790</u> |
|----------------------------------------------------------------------------------|-------------------------------------------------------------|
| Address: PO Box 66699 Albany, NY 12206 | |
| Policy #: DB 5019 29-5 | Effective date from: <u>03/03/2024</u> to <u>03/03/2025</u> |
| X Statutory Under a plan or agreement | |
| Class(es) of employees covered: | All Eligible Employees |
| For more information, visit PaidFamilyLeave.ny.gov or call (844) 337-6303 | |

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.