NEW YORK STATE | Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by: THE STATE INSURANCE FUND

Covering Employees of: LEIDOS INC

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 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***

New York State Insurance Fund
NYSIF Document Control Center-Disability Underwriting
1 Watervliet Ave Ext, Albany, NY 12206
(866) 697-4332

Policy #: DB 5019 29-5 Effective From: 03/03/2023 To: 03/03/2024

[X] Statutory [ ] Under a Plan or Agreement

Class(es) of Employees Covered: All Eligible Employees

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.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

NOTICE OF COMPLIANCE

DISABILITY BENEFITS LAW TO EMPLOYEES

1. If you are unable to work because of an illness or injury not work-related, you may be entitled to receive weekly benefits from your employer, or his or her insurance company, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form, within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Use one of the following claim forms:
   -If, when your disability begins, you are employed or are unemployed for four weeks or less, use claim form DB-450, which you may obtain from your employer, his or her insurance carrier, your health provider or any office of the Workers' Compensation Board, and send it to your employer or the insurance carrier named below.
   -If, when your disability begins, you have been unemployed more than four weeks, use claim form DB-300, which you may obtain from any Unemployment Insurance Office, your health provider or any office of the Workers' Compensation Board. Send completed claim form to the Workers' Compensation Board, Disability Benefits Bureau, Albany, New York 12241.
   IMPORTANT: Before filing your claim, your health care provider must complete the "Health Care Provider's Statement" on the claim form, showing your period of disability.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provides for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271).
7. Other information about Disability Benefits may be obtained by writing or calling the nearest Workers' Compensation Board Office.

WORKERS' COMPENSATION BOARD OFFICES

Albany, 12241 - 100 Broadway-Menands - (866) 750-5157
Binghamton, 13901 - State Office Bldg.-44 Hawley St.- (866) 802-3604
Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (800) 877-1373
Buffalo, 14202 - Statler Towers - 107 Delaware Ave. - (866) 211-0645
Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (866) 681-5354
Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630
New York, 10027 - 215 W.125th St. - Manhattan - (800) 877-1373
Peekskill, 10566 - 41 North Division St. - (866) 746-0552
Queens, 11432 - 168-46 91st Ave. - Jamaica (800) 877-1373
Rochester, 14614 - 130 Main Street West - (866) 211-0644
Syracuse, 13203 - 935 James St. - (866) 802-3730

ESTADO DE NUEVA YORK
JUNTA DE COMPENSACION OBRERA

AVISO DE CUMPLIMIENTO

LEY DE BENEFICIOS POR INCAPACIDAD A LOS EMPLEADOS

1. Si usted no puede debido a enfermedad o lesión no relacionada con el trabajo, podria tener derecho a recibir beneficios semanales de su patrón o de la compañia de seguros de él/ella o del Fondo Especial para Beneficios por Incapacidad.
2. Par reclamar beneficios usted debe presentar una forma de reclamación, dentro 30 dias a partir de la primera fecha de su incapacidad, pero en ningun caso más de 26 semanas de dicha fecha.
3. Use una de las siguientes formas de reclamación:
   -Si, cuando comience su incapacidad usted a ésta empleando o ha estado desempleando por cuatro semanas o menos, use la forma de reclamación (Form DB-450), la cual puede obtener de su patron o de la compañia de seguros de él/ella, o de su proveedor de cuidados de salud, o bien de cualquier oficina de la Junta de Compensación Obrera, y enviela a su patron o a la compañia de seguros nombrada abajo.
   -Si, cuando comience su incapacidad. usted ha estado desempleado más de cuatro semanas, use la forma de reclamación (Form DB-300), la cual puede obtener en cualquier Oficina de Seguro Desempleo, de su proveedor de salud, o bien de cualquier oficina de la Junta de Compensación Obrera. Envie la forma de reclamación, debidamente terminada, a Workers' Compensation Board, Disability Benefits Bureau, Albany, New York 12241.
   IMPORTANTE: Antes de presentar usted su reclamación, es necesario que su proveedor de salud complete la declaracion del médico ("Health Care Provider's Statement") en la forma de reclamación, indicando el period de su incapacidad.
4. Usted tiene derecho a ser tratando por cualquier médico, quiropráctico, dentista, enfermera-partera, podiatra o psicólogo que usted elija. Pero, contrario a la compensación obrera, sus cuentas médicas no seran pagadas a menos que su patrón y/o Union proporcione pago de tales cuentas médicas bajo un Plan o Convenio de Beneficios por Incapacidad.
5. Si estuviera usted enfermo o lesionado durante el tiempo que esté recibiendo beneficios del Seguro de Desempleo, presente una reclamación para Beneficios por Incapacidad, siguiendo las instrucciones arriba descritas, tan pronto como sufra la lesión o la enfermedad.
6. Si usted está desempleado por mas de siete días, su patrón está obligado madarle a usted la Declaración de Derechos de Beneficios por Incapacidad (Form DB-271).
7. Otras informaciones relativas a Beneficios por Incapacidad pueden obtenerse escribiendo o llamando a la oficina más cercana de la Junta de Compensación Obrera

Clarissa M. Rodriguez
Chair (Presidenta)

www.wcb.state.ny.us

The undersigned employer is in compliance with the provisions of the Disability Benefits Law
(El patrón abajo firmante esti en conformidad con las disposiciones de la Ley de Beneficios por incapcidad).
Disability Benfits, when due, will be paid by (Los Beficios por incapacidad, cuando debidos, seran pagados por):

THE STATE INSURANCE FUND
NYSIF Document Control Center-Disability Underwriting
1 Watervliet Ave Ext, Albany, NY 12206
(866) 697-4332

Effective: From **03/03/2023** To **03/03/2024**
(En Vigor Desde) (Hasta)
Policy No. DBL **5019 29-5**
(Poliza No.)

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

LA JUNTA DE COMPENSACION OBRERA EMPLEA Y SIRVE A PERSONAS INCAPACITADAS SIN DISCRIMINAR.

The benefits provided are (Los beneficios provistos son)

X	Statutory (Estatutorios)		Under a Plan or Agreement (Bajo un Plan o Convenio)

Class(es) of employees covered (Clases(s) de empleados amparados)

Name of Employer (Nombre del patrón)

By **LEIDOS INC**

DB-120 (7-09)

Prescribed by Chair Workers' Compensation Board State of New York

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