





# Request for NY Paid Family Leave (PFL) (Based on Form PFL-1)

Instructions Included with Form

<b>TO BE COMPLETED BY THE EMPLOYEE</b>		Prudential Claim Number <input style="width: 100px;" type="text"/>
Employee's name (first name, middle initial, last name) _____		Employee's Social Security Number or TIN <input style="width: 100px;" type="text"/>
<b>PART B - EMPLOYER INFORMATION</b> (to be completed by the employer)		
<b>13. PFL insurance carrier's name and mailing address</b> <u>The Prudential Insurance Company of America</u> <small>PFL insurance carrier's name</small> <u>Disability Management Services, PO Box 13480</u> <small>Mailing address</small> <u>Philadelphia, PA 19176</u> <small>City, state, zip code, country (if not U.S.A.)</small>	<b>14. PFL insurance carrier's telephone number</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px;">8 7 7 - 3 6 7 - 7 7 8 1</div> <b>15. PFL policy number</b> _____	
<b>Declaration and signature</b> <input type="checkbox"/> I affirm the employee regularly works 20 or more hours per week and has been in employment for at least 26 consecutive weeks OR the employee regularly works less than 20 hours per week and has worked at least 175 days. 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 the person authorized to sign as the employer of the employee requesting PFL. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.		
_____ Employer's authorized signature	_____ Title	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> </div> Date signed (MM/DD/YYYY)

## INSTRUCTIONS

**The employer of the employee requesting PFL must complete all information in Part B, sign and date the form and return to the employee or Prudential within 3 business days.**

**Question 2:** If a Social Security Number is used for the Federal Employer Identification Number (FEIN), enter the Social Security Number.

**Question 3:** Enter the employer's Standard Industrial Classification (SIC) Code. Contact your carrier if you don't know your SIC code.

**Question 8:** The employee occupation code can be found at: [www.bls.gov/soc/2010/soc\\_alpha.htm](http://www.bls.gov/soc/2010/soc_alpha.htm)

**Question 9:** Enter the wages earned by the employee during the last eight weeks preceding the PFL start date. The gross amount paid is the employee's gross weekly pay, including any overtime and tips earned for that week, plus the weekly prorated amount of any bonus or commission received during the preceding 52 weeks. Calculate the gross average weekly wage by adding up the gross amounts paid, and then divide by eight (or number of weeks worked if less than eight).

**Example of a gross weekly wage calculation:**

Week 1 - Gross wage including overtime	\$550
Week 2 - Gross wage	\$500
Week 3 - Gross wage	\$500
Week 4 - Gross wage	\$500
Week 5 - Gross wage	\$500
Week 6 - Gross wage	\$500
Week 7 - Gross wage, including overtime	\$600
Week 8 - Gross wage, including overtime	+ \$550
Total:	<b>\$4,200</b>
Divide by 8:	÷ <b>8</b>
<b>Average Weekly Wage =</b>	<b>\$525</b>
Bonus earned in preceding 52 weeks:	\$2,600
Divide by 52:	÷ <u>52</u>
Prorated Weekly Bonus =	\$50
<b>Average Weekly Wage =</b>	<b>\$525</b>
<b>Prorated Weekly Bonus =</b>	<b>+ 50</b>
<b>Average Weekly Wage (including bonus) =</b>	<b>\$575</b>



**Request for NY Paid Family Leave (PFL) (Based on Form PFL-1)****FORM PFL-1 INSTRUCTIONS, Continued**

**Question 10a & 10b:** Failure to select "Yes" for requesting reimbursement from the insurance carrier, will result in a waiver of the right to reimbursement.

**Question 11a:** 'Disability' refers to NYS statutory required disability. If the answer is "none," enter a "0" for total weeks and days in Question 11b.

**Question 11b:** The maximum number of weeks available for NYS statutory disability and PFL in any 52 week period is 26 weeks. Specify the total number of weeks, as well as the number of additional days if the leave includes a partial week, taken for NYS statutory disability and PFL during the preceding 52 weeks.

**Question 15:** Enter the Paid Family Leave policy number.

**Affirmation employee is eligible for PFL:** An employee who regularly works 20 hours or more per week must have been in employment for at least 26 consecutive weeks. An employee who regularly works less than 20 hours per week must have worked 175 days.

**Notification Pursuant to the New York Personal Privacy Protection Law (Public Officers Law Article 6-A) and the Federal Privacy Act of 1974 (5 USC 552a).**

The Workers' Compensation Board's (Board's) authority to request that employees provide personal information, including their social security number or tax identification number, is derived from the Board's administrative authority under Workers' Compensation Law section 142. This information is collected to assist the Board in investigating and administering claims in the most expedient manner possible and to help it maintain accurate records. Providing your social security number or tax identification number to the Board is voluntary. The Board will protect the confidentiality of all personal information in its possession, disclosing it only in furtherance of its official duties and in accordance with applicable state and federal law.

