

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

PART A – EMPLOYEE INFORMATION (to be completed by 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

 Mailing address

 City, state, zip code, country (if not U.S.A.) _____
- 4a. Employee's Social Security number (or TIN)
 [] [] [] - [] [] - [] [] [] []
- 4b. Prudential's Claim Number [] [] [] [] [] [] [] [] [] []
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 applicable)

8. Employee's gender
 Male Female Not designated/Other
9. Employee's preferred language
 English Español Русский Polski 中文 Italiano Kreyòl ayisyen 한국어 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 Puerto Rican Another Hispanic, Latino/a, or Spanish origin
 Mexican American Dominican Not of Hispanic, Latino/a, or Spanish origin
 Chicano/a Cuban Unknown

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

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

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

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

12. The family member is employee's:

Partner	Child	Parent	Other
Marital Spouse	Biological	Parent	Grandparent
Domestic Partner	Adopted	Parent-in-law	Grandchild
Civil Union Partner	Foster	In-loco Parentis	Child of Domestic Partner
Other	Stepchild	Other	Legal Ward
	Other		Other

If you checked an "Other" relationship, please explain: _____

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

Continuous PFL start date (MM/DD/YYYY) [] [] / [] [] / [] [] [] [] PFL end date (MM/DD/YYYY) [] [] / [] [] / [] [] [] [] Dates are estimated

Periodic Identify dates periodic PFL will be taken: [] Dates are estimated

14. If providing less than 30 days advance notice from the date in 13, please explain:





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TO BE COMPLETED BY THE EMPLOYEE

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

Prudential Claim Number [] [] [] [] [] [] [] [] [] []

Employee's Social Security Number (or TIN) [] [] [] - [] [] - [] [] [] []

Employment Information (to be completed by employee)

15a. Business name

15b. Control Number
 [] [] [] [] [] [] [] [] [] []

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

17. Employee's work location

18. Employee's average gross weekly wage

\$ [] [] [] [] [] [] [] [] (This data will be requested of both employee and employer)

Street address _____

City, state, zip code, country (if not U.S.A.) _____

Work Schedule, check the days worked:

- Varies Explain: _____
 Monday Tuesday Wednesday
 Thursday Friday Saturday Sunday

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.

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.

INSTRUCTIONS

To request PFL, the employee requesting PFL must complete Part A of the Request For Paid Family Leave (GL.2017.178 or Form PFL-1). All items on the form are required unless noted as optional. The employee then provides the form to the employer to complete Part B.

The employer completes Part B of the *Request for NY Paid Family Leave (GL.2017.178-Part B or PFL-1) form* and returns it to the employee within three days.

Additional forms are required depending on the type of PFL leave being requested. The employee requesting leave is responsible for the completion of these forms.

Reason for Paid Family Leave	Required Additional Form
Bond with a newborn, a newly adopted child or a foster child	<i>Request for NY Paid Family Leave (PFL) Bonding Certification (GL.2017.186 or NY Form PFL-2)</i>
*Care for a family member with a serious health condition	<i>Request for NY Paid Family Leave (PFL) Health Care Provider Certification For Care Of Family Member With Serious Health Condition (GL.2017.188 or NY Form PFL-4)</i>
Time off due to a family member's active military duty or impending active duty	<i>Request for NY Paid Family Leave (PFL) Military Qualifying Event (GL.2017.189 or NY Form PFL-5)</i>

*If the employee is taking PFL to care for a family member with a serious health condition, the care recipient completes the *Release Of Personal Health Information Under The NY Paid Family Leave (PFL) Law (GL.2017.187 or NY Form PFL-3)*. This form must be provided to the care recipient's health care provider along with the *Request for NY Paid Family Leave (PFL) Health Care Provider Certification For Care Of Family Member With Serious Health Condition (GL.2017.188 or NY Form PFL-4)*. The health care provider completes the *Request for NY Paid Family Leave (PFL) Health Care Provider Certification For Care Of Family Member With Serious Health Condition (GL.2017.188 or NY Form PFL-4)* and returns it to the employee requesting PFL.

The employee submits the completed Request for NY Paid Family Leave (PFL) GL.2017.178 or PFL-1 with the required additional form to the employer's PFL insurance carrier listed on Part B of Request for NY Paid Family Leave (PFL). The employee should retain a copy of each submitted form for his or her records.

Note: Please use the following format for dates: MM/DD/YYYY.

See next page for instructions for Part A of the *Request for NY Paid Family Leave (PFL)*.





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

Instructions

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

The employee requesting PFL must complete all required information.

Paid Family Leave Request (to be completed by employee)

Questions 12: A child is defined as a biological, adopted, or foster son or daughter, a stepson or stepdaughter, a legal ward, a son or daughter of a domestic partner, or the person to whom the employee stands in loco parentis. A parent is defined as a biological, foster, or adoptive parent, parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

Questions 13: If dates are "Continuous", the employee must provide the start and end dates of the requested PFL. These dates should be the actual dates that the PFL will begin and end. If uncertain, estimate the start and end dates and indicate "Dates are estimated". If dates are "Periodic", enter the dates PFL will be taken. Please be as specific as

possible. If the dates are unknown or estimated, indicate "Dates are estimated". If dates are estimated, the PFL carrier may require you to submit a request for payment after the PFL day is taken. Payment for approved claims will be due as soon as possible but in no event more than 18 days from the date of the completed request.

Question 14: If the employee is submitting the PFL request to their employer with less than 30 days' advance notice from the start date of the PFL, the employee must explain why 30 days' notice could not be given. If the explanation will not fit in the space provided on the form, enter "See Attached" and add an attachment with the explanation. Be sure to include the employee's full name and their date of birth at the top of the attachment.

Employment Information (to be completed by employee)

Question 16: Enter the date of hire to the best of the employee's recollection. If it has been more than a year since the date of hire, entering the year in which employment started is sufficient.

Question 18: Enter the best estimate of the employee's average gross weekly wage, include only the wages earned from the employer listed on this request form. **The gross weekly wage is the employee's total weekly pay — including overtime, tips, bonuses and commissions — before any deductions are made by the employer,** such as federal and state taxes. If the employer is not able to supply this information, the employee can calculate his or her gross weekly wage as follows:

Step 1: Add all gross wages received (before any deductions) over the last eight weeks prior to the start of PFL, including overtime and tips earned. (See Step 3 for instructions for calculating bonuses and/or commissions.)

Step 2: Divide the gross wages calculated in step one by eight (or the number of weeks worked if less than eight) to calculate the average weekly wage.

Step 3: If the employee received bonuses and/or commissions during the 52 weeks preceding PFL, add the prorated weekly amount to the average weekly wage. To determine the prorated weekly amount, add all bonuses/commissions earned in the preceding 52 weeks and then divide by 52.

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:	\$4,200
Divide by 8:	+ 8

Average Weekly Wage = \$525

Bonus earned in preceding 52 weeks:	\$2,600
Divide by 52:	÷ <u>52</u>
Prorated Weekly Bonus =	\$50

Average Weekly Wage =	\$525
Prorated Weekly Bonus =	+ 50

Average Weekly Wage (including bonus) = \$575

Please note that the employer is also required to provide this information in Part B of the Request For Paid Family Leave (GL.2017.178 or Form PFL-1).





Request for NY Paid Family Leave (PFL) (Based on Form PFL-1) Instructions, continued from prior page

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

Form PFL-1 Instructions continued from prior page

If you are pre-submitting form: Indicate if the employee is pre-submitting their PFL request. Pre-submitting is defined as submitting the application in advance of an upcoming qualifying event, with certain required information missing due to the information being unknown at the time of the submitting. If pre-submitting is permitted by the carrier or self-insured employer, the missing information must be supplied as soon as it is known. Benefits cannot be determined until all of the required information is provided.

The PFL insurance carrier or self-insured employer will provide the employee a notice within five days which 1) states the claim is pending; 2) identifies what information is missing; 3) instructs how to submit the missing information. **Once all information is supplied, the PFL insurance carrier or self-insured employer has 18 days to pay or deny the claim.**

If the carrier or self-insured employer does not permit pre-submitting, the carrier or self-insured employer must return the Request for Paid Family Leave within five days to the employee with an explanation that the claim should be re-submitted when all information is available.

Employee signs and dates, before giving this form to their employer to complete Part B.

Be sure to complete the appropriate additional PFL form(s) based on the type of PFL leave being requested.

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.

