

Paid Family Leave (PFL) Employee Fact Sheet

PSB 440-16 – Paid Family Leave for Represented Employees

Program Summary

- Paid Family Leave (PFL) is now available to eligible employees in the City of New York.
- An employee who experiences a qualifying event (see below) may be eligible for partially-paid leave time and the ability to return to the same or a comparable position.
- Leave may be taken consecutively or intermittently. Any leave must be taken in full day increments.

Eligibility

- An employee must be in a represented title within a participating union.
- Full-time employees (20+ hours a week) are eligible after 26 consecutive weeks of employment, beginning with the employee's City start date.
- Part-time employees (<20 hours per week) are eligible after working 175 days, beginning with the employee's City start date. The 175 work days do not have to be consecutive.

Opting Out

- Employees may be granted a waiver to opt out of the PFL benefit and to not have deductions taken from their paycheck **only if** they do not meet the minimum amount of time required for eligibility.
- To opt out, you may complete a PFL waiver which is linked to the PSB (see Informational Links below) or on the State of New York's website (<https://paidfamilyleave.ny.gov/pfl-waiver-form>) and submit it to your Human Resources (HR) representative.

Qualifying Events

- To bond with a newborn, adopted, or foster care child during the first 12 months after birth* or placement.
- To care for a seriously ill family member**
- To address important needs related to a family member's deployment in a foreign country on active military service.

NOTE: PFL benefits may not be used for the employee's own health condition.

*Begins only after birth and is not available for prenatal conditions.

**Family member: child, parent, parent-in-law grandparent, grandchild, spouse, domestic partner (does not require legal registration), or other adult responsible for child in place of parent.

Payment Rate & Schedule *(These figures are re-configured annually by New York State)*

Benefit

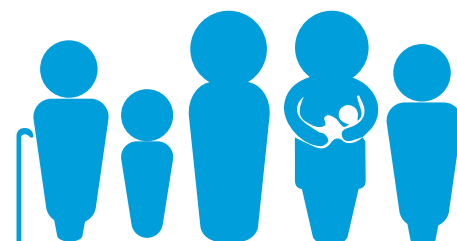
2019: Payment of 55% of your salary, for a max benefit of \$1,493 biweekly, for 10 weeks.

2020: Payment of 60% of your salary, up to a max benefit, for 10 weeks.

2021: Payment of 67% of your salary, up to a max benefit, for 12 weeks.

Cost

Deduction rate is 0.153% of an employee's weekly wage, for a maximum contribution of \$4.15 biweekly.



Impacts of Use on Leave Balances & Status

- Leave balances can, but do not have to be used.
- If leave balances are used, the days used will count towards PFL entitlement. Example: if you use one week of leave balances towards your PFL-eligible leave, you will have one week deducted from your total entitlement.
- An employee may use up to three days of sick leave balances to care for a seriously ill family member.
- Short-term disability leave cannot be used at the same time as PFL leave because PFL does not cover an employee's own illness.
- If the employee is eligible for leave under the Family and Medical Leave Act (FMLA), then FMLA will be used at the same time as PFL if the reason is covered by both policies.

Employee Responsibilities

- Where the leave is foreseeable, an employee must give his/her agency at least 30 calendar days' notice before the leave begins. Otherwise, the employee must notify the agency as soon as possible.
- It is the employee's responsibility to notify agency HR if there are any changes to the agreed-upon schedule.
- The employee requests PFL package from agency HR and completes the Request for Family Leave (Form PFL-1). The employee can get other appropriate PFL forms from the insurance company or the State of New York's PFL website. The specific documentation required varies based on the type of leave. There is a separate PFL-1 form for each type of leave.

Informational Links

LINK:

https://www1.nyc.gov/assets/dcas/downloads/pdf/requests/440_16.pdf

INSURANCE COMPANY CONTACT INFORMATION:

PHONE: (800) 401-2691

FAX: (800) 728-7028

MAIL: Technology Insurance Company C/O Absolve
P. O. Box 1328, Mt. Laurel, NJ 08054

EMAIL: AmTrustNYDBLPFL@absencesolved.com

5 Step Process

1

Request a PFL-1 form, fill it out, and then return it to your HR agency contact.



2

Insurance company calls you to confirm all information and give you the forms for your leave.



3

Complete required forms:
-PFL -2 Bonding
-PFL-3 & 4 Family Care
-PFL-5 Military Circumstance



4

Submit required forms and documents to the Insurance company.



5

Receive login instructions to monitor the lifecycle of your PFL claim.

