Paid Family Leave for Family Care
Agenda

2. Eligibility, Benefits and Contributions
3. Taking Paid Family Leave for Family Care
4. Top Questions About Paid Family Leave for Family Care
5. Resources

Helpline: (844) 337-6303  Website: PaidFamilyLeave.ny.gov
Why Do We Need Paid Family Leave?
Why Do We Need Paid Family Leave?

- Employees struggle to maintain their jobs while caring for family in a specific time of need
- Employees face the stress of weeks of lost wages
- Employees fear losing their jobs

Helpline: (844) 337-6303  
Website: PaidFamilyLeave.ny.gov
NY Leads the Nation

In April 2016, Governor Cuomo signed the nation’s **strongest** and **most comprehensive** Paid Family Leave policy into law.
Paid Family Leave Basics

- It provides **paid time off** and **job protection** so you can:
  - Bond with a child
  - Care for a family member with a serious health condition
  - Assist loved ones when a family member is deployed abroad

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Paid Family Leave in 2018

8.5 million New Yorkers covered
128,000 working New Yorkers helped
150+ military claims

86,000+ babies benefitted from bonding leave in 2018
39,000+ family members received care in 2018

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Paid Family Leave for Family Care

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Caring for a Family Member with a Serious Health Condition

- Quality of care for a family member
  - Improved pediatric, medical and surgical experience
  - Management of chronic diseases
  - Meaning and purpose for the caregiver

- Length of hospital stays, readmissions, emergency room use
  - Stress regarding financial security

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Caring for a Family Member with a Serious Health Condition

Employees Can Care For

- Spouse
- Domestic Partner
- Child
- Stepchild
- Parent
- Parent-in-law
- Stepparent
- Grandparent
- Grandchild

These family members can live outside of New York State and even outside the U.S.

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Website: PaidFamilyLeave.ny.gov
Caring for a Family Member with a Serious Health Condition

- A serious health condition is defined in part as an illness, injury, impairment, or physical or mental condition requiring either:

  - Inpatient care
  - Continuing treatment or supervision by health care provider
Caring for a Family Member with a Serious Health Condition

Caring for or providing care to a family member with a serious health condition may include:

- Necessary physical care
- Emotional support
- Visitation
- Assistance in treatment
- Transportation
- Arranging for a change in care
- Assistance with essential daily living matters
- Personal attendant services

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Caring for a Family Member with a Serious Health Condition

Examples of scenarios that may qualify as a serious health condition:

*Whether or not conditions like these qualify will depend on whether or not a qualified health care provider certifies them and whether the PFL insurer approves the leave.

Helpline: (844) 337-6303  
Website: PaidFamilyLeave.ny.gov
Employee Benefits and Contributions
## Time Off and Wage Benefits

<table>
<thead>
<tr>
<th>YEAR</th>
<th>WEEKS OF LEAVE</th>
<th>BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>10 weeks</td>
<td>55% of employee’s AWW,* up to 55% of SAWW**</td>
</tr>
<tr>
<td>2020</td>
<td>10 weeks</td>
<td>60% of employee’s AWW,* up to 60% of SAWW</td>
</tr>
<tr>
<td>2021</td>
<td>12 weeks</td>
<td>67% of employee’s AWW,* up to 67% of SAWW</td>
</tr>
</tbody>
</table>

* Benefits will be capped at the designated percentage of the New York State Average Weekly Wage

*The Department of Financial Services will review the marketplace every year before benefits are increased
Two wage benefit calculators are available:

**2019 Wage Benefit Calculator**

In 2019, employees who take Paid Family Leave will receive 60% of their average weekly wage (AWW), capped at 60% of the New York State Average Weekly Wage. Your AWW is the average of your last eight weeks of pay prior to starting Paid Family Leave. The maximum weekly benefit for 2019 is $174.41.

Use the calculator below to view an estimate of your weekly benefit.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.00</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**2020 Wage Benefit Calculator**

In 2020, employees who take Paid Family Leave will receive 60% of their average weekly wage (AWW), capped at 60% of the New York State Average Weekly Wage. Your AWW is the average of your last eight weeks of pay prior to starting Paid Family Leave. The maximum weekly benefit for 2020 is $840.70.

Use the calculator below to view an estimate of your weekly benefit.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Note: When calculating benefits, Paid Family Leave insurers must use whichever is higher: the last eight weeks worked including the week when PFL started, or the last eight weeks worked not including the week PFL started.

Helpline: (844) 337-6303  
Website: PaidFamilyLeave.ny.gov
Your Rights and Protections

Employees have paid time off and:

- **Job Protection**

- **Health insurance** continued while on leave
  - Employees continue paying their share, if any

- **Protection from discrimination and retaliation** for requesting or taking Paid Family Leave
How Much Do You Pay?

- You pay for these benefits through a small weekly payroll deduction.

- The 2019 payroll contribution is 0.153% of your weekly wage.
  - Contributions are capped at an annual maximum of $107.97.

- The 2020 payroll contribution will be 0.270% of your weekly wage.
  - Contributions will be capped at an annual maximum of $196.72.

- If you earn less than the NYS Average Weekly Wage, your annual contribution will be less than the cap.

Helpline: (844) 337-6303  
Website: PaidFamilyLeave.ny.gov
A weekly deduction calculator is available:
Paidfamilyleave.ny.gov/paid-family-leave-calculator2020
Employee Eligibility

Helpline: (844) 337-6303
Website: PaidFamilyLeave.ny.gov
Who is Covered?

- Most employees who work for private employers
- If you are a public employee, your employer may opt in
- Public employees represented by a union may be covered if Paid Family Leave is collectively bargained
Who is Eligible?

You are eligible if you regularly work:

- **20 or more** hours per week
  - For **26** consecutive weeks of employment with the same employer

- **Less than 20** hours per week
  - For **175** days

You are eligible regardless of your citizenship and/or immigration status

Helpline: (844) 337-6303  
Website: PaidFamilyLeave.ny.gov
Taking Paid Family Leave for Family Care

Helpline: (844) 337-6303  Website: PaidFamilyLeave.ny.gov
How Employees Request Leave

Step 1
• Inform your employer

Step 2
• Complete the request forms

Step 3
• Send forms to the insurance carrier

- Insurers must pay or deny the request within 18 days of a completed request

Helpline: (844) 337-6303  Website: PaidFamilyLeave.ny.gov
Step 1: Inform Your Employer

Let your employer know at least 30 days before your leave will start, if it’s foreseeable.
Step 2: Complete the Required PFL Request Forms

Family Care leave package includes three forms
- Request for Paid Family Leave (Form PFL-1)
- Release of Personal Health Information (Form PFL-3)
- Health Care Provider Certificate (Form PFL-4)

You can get request forms from:
- Your employer
- Your employer’s insurance carrier
- PaidFamilyLeave.ny.gov
Completing the Request for Paid Family Leave (Form PFL-1, Part A)
Completing the **Request for Paid Family Leave**

*(Form PFL-1, Part A)*

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

**Form PFL-1 continued from prior page**

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

<table>
<thead>
<tr>
<th>Continuous</th>
<th>PFL start date (MM/DD/YYYY)</th>
<th>PFL end date (MM/DD/YYYY)</th>
<th>Dates are estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/   /</td>
<td>/   /</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Periodic</th>
<th>Identify dates periodic PFL will be taken:</th>
<th>Dates are estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. **If providing less than 30 day’s advance notice to the employer, please explain:**

---

Helpline: (844) 337-6303

Website: [PaidFamilyLeave.ny.gov](http://PaidFamilyLeave.ny.gov)
Completing the Request for Paid Family Leave (Form PFL-1, Part A)

<table>
<thead>
<tr>
<th>Employment Information (to be completed by the employee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Business name</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>16. Employee’s date of hire (MM/DD/YYYY)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>17. Employee’s work location</td>
</tr>
<tr>
<td>Street address</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Zip code</td>
</tr>
<tr>
<td>Country (if not U.S.A.)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>18. Employee’s average gross weekly wage (This data will be requested of both employee and employer)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>19. Employer’s telephone number for contact regarding this request (______ )  -</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>20a. Does employee have more than one employer?  Yes No</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>20b. If yes, is employee taking PFL from the other employer? Yes No</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>21. Is employee currently receiving Workers’ Compensation Lost Wage Benefits? Yes No</td>
</tr>
</tbody>
</table>

Disclosure statement: Information regarding PFL benefits received by the employee, such as payments received and types of leave, will be provided to the employer.
Completing the **Request for Paid Family Leave (Form PFL-1, Part A)**

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**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.

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PFL-1 (11-17)  Page 2 of 4

If you need assistance, please call (844) 337-6303

[www.ny.gov/PaidFamilyLeave](http://www.ny.gov/PaidFamilyLeave)
Employer to Complete Request for Paid Family Leave (Form PFL-1, Part B)

Helpline: (844) 337-6303  
Website: PaidFamilyLeave.ny.gov
Completing the **Release of Personal Health Information (Form PFL-3)**

Request For Paid Family Leave
Release Of Personal Health Information
Under The Paid Family Leave Law (Form PFL-3)

TO BE COMPLETED BY THE EMPLOYEE

**Employee’s name** (first name, middle initial, last name)

**Care recipient’s (patient’s) name** (first name, middle initial, last name)

**Care recipient’s (patient’s) date of birth** (MM/DD/YYYY)

Helpline: (844) 337-6303

Website: PaidFamilyLeave.ny.gov
Completing the **Release of Personal Health Information** (Form PFL-3)

**REQUIREMENTS:**

- The form must be completed by the employee or an authorized representative.
- The form includes fields for the employee's name, the reason for the release, and the name of the healthcare provider.
- The form also includes sections for the employee's signature and the signature of the authorized representative.

**FORMAT:**

- The form is available online at [PaidFamilyLeave.ny.gov](http://PaidFamilyLeave.ny.gov).
- For assistance, call the Helpline at (844) 337-6303.

**IMPORTANT INFORMATION:**

- The form must be completed and signed by the employee or an authorized representative.
- The form should be submitted to the healthcare provider.
- The form is subject to State and Federal laws.

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**New York State Paid Family Leave**

[Logo]
Completing the Health Care Provider Certification (Form PFL-4)
Completing the Health Care Provider Certification (Form PFL-4)

TO BE COMPLETED BY THE EMPLOYEE

Employee’s name (first name, middle initial, last name)

Employee’s date of birth (MM/DD/YYYY)

Care recipient’s (patient’s) name (first name, middle initial, last name)

Care recipient’s (patient’s) date of birth (MM/DD/YYYY)
Completing the Health Care Provider Certification (Form PFL-4)
Step 3: Send Forms to Insurance Carrier

- Send all forms and documentation to your employer’s insurance carrier
- The insurance carrier must pay or deny your completed request within 18 calendar days of receiving your completed request request

Helpline: (844) 337-6303  
Website: PaidFamilyLeave.ny.gov
Handling Disputes

- If your Paid Family Leave request is denied, or you have another claim-related dispute, you may request arbitration.

- Arbitration for Paid Family Leave is handled by NAM (National Arbitration and Mediation) [www.nyspfla.com](http://www.nyspfla.com)
If your employer:

■ does not reinstate you to the same or comparable position,
■ terminates you,
■ reduces your pay and/or benefits, or
■ disciplines you in any way for requesting or taking Paid Family Leave,

you can file a \textbf{discrimination claim} with the Workers’ Compensation Board.
Top Questions About Paid Family Leave for Family Care

Helpline: (844) 337-6303  Website: PaidFamilyLeave.ny.gov
How are Paid Family Leave and FMLA Similar?

Both Paid Family Leave and the federal Family and Medical Leave Act provide:

- **Leave for:**
  - bonding with a child
  - caring for a family member with a serious health condition
  - assisting when a family member is called to active military service abroad

- **Job protection**

- **Continued health insurance** during leave on the same terms as if the employee had continued to work
## How do Paid Family Leave and FMLA Differ?

<table>
<thead>
<tr>
<th>Law</th>
<th>PFL</th>
<th>FMLA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits</strong></td>
<td>Paid</td>
<td>Unpaid</td>
</tr>
</tbody>
</table>
| **Coverage** | • Almost all private employers  
• Public employers may opt in  
• **One or more employees** in employment on each of at least 30 days in a calendar year | • Public and private employers  
• **50 or more employees** in a 75-mile radius |
| **Eligibility** | • After 26 consecutive weeks of employment with that employer if regularly working **20** or more hours per week  
• After 175 days worked for the same employer if regularly working less than **20** hours per week | • **12** months of employment  
• **1,250** hours of work in the **12**-month period preceding leave |
| **Reason for Leave** | • You **cannot** use for own serious health condition  
• Can be used to care for a child of any age | • You **can** use for own serious health condition  
• Can only be used to care for a child if the child is under 18 years old, or “incapable of self-care because of a mental or physical disability” |
| **Length of Leave** | • Only in full-day increments | • Hourly basis |
| **Paid Time Off** | • Employers cannot require you use paid time off while on PFL | • Employer can compel you to use paid time off while on FMLA |

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Helpline: (844) 337-6303  
Website: PaidFamilyLeave.ny.gov
If I Have a Sick Family Member in Another Country, What Do I Need to Do?

- Location of your family member does not matter as long as the employee giving care is in close proximity during the majority of the leave period

- Complete and submit all required documents
  - Out-of-state/out-of-country health care provider responsible for completing medical certification
What is Needed to Demonstrate a Domestic Partnership?

- Common ownership of property
- Children in common
- Sign of intent to marry
- Shared budgeting
- Length of personal relationship
What If I Can’t Get My Medical Certification On Time?

You have **30 days** from the beginning of your leave to submit your completed request without losing benefits.

- If you cannot get documentation to support a leave request within this timeframe, the insurance carrier can deny the request.
- You can reapply once you have supporting documentation.

Helpline: (844) 337-6303  
Website: PaidFamilyLeave.ny.gov
Paid Family Leave Support
Employee Resources

Visit PaidFamilyLeave.ny.gov to access:

- Detailed information on Paid Family Leave
- Weekly payroll deduction and benefit calculators
- Paid Family Leave request forms for Family Care Leave
- Updates for 2020

Helpline: (844) 337-6303
Website: PaidFamilyLeave.ny.gov
Learn More

Helpline: (844) 337-6303

Website: PaidFamilyLeave.ny.gov

Get Email Updates: Select “Get Paid Family Leave Updates” on the bottom of PFL website

GET UPDATES
Questions?

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