Paid Family Leave for Military Service
Agenda

2. Eligibility, Benefits and Contributions
3. Taking Paid Family Leave for Military Service
4. Top Questions About Paid Family Leave for Military Service
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
NY Leads the Nation

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

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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 Military Service

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Assist During a Military Deployment

For assistance when a spouse, child, domestic partner or parent is deployed abroad on active military service. Events may include:

- Short-notice military deployment
- Military events; related activities
- Service member’s Rest, Recuperation or counseling
- Post-deployment activities
- Making financial/legal arrangements
- Child care arrangements for military member’s child

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Why Paid Family Leave for Military is So Important

- Peace of mind that employees can provide support to their family without having to worry about financial security
- Military spouses can focus on their career and families
- Provides time for employees to be present and reconnect with loved ones when they return from deployment
Employee Benefits and Contributions

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

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Wage Benefit Calculator

A wage benefit calculator is available:
Paidfamilyleave.ny.gov/PFLbenefitscalculator2020

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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
A weekly deduction calculator is available: Paidfamilyleave.ny.gov/paid-family-leave-calculator2020
Employee Eligibility
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 can take Paid Family Leave related to a military deployment when your
  - spouse
  - domestic partner
  - child or
  - parent
  is on active service abroad or has been notified of an impending call or order of active service abroad, and family assistance is needed

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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.
Employees can waive coverage if they work

- **20 or more** hours per week but
  - Will not be in employment for **26** consecutive weeks
- **Less than 20** hours per week and
  - Will not work **175** days in a year
Can You Revoke a Waiver?

- Automatically revoked if your schedule changes so you don’t qualify for a waiver
  - Voluntarily revoked at any time

- You will begin making Paid Family Leave contributions along with any retroactive amounts due
Taking Paid Family Leave

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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  
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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

Military leave package includes two forms
- Request for Paid Family Leave (Form PFL-1)
- Military Qualifying Event (Form PFL-5)

You can get request forms from:
- Your employer
- Your employer’s insurance carrier
- PaidFamilyLeave.ny.gov

Helpline: (844) 337-6303
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Completing the Request for Paid Family Leave (Form PFL-1, Part A)

Helpline: (844) 337-6303
Website: PaidFamilyLeave.ny.gov
Completing the **Request for Paid Family Leave** (Form PFL-1, Part A)

<table>
<thead>
<tr>
<th>PART A - EMPLOYEE INFORMATION (to be completed by the employee) - continued from prior page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form PFL-1 continued from prior page</strong></td>
</tr>
<tr>
<td>13. Will PFL be for a continuous period of time and/or periodic?</td>
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<tr>
<td>14. If providing less than 30 day’s advance notice to the employer, please explain:</td>
</tr>
</tbody>
</table>

Helpline: (844) 337-6303  
Website: PaidFamilyLeave.ny.gov
Completing the **Request for Paid Family Leave**
(**Form PFL-1, Part A**)

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

Helpline: (844) 337-6303  
Website: PaidFamilyLeave.ny.gov
Completing the Request for Paid Family Leave
(Form PFL-1, Part A)

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.

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

www.ny.gov/PaidFamilyLeave

PFL-1 (11-17)
Page 2 of 4
Employer to Complete Request for Paid Family Leave (Form PFL-1, Part B)
Completing the **Military Qualifying Event (Form PFL-5)**
Completing the **Military Qualifying Event** (Form PFL-5)

**MILITARY QUALIFYING EVENT** (to be completed by the employee)

1. Name of military member on covered active duty or impending call to covered active duty status (international deployment) (first name, middle initial, last name)

2. Military member’s date of birth (MMDDYYYY) __/__/____

3. Military member’s gender: [ ] Male [ ] Female [ ] Not designated/Other

4. Military member’s mailing address
   - Mailing address
   - City, State
   - Zip code
   - Country (if not U.S.A.)

5. The above-named military member is employee’s: [ ] Spouse [ ] Domestic partner [ ] Child [ ] Parent

6. Period of military member’s covered active duty (MMDDYYYY) __/__/____ to __/__/____

7. Please select one of the following and attach the indicated document to support that the military member is on covered active duty or impending call or order to covered active duty status:
   - [ ] Covered active duty orders
   - [ ] Letter of impending call or order to covered duty
   - [ ] Documentation of military leave signed by the approving authority for military member’s test and recuperation

8. What is the reason employee is requesting PFL? (One or more reasons may be selected)
   - [ ] Arranging for child care
   - [ ] Arranging for parental care
   - [ ] Counseling
   - [ ] Making financial arrangements
   - [ ] Making legal arrangements

**Qualifying Reason For Leave (to be completed by the employee)**

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Completing the **Military Qualifying Event (Form PFL-5)**

**FORM PFL-5 - CONTINUED FROM PRIOR PAGE**

**TO BE COMPLETED BY THE EMPLOYEE**

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

Employee’s date of birth (MM/DD/YYYY)

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**MILITARY QUALIFYING EVENT (to be completed by the employee) - continued from prior page**

Form PFL-5 continued from prior page

9. Written documentation supporting this request for leave is available and attached?

   - [ ] Yes
   - [ ] No
   - [ ] None Available

   Note: A complete and sufficient certification to support a request for PFL leave due to a qualifying event includes any available written documentation which supports the need for leave, such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member’s Rest and Recuperation leave, a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility, or a copy of a bill for services for the handling of legal or financial affairs. If leave is requested to meet with a third party, the employee must provide the supporting documentation of the meeting that includes the name, address, appropriate contact information of the individual or entity with whom you are meeting (i.e., either telephone number, fax number, or email address of the individual or entity).

**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 claims 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)

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

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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)
Protection from Discrimination

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 discrimination claim with the Workers’ Compensation Board.
Top Questions About Paid Family Leave for Military Leave

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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

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## 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 |
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
Can Military Leave be used to Take Time Off to Care for a Service Member’s Child?

- Military leave covers making arrangements for the service member’s child and may include:
  - Providing care on an urgent, immediate need basis
  - Providing care if they have a serious health condition
  - Enrolling or transferring the child to a new school or day care facility
  - Attending meetings with staff at a school or daycare facility

Ongoing, routine childcare needs are not covered
Can You Take Paid Family Leave to Care for Ill or Injured Service Members or Veterans?

Employees can take Paid Family Leave under family care for the following qualifying family members with a serious health condition:

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

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Can Employees Take Paid Family Leave to Care for Ill or Injured Service Members or Veterans?

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

- inpatient care; or
- continuing treatment or supervision by a health care provider

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How Does Paid Family Leave differ from the U.S. Department of Veterans Affairs (VA) Benefits?

- Benefit is for the employee, as the caregiver helping their ill or injured family member (veteran)
- Illness or injury of the veteran does not have to be service connected
- Nature of the veteran’s military discharge does not matter
- Illness or injury does not need a final diagnosis
How Do You Plan Leave When You Don’t Know Exact Dates?

- Inform your employer and submit your forms/documentation as soon as possible
- Submit your request within 30 days from first day of leave to prevent lost benefits
- For intermittent leave, employers can require as much notice as practicable before each day of leave
- Estimated dates can be provided on Form PFL-1

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Do You Have to Submit the Entire Form Package Each Time You Need Leave?

- Each insurance carrier’s process may differ
- For additional information, refer to Section 204(1) of the Workers’ Compensation Law
Paid Family Leave Support

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Employee Resources

Visit PaidFamilyLeave.ny.gov to access:

- Detailed information on Paid Family Leave
- Weekly payroll deduction calculator
- Paid Family Leave request forms for Military-Related Leave
- Updates for 2020

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

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