Paid Family Leave is insurance that provides job protected paid time off to:

- Bond with a newly born, adopted, or fostered child
- Care for a family member with a serious health condition
- Assist loved ones when a family member is deployed abroad on active military service

How to File:

- Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible
- Submit the Request for Paid Family Leave form to your employer
- Complete and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave

You can get forms to take Paid Family Leave from

- Your employer,
- The insurance carrier below, or
- ny.gov/PaidFamilyLeave

FOR MORE INFORMATION AND HELP:

Visit ny.gov/PaidFamilyLeave or call (844) 337-6303

INSERT NAME, ADDRESS, AND TELEPHONE NUMBER OF INSURER OR MAIN OFFICE OF AUTHORIZED NEW YORK SELF-INSURER

CIGNA LIFE INSURANCE COMPANY OF NEW YORK
2 Grand Central Tower, 140 E 45th St., 8th FL
New York, NY 10017 Phone 1-888-842-4462

Policy #: NYD075606 Effective From: 01/01/2022 To: 01/01/2024

Statutory ☒ Under a Plan or Agreement

Class(es) of Employees Covered:
All Employees eligible under NY Disability Benefits Law.

NOTICE OF COMPLIANCE
PRESCRIBED BY THE CHAIR, WORKERS’ COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER’S PLACE OR PLACES OF BUSINESS.