



HOW TO APPLY FOR PAID FAMILY LEAVE

STEP 1: COMPLETE FORM PFL-1



- ☐ Complete PFL-1, Part A.
- ☐ Provide PFL-1 to employer.
- ☐ Employer completes PFL-1, Part B and returns to you within 3 days.

STEP 2: COLLECT SUPPORTING DOCUMENTATION

BOND

TO BOND WITH A NEWLY BORN, ADOPTED, OR FOSTERED CHILD

Complete Form PFL-2

- ☐ Complete PFL-2 and collect supporting documentation.

OR

CARE

TO CARE FOR A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION

Complete Form PFL-3

- ☐ Care recipient completes PFL-3 and provides to health care provider. Care recipient's health care provider keeps PFL-3 on file.

Complete Form PFL-4

- ☐ Complete "Employee" information at the top of PFL-4. Provide PFL-4 to care recipient's health care provider. Care recipient's health care provider completes PFL-4 and returns to you.

OR

ASSIST

TO ASSIST FAMILY MEMBERS DUE TO ANOTHER FAMILY MEMBER'S ACTIVE MILITARY DUTY OR IMPENDING ACTIVE DUTY ABROAD

Complete Form PFL-5

- ☐ Complete PFL-5 and collect supporting documentation.

STEP 3: SEND FORMS AND DOCUMENTS



- ☐ Send completed forms and supporting documentation to NYSIF at the address below.
- ☐ NYSIF accepts or denies claim within 18 days.
- ☐ You do not need to wait for this decision to start your leave.

Please keep a copy of all pages for your records.

Mail completed forms to:

**New York State Insurance Fund
Document Control Center – NYSIF Disability Benefits
1 Watervliet Ave Ext.
Albany, NY 12206-1649**

You may also fax your form to: 518-437-5201