

## 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**





## Request For Paid Family Leave (Form PFL-1) Instructions

- The employee requesting PFL must first complete Part A of the *Request For Paid Family Leave (Form PFL-1)*. All items on the form are required unless noted as optional. The employee then provides the form to the employer to complete Part B.
- The employer completes Part B of the *Request For Paid Family Leave (Form PFL-1)* and returns it to the employee within three days.
- Additional forms are required depending on the type of leave being requested. The employee requesting leave is responsible for the completion of these forms.
- **The employee submits the completed *Request For Paid Family Leave (Form PFL-1)* with the required additional form(s) to NYSIF. The employee should retain a copy of each submitted form for their records.**

### PART A - EMPLOYEE INFORMATION (to be completed by the employee)

The employee requesting PFL must complete all required information.

**Question 12:** A child is defined as a biological, adopted, or foster son or daughter, a stepson or stepdaughter, a legal ward, a son or daughter of a domestic partner, or the person to whom the employee stands in loco parentis. A parent is defined as a biological, foster, or adoptive parent, parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

**Questions 13:** If dates are "Continuous," the employee must provide the start and end dates of the requested PFL. These dates should be the actual dates that the PFL will begin and end. If uncertain, estimate the start and end dates and indicate "Dates are estimated." If dates are "Periodic," enter the dates PFL will be taken. Please be as specific as possible.

If the dates are unknown or estimated, indicate "Dates are estimated." If dates are estimated, NYSIF may require you to submit a request for payment **after** the PFL day is taken. Payment for approved claims will be due as soon as possible but in no event more than 18 days from the date of the completed request.

**Question 14:** If the employee is submitting the PFL request to their employer with less than 30 days' advance notice from the start date of the PFL, the employee must explain why 30 days' notice could not be given. If the explanation will not fit in the space provided on the form, enter "See Attached" and add an attachment with the explanation. Be sure to include the employee's full name and their date of birth at the top of the attachment.

### Employment Information (to be completed by the employee)

**Question 16:** Enter the date of hire to the best of the employee's recollection. If it has been more than a year since the date of hire, entering the year in which employment started is sufficient.

**Question 18:** Enter the best estimate of average gross weekly wage. Include only the wages earned from the employer listed on this request form. The gross weekly wage is the total weekly pay - including overtime, tips, bonuses and commissions - before any deductions are made by the employer, such as federal and state taxes. If the employer is not able to supply this information, the employee can calculate their gross weekly wage as follows:

**Step 1:** Add all gross wages received (before any deductions) over the last eight weeks prior to the start of PFL, including overtime and tips earned. (See Step 3 for instructions for calculating bonuses and/or commissions.)

**Step 2:** Divide the gross wages calculated in step one by eight (or the number of weeks worked if less than eight) to calculate the average weekly wage.

**Step 3:** If the employee received bonuses and/or commissions during the 52 weeks preceding PFL, add the prorated weekly amount to the average weekly wage. To determine the prorated weekly amount, add all bonuses/commissions earned in the preceding 52 weeks and then divide by 52.

Example of a gross weekly wage calculation:

Week 1 - Gross wage, including overtime	\$550
Week 2 - Gross wage	\$500
Week 3 - Gross wage	\$500
Week 4 - Gross wage	\$500
Week 5 - Gross wage	\$500
Week 6 - Gross wage	\$500
Week 7 - Gross wage, including overtime	\$600
Week 8 - Gross wage, including overtime	+ \$550
Total =	\$4,200
Divide by 8	÷ 8
Average Weekly Wage =	\$525
Bonus earned in preceding 52 weeks	\$2,600
Divide by 52	÷ 52
Prorated Weekly Bonus =	\$50
Average Weekly Wage	\$525
Prorated Weekly Bonus	+ \$50
<b>Average Weekly Wage (including bonus):</b>	<b>\$575</b>

Form PFL-1 Instructions Continued on Next Page



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

**If you are pre-submitting form:** Indicate if you are pre-submitting your PFL request. Pre-submitting is defined as submitting the application in advance of an upcoming qualifying event, with certain required information missing due to the information being unknown at the time of the submitting.

If pre-submitting, the missing information must be supplied as soon as it is known. Benefits cannot be determined until all of the required information is provided.

NYSIF will provide the employee a notice within five days which 1) states the claim is pending; 2) identifies what information is missing; 3) instructs how to submit the missing information. **Once all information is supplied, NYSIF has 18 days to pay or deny the claim.**

Please note that the employer is also required to provide wage information in Part B of the *Request For Paid Family Leave (Form PFL-1)*.

**Employee signs and dates, before giving this form to their employer to complete Part B.**

**PART B - EMPLOYER INFORMATION** (to be completed by the employer)

**The employer of the employee requesting PFL must complete all information in Part B.**

**Question 2:** If a Social Security Number is used for the Federal Employer Identification Number (FEIN), enter the Social Security Number.

**Question 3:** Enter the employer's Standard Industrial Classification (SIC) Code. Visit the U.S. Department of Labor website to determine your SIC code:

[www.osha.gov/pls/imis/sic\\_manual.html](http://www.osha.gov/pls/imis/sic_manual.html)

**Question 8:** The employee occupation code can be found at: <https://www.bls.gov/soc/2018/home.htm>

**Question 9:** Enter the wages earned by the employee during the last eight weeks preceding the PFL start date. The gross amount paid is the employee's gross weekly pay, including any overtime and tips earned for that week, plus the weekly prorated amount of any bonus or commission received during the preceding 52 weeks. *(For detailed steps, see Question 18 starting on page 1 of the instructions.)* Calculate the gross average weekly wage by adding up the gross amounts paid, and then divide by eight (or number of weeks worked if less than eight).

**Affirmation employee is eligible for PFL:** An employee who regularly works 20 hours or more per week must have been in employment for at least 26 consecutive weeks. An employee who regularly works less than 20 hours per week must have worked 175 days.

**Employer signs and dates, and then returns to the employee requesting PFL within three business days.**

**Question 10:** Failure to select "Yes" for requesting reimbursement from NYSIF will result in a waiver of the right to reimbursement.

**Question 11a:** 'Disability' refers to NYS statutory required disability. If the answer is "none," enter a "0" for total weeks and days in Question 12b.

**Question 11b:** The maximum number of weeks available for NYS statutory disability and PFL in any 52 week period is 26 weeks. Specify the total number of weeks, as well as the number of additional days if the leave includes a partial week, taken for NYS statutory disability and PFL during the preceding 52 weeks.

**Question 13, 14 & 15:** Please ensure NYSIF and NYSIF's contact information is provided.

**Be sure to complete the appropriate additional PFL form(s)  
based on the type of PFL leave being requested.**

**Notification Pursuant to the New York Personal Privacy Protection Law (Public Officers Law Article 6-A) and the Federal Privacy Act of 1974 (5 USC 552a)**

The Workers' Compensation Board's (Board's) authority to request that employees provide personal information, including their social security number or tax identification number, is derived from the Board's administrative authority under Workers' Compensation Law section 142. This information is collected to assist the Board in investigating and administering claims in the most expedient manner possible and to help it maintain accurate records. Providing your social security number or tax identification number to the Board is voluntary. The Board will protect the confidentiality of all personal information in its possession, disclosing it only in furtherance of its official duties and in accordance with applicable state and federal law.





# Request For Paid Family Leave

(Form PFL-1)

NEW YORK STATE INSURANCE FUND

## PART A - EMPLOYEE INFORMATION (to be completed by the employee)

1. Employee's legal name (first name, middle initial, last name)

2. Other last names, if any, under which employee has worked

3. Employee's mailing address

Street address

City, State

Zip code

Country (if not U.S.A.)

4. Employee's Social Security Number or TIN

- -

5. Employee's date of birth (MM/DD/YYYY)

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6. Employee's primary telephone number

( ) -

7. Employee's preferred email address while on PFL (if available)

8. Employee's gender

☐ Male ☐ Female ☐ Not designated/Other

9. Employee's preferred language

☐ English ☐ Español ☐ Русский ☐ Język polski  
☐ 繁體字 ☐ Italiano ☐ Kreyòl ayisyen ☐ 한국어  
☐ Other

### Optional (for research purposes)

10. Employee's ethnicity/race

For purposes of health demographic only. (U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0.)

Is employee of Hispanic, Latino/a, or Spanish origin?  
(One or more categories may be selected.)

- ☐ Mexican  
☐ Mexican American  
☐ Chicano/a  
☐ Puerto Rican  
☐ Dominican  
☐ Cuban  
☐ Another Hispanic, Latino/a, or Spanish origin  
☐ Not of Hispanic, Latino/a, or Spanish origin  
☐ Unknown

What is employee's race?

(One or more categories may be selected.)

- ☐ American Indian or Alaska Native  
☐ Black or African American  
☐ Asian Indian  
☐ Chinese  
☐ Filipino  
☐ Japanese  
☐ Korean  
☐ Vietnamese  
☐ Other Asian  
☐ White  
☐ Native Hawaiian  
☐ Guamanian or Chamorro  
☐ Samoan  
☐ Other Pacific Islander  
☐ Other race

## Paid Family Leave (PFL) Request (to be completed by the employee)

11. Reason for PFL request: ☐ Bond with child ☐ Care for family member ☐ Military qualifying event

12. The family member is employee's:

☐ Child ☐ Spouse ☐ Domestic partner ☐ Parent ☐ Parent-in-law ☐ Grandparent ☐ Grandchild

Form PFL-1 continued on next page



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☐ Dates are estimated

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☐ Yes ☐ No

Yes ☐ No

☐ Yes ☐ No

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PFL-1 (11-17) Submit completed form to: NYSIF Document Control Center, Disability Claims, 1 Watervliet Ave Ext, Albany, NY 12206; or fax to 518-437-5201.  
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**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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**PART B - EMPLOYER INFORMATION** (to be completed by the employer)**1. Business's full legal name and mailing address**

Business name

Mailing address

City, State

Zip code

Country (if not U.S.A.)

**2. Employer's FEIN**

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**3. Employer's Standard Industrial Classification (SIC) Code**

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**4. Employer's contact name for questions related to PFL****5. Employer's contact telephone number****6. Employer's contact email address****7. Employee's date of hire** (MM/DD/YYYY)

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**8. Employee's occupation code:**

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**9. Enter the last 8 weeks of gross wages for the employee and calculate the average gross weekly wage:**

Week no.	Week ending date (MM/DD/YYYY)	Number of days worked	Gross amount paid
1			
2			
3			
4			
5			
6			
7			
8			
Calculated average gross <u>weekly</u> wage:			

**10. If employee received or will receive full wages while on PFL, will employer be requesting reimbursement?** ☐ Yes ☐ No*Form PFL-1 continued on next 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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**PART B - EMPLOYER INFORMATION** (to be completed by the employer) - continued from prior page11a. In the preceding 52 weeks, has the employee taken leave for: ☐ NYS Disability PFL ☐ Both Disability & PFL ☐ None

11b. Enter the total number of weeks and days taken for both Disability and PFL in the last 52 weeks:

<b>Disability:</b>	Weeks	Please provide specific dates for Disability
	Days	
<b>PFL:</b>	Weeks	Please provide specific dates for PFL
	Days	

12. Is the employee taking Family Medical Leave Act (FMLA) concurrently with PFL? ☐ Yes ☐ No

13. PFL insurance carrier's name and mailing address

PFL insurance carrier's name

**New York State Insurance Fund**

Mailing address

**NYSIF Document Control Center - Disability  
Claims 1 Watervliet Avenue Extension**

City, State

**Albany**

Zip code

**12206**

Country

**USA**14. PFL insurance carrier's FAX number: **(518) 437-5201**

15. PFL policy number

**Declaration and signature**
☐ I affirm the employee regularly works 20 or more hours per week and has been in employment for at least 26 consecutive weeks OR the employee regularly works less than 20 hours per week and has worked at least 175 days.

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 the person authorized to sign as the employer of the employee requesting PFL. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.

Date signed (MM/DD/YYYY)

Employer's authorized signature

Title