## Paid Family Leave NOTICE OF COMPLIANCE



Paid Family Leave insurance coverage provided by:	Metropolitan Life Insurance Company	
, ,	INSERT INSURER NAME HERE	
Covering employees of:	JBF Stainless LLC	
	INSERT EMPLOYER NAME HERE	

## Paid Family Leave is employee-funded insurance that provides eligible employees 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 (see paidfamilyleave.ny.gov for eligible family members); or
- ASSIST loved ones when a spouse, domestic partner, child, or parent is deployed abroad on active military service.

Paid Family Leave may also be available for use in situations when you or your minor dependent child are under an order of quarantine or isolation due to COVID-19. See **PaidFamilyLeave.ny.gov/COVID19** for full details.

## Paid Family Leave Request Process:

- 1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible.
- 2. Complete and submit the Request for Paid Family Leave (Form PFL-1) to your employer.
- **3.** Complete and attach the additional documentation as instructed on the request form and submit to your employer's insurance carrier listed below. Submit within <u>30 days</u> after the start of your leave to avoid losing benefits.

You may obtain all forms from your employer, their insurance carrier listed below, or online at PaidFamilyLeave.ny.gov/Forms.

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

INSURER OR AUTHORIZED NEW YORK SELF-INSURER INFORMATION					
Name: Metropolitan Life Insuran	ce Company	Telephone:	(800) 300-4296		
Address: 200 Park Avenue, New York, NY 10166					
Policy #:219268	Effective date f	From: 1/1/2024	to 12/31/2024		
■ Statutory □ Under a plan or agreement					
Class(es) of employees covered: All Eligible New York Employees					

For more information, visit PaidFamilyLeave.ny.gov or call (844) 337-6303