TheStandard®

State University of New York
Applying For Paid Family Leave

To Use Paid Family Leave To:

Bond with a newborn, a newly adopted or fostered child

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

Complete Form PFL-2
☐ Complete PFL-2 and collect required documentation

Send forms and documents
☐ Send completed forms and required documentation to The Standard
☐ The Standard accepts or denies claim within 18 days

Care for a family member with a serious health condition

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

Complete Form PFL-3
☐ Care recipient completes PFL-3 and provides to health care provider
☐ Care recipient's health care provider keeps PFL-3

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

Send forms and documents
☐ Send completed forms and required documentation to The Standard
☐ The Standard accepts or denies claim within 18 days

Assist family members due to another family member's active military duty or impending active duty abroad

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

Complete Form PFL-5
☐ Complete PFL-5 and collect required documentation

Send forms and documents
☐ Send completed forms and required documentation to The Standard
☐ The Standard accepts or denies claim within 18 days

Please keep a copy of all pages for your records.

SNY **19378-430237** (1/24)
430237
(11/19)

The Standard Life Insurance Company of New York

833.786.5638 Tel   866.752.4037 Fax
PO Box 4160 Portland OR 97208

State University of New York
Request For Paid Family Leave
(Form PFL-1) Instructions

- To request PFL, the employee requesting PFL must 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 to The Standard listed on Part B of Request For Paid Family Leave (Form PFL-1). 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.

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

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.

Question 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, The Standard will 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 legal 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 (<u>before</u> 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.

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

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

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

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
Average Weekly Wage (including bonus) =	**$575**

If you are pre-submitting form: Indicate if the employee is pre-submitting their 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 is permitted by The Standard, the missing information must be supplied as soon as it is known. Benefits cannot be determined until all of the required information is provided.

The Standard 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, The Standard has 18 days to pay or deny the claim.**

If The Standard does not permit pre-submitting, The Standard must return the Request for Paid Family Leave within five days to the employee with an explanation that the claim should be re-submitted when all information is available.

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

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

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. Contact your carrier if you don't know your SIC code.

Question 8: The employee occupation code can be found at: **https://www.bls.gov/soc/**

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 chart on page 2 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).

Step 1: Add all gross wages received (<u>before</u> 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.

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

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.

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State University of New York
Request For Paid Family Leave
(Form PFL-1)

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	City	State	Zip Code	Country (if not USA)

4. Employee's Social Security Number or TIN	5. Employee's date of birth (MM/DD/YYYY)	6. Employee's primary telephone number ( )

7. Employee's preferred email address while on PFL (if available)	8. Employee's gender ☐ Male ☐ Female ☐ X

9. Employee's preferred language

☐ English   ☐ Español   ☐ Russian   ☐ Polski   ☐ Chinese   ☐ Italiano   ☐ Haitian   ☐ Korean   ☐ 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   ☐ Sibling

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State University of New York
Request For Paid Family Leave
(Form PFL-1)

TO BE COMPLETED BY THE EMPLOYEE

Employee's legal name (first name, middle initial, last name)	Employee's date of birth (MM/DD/YYYY)

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

13. Will PFL be for a continuous period of time and/or periodic?

☐ Continuous _____ / _____ / _____   _____ / _____ / _____   ☐ Dates are estimated

PFL start date (MM/DD/YYYY)   PFL end date (MM/DD/YYYY)

Identify dates periodic PFL will be taken:

☐ Periodic _____

_____   ☐ Dates are estimated

14. If providing less than 30 day's advance notice to the employer, please explain:

Employment Information (to be completed by the employee)

15. Business legal name	16. Employee's date of hire (MM/DD/YYYY)

17. Employee's work location Street address				

City	State	Zip code	Country (if not U.S.A.)

18. Employee's average gross <u>weekly</u> wage (This data will be requested of both employee and employer)

19. Employer's telephone number for contact regarding this request ( )	20a. Does employee have more than one employer? ☐ Yes ☐ No
20b. If yes, is employee taking PFL from the other employer? ☐ Yes ☐ No	21. Is employee currently receiving Workers' Compensation Lost Wage Benefits? ☐ Yes ☐ No

Disclosure statement: Information regarding PFL benefits received by the employee, such as payments received and types of leave, will be provided to the employer.

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.

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State University of New York
Request For Paid Family Leave
(Form PFL-1)

TO BE COMPLETED BY THE EMPLOYEE

Employee's legal name (first name, middle initial, last name)	Employee's date of birth (MM/DD/YYYY)

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

1. Business's full legal name and mailing address **State University of New York**	Agency code **28**

Campus Name	Mailing address		
City	State	Zip code	Country (if not U.S.A.)

2. Employer's FEIN **14-6013200**	Employee ID# **N**

3. Employer's Standard Industrial Classification (SIC) Code **8221**	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)

8. Employee's occupation – Codes are available at: https://www.bls.gov/soc/home.htm

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	Check Days Normally Worked
1				☐ Monday
2				☐ Tuesday
3				☐ Wednesday
4				☐ Thursday
5				☐ Friday
6				☐ Saturday
7				☐ Sunday
8				
Calculated average gross weekly wage:				

*As SUNY employees are paid bi-weekly, please note each pay period will be divided by two to get to a weekly gross paid amount
 (i.e. Pay period #1 an employee receives $3,000 – week 1 and week 2 amounts will each be $1,500).

**Please note that for CAL and CYF employees you will need to report the full compensation weekly earnings, please connect with SUNY if you have
 any questions.

9a. Through what date will the employee receive full wages? _____
                                              (MM/DD/YYYY)

9b. Through what day will the employee's work obligations extend? _____

9c. Will you be using Paid Parental Leave? If so, please provide the dates: _____

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SNY **19378-430237** (1/24)
430237
PFL-1
(1/24)

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State University of New York
Request For Paid Family Leave
(Form PFL-1)

TO BE COMPLETED BY THE EMPLOYEE

Employee's legal name (first name, middle initial, last name)	Employee's date of birth (MM/DD/YYYY)

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

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

11. PFL insurance carrier's name and mailing address   PFL insurance carrier's name
The Standard Life Insurance Company of New York

Mailing address
PO Box 4160

City	State	Zip code	Country (if not U.S.A.)
Portland	**OR**	**97208**	

12. PFL insurance carrier's telephone number	13. PFL policy number
(**800**) **368-2859**	**430237**

Declaration and signature

☐ I affirm that this employee meets the PFL eligibility requirements for unclassified professional employees.

☐ I affirm that this employee meets the PFL eligibility requirements for unclassified academic employees.

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.

Employer's authorized signature	Date signed (MM/DD/YYYY)

Title

The Standard Life Insurance Company of New York

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State University of New York
Bonding Certification
(Form PFL-2) Instructions

If the employee is requesting PFL to bond with a newborn, an adopted child or a foster child, the employee must submit the *Bonding Certification (Form PFL-2)* with the *Request For Paid Family Leave (Form PFL-1)*.

BONDING CERTIFICATION (to be completed by the employee)
The employee requesting PFL must complete all applicable requested information.
Send completed forms and required documentation to insurance carrier.

If this form is being submitted in advance (pre-submitting) and some information is unknown, the insurance carrier will contact the employee and explain how to provide the required additional information.

Questions 1 & 2: If the form is submitted to the PFL insurance carrier prior to the birth of a child, this is considered presubmitting. The employee is then required to provide the required documentation of the child's birth to the PFL insurance carrier. The PFL carrier will tell the employee how to provide the required additional documentation.

There may be instances where PFL can be taken before the adoption or foster care is finalized. For example, the employee may be required to appear in court or travel to another country as part of the adoption or foster care process. The employee should include documentation to show that the PFL is necessary to further the adoption or foster care.

Question 5: See chart below for documentation details. Unless specified, do not send the original documents.

Bonding Form/Certification	Description
Health care provider certification of pregnancy	An **original** letter obtained from the birth mother's health care provider that certifies pregnancy. It should include the mother's name and the expected due date.
Health care provider certification of birth	An **original** letter obtained from the birth mother's health care provider that includes the mother's name and child's date of birth.
Birth Certificate	A **copy** of the certificate issued by the city or county office in which the child is born.
Voluntary Acknowledgment of Paternity (Form LDSS-4418)	A **copy** of the form that establishes legal fatherhood when the parents are unmarried. Completed by both mother and father. For more information, see **childsupport.ny.gov/dcse/aop_howto.html**
Court Order of Filiation	A **copy** of the order from the family court that names the father of a child. Establishes legal fatherhood when the parents are unmarried. Completed by both mother and father. For more information, visit **childsupport.ny.gov/dcse/aop_howto.html**
Marriage Certificate	A **copy** of the official statement issued by the town or city clerk from which the marriage certificate was issued.
Civil union/domestic partner's documentation	A **copy** of the certificate of civil union or domestic partnership.
Foster care placement letter	A **copy** of the letter of foster care placement issued by the county or city department of social services or authorized voluntary foster care agency.
Court documents of adoption	A **copy** of the court document finalizing adoption or documentation in furtherance or court order finalizing adoption.
Other documentation	Other documentation of parental relationship may be accepted if none of the others listed apply.

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.

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SNY **19378-430237** (1/24)
430237
PFL-2 INST
(9/22)

The Standard Life Insurance Company of New York

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PO Box 4160 Portland OR 97208

TO BE COMPLETED BY THE EMPLOYEE

Employee's legal name (first name, middle initial, last name)	Employee's date of birth (MM/DD/YYYY)
Other last names, if any, under which employee has worked	Employee's Social Security Number or TIN

Employee's mailing address Street			
City	State	Zip Code	Country (if not U.S.A.)

BONDING CERTIFICATION (to be completed by the employee)

1. Child's date of birth (MM/DD/YYYY)	2. Child's gender ☐ Male ☐ Female ☐ X	3. Does child live with the employee requesting PFL? ☐ Yes ☐ No

4. Child is employee's:
☐ Biological child ☐ Stepchild ☐ Foster child ☐ Adopted child ☐ Legal ward ☐ Spouse/Domestic partner's child ☐ Loco parentis

5. Select one of the following and attach the document as required as evidence of the relationship.

Parent of newborn child:
Birth mother:

☐ Health care provider certification of pregnancy (include expected due date AND mother's name); OR

☐ Health care provider certification of birth (include date of birth of child AND mother's name); OR

☐ Child's birth certificate

Other parent:

☐ Copy of birth certificate naming second parent; OR

☐ Voluntary acknowledgment of paternity; OR

☐ Court order of filiation; OR

☐ Birth mother documents (see above) PLUS one of the following:

☐ Marriage certificate; OR

☐ Certificate of civil union; OR

☐ Evidence of domestic partnership

☐ OR; Other documentation of parental relationship

Foster parent:

☐ Letter of foster care placement or anticipated placement issued by county or city department of Social Services or authorized voluntary foster care agency

Adoptive parent:

☐ Court document finalizing adoption

☐ Documentation in furtherance of adoption

6. Date of foster care or adoption placement, if applicable (MM/DD/YYYY)

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430237
PFL-2
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State University of New York
Bonding Certification
(Form PFL-2)

TO BE COMPLETED BY THE EMPLOYEE

Employee's legal name (first name, middle initial, last name)	Employee's date of birth (MM/DD/YYYY)

BONDING CERTIFICATION (to be completed by the employee)

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)