

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

THE STATE INSURANCE FUND

CRUNCH CARE INC

Covering Employees of:

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 leave

FOR MORE INFORMATION AND HELP: Visit ny.gov/PaidFamilyLeave or call (844) 337-6303

You can get forms to take Paid Family Leave from

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

New York State Insurance Fund NYSIF Document Control Center-Disability Underwriting 1 Watervliet Ave Ext, Albany, NY 12206 (866) 697-4332

Policy #: DB 6877 57-6

Effective From: 01/01/2018

To: 05/11/2018

x Statutory

Under a Plan or Agreement

Class(es) of Employees Covered:

All Eligible Employees

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.

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