



Dear Policyholder:

It is a pleasure to welcome you as a new policyholder of the New York Life Group Insurance Company of NY (or) NYLGICNY. We are pleased to provide the coverage for your New York State (NYS) Disability and Paid Family Leave Insurance program. For more information on your NYS Disability and Paid Family Leave Benefits, please go to the Workers' Compensation (WC) Board website below:

<http://www.wcb.ny.gov>

Along with the master policy, the following forms are enclosed for the administration of the coverage:

1. Notice of Compliance, form #DB-120, to be posted conspicuously at the site of your place of business.
2. Notice of Compliance, form #PFL-120, to be posted conspicuously at the site of your place of business
3. Certificate/Cancellation of Insurance, form #DB-820, filed with the government agency issuing a permit, license or contract. The DB-820 is always completed by the insurance carrier.
4. Statement of Rights – Disability Benefits Law, form DB-271S, issued by you to a disabled employee.
5. Statement of Rights- Paid Family Leave Law, form PFL-271S, issued by you to an employee who requests time off for a potentially qualifying event

In addition to the above, the following form is needed in the administration of the coverage and can be found on the WC Board website:

1. Employee Identification Card, form #DB-125. This card must be issued to employees upon separation from employment.

The name, address and Unemployment Insurance (UI) number of the Employer must be typewritten or hand printed on each card issued.

Supplies of the card can be found at:

<http://www.wcb.ny.gov/content/main/forms/db125.pdf>

Or by writing or calling directly to the:

Workers' Compensation Board, Disability Benefits Bureau
100 Broadway-Menands
Albany, NY 12241-0005
(800) 353-3092

2. Disability Claim Form, form #DB-450.

The disability claim form can be found at:

<http://www.wcb.ny.gov/content/main/forms/db450.pdf>

IMPORTANT. In the event of a claim, please provide your employee with a copy of the claim form. Instruct the employee to complete both sides of this form and to mail the completed form to the attention of the Group Claims Office at the address shown below. **It is important that you provide the employee with the address, as it is not included in the DB-450 form.**

New York Life Group Insurance Company of NY
Paper Intake Team
P.O. Box 29050
Phoenix, AZ 85038-9050

If the employee has questions related to the completion of the form, the employee may call:

New York Life Group Insurance Company of NY
800-362-4462.

3. Paid Family Leave Claim Forms, forms PFL-1, 2, 3, 4 and 5.

Paid Family Leave claim forms can be found on the state website at:

<https://paidfamilyleave.ny.gov/forms>

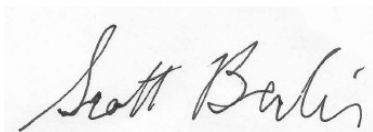
4. Employee Paid Family Leave Opt-Out and Waiver of Benefits, form PFL-WAIVER

If an employee does not expect to work long enough to qualify for Paid Family Leave (a seasonal worker, for example), the employee may opt out of Paid Family Leave by completing the Waiver of Benefits Form and filing it with his or her employer. This form can be found at:

<https://paidfamilyleave.ny.gov/pfl-waiver-form>

If you have any questions or if you need assistance, please contact your Account Manager or Account Service Representative.

Very truly yours,



Scott Berlin, President

New York Life Group Insurance Company of NY
51 Madison Ave., New York, New York 10010
A Stock Insurance Company

New York Disability Benefits Policy

POLICYHOLDER: TheKey Management, LLC

POLICY NUMBER: NYD075916

POLICY EFFECTIVE DATE: January 1, 2025

POLICY ANNIVERSARY DATE: January 1

This is a contract between us, the New York Life Group Insurance Company of NY, and you, the policyholder named above. In return for the payment of premiums as set forth in this policy, we agree to pay the benefits to which a covered employee is entitled as defined in the New York Regulations and referenced in this policy. We will only pay benefits if the employee becomes disabled while he is covered by this policy.

This policy shall take effect on the date shown above, at 12:01 a.m. standard time in the State of New York. It will stay in force as long as the premium is paid, until it is cancelled by you or us, in accordance with its provisions.

The insurance evidenced by this policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IN WITNESS WHEREOF, we have signed this policy at New York, New York.

The image shows two handwritten signatures in blue ink. The signature on the left is 'Colleen J. Meade' and the signature on the right is 'Scott Berlin'.

{Colleen J. Meade, Secretary}

{Scott Berlin, President}

DEFINITIONS

Covered Employees – As used in this policy, the term “covered employees” includes all employees eligible for coverage under Disability and Paid Family Leave Benefits Law except those specified in the Application attached to this policy. A person will not be covered by this policy during any period that he was not employed by you even though this policy is in force during that period.

Disability and Paid Family Leave Benefits Law – As used in this policy, the term “Disability and Paid Family Leave Benefits Law” means:

- a) Article 9 of the Worker’s Compensation Law of the State of New York; and
- b) Any laws which (i) amend or supplement Article 9, and (ii) are in force or take effect while this policy is in force.

PREMIUMS

Amount of Premium – The premium rate is shown in the Application. The amount of premium shall be figured

- (a) for employers with 1 employee but fewer than 50 Covered Employees, by multiplying the quarterly rate per male employee by the number of male Covered Employees, the quarterly rate per female employee by the number of female Covered Employees and then totalling; or
- (b) for employers with more than 50 Covered Employees, either (i) or (ii)
 - (i) by multiplying the applicable quarterly rate per \$100.00 of wages by the total wages paid for the quarter, not to exceed the maximum for each Covered Employee specified in the Disability and Paid Family Leave Benefits Law, or
 - (ii) by multiplying the quarterly rate per male employee by the number of male Covered Employees, the quarterly rate per female employee by the number of female Covered Employees and then totalling.

Premiums, calculated as described above, shall be payable quarterly as applicable. The first premium shall be due on or before the effective date of this policy. Renewal premiums shall be due on each on the last day of each calendar quarter, if paid quarterly. A 31 day grace period applies to each premium after the first.

You shall figure the premium due and send this amount in full to us or to our authorized agent. You should also provide us with such information as we may require from your quarterly report to the Department of Labor.

Premiums are subject to the minimum quarterly premium prescribed by us.

Advance Premium – The advance premium is a deposit only. It shall be payable when the policy is delivered. It will be credited against the premium found to be due during the last calendar quarter (or part of a calendar quarter) that this policy is in force. If there is any excess, it will be returned to you.

Premiums Subject To Change – We may change the premium bases, rates, and rating plans:

- a) as of each policy anniversary date; or
- b) as of the effective date of any amendment to the Disability and Paid Family Leave Benefits Law which affects our duties under this policy.

Any such change shall be made by an endorsement to this policy, which shall show the effective date of the change.

POLICY CANCELLATION

Cancellation of the Policy – Either you or we may cancel this policy at any time, by giving written notice to the other, and to the chairman of the Worker's Compensation Board of the State of New York. Notice shall be given to you by delivering it to you at your last known place of business, and to the office of the chairman of the Worker's Compensation Board.

The notice shall set forth the date that the policy is to be cancelled; this date may not be less than 10 days after the date that the notice is furnished if the policy is cancelled for non-payment of premium, and not less than 30 days after the date that the notice is furnished if the policy is cancelled for any other reason. Premium changes must be made upon at least 44 days' prior written notice. The policy will be cancelled as of the date set forth in the notice, as long as notice is provided as specified above; otherwise, at the end of the required notice period. However, if you obtain insurance with another carrier which takes effect before the date set forth in the notice, this policy will be cancelled as of the date that the other insurance takes effect.

Unearned Premiums – If this policy is cancelled, the earned premium will be figured, and the unearned premium (if any) will be returned to you. If we cancel this policy, or if you cancel this policy because you are retiring from business, then the earned premium shall be figured pro rata. If you cancel this policy for any other reason, then the earned premium shall be figured using the short rate table filed with the State of New York Insurance Department.

REQUIRED PROVISIONS

Notice and Jurisdiction – As between the covered employee and us, notice to you or knowledge by you of an injury or sickness suffered by the covered employee shall be deemed notice to us or knowledge by us, as the case may be; jurisdiction of you for the purposes of the Disability and Paid Family Leave Benefits Law shall be jurisdiction of us; and we will in all things be bound by and subject to the orders, findings, or decisions made with regard to the payment of benefits under said law.

Enforcement by Chairman – The chairman of the Worker's Compensation Board of the State of New York shall have the right to enforce, in the name of the people of the State of New York for the benefit of the covered employee, our liability for the payment of the benefits provided by this policy, in whole or in part. He may file a separate application; or he may make us a party to the original application.

Multiple Liability – Payment in whole or in part of these benefits either by you or us shall be a bar to the recovery against the other of the amounts so paid.

Bankruptcy – We will not be relieved of any of our obligations under this policy, if you become bankrupt or insolvent.

Law Part of Policy – Each and every provision of the Disability and Paid Family Leave Benefits Law shall be a part of this policy, as if it were written in this policy. Regardless of any provision of this policy, benefits shall be paid at least to the extent and in the manner required by, and subject to the terms of, said law.

Statutory Assessments – We will pay assessments levied on the total payroll of covered employees required by sections 214(2), 214(3), and 228 of the Disability and Paid Family Leave Benefits Law.

Employee Contributions – If the total of contributions by employees for this coverage exceeds the total net premium for this policy, then the excess shall be applied for the sole benefit of employees, under rules

of the chairman of the Worker's Compensation Board; or applied or disposed of as required by section 216 of the Disability and Paid Family Leave Benefits Law.

If contributions are required by Covered Employees for this coverage, such contributions may not exceed 0.5% of the Covered Employee's wages, and not more than the maximum amount per week of \$0.60 as permitted by the Disability and Paid Family Leave Benefits Law.

GENERAL PROVISIONS

Notice of Disability – If you receive notice that a covered employee is disabled, you shall give written notice as soon as reasonable possible to us, or to an agent authorized by us. This notice should state your name; the policy number; the name and address of the covered employee; and any details of the time, place, and nature of the disability that are available to you. If a disability claim is made, you should give us notice right away, with full details of the claim. Nothing contained in any other section of this policy shall relieve you of the duty to give us notice set forth above.

Entire Agreement – By accepting this policy, you agree that the statements in the Application, which is attached to and made part of this policy, are your agreements with us; that these statements are representations and not warranties; and that this policy and the Application contains the entire agreement between you and us, or any of our agents, with respect to this insurance.

Changes – No change in this policy is valid unless it has been approved by one of our executive officers. This approval must be attached to or endorsed on this policy. No agent may change this policy or waive any provision. Notice to or knowledge by an agent or any other person shall not prevent us from enforcing any of our rights under the terms of this policy.

Records Maintained; Examination and Audit – You shall furnish us with all information which we may reasonably require with respect to the coverage provided by this policy. We may examine your records, which relate to this insurance at any time that this policy is in force, within 3 years after this policy is cancelled, or later if claims are still pending.

Assignment – No assignment of your interest under this policy shall bind us, until our consent has been endorsed on this policy.

Transaction Number: 10485463

Your submission was received for processing on 11/15/2024 at 12:33PM. It was submitted by user SLAWRENCE4.
It has been accepted and processed.

STATE OF NEW YORK WORKERS' COMPENSATION BOARD
DISABILITY BENEFITS LAW and PAID FAMILY LEAVE BENEFITS LAW
CERTIFICATE/CANCELLATION OF INSURANCE

Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

Transaction Type: Initial**Transaction Effective Date: 01/01/2025**

A. INSURER/CARRIER			
1/2. INSURER/CARRIER NAME/CODE NEW YORK LIFE GROUP INSURANCE - B089001			6. TODAY'S DATE 11/15/2024
B. CURRENT - EMPLOYER INFORMATION			
7. WCB EMPLOYER NUMBER		8. NYS UIER NUMBER	9. EMPLOYER FEIN 824217215
10. EMPLOYER'S NAME Name: TheKey Mgt LLC dba Home Care Assistance Management LLC d/b/a: c/o: Attn:			13. LEGAL STATUS Limited Liability Company (LLC) (10)
11. ADDRESS Line 1: 16 W. 22nd Street Line 2:			14. # OF EMPLOYEES
12. CITY STATE ZIP CODE New York New York 10010 COUNTRY United States			15. TELEPHONE NO.
C. POLICY			
<i>*If policyholder is an Association, Union or Trustee for which form DB-820.3 is filed, do not complete item 18.</i>			
16. POLICY NUMBER* NYD075916	16a. COVERAGE TYPE PFL and DB (1)	17. POLICY EFFECTIVE DATE 01/01/2025	18. POLICY FORM NUMBER*
19. WCB PLAN NUMBER (Only for Assoc., Union or Trustee with Form DB-801 on file.)			20. ANNUAL PREMIUM AMOUNT
F. POLICYHOLDER - If different from Employer			
27. POLICYHOLDER NAME Name: d/b/a: c/o: Attn:			
28. POLICYHOLDER ADDRESS Line 1: Line 2:			
29. CITY STATE ZIP CODE COUNTRY			
30. POLICYHOLDER FEIN			

To be filed by Insurance Carrier on behalf of Employer to provide, through insurance, exactly statutory benefits, (Section 204)
OR benefits under a plan accepted by the Chairman.

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

DB-820/829 rev. 5/01

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

New York Life Group Insurance Company of NY
51 Madison Ave. New York, NY 10010
Phone 1-888-842-4462

Policy #: NYD075916

Effective From: 01/01/2025

To: 01/01/2028

☒ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered:

All Employees eligible under NY Disability Benefits Law.

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

Paid Family Leave NOTICE OF COMPLIANCE



**Paid Family
Leave**

Paid Family Leave insurance coverage provided by: New York Life Group Insurance Company of NY
INSERT INSURER NAME HERE

Covering employees of: TheKey Mgt LLC dba Home Care Assistance Management LL
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 30 days 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: New York Life Group Insurance Company of NY Telephone: 1-888-842-4462

Address: 51 Madison Ave. New York, NY 10010

Policy #: NYD075916 Effective date from: 01/01/2025 to 01/01/2028

☒ Statutory ☐ Under a plan or agreement

Class(es) of employees covered: All Employees eligible under NY Disability Benefits Law.

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

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

NEW YORK LIFE GROUP INSURANCE COMPANY OF NY
51 Madison Ave.
New York, NY 10010

AMENDATORY RIDER

It is hereby understood and agreed that the following employers are covered under this policy:

TheKey Mgt LLC dba Home Care Assistance Management LLC

It is agreed that the Amendment will be made a part of the Policy.

Nothing herein contained shall vary, alter or extend any provision or condition of the policy other than as above stated.

Effective Date: January 1, 2025 at the hour specified in the policy		Part of Policy No.:	NYD 075916
Issued To:	TheKey Management, LLC		

Marceline E. Reilly

Authorized Agent

Scott Berlin

Scott Berlin, -President

Not valid unless countersigned by a duly authorized agent of the
New York Life Group Insurance Company of NY

LN-210 (As Modified by TY-008140)

Reorder by TY-004806

Rider to Group Policy No. NYD075916
Effective Date of Rider: January 1, 2025
Eligible Classes to which this Rider Applies: All Classes

The General Provisions of the Policy are modified to include the following section.

**CERTAIN INTERNAL REVENUE CODE (IRC) & INTERNAL REVENUE SERVICE (IRS)
FUNCTIONS**

The Insurer may agree with the Policyholder to perform certain functions required by the Internal Revenue Code and IRS regulations. Such functions may include the preparation and filing of wage and tax statements (Form W-2) for disability benefit payments made under this Policy. In consideration of the payment of premiums by the Policyholder, the Insurer waives the right to transfer liability with respect to the employer taxes imposed on the Insurer by IRS Regulation 32.1(e)(1) for weekly Disability payments made under this Policy. Employee money may not be used to fund the Premium for the services and payments of this section.

Life Insurance Company of North America

A handwritten signature in blue ink, appearing to read "Scott Berlin".

Scott Berlin, President

**NEW YORK LIFE GROUP INSURANCE COMPANY OF NY
(herein called the Insurance Company)**

**51 Madison Ave.
New York, NY 10010
MODIFICATION RIDER**

Policyholder: TheKey Management, LLC

Policy Number: NYD075916

Effective Date of Rider: January 1, 2025

Classes of Employees to which this Rider applies: All Employees covered by the Policy

The Company and the Policyholder hereby agree that the Policy is amended as follows:

NEW YORK PAID FAMILY LEAVE BENEFITS

This rider amends your New York Statutory Disability Benefits Law (DBL) Policy to provide family leave (PFL) benefits as required by law and described below. This rider replaces any previous family leave benefits rider. This rider is subject to all of the provisions of the DBL policy except as specifically modified by this rider. This rider and the DBL Policy to which it is attached are, together, the Policy and governed by the laws of New York State.

I. Definitions

Arbitration means the submission of a dispute to one or more impartial persons (as selected by the Chair) for a final and binding decision, known as an award.

Average Weekly Wage means for the purpose of computing the PFL benefit, the amount determined by dividing either the total wages of the employee in the employment of his last covered employer for the eight weeks or portion thereof that the employee was in such employment immediately preceding and including his last day worked prior to the first day of PFL, or the total wages of the last eight weeks or portion thereof immediately preceding and excluding the week in which PFL began, whichever is the higher amount, by the number of weeks or portion thereof of such employment.

PFL-10000-24.NY

For a sole proprietor, a member of a limited liability company, a member of a limited liability partnership, or other self-employed person who elects coverage under Article 9 of the Workers' Compensation Law (WCL), *average weekly wage* shall be determined by computing such person's total net income in the 52 week period immediately preceding the period of leave and dividing such total wages by 52.

Chair means the Chair of the NYS Workers' Compensation Board (WCB).

Child means 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.

Family Member means a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner.

Foreseeable Qualifying Events include an expected birth, placement for adoption or foster care, planned medical treatment for a serious health condition of a family member, the planned medical treatment for a serious injury or illness of a covered service member, or other known military exigency.

Grandchild means a child of the employee's child.

Grandparent means the parent of the employee's parent.

Parent means a biological, foster, or adoptive parent, a 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.

Providing Care may include necessary physical care, emotional support, visitation, assistance in treatment, transportation, arranging for a change in care, assistance with essential daily living matters, and personal attendant services.

Serious Health Condition means an illness, injury, impairment, or physical or mental condition including transplantation preparation and recovery from surgery related to organ or tissue donation that involves inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or continuing supervision by a health care provider.

Sibling means a biological or adopted sibling, a half-sibling or stepsibling.

Statewide Average Weekly Wage means the average weekly wage of employees in this State for the previous calendar year as reported by the NYS Commissioner of Labor.

Superintendent means the Superintendent of the NYS Department of Financial Services.

Wages means the money rate at which employment with a covered employer is recompensed by the employer as more fully set forth in 12 NYCRR 357.1 and in the case of a self-employed person, the person's self-employment income as defined in 26 U.S.C. § 1402(b).

PFL-10000-24.NY

II. Eligibility: Eligible Employees

A. A New York employee of a New York covered employer whose regular employment schedule is 20 or more hours per week will become eligible to receive PFL benefits during employment with such employer if:

(1) the employee has been in employment of the covered employer for at least 26 consecutive work weeks preceding the first full day leave begins;

(2) the employee has been in employment of the covered employer during the work period usual to and available during the entirety of at least 26 consecutive weeks preceding the first full day leave begins in any trade or business in which the employee is regularly employed and in which hiring from day to day is the usual employment practice; or

(3) the employee has been in employment of the covered employer during the work period usual to and available during the entirety of at least 26 consecutive weeks preceding the first full day leave begins and such consecutive weeks are tolled by the employer during periods of absence that are due to the nonconsecutive nature of that employment and employment is not terminated during those periods of absence.

B. A New York employee of a New York covered employer whose regular employment schedule is less than 20 hours per week will become eligible to receive PFL benefits during employment with such employer if the employee has been in employment of the covered employer and has worked 175 days in such employment preceding the first full day leave begins.

C. The use of scheduled vacation time; the use of personal, sick or other time away from work that has been approved by the employer; or other periods where the employee is away from work but is still considered to be an employee by the employer are counted as days/weeks of employment for purposes of determining eligibility to receive PFL benefits during employment, so long as the required PFL premium is paid by the employee, during such periods of time.

D. Periods of temporary disability taken pursuant to DBL shall not be counted as days/weeks of employment for purposes of determining eligibility to receive PFL benefits during employment.

E. An employee who is eligible for both DBL benefits and PFL benefits during the same period of 52 consecutive calendar weeks shall not receive more than 26 total weeks of combined DBL benefits and PFL benefits during that period of time.

F. FMLA. In the event that a period of PFL benefits received by an eligible employee is concurrently designated as leave pursuant to the Family and Medical Leave Act ("FMLA") by an employer, the employer shall comply with the notification requirements pursuant to 12 NYCRR 380-2.5(g).

PFL-10000-24.NY

III. Premium

A. The employer is responsible to collect the premium contributions for the statutory PFL coverage from each covered employee. The employer is not required to fund any portion of the statutory PFL benefit.

B. The employer may collect employee premium contributions for PFL while an employee is receiving PFL benefits.

C. The employer may not collect employee premium contributions for PFL if an employee is taking DBL leave and has not yet acquired eligibility for PFL benefits.

IV. Statutory PFL Benefits

A. An eligible employee may be entitled to benefits for leave taken from work for the following qualifying events:

(1) To participate in providing care, including physical or psychological care for a family member of the employee made necessary by a serious health condition of the family member;

(2) For the employee to bond with the employee's child:

- during the first 12 months after the child's birth;
- during the first 12 months after the placement of the child for adoption or foster care; or
- before the actual placement or adoption of a child if an absence from work is required for the placement for adoption or foster care to proceed; or

(3) Due to any qualifying exigency pursuant to FMLA, arising out of active duty or an impending call or order to active duty in the Armed Forces of the United States for the spouse, domestic partner, child or parent of the employee.

B. The weekly benefit for family leave commencing on or after January 1, 2024 shall be:

- up to 12 weeks during any 52 consecutive week period; and
- paid at 67% of the employee's average weekly wage, not to exceed 67% of the statewide average weekly wage.

The benefit rate for the employee's period of family leave shall be the rate that is in effect on the first day of family leave taken.

52 consecutive weeks is computed retroactively to the first day for which benefits are currently being claimed. A single claim may not cover more than 52 consecutive weeks.

C. Liability of Insurer. The liability for PFL benefits payable for a single qualifying event in a 52-week period shall be our liability if New York Life Group Insurance Company of NY was providing coverage on the first day of family leave.

V. Requesting PFL Benefits

A. Foreseeable leave.

(1) The employee must provide 30-days advance notice to the employer prior to the first day of leave taken for a foreseeable qualifying event. If 30-days advance notice is not practicable, then notice must be given as soon as practicable. A sole proprietor, member of a limited liability company, member of a limited liability partnership or other self-employed person, must provide 30-days advance notice to New York Life Group Insurance Company of NY prior to the first day of leave taken for a foreseeable qualifying event or as soon as practicable.

(2) The advance notice must include the anticipated timing and duration of the leave for;

(a) continuous leave; or

(b) intermittent leave. The employee should consult the employer on whether the employer may require the employee to provide notice as soon as practicable before each day of intermittent leave. The employee shall advise the employer and New York Life Group Insurance Company of NY of the schedule of intermittent leave. New York Life Group Insurance Company of NY may withhold payment pending submission of a request for payment together with the dates of intermittent leave.

(3) The employee shall advise the employer of any change in the timing and/or duration of the leave. The sole proprietor, member of a limited liability company, member of a limited liability partnership or other self-employed person shall advise New York Life Group Insurance Company of NY of any change in the timing and/or duration of the leave.

(4) If the employee fails to give 30-days advance notice of foreseeable leave to the employer, the employer may request that New York Life Group Insurance Company of NY delay the payment of benefits to the employee (known as a partial denial) for a period of up to 30 days from when the notice was given.

B. Unforeseeable Leave.

(1) When the need for continuous leave is unforeseeable, the employee must provide notice to the employer as soon as practicable. When the need for leave is unforeseeable, the sole proprietor, member of a limited liability company, member of a limited liability partnership or other self-employed person must provide notice to New York Life Group Insurance Company of NY as soon as practicable.

PFL-10000-24.NY

(2) When the need for intermittent leave is unforeseeable, the employer may require the employee to provide notice as soon as practicable before each day of intermittent leave. The employee shall advise the employer and New York Life Group Insurance Company of NY of the schedule of intermittent leave. New York Life Group Insurance Company of NY may withhold payment pending submission of a request for payment together with the dates of intermittent leave.

C. Requirements for Filing a Claim.

(1) The employee requests PFL benefits by completing the request for PFL which is either the PFL-1 claim form available on the New York State Paid Family Leave website or the format designated by New York Life Group Insurance Company of NY.

(2) The employee provides the employer with the request for PFL to complete the employer information section. The employer must complete its section and return the completed request to the employee within 3 business days. New York Life Group Insurance Company of NY may not deny a claim for failure of the employer to complete its section.

(3) The employee completes the appropriate certifications or proof of claim documentation. No benefits are required to be paid by New York Life Group Insurance Company of NY until the completed request for PFL together with the necessary certifications or proof of claim documentation have been submitted to New York Life Group Insurance Company of NY. (See item H. Certification/Proof of Claim Documentation below for additional information.)

(4) The employee submits the completed request for PFL together with the necessary certifications or proof of claim documentation to New York Life Group Insurance Company of NY no later than 30 days from the first day of leave. For a previously unspecified day of intermittent leave, the request for payment must be made within 30 days of the leave. If the Chair agrees that it was not reasonably possible to furnish the completed request for PFL together with the necessary certifications or proof of claim documentation within 30 days, then it must be submitted as soon as possible within the period of actual leave taken pursuant to Section IV. B. above.

(5) Once New York Life Group Insurance Company of NY receives the completed request for PFL together with the necessary certifications or proof of claim documentation, New York Life Group Insurance Company of NY must pay or deny the claim within 18 days.

(6) New York Life Group Insurance Company of NY shall make all reasonable efforts, consistent with the principles set forth in Executive Order 26, issued October 6, 2011, to communicate with respect to the PFL claim in the language identified by the employee in the request for PFL.

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D. Alternate Request for PFL (not using the PFL-1 claim form).

(1) New York Life Group Insurance Company of NY will immediately provide an acknowledgment of receipt and a claim identification number when New York Life Group Insurance Company of NY receives a request for PFL in a format designated by New York Life Group Insurance Company of NY other than the PFL-1 claim form.

(2) Within 5 business days of receipt of an incomplete alternate request for PFL, New York Life Group Insurance Company of NY will provide the employee with a list of the required missing information and the following:

- (a) information on how to properly complete the request for PFL; and
- (b) information regarding arbitration.

(3) When a PFL claim is denied without prejudice because it is incomplete, the employee must refile within 30 days of the first day of leave. If the employee does not refile the completed request for PFL together with the necessary certifications or proof of claim documentation within 30 days of the first day of leave, New York Life Group Insurance Company of NY may deny the claim.

(4) Once New York Life Group Insurance Company of NY receives the completed request for PFL together with the necessary certifications or proof of claim documentation, New York Life Group Insurance Company of NY must pay or deny the claim within 18 days.

E. Incomplete Request for PFL using the PFL-1 claim form.

(1) New York Life Group Insurance Company of NY may deny a claim for PFL without prejudice within 18 days if:

- (a) the claim is incomplete; or
- (b) the certification or proof of claim documentation is insufficient.

(2) New York Life Group Insurance Company of NY must notify the employee of each piece of required missing information.

(3) When a PFL claim is denied without prejudice, the employee must refile within 30 days of the first day of leave. If the employee does not refile the completed request for PFL together with the necessary certifications or proof of claim documentation within 30 days of the first day of leave, New York Life Group Insurance Company of NY may deny the claim.

(4) Once New York Life Group Insurance Company of NY receives the completed request for PFL together with the necessary certifications or proof of claim documentation, New York Life Group Insurance Company of NY must pay or deny the claim within 18 days.

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F. Advance Request for PFL for Foreseeable Qualifying Events.

(1) An Advance Request for PFL for a foreseeable qualifying event shall not be denied on the grounds that the request for PFL is incomplete.

(2) Within 5 business days of receipt of an incomplete request for PFL, New York Life Group Insurance Company of NY will provide the employee with:

- (a) notice that the claim is pending;
- (b) a list of the required missing information;
- (c) instructions for how to submit the missing information; and
- (d) contact information.

(3) Once New York Life Group Insurance Company of NY receives a completed request for PFL, New York Life Group Insurance Company of NY shall provide the employee a confirmation of receipt of the completed claim within 3 business days.

(4) If a completed request for PFL is received more than 18 days before the occurrence of a qualifying event, New York Life Group Insurance Company of NY shall send payment to the employee within 5 days following the qualifying event.

G. Denial of PFL Benefits. If New York Life Group Insurance Company of NY denies a request for PFL for reasons other than the claim is incomplete or the certification or proof of claim documentation is insufficient, the employee may not refile. A PFL denial must state the reason, repeat any relevant information filed in the request and include any other information considered by New York Life Group Insurance Company of NY in making the decision.

H. Certification/Proof of Claim Documentation.

(1) Certification Updates. New York Life Group Insurance Company of NY may require updates to the request for PFL, certifications, or proof of claim documentation for subsequent periods of PFL not covered by the initial documentation during the 52-week period following the initial request for PFL.

(2) Bonding Certification. For PFL taken to bond with the employee's child, the required information to be included in the certification is contained in the PFL-2 form available on the New York State Paid Family Leave website or from New York Life Group Insurance Company of NY.

(3) Certification of a Serious Health Condition.

(a) It is the employee's responsibility to obtain a medical certification from a health care provider and to provide New York Life Group Insurance Company of NY with the complete and sufficient certification for PFL taken due to the serious health condition of a family member. Failure to provide the certification may result in the denial of PFL benefits.

(b) The required information to be included in the certification from the health care provider is contained in the PFL-4 form available on the New York State Paid Family Leave website or from New York Life Group Insurance Company of NY.

(4) Certification Relating to a Qualifying Military Exigency.

(a) It is the employee's responsibility to submit a certification for PFL taken due to a qualifying military exigency. The information to be included in the certification is contained in the PFL-5 form on the New York State Paid Family Leave website or from New York Life Group Insurance Company of NY.

(b) New York Life Group Insurance Company of NY may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on active duty or called to active duty status, and the dates of the military member's active duty service.

(c) If the qualifying military exigency involves rest and recuperation leave, the employee must provide a copy of the military member's rest and recuperation orders, or other documentation issued by the military which indicates that the military member has been granted rest and recuperation leave and the dates of the military member's rest and recuperation leave.

(d) New York Life Group Insurance Company of NY may independently verify the employee's appointments with third parties and may verify the military member's active duty status.

VI. Payment of Benefits

A. The first payment of benefits shall be paid within 18 days of receipt of a completed request for PFL with the necessary certification or proof of claim documentation. Thereafter, PFL benefits shall be paid biweekly. In the event a completed request for PFL is received more than 18 days before the occurrence of a qualifying event, New York Life Group Insurance Company of NY shall send payment to the employee within five days following the qualifying event.

B. Payment of PFL benefits may be made in the same manner as the employee is paid wages from the employer (such as debit card, direct deposit, or check).

C. Payment Options. If New York Life Group Insurance Company of NY offers a choice of method of payment, New York Life Group Insurance Company of NY will contact the employee upon the receipt of the request for PFL and may require the employee to choose between debit card and direct deposit as the method of payment, unless the employee certifies the need for payment by check. If the employee fails to choose a method of payment, New York Life Group Insurance Company of NY may elect to make payment using either a debit card or a check. The employee may elect at a later time to change the default method of payment.

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D. If New York Life Group Insurance Company of NY provides for payment methods in addition to a check, New York Life Group Insurance Company of NY must provide employees with written notice that meets the requirements of 12 NYCRR 380-5.6(e).

VII. Employee Use of Accruals and Employer Request for Reimbursement

Where an employer provides an option to employees to charge all or part of unused accruals or other paid time off to receive full salary during the period of family leave and the employee exercises that option, and the employee does not file a request for PFL benefits with New York Life Group Insurance Company of NY, the employer may request reimbursement from PFL benefits due by filing its claim for reimbursement with New York Life Group Insurance Company of NY in accordance with Workers' Compensation Law §205(2)(c).

VIII. Dispute Resolution

A. Informal Resolution. The employee and New York Life Group Insurance Company of NY shall make every effort to informally resolve a denial of PFL benefits.

B. Arbitration. In the event an informal resolution is unsuccessful, any party may seek a formal resolution through arbitration. Any claim-related dispute, including eligibility, benefit rate, and duration of family leave, is subject to arbitration pursuant to procedures promulgated or approved by the Chair of the Workers' Compensation Board. Awards are made in writing and are final and binding on the parties in the case subject to Article 75 of the Civil Practice Law and Rules.

IX. Exclusions and Limitations

(1) Prohibition on concurrent payments. DBL and PFL benefits are not payable concurrently.

(2) No employee shall be entitled to PFL benefits:

(a) For any disability occasioned by the willful intention of the employee to bring about injury to or the sickness of himself or another, or resulting from any injury or sickness sustained in the perpetration by the employee of an illegal act;

(b) For any day of PFL during which the employee performed work for the employer for remuneration or profit;

(c) For any family leave commencing before the employee becomes eligible for PFL benefits.

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(3) A sole proprietor, a member of a limited liability company, a member of a limited liability partnership, or other self-employed person who elects coverage under Article 9 of the WCL shall be subject to a waiting period of 2 years from the effective date of this rider before PFL benefits are payable. During the 2 year waiting period, premium contributions for PFL coverage shall be payable.

X. Renewal/Cancellation/Termination

The renewal/cancellation/termination provision of the DBL policy shall apply to this PFL rider. The benefits contained within this PFL rider shall renew or cancel/terminate on the same renewal date or cancellation/termination date as the DBL policy.

XI. Discontinuance

If New York Life Group Insurance Company of NY elects to discontinue all DBL/PFL policies in one or more group sizes (small, medium, large), New York Life Group Insurance Company of NY will provide written notification of the proposed discontinuance to the Superintendent, in accordance with 11 NYCRR 363.6(l) and (m), at least 90 days prior to the date of discontinuance of the coverage. This notification shall be in addition to the notification to the employer required in the underlying DBL policy.

New York Life Group Insurance Company of NY

A handwritten signature in blue ink, appearing to read "Scott Berlin".

Scott Berlin, President

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NEW YORK LIFE GROUP INSURANCE COMPANY OF NY
51 Madison Ave.
New York, NY 10010

New York Disability and Paid Family Leave Benefits Insurance Employer Application

Policy No: NYD - NYD075916

1. Name of Employer TheKey Management, LLC

2. Address 16 W. 22nd Street NY, NY 10010 **Phone No.** (760) 690-7380

3. Employer is ☒ **Corporation** ☐ **Partnership** ☐ **Proprietorship** ☐ **Other**

There is a waiting period of 2 years after a policy is issued before benefits may be payable to a sole proprietor, a member of a limited liability company, a member of a limited liability partnership or other self-employed person, unless the application is made within 26 weeks of when the employer first becomes a sole proprietor, limited liability company, limited liability partnership, or other self-employed person. Any policy covering a sole proprietor, a member of a limited liability company, a member of a limited liability partnership or other self-employed person with employees shall cover both the policyholders and their employees.

4. Name under which Employer conducts business, if different from (1) above

5. Name and Address of Policyholder, if different from (1) above

7777 Faye Ave Suite 210 La Jolla, CA 92037

6. Send Premium Report Forms to ☐ **Employer** ☒ **Policyholder** ☐ **Individual subsidiaries**

7. Nature of business Services

8. Have New York DBL/PFL Benefits been provided previously? ☒ **Yes** ☐ **No**

If yes, by whom? Unum

9. Current New York Unemployment Insurance Number _____

10. Employees to be covered by this policy include employees in New York State for whom DBL/PFL Benefits are required by law and the following employees for whom employer filed a voluntary election of coverage with the Worker's Compensation Board (check where applicable):

- ☐ **Duly ordained, commissioned, or licensed ministers, priests or rabbis, sextons, Christian Science readers, and members of a religious order**
- ☐ **Executive officers of an incorporated religious, charitable or educational institution**
- ☐ **Persons engaged in a professional or teaching capacity in or for a religious, charitable or educational institution**
- ☐ **Persons performing services for a public authority, municipal corporation or a fire district or other political subdivision**
- ☐ **All employees in New York State for whom disability benefits are not required by law**
- ☐ **Other (please describe)** _____

11. Total number of employees who are to be covered by this policy? 331 consisting of
25 males and 306 females.

Paid Family Leave Benefits are available only to individuals employed in New York. Individuals who are not employed in New York are not eligible for Paid Family Leave Benefits. Paid Family Leave benefit amounts and duration are provided as required under New York Workers' Compensation Law §204(2).

12. Requested Policy Effective Date 01/01/2025 **Policy Anniversary Date** 1/1/2028

13. Disability Benefit premiums shall be figured as follows:

a. For employers with 1 to 49 eligible employees

\$ _____ per Male Employee Quarterly Premium \$ _____
 \$ _____ per Female Employee Quarterly Premium \$ _____

b. For employers with more than 50 eligible Employees

(i) Select (if applicable) or Fillable Premium of \$ _____ per \$100 of the first \$ _____ of wages paid to each Covered Employee; or

(ii) \$ 5.000 per Male Employee Monthly Premium \$ 125.00
 \$ 5.000 per Female Employee Monthly Premium \$ 1,530.00

14. Paid Family Leave Benefit premiums shall be figured as follows:

Effective January 1, 2024, 0.373% of each employee's gross wages each pay period up to and an annual maximum employee contribution of \$333.25.

Although calculated separately, Disability and Paid Family Leave Benefits Law premiums shall be payable quarterly or monthly, as applicable. The first premium shall be due on or before the effective date of the policy. Renewal premiums shall be due on the last day of each calendar quarter or month, if paid quarterly or monthly. A 31 day grace period applies to each premium after the first. This policy may be cancelled, but not before written notice has been provided to the policyholder and the chairman of the Worker's Compensation Board of the State of New York, but not less than 10 days after the date notice is furnished if the policy is cancelled for non-payment of premium, and not less than 30 days after the date notice is furnished if the policy is cancelled for any other reason. We reserve the right to change premium rates, as provided in the policy. Premiums are subject to a minimum of \$10.00 per quarter.

THE EMPLOYER NAMED ABOVE hereby (a) represents that it is an employer subject to the Disability and Paid Family Leave Benefits Law and (b) applies to New York Life Group Insurance Company of NY for a policy to provide the disability and family leave benefits prescribed by Section 204 of that law. The statements made in this application are true and correct to the best of the Employer's knowledge, information and belief.

The Employer understands and agrees that, for Disability Benefits, covered employees may not contribute more than ½ of 1% of their wages paid on and after the effective date of the policy, not to exceed \$ 00.60 per week, to the cost of this insurance.

The Employer understands and agrees that, for Paid Family Leave Benefits, covered employees contribute 0.373% of their gross weekly wage, up to an annualized maximum of \$333.25 to pay for this insurance.

In reliance on the above statements, a Disability and Paid Family Leave Benefits Law policy, with the same number as this application, shall be binding on the company as of 12:01 a.m. Eastern Standard Time on the Policy Effective Date shown above; only if this application and the premium due is received by the Company not more than 10 days after the Policy Effective Date.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim which contains any materially false information, or who conceals for the purpose of misleading, 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.

Agent's/Broker's Code 189548 Agent/Broker Lockton/Steve Idoux

Federal ID# 20-3354970

Employer TheKey Management, LLC

Elizabeth Haight

Date Signed 11/13/2024

Signed By:

Elizabeth Haight

VP, Total Rewards

74A3011/40985409

Signature and title of authorized representative of employer

Signed at _____ Industry Code 8082 Class Code 01

Address

For Home Office Use Only

Estimated Annual Premium \$19,800.00 Employee Contribution % 0

SIC 8082 Class 0

Underwriting Approval By

Marceline E. Reilly

Date

11.11.2024

New York State Disability Benefits

STATEMENT OF RIGHTS



Workers'
Compensation
Board

If you are unable to work due to a non-occupational illness or injury, you may be entitled to disability benefits.

1. You may be entitled to statutory disability benefits for a non-work-related injury or illness (including disability due to pregnancy) beginning with the eighth consecutive day of disability. Disability benefits are paid **directly to you** by your employer's insurer, **not** through your employer, unless your employer is an approved self-insurer. You can take up to 26 weeks of disability at 50% of your average weekly wage, capped at \$170 per week. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting disability. Your employer or union may provide different benefits, at least as favorable as statutory, under an approved disability benefits plan or agreement.
2. If you also take New York State (NYS) Paid Family Leave (PFL), your combined total disability leave and PFL in any consecutive 52-week period may not exceed 26 weeks. You cannot take PFL and disability leave at the same time.
3. You can be treated by any physician, podiatrist, chiropractor, dentist, nurse midwife, or psychologist who can certify your disability. Your medical bills are not covered, unless your employer and/or union provides for the payment of medical bills under an approved disability benefits plan or agreement.
4. Your employer may **not** ask you to waive your right to disability benefits. Employers may collect a maximum contribution of 60 cents/week to offset the insurance premium (unless the additional contribution is part of an approved plan). **You cannot be discriminated or retaliated against for requesting or taking disability benefits.**
5. Your employer or employer's insurer is required to begin payment or issue a **Notice of Denial (Form DB-DEN)** or **Notice of Rejection (Form DB-451)** within 18 days of your first day of disability leave or receipt of your completed claim, whichever is later. If you receive **Form DB-DEN**, you will also receive **Form DB-451** with additional information within 45 days of your first day of disability leave or the receipt of your completed claim, whichever is later. If after these 45 days, you have not received benefits or **Form DB-451**, promptly contact the NYS Workers' Compensation Board (Board) at **(877) 632-4996**. NOTE: If you receive **Form DB-451** and disagree, you may request a review by writing to the Board at the bottom right address.

To file a claim:

1. Obtain a **Notice and Proof of Claim for Disability Benefits (Form DB-450)**, either from the Board at wcb.ny.gov, or from your employer, or your employer's insurer.
2. Follow instructions to complete/submit the form, which includes sections your employer and health care provider must complete.
3. Submit the form to your employer's insurer within 30 days of your first day of disability. If your claim is not paid promptly, contact your employer or their insurer. If you file late, you may not be paid for any disability period more than two weeks before the date you filed. Late filings may be excused if you can show it wasn't reasonably possible to file earlier. No benefits are payable if you file more than 26 weeks after your disability begins, or after you return to work.

Do not assume that your employer has filed a claim on your behalf: filing a claim is your responsibility.

Note: If your disability is the result of an automobile accident, and you have filed a claim for no-fault benefits, **you must** also file a **Form DB-450** for disability benefits. If you do not file for disability benefits, the no-fault insurer may reduce your no-fault payments.

IMPORTANT: In such cases, if you are not entitled to disability benefits, immediately advise the no-fault insurer.

FOR HELP OBTAINING A CLAIM FORM OR FILLING IT OUT, OR OTHER QUESTIONS ABOUT BENEFITS FOR YOUR NON-WORK-RELATED INJURY OR ILLNESS, PLEASE CALL **(877) 632-4996**. A BOARD REPRESENTATIVE WILL HELP.

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law.

Your employer's disability benefits insurance carrier is:

New York Life Group Insurance Company of NY
51 Madison Ave. New York, NY 10010
Phone 1-888-842-4462

PRESCRIBED BY THE CHAIR,
WORKERS' COMPENSATION BOARD
NYS Workers' Compensation Board
Disability Benefits Bureau
PO Box 9029, Endicott, NY 13761-9029

WCB.NY.GOV

Paid Family Leave

STATEMENT OF RIGHTS



Paid Family
Leave

If you need to take time off from work to care for a family member, you may be entitled to Paid Family Leave benefits.

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.

Eligibility:

- If you have a regular work schedule of 20 or more hours per week, you are eligible after 26 consecutive weeks of employment with your employer.
- If you have a regular work schedule of less than 20 hours per week, you are eligible after working for your employer for 175 days, which do not need to be consecutive.

Citizenship or immigration status is not a factor in your eligibility.

Benefits:

You can take up to 12 weeks of Paid Family Leave and receive 67% of your average weekly wage, capped at 67% of the New York State Average Weekly Wage. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting Paid Family Leave. Leave can be taken all at once or intermittently, but must be in full-day increments.

Rights and Protections:

- **Job protection:** Return to the same or comparable job after you take leave.
- You keep your **health insurance** while on leave (you may have to continue paying your portion of the premium costs, if any).
- Your employer is **prohibited from discriminating or retaliating** against you for requesting or taking Paid Family Leave.

Disputes:

If your Paid Family Leave claim is denied, you may request to have the denial reviewed by a neutral arbitrator. The insurance carrier listed below will provide you with information about requesting arbitration.

Discrimination Complaints:

If your employer terminates your employment, reduces your pay and/or benefits, or disciplines you in any way as a result of you requesting or taking Paid Family Leave, you may request to be reinstated by taking these steps:

1. Complete the *Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119)*.
2. Send your completed form to your employer and a copy of the completed form to:
Paid Family Leave, P.O. Box 9030, Endicott, NY 13761-9030
3. If your employer does not reinstate you or take other corrective action within 30 days, you may file a discrimination complaint with the Workers' Compensation Board using the *Paid Family Leave Discrimination/Retaliation Complaint (Form PFL-DC-120)*. The Workers' Compensation Board will assemble your case and schedule a hearing.
4. There are other state and federal laws that protect employees from discrimination. Additional information is available at PaidFamilyLeave.ny.gov.

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. You must submit your completed request package to your employer's insurance carrier within 30 days after the start of your leave to avoid losing benefits.
4. In most cases, the insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed request or your first day of leave, whichever is later.

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

For more information, forms and instructions, visit PaidFamilyLeave.ny.gov or call the PFL Helpline (844)-337-6303

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's Paid Family Leave benefits insurance carrier is:

PRESCRIBED BY THE CHAIR,
WORKERS' COMPENSATION BOARD
NYS Paid Family Leave
PO Box 9030, Endicott NY 13761