



Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

SHELTERPOINT LIFE INSURANCE COMPANY

Covering Employees of:

UNITED CEREBRAL PALSY ASSOCIATION OF THE ROCHESTER AREA, INC.

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

SHELTERPOINT LIFE INSURANCE COMPANY
1225 FRANKLIN AVENUE, STE 475
GARDEN CITY, NY 11530
PHONE: 800-365-4999

Policy #: DBL515203 Effective From: 1/1/2023 To: 12/31/2023

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:
All Employees Including: ALL EMPLOYEES ENGAGED IN A TEACHING CAPACITY AND ALL OTHERS EMPLOYEES NOT REQUIRED BY LAW

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.