

If you have a family member seeking treatment for a substance use disorder, you may be eligible for job-protected, paid time off through New York State Paid Family Leave.

## How can Paid Family Leave benefit you and your family member impacted by a substance use disorder, including heroin or opioid use?

Paid Family Leave:

- Provides you with job protection so you can care for your family member without the threat of financial hardship.
- Allows you to take time away from work to help your family member with any health care arrangements and treatment.
- Gives you the ability to be present with your family member e.g., supporting a family member who attends an outpatient treatment program.

## Who is eligible?

Most employees who work in New York State for private employers are eligible to take Paid Family Leave. If you are a public employee, your employer may opt into the program.

- **Full-time employees:** If you work a regular schedule of 20 or more hours per week, you are eligible after working 26 consecutive weeks.
- **Part-time employees:** If you work a regular schedule of less than 20 hours per week, you are eligible after working 175 days, which do not need to be consecutive.

You are eligible regardless of your citizenship and/or immigration status.

## What are your rights and protections?

- As an eligible employee, you do not need to do anything until you are ready to take time off. Employers must get Paid Family Leave coverage for you.
- You have **job protection**, ensuring you can return to the same job (or a comparable one) when you return from Paid Family Leave.
- You can keep your **health insurance** while on leave. If you contribute to the cost of your health insurance, you must continue to pay your portion of the cost while on leave.
- Your employer is **prohibited from discriminating or retaliating** against you for requesting or taking Paid Family Leave.

## Which family members qualify?

You can request Paid Family Leave to care for the following family members with a serious health condition:

- Spouse
- Domestic Partner
- Child/Stepchild
- Parent/Stepparent
- Parent-in-law
- Grandparent
- Grandchild

**NOTE:** Your family member may live in or outside New York, or outside the country; however, you must be in close and continuing proximity to your family member while you are on leave.

## What is a serious health condition?

A serious health condition is defined as an illness, injury, impairment, or physical or mental condition requiring:

- **inpatient care** in a hospital, hospice, or inpatient/outpatient residential health facility, **or**
- **continuing treatment** or supervision by a health care provider.

Continuing treatment or supervision means one of the following reasons listed with some examples:

- Chronic serious health condition that continues over an extended period of time, requires periodic treatment visits and may cause episodic periods of incapacity. For example, a family member that may be receiving outpatient treatment for a substance use disorder.
- Long-term or permanent period of treatment that may not be effective and the family member is under continuing supervision.
- Treatment or recovery from restorative surgery after an accident or other injury, or a condition that would likely result in a period of incapacity of more than three consecutive full days in the absence of treatment.
- A period of more than three consecutive full days involving treatment two or more times by a health care provider or treatment on at least one occasion followed by continuing treatment under supervision. For example, a family member that may be receiving medication assisted treatment for a substance use disorder.

For more examples on continuing treatment or supervision, visit [ny.gov/PaidFamilyLeave](https://ny.gov/PaidFamilyLeave).

## How do you request Paid Family Leave for family care?

1. Notify your employer at least 30 days before your leave will start, if it's foreseeable. Otherwise, notify your employer as soon as possible.
2. Obtain the request form package for *Care for a Family Member with Serious Health Condition*. The forms are available from your employer, employer's insurance carrier, or directly from [ny.gov/PaidFamilyLeaveApply](https://ny.gov/PaidFamilyLeaveApply).
3. Complete the *Request For Paid Family Leave (Form PFL-1)*, following the instructions on the cover sheet. Make a copy for your records, and submit it to your employer. Your employer must fill out their section of *Form PFL-1* and return it to you within three business days. If your employer fails to respond, you may proceed to the next step below.
4. Your family member (the care recipient), or their authorized representative, must fill out the *Release Of Personal Health Information Under The Paid Family Leave Law (Form PFL-3)* and submit it to their health care provider. This release will end after one year, or when your family member revokes it. The health care provider will keep it on file.
5. Complete the employee section of the *Health Care Provider Certification (Form PFL-4)*. You, your family member, or their authorized representative must provide *Form PFL-4* to your family member's health care provider.
6. Your family member's health care provider completes the remainder of *Form PFL-4* and returns it to your family member or their authorized representative. They then give *Form PFL-4* to you for submission.
7. Submit *Form PFL-1*, *Form PFL-4*, and supporting documentation to your employer's insurance carrier. You can submit your request before your leave starts or within 30 days after the start of your leave. The insurance carrier must pay or deny your request within 18 calendar days of receiving your completed request.
  - To learn who your employer's insurance carrier is, you can:
    - Look for the Paid Family Leave poster in your workplace.
    - Ask your employer.
    - Visit [wcb.ny.gov](https://wcb.ny.gov) and search your employer's name to look up their insurance carrier.
  - If you cannot determine your employer's insurance carrier, call the Paid Family Leave Helpline for assistance in finding the proper carrier.
    - Paid Family Leave Helpline: **(844) 337-6303** (8:30 a.m. – 4:30 p.m., ET, Monday – Friday)
  - If you believe your employer is uninsured, you can submit your request for Paid Family Leave to the NYS Workers' Compensation Board.
    - Paid Family Leave, PO Box 9030, Endicott, NY 13761-9030

For more information, visit [ny.gov/PaidFamilyLeave](https://ny.gov/PaidFamilyLeave) or call **(844) 337-6303**.

To find treatment, visit: [findaddictiontreatment.ny.gov](https://findaddictiontreatment.ny.gov).

