

As of January 1, 2018, New York’s Paid Family Leave gives your eligible family members the ability to take job-protected, paid time off to care for you due to your serious health condition.

## How can Paid Family Leave help you if you have a serious health condition?

Paid Family Leave:

- Provides your family members with job protection to care for you without the threat of financial hardship.
- Allows your family members to take paid time off to help you with your health care arrangements and treatment.
- Gives your family members the ability to be present with you (e.g., supporting you as you receive chemotherapy treatments).

## Which family members are covered under Paid Family Leave for family care?

Your family member, as the employee, can request Paid Family Leave to care for you if you have a serious health condition. You must be related to your family member as their:

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

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

## How do you become eligible for family care under Paid Family Leave?

You need to have a serious health condition certified by your health care provider to receive family care under Paid Family 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:

REASON	EXAMPLES
Chronic serious health condition that continues over an extended period of time, requires periodic treatment visits and may cause episodic periods of incapacity	Asthma, diabetes, epilepsy, psychosis, schizophrenia, bipolar disorder, or post-traumatic stress disorder (PTSD)
Long-term or permanent period of treatment that may not be effective and the family member is under continuing supervision	Alzheimer’s disease, severe stroke, or terminal stage of a disease
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	Cancer (chemotherapy and radiation), severe arthritis (physical therapy), or kidney disease (dialysis)
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	A course of prescription medication as a regimen of continuing treatment

## What information does your health care provider need to include in the certification for family care?

- The health care provider's name, address, telephone number, email address, license number and state of license, type of health care provider, and specialty.
- Timeframe (approximately when your serious health condition began and the expected duration).
- Certification of your serious health condition, including the appropriate *ICD-10 codes* (requested, but not required).
- The estimated duration and frequency of care you need from your family member, including whether the care will be continuing or intermittent.

## How does your family member request Paid Family Leave for family care?

Talk with your family about how they can best help you. Identify which family member(s) can help with your care and when. If family members are taking time off from work, they should determine if they are eligible for New York's Paid Family Leave (refer to the *Employee* and *Family Care* downloadable guides on [ny.gov/PaidFamilyLeave](https://ny.gov/PaidFamilyLeave)).

1. Your family member (employee) requesting leave must notify their employer at least 30 days before their leave will start, if it's foreseeable. Otherwise, they should notify their employer as soon as possible.
2. Your family member (employee) obtains the request form package for *Care for a Family Member with Serious Health Condition*. The forms are available from their employer, employer's insurance carrier or directly from [ny.gov/PaidFamilyLeaveApply](https://ny.gov/PaidFamilyLeaveApply).
3. Your family member (employee) completes the *Request For Paid Family Leave (Form PFL-1)*, following the instructions on the cover sheet. Your family member should make a copy for their records, and submit it to their employer. Their employer must fill out their section of *Form PFL-1* and return it to your family member (employee) within three business days.
4. You (the care recipient) or your authorized representative, must fill out the *Release Of Personal Health Information Under The Paid Family Leave Law (Form PFL-3)* and submit it to your health care provider.
5. Your family member (employee) completes the employee section of the *Health Care Provider Certification (Form PFL-4)*. You, your authorized representative, or your family member must provide *Form PFL-4* to your health care provider.
6. Your health care provider completes the remainder of *Form PFL-4* and returns it to you or your authorized representative. You or your authorized representative then gives *Form PFL-4* to your family member for submission to their employer's insurance carrier.

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

