



**Paid Family  
Leave**



# A guide for bonding

June 28, 2022

NYS Workers' Compensation Board



# Agenda


1. Why New York Needs Paid Family Leave
2. Eligibility, Benefits and Contributions
3. Taking Paid Family Leave for Bonding
4. Top Questions About Paid Family Leave for Bonding
5. Paid Family Leave and COVID-19
6. Resources
7. Questions



PaidFamilyLeave.ny.gov  
(844) 337-6303



Paid Family  
Leave

A photograph of two women and a baby. One woman is smiling and holding the baby, while the other woman looks on. The image is overlaid with a teal circular graphic containing text.

**Why do we  
need Paid  
Family Leave?**



## Why do we need Paid Family Leave?

1. Employees struggle to choose between maintaining a job and caring for loved ones.
2. Employees face the stress of weeks of lost wages.
3. Employees fear losing their jobs.





**In April 2016, New York State enacted the nation's strongest and most comprehensive Paid Family Leave policy into law.**

- Paid Family Leave is employee-funded insurance that helps workers be there for their family when they're most needed.
- Workers no longer have to choose between caring for their loved ones and their jobs.



## Paid Family Leave basics

Provides **paid time off** and **job protection** so you can:



Bond with a new child



Care for a family member with  
a serious health condition



Assist loved ones when a  
spouse, domestic partner, child,  
or parent is deployed abroad



## Paid Family Leave & COVID-19



Care for yourself or your minor dependent child when under an order of quarantine or isolation due to COVID-19.



# Your rights and protections

Paid time off and:

- **Job protection.**
- **Continued health insurance** while on leave, on the same terms as if you had continued to work.
- **Protection from discrimination and retaliation** for requesting or taking Paid Family Leave.



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# **Paid Family Leave for bonding**





## Why Paid Family Leave for bonding is important

- New mothers have fewer postpartum depression symptoms, higher breastfeeding rates, and breastfeed longer.
- Parents are less stressed and have stronger parent-child bonding.
- Infants have fewer infections and are generally healthier.



## **Paid Family Leave for bonding**

Paid Family Leave provides time for both parents to bond with a child within the first 12 months of:

- Birth
- Adoption
- Foster Care

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# Benefits & contributions





## Time off and wage benefits

Eligible employees may take up to **12** weeks of PFL.

BENEFITS FOR 2022		
Year	Weeks of Leave	Benefits
2022	12 Weeks	67% of employee's AWW, Up to 67% of SAWW



# Wage benefit calculator

A wage benefit calculator is available:

[PaidFamilyLeave.ny.gov/  
PFLbenefitscalculator2022](https://PaidFamilyLeave.ny.gov/PFLbenefitscalculator2022)

**PAID FAMILY LEAVE**

### 2022 Wage Benefit Calculator

Employees who take Paid Family Leave will receive 67% of their average weekly wage (AWW), capped at 67% of the New York State Average Weekly Wage. Generally, your AWW is the average of your last eight weeks of pay prior to starting Paid Family Leave, including bonuses and commissions. The maximum weekly benefit for 2022 is \$1,068.36.

Use the calculator below to view an estimate of your weekly benefit.

Enter your last eight weeks of gross wages:

0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00

**SUBMIT**

*Note: When calculating benefits, Paid Family Leave insurers must use whichever is higher: the last eight weeks worked including the week when PFL started, or the last eight weeks worked not including the week PFL started.*



## How much do you pay?

- In 2022, the payroll contribution is **0.511%** of your gross wages each pay period, capped at an annual maximum of **\$423.71**.
- If you earn less than the New York State Average Weekly Wage, your annual contribution will be less than the cap.



# Weekly deduction calculator

A weekly deduction calculator is available:

[PaidFamilyLeave.ny.gov/  
paid-family-leave-calculator2022](https://PaidFamilyLeave.ny.gov/paid-family-leave-calculator2022)

PAID FAMILY LEAVE

### 2022 Paid Family Leave Payroll Deduction Calculator

If you are eligible for Paid Family Leave, you pay for these benefits through a small payroll deduction equal to 0.511% of your gross wages each pay period. In 2022, these deductions are capped at the annual maximum of \$423.71.

Use the calculator below to view an estimate of your deduction.

Enter your gross wages for the pay period, including estimated bonuses/commissions:

\*This calculator is meant to give only an estimate of your PFL deduction. Your actual deduction amount may change depending on whether you receive bonuses and commissions or other forms of compensation as part of your wages.

SUBMIT



## Summarizing the updates for 2022

- **Maximum weekly benefit increase:** Benefit increased from \$971.61 to **\$1,068.38**.
- **Employee contribution rate:** As of January 1, 2022, employers may deduct at the rate of **0.511%** of an employee's gross wages each pay period, capped at an annual maximum of **\$423.71**.
- Full details at: [PaidFamilyLeave.ny.gov/2022](https://PaidFamilyLeave.ny.gov/2022)

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(844) 337-6303



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# Employee eligibility





## Who is covered?

- Most employees who work for private employers.
- If you work for a public employer, your employer may opt in.
- If you're a public employee represented by a union, you may be covered if Paid Family Leave is collectively bargained.





## Who is eligible?

Employees who work for covered employers are eligible if you:

- **Regularly work 20 or more hours per week.**
  - After 26 consecutive weeks of employment with the same employer.
- **Regularly work fewer than 20 hours per week.**
  - For 175 days with the same employer.

**Citizenship and/or immigration status is not a factor in eligibility.**



## Can you waive coverage?

You can only waive coverage if you:

- **Regularly work 20 or more hours per week** but won't be in employment with your employer for 26 consecutive weeks; or
- **Regularly work fewer than 20 hours per week** and won't work 175 days in a 52-week period.

Employers must provide a waiver form to all employees who qualify.

Employees who properly file a waiver will be **ineligible** for benefits and **exempt** from making contributions.

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# Taking Paid Family Leave for bonding





## How to request leave



Notify your employer **at least 30 days before the start of your leave** if foreseeable, or as soon as possible. Insurers must pay or deny the request within **18 days of receiving a completed request**, or the first day of leave, whichever is later.



## Step 1: Inform your employer

Let your employer know at least 30 days before your leave will start, if it's foreseeable.

JUNE						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

A yellow circle is placed on the number '8' in the Wednesday column of the calendar. A yellow arrow points from this circle down and to the right, ending at the number '30' in the Thursday column of the same row, illustrating the 30-day notice requirement.



# Step 2: Complete the required PFL request forms

Bonding leave package includes two forms:

- Request for Paid Family Leave (Form PFL-1)
- Bonding Certification (Form PFL-2)



# Getting request forms

You can get Paid Family Leave request forms from:

- Your employer,
- Your employer’s insurance carrier, or
- [PaidFamilyLeave.ny.gov/forms](https://www.PaidFamilyLeave.ny.gov/forms)

**Request For Paid Family Leave (Form PFL-1)**

**PART A - EMPLOYEE INFORMATION (to be completed by the employee)**

1. Employee's legal name (first name, middle initial, last name): \_\_\_\_\_

2. Other last names, if any, under which employee has worked: \_\_\_\_\_

3. Employee's mailing address:  
Street address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Zip code: \_\_\_\_\_ Country (if not U.S.): \_\_\_\_\_

4. Employee's Social Security number (or TIN): \_\_\_\_\_

5. Employee's date of birth (MM/DD/YYYY): \_\_\_\_\_

6. Employee's primary telephone number: \_\_\_\_\_

7. Employee's email address: \_\_\_\_\_

8. Employee's gender:  Male  Female

9. Employee's preferred language:  English  Spanish  Punjabi  Polish  Chinese  Italian  Hindi/Urdu  Thai  Other \_\_\_\_\_

10. Employee's ethnicity and race:  
Optional, for purposes of health discrimination only (U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0).  
Is employee of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)  
 Mexican  Unknown  
 Mexican-American  Chinese  
 Puerto Rican  Dominican  
 Cuban  Another Hispanic, Latino/a, or Spanish origin  
 Not of Hispanic, Latino/a, or Spanish origin

What is employee's race? (One or more categories may be selected.)  
 American Indian or Alaska Native  Other Asian  
 Black or African American  White  
 Asian Indian  Native Hawaiian  
 Chinese  Oceanian or Chamorro  
 Japanese  Samoan  
 Korean  Other Pacific Islander  
 Vietnamese  Other race \_\_\_\_\_

**Paid Family Leave (PFL) Request**

11. Reason for PFL request:  Caret with child  Care for family member  Military qualifying event

12. The family member is employee's:  
 Child  Spouse  Domestic partner  Parent  Parent-in-law  Grandparent  Grandchild

13. Estimated PFL start date (MM/DD/YYYY): \_\_\_\_\_

14. Estimated PFL end date (MM/DD/YYYY): \_\_\_\_\_

15. If providing less than 30 days advance notice to the employer from the date in 13, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

PFL-1 (03/20) If you need assistance, please call (845) 327-6293  
www.ny.gov/PaidFamilyLeave

Page 1 of 4 PFL-1 (continued on next page)

**BARCODE**



# Completing the Request for Paid Family Leave (Form PFL-1, Part A)

- Employee fills out Part A.
- Employer fills out Part B.
- You must also state why you are requesting the leave and how it pertains to you.

**Request For Paid Family Leave (Form PFL-1)**

**PART A - EMPLOYEE INFORMATION (to be completed by the employee)**

- Employee's legal name (first name, middle initial, last name): \_\_\_\_\_
- Other last name, if any, under which employee has worked: \_\_\_\_\_
- Employee's mailing address: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Zip code: \_\_\_\_\_ County (if not U.S.A.): \_\_\_\_\_
- Employee's Social Security number (or TIN): \_\_\_\_\_
- Employee's date of birth (MM/DD/YYYY): \_\_\_\_\_
- Employee's primary telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- Employee's e-mail address: \_\_\_\_\_
- Employee's gender:  Male  Female
- Employee's preferred language:  English  Español  Pусский  Polski  中文  Italiano  हिन्दी/अंग्रेज़ी  한국어  Other \_\_\_\_\_
- Employee's ethnicity and race: Optional, for purposes of Health Benefits only. (U.S. Census for Disease Control and Prevention (CDC) code set, version 1.0.) Is employee of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)  
 Mexican  Unknown  American Indian or Alaska Native  Other Asian  
 Mexican American  Asian Indian  White  
 Chinese  Other  Native Hawaiian  
 Puerto Rican  Dominican  Filipino  Guamanian or Chamorro  
 Cuban  Japanese  Samoan  
 Another Hispanic, Latino/a, or Spanish origin  Korean  Other Pacific Islander  
 Not of Hispanic, Latino/a, or Spanish origin  Vietnamese  Other race \_\_\_\_\_

**Paid Family Leave (PFL) Request**

- Reason for PFL request:  Bond with child  Care for family member  Military qualifying event
- The family member is employee's:  Child  Spouse  Domestic partner  Parent  Parent-in-law  Grandparent  Grandchild
- Estimated PFL start date (MM/DD/YYYY): \_\_\_\_\_
- Estimated PFL end date (MM/DD/YYYY): \_\_\_\_\_
- If providing less than 30 days advance notice to the employer from the date in 13, please explain: \_\_\_\_\_

PFL-1 continued on next page

PFL-1 (01-20) Page 1 of 4 If you need assistance, please call (844) 337-4233 [www.ny.gov/PaidFamilyLeave](http://www.ny.gov/PaidFamilyLeave) **BARCODE**





# Completing the *Request for Paid Family Leave (Form PFL-1, Part A)*

### Employment Information (to be completed by the employee)

15. Business name

\_\_\_\_\_

16. Employee's date of hire (MM/DD/YYYY)  /  /

17. Employee's work location

Street address

City, State

Zip code

Country (if not U.S.A.)

18. Employee's average gross **weekly** wage (This data will be requested of both employee and employer)

19. Employer's telephone number for contact regarding this request (  )  -

20a. Does employee have more than one employer?  Yes  No

20b. If yes, is employee taking PFL from the other employer?  Yes  No

21. Is employee currently receiving Workers' Compensation Lost Wage Benefits?  Yes  No

**Disclosure statement:** Information regarding PFL benefits received by the employee, such as payments received and types of leave, will be provided to the employer.



# Completing the *Request for Paid Family Leave* (Form PFL-1, Part A)

## Declaration and signature

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

I am hereby making a request for paid family leave benefits under the NYS Workers' Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Employee's signature

Date signed (MM/DD/YYYY)

/   /

I am submitting this form in advance (see instructions about pre-submitting). I understand the insurance carrier will contact me to advise how to submit the required missing information.



# Employer to complete Request for Paid Family Leave (Form PFL-1, Part B)

FORM PFL-1 - CONTINUED FROM PRIOR PAGE

**TO BE COMPLETED BY THE EMPLOYEE**  
 Employee's name (first name, middle initial, last name) \_\_\_\_\_ Employee's date of birth (MM/DD/YYYY) \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PART B - EMPLOYER INFORMATION** (to be completed by the employer)

1. Business's full legal name and mailing address  
 Business name \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip code \_\_\_\_\_ Country (if not U.S.A.) \_\_\_\_\_

2. Employer's FEIN \_\_\_\_\_ - \_\_\_\_\_

3. Employer's Standard Industrial Classification (SIC) Code \_\_\_\_\_

4. Employer's contact name for questions related to PFL \_\_\_\_\_

5. Employer's contact telephone number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

6. Employer's contact email address \_\_\_\_\_

7. Employee's date of hire (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

8. Employee's occupation Codes are available at: [www.bls.gov/oes/2018/major\\_group.html](http://www.bls.gov/oes/2018/major_group.html) \_\_\_\_\_ - \_\_\_\_\_

9. Enter the last 8 weeks of gross wages for the employee and calculate the average gross weekly wage

Week no.	Week ending date (MM/DD/YYYY)	Number of days worked	Gross amount paid
1			
2			
3			
4			
5			
6			
7			
8			
Calculated average gross <u>weekly</u> wage:			

10. If employee received or will receive full wages while on PFL, will employer be requesting reimbursement?  Yes  No  
 Form PFL-1 continued on next page



# Completing the *Bonding Certification (Form PFL-2)*

**Paid Family Leave** Request For Paid Family Leave Bonding Certification (Form PFL-2)

INSTRUCTIONS INCLUDED WITH FORM

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**TO BE COMPLETED BY THE EMPLOYEE**

Employee's name (first name, middle initial, last name) Employee's date of birth (MM/DD/YYYY)

/  /   /  /

Other last names, if any, under which employee has worked Employee's Social Security Number or TIN

-  -   -  -

Employee's mailing address

Mailing address:

City, State  Zip code  Country (if not U.S.A.)

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**BONDING CERTIFICATION (to be completed by the employee)**

1. Child's date of birth (MM/DD/YYYY)  /  /

2. Child's gender  Male  Female  Not designated/Other

3. Does child live with the employee requesting PFL?  Yes  No

4. Child is employee's:

Biological child  Stepchild  Foster child  Adopted child  Legal ward  Spouse/Domestic partners child  Local parent

5. Select one of the following and attach the document as required as evidence of the relationship.

Parent of newborn child:

Birth mother:

- Health care provider certification of pregnancy (include expected due date AND mother's name); OR
- Health care provider certification of birth (include date of birth of child AND mother's name); OR
- Child's birth certificate

Other parent:

- Copy of birth certificate naming second parent; OR
- Voluntary acknowledgment of paternity; OR
- Court order of filiation; OR
- Birth mother document (see above) PLUS one of the following:
  - Marriage certificate; OR
  - Certificate of civil union; OR
  - Evidence of domestic partnership
- OR: Other documentation of parental relationship

Foster parent:

- Letter of foster care placement or anticipated placement issued by county or city department of Social Services or authorized voluntary foster care agency

Adoptive parent:

- Court document finalizing adoption
- Documentation in furtherance of adoption

6. Date of foster care or adoption placement, if applicable (MM/DD/YYYY)  /  /

Form PFL-2 continued on next page

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PFL-2 (11-17) Bonding Certification If you need assistance, please call (844) 837-8303

Page 1 of 2 [www.nyc.gov/PaidFamilyLeave](http://www.nyc.gov/PaidFamilyLeave) PFL-2 11-17



## Proof of relationship

A parent's claim for Paid Family Leave to bond with a child must be supported by documentation.

- Birth certificate
- Certification of pregnancy or birth
- Acknowledgment of paternity
- Certificate of marriage or civil union
- Evidence of domestic partnership
- Letter of foster care placement
- Court document finalizing adoption



# Proof of relationship

If you are a(n)...	Bonding Form/Certification needed:
Birth mother submitting before the birth of your child	<ul style="list-style-type: none"> <li>• Health Care Provider certification of pregnancy</li> </ul>
Birth mother submitting after the birth of your child	<ul style="list-style-type: none"> <li>• Child's birth certificate or</li> <li>• Health Care Provider certification of birth</li> </ul>
Individual who is not the birth mother	<ul style="list-style-type: none"> <li>• Child's birth certificate; or</li> <li>• Voluntary Acknowledgment of Paternity (Form LDSS-4418); or</li> <li>• Court Order of Filiation; or</li> <li>• Documentation from health care provider of pregnancy or birth <b>AND</b> a second document verifying relationship with the birth mother or child (marriage certificate, civil union, or domestic partner documents)</li> </ul>
Foster parent	<ul style="list-style-type: none"> <li>• A foster care placement letter</li> </ul>
Adoptive parent	<ul style="list-style-type: none"> <li>• Court documents of adoption</li> </ul>



## Step 3: Send forms to insurance carrier

- Send all forms and documentation to your employer’s insurance carrier.
- The insurance carrier must pay or deny within 18 calendar days of receiving your completed request, or the first day of leave, whichever is later.

JUNE						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		



## Handling disputes

- If your claim is denied, or you have another claim-related dispute, you may request arbitration.
- Arbitration for Paid Family Leave is handled by NAM (National Arbitration and Mediation) [nyspfla.namadr.com](https://nyspfla.namadr.com).



# Protection from discrimination

If your employer:

- does not reinstate you to the same or comparable position,
- terminates you,
- reduces your pay and/or benefits, or
- disciplines you in any way for requesting or taking Paid Family Leave, you can file a **discrimination claim** with the Workers' Compensation Board.

**Paid Family Leave** **PAID FAMILY LEAVE DISCRIMINATION / RETALIATION COMPLAINT**  
 Paid Family Leave • PO Box 9030, Endicott, NY 13761-9030

Complete this form only if:

- You have submitted the Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119) to your employer AND the Workers' Compensation Board, and
- Your employer has not responded within 30 days OR you were not satisfied with their explanation as to why your employment conditions were changed.

A hearing will be scheduled after your employer receives this form and has an opportunity to respond.

Attach to this form:

1. Proof of receipt of family leave benefits, or
2. Your request for family leave benefits (if benefits were not received), and
3. Evidence, such as a letter of termination or the name of a witness, that the following occurred in relation to requesting or taking Paid Family Leave:
  - Employer's refusal to reinstate you to your original or comparable position,
  - Termination of employment,
  - Reduced pay and/or benefits, and/or
  - Disciplinary action.

When you have completed the form:

- Send it to the Workers' Compensation Board: Paid Family Leave, PO Box 9030, Endicott, NY 13761-9030.
- Send a copy to your employer.
- Keep a copy for your records.

Failure to complete this form, including the required attachments, may delay processing of your complaint.

**Employee's Information**

Name (LAST, FIRST, MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Social Security #/Tax Identification #: \_\_\_\_\_

**Employer's Information (as it appears on your pay stub)**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Federal Identification Number (FEN): \_\_\_\_\_

Person who discriminated against me was: \_\_\_\_\_

Their position is (check one):  Owner  Supervisor  Manager

**Paid Family Leave Information**

Check one of the following:


- Paid Family Leave was formally requested and granted. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- Paid Family Leave was formally requested and denied.
- No formal request was made for Paid Family Leave.


Date Request for Paid Family Leave (Form PFL-1) was given to employer: \_\_\_\_\_

or mention of Paid Family Leave was made (if applicable): \_\_\_\_\_

Type of Paid Family Leave:  Bonding with a Child  Care for Family Member  Qualifying Military Event

PFL-DC-120 (1-18) Page 1 of 2 If you need assistance, please call (844) 537-6303  
www.ny.gov/PaidFamilyLeave



A photograph of a man with glasses kissing a baby on the forehead. The image is overlaid with a semi-transparent teal circle on the left side, which contains the main title text. The overall image has a teal tint.

# Top questions about Paid Family Leave for bonding



## How are Paid Family Leave and FMLA similar?

Both Paid Family Leave and the Family and Medical Leave Act provide:

- Leave for:
  - bonding with a child,
  - caring for a family member with a serious health condition, and
  - assisting when a family member is called to active military service abroad.
- Job protection.
- Continued health insurance during leave on the same terms as if you had continued to work.



# How do Paid Family Leave and FMLA differ?

	PFL	FMLA
Benefits	Paid	Unpaid
Coverage	<ul style="list-style-type: none"> <li>▪ Almost all private employers</li> <li>▪ Public employers may opt in</li> <li>▪ <b>One or more employees in employment</b> on each of at least 30 days in any calendar year</li> </ul>	<ul style="list-style-type: none"> <li>▪ Public and private employers</li> <li>▪ <b>50 or more employees</b> in a 75-mile radius</li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>▪ After <b>26</b> consecutive weeks of employment if regularly working <b>20</b> or more hours per week</li> <li>▪ After <b>175</b> days worked if regularly working less than <b>20</b> hours per week</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>12</b> months of employment</li> <li>▪ <b>1,250</b> hours of work in the <b>12</b>-month period preceding leave</li> </ul>
Reason for Leave	<ul style="list-style-type: none"> <li>▪ Employees <b>cannot</b> use for own serious health condition</li> <li>▪ Can be used to care for a child of any age</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employee <b>can</b> use for own serious health condition</li> <li>▪ Can only be used to care for a child if the child is under 18 years old, or “incapable of self-care because of a mental or physical disability”</li> </ul>
Length of Leave	<ul style="list-style-type: none"> <li>▪ Only in full-day increments</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hourly basis</li> </ul>
Paid Time Off	<ul style="list-style-type: none"> <li>▪ Employers cannot require employees use paid time off while on PFL</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employer can compel an employee to use paid time off while on FMLA</li> </ul>



## Can you take both Paid Family Leave and short-term disability?

Employees cannot collect disability and Paid Family Leave benefits at the same time.

- A birth mother may be eligible to take short-term disability and then Paid Family Leave (or vice versa).
- Total disability and Paid Family Leave cannot exceed 26 weeks in a 52-week period.



## How does Paid Family Leave work with other maternity/paternity leave policies?

- Employers are free to supplement Paid Family Leave with additional benefits.
- Employers can require Paid Family Leave to run concurrently with their own maternity/paternity leave policies.
- Check with your employer about how the benefits interact.



## What if the child being fostered or adopted is not an infant?

- There is no age limit on taking Paid Family Leave to bond with a fostered or adopted child.
- Bonding leave must be completed within the first year after the child's foster or adoption placement.

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(844) 337-6303



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# Paid Family Leave and COVID-19





# COVID-19 quarantine leave

Available when:

- You are subject to an order of mandatory or precautionary quarantine or isolation due to COVID-19.
- Your minor, dependent child is subject to an order of mandatory or precautionary quarantine or isolation due to COVID-19.





## Employees who work for small employers

For most employees who work for an employer with **10** or fewer employees and a business net annual income of less than **\$1 million**:

- You can use a combination of Paid Family Leave and disability benefits.
- After receiving your full Paid Family Leave benefit (up to **\$840.70** weekly), you will receive disability benefits to match your full wages up to a maximum weekly disability benefit of **\$2,043.92**, for a total of **\$2,884.62** per week.
- There is no waiting period for either benefit.

**You will have job protection for the duration of the quarantine.**



## Employees who work for medium employers

For most employees who work for an employer with **11 to 99** employees, and smaller employers (**1 to 10** employees) with a business net annual income greater than **\$1 million**:

- Your employer is required to provide at least **five days** of COVID-19 paid sick leave.
- After that, you can use a combination of Paid Family Leave and disability benefits.
- After receiving your full Paid Family Leave benefit (up to **\$840.70** weekly), you will receive disability benefits to match your full wages up to a maximum weekly disability benefit of **\$2,043.92**, for a total of **\$2,884.62** per week.
- There is no waiting period for either benefit.

**You will have job protection for the duration of the quarantine.**



## Employees who work for large employers

For most employees who work for an employer with **100 or more** employees, as well as all public employees:

- Your employer is required to provide at least **14 days** of COVID-19 paid sick leave for a COVID-19-related quarantine, which should cover the period of a mandatory or precautionary order of quarantine or isolation.

**You will have job protection for the duration of the quarantine.**



## Taking leave for your child's quarantine

You may also apply for NYS Paid Family Leave if your minor, dependent child is under an order of mandatory or precautionary quarantine or isolation.

- NYS Paid Family Leave provides 67 percent of pay, up to a maximum weekly benefit of \$840.70.





# Full details

[PaidFamilyLeave.ny.gov/COVID19](https://PaidFamilyLeave.ny.gov/COVID19)



[PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov)  
(844) 337-6303



**Paid Family  
Leave**

**Paid Family  
Leave is  
here to help**





## Learn more

Visit [PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov) to access:

- Detailed information on Paid Family Leave,
- Paid Family Leave request forms and fact sheets,
- Weekly benefit and payroll deduction calculators,
- Information about COVID-19 quarantine leave benefits.



## Learn more

### Helpline:

(844) 337-6303

### Website:

[PaidFamilyLeave.ny.gov](https://www.PaidFamilyLeave.ny.gov)

### Get Email Updates:

Select “Get Updates” on the bottom of PFL website.





# Questions?