



**Paid Family
Leave**



A guide for employees

November 9, 2023


NYS Workers' Compensation Board



Agenda

1. Why do we need Paid Family Leave?
2. Basic uses of Paid Family Leave
3. Review 2023 benefit / contribution information and what's coming in 2024
4. Employee eligibility
5. Taking Paid Family Leave
6. Paid Family Leave and FMLA
7. Paid Family Leave and COVID-19
8. Resources



A blurred, teal-tinted photograph of a family. A woman is holding a baby, and a man is looking towards the camera. The image is partially obscured by a large teal circle on the left side.

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





New York leads the nation

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

Paid Family Leave is **insurance fully funded by employees**
It provides **paid time off** and **job protection** for employees to:



Bond with a new child



Care for a family member
with a serious health condition



Assist loved ones when a family
member 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



A close-up photograph of a man with glasses and a mustache kissing a newborn baby on the forehead. The man's hands are gently cradling the baby. The image is overlaid with a semi-transparent teal circle on the left side, which contains the title text.

Basic uses of Paid Family Leave



Bonding with a child

Provides time for both parents to bond with a child **within the first 12 months of:**



Birth



Adoption



Foster Care



Caring for a family member with a serious health condition

Qualifying family members include:

- Spouse
- Domestic partner
- Child/stepchild
- Sibling
- Parent/stepparent
- Parent-in-law
- Grandparent
- Grandchild

These family members **can live outside** of New York State and even outside the U.S.



Caring for a family member with a serious health condition

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

- **Inpatient care;** or
- **Continuing treatment or supervision** by a health care provider



Caring for a family member with a serious health condition

Examples of conditions that may qualify as serious health conditions:

- Your mother is receiving chemotherapy and needs emotional support
- Your spouse/domestic partner is recuperating from surgery
- Your child is undergoing treatment for addiction





Caring for a family member with a serious health condition

Examples of health conditions not considered serious under Paid Family Leave:

- common cold/flu
- routine dental, orthodontia
- cosmetic treatment





Assisting during a military deployment

For assistance when a family member is deployed abroad on active military service. Events may include:

- Short notice military deployment
- Military events; related activities
- Service member's rest and recuperation
- Counseling
- Post-deployment activities
- Making financial/legal arrangements
- Childcare arrangements for military member's child

PaidFamilyLeave.ny.gov
(844) 337-6303



**Paid Family
Leave**

A photograph of a woman with curly hair smiling warmly at a young girl. The girl has a large white bow in her hair and is wearing a striped shirt. The image is overlaid with a teal circular graphic on the left side.

2023 benefits and contributions



2023 maximum benefit

In 2023, eligible employees may take up to **12** weeks of PFL at 67% of their AWW, up to 67% of the NYSAWW

BENEFITS FOR 2023		
12 weeks	67% of employee's AWW, up to 67% of NYSAWW	New maximum weekly benefit \$1,131.08



Weekly benefits calculator

A wage benefit calculator is available:

[PaidFamilyLeave.ny.gov/
PFLbenefitscalculator2023](https://PaidFamilyLeave.ny.gov/PFLbenefitscalculator2023)

PAID FAMILY LEAVE

2023 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 2023 is \$1,131.08.

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.*



2023 employee contribution

- The 2023 payroll contribution is **0.455%** of an employee's gross wages each pay period, capped at an annual maximum of **\$399.43**
- If an employee earns less than the New York State Average Weekly Wage of \$1,688.19, their annual contribution will be less than the cap



Weekly deduction calculator

A weekly deduction calculator is available:

[PaidFamilyLeave.ny.gov/
paid-family-leave-calculator2023](https://PaidFamilyLeave.ny.gov/paid-family-leave-calculator2023)

PAID FAMILY LEAVE

2023 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 0.455% of your gross wages each pay period. In 2023, these deductions are capped at the annual maximum of \$399.43.

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 2023 benefits and contributions

- **Maximum weekly benefit increase:** Benefit increased from \$1,068.36 to \$1,131.08
- **Employee contribution rate:** As of January 1, 2023, employers may deduct at the rate of **0.455%** of an employee's gross wages each pay period, capped at an annual maximum of **\$399.43**

Full details at: PaidFamilyLeave.ny.gov/2023



Changes for 2024

Benefits are higher and the cost is lower!

- **Maximum weekly benefit increase:** Benefit increasing from \$1,131.08 to **\$1,151.16**
- **Employee contribution rate:** Employees will pay **0.373%** of their gross wages each pay period, capped at an annual maximum of **\$333.25**. This is \$66.18 less than 2023.
 - Employers may deduct at the new rate starting January 1, 2024

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 they regularly work:

- **Full-time employees (including domestic workers): 20 or more hours per week**
 - 26 consecutive weeks of employment with the same employer
- **Part-time employees: Less than 20 hours per week**
 - 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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(844) 337-6303



Paid Family
Leave

Taking Paid Family Leave





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



Getting request forms

You can get Paid Family Leave request forms from:

- Your employer
- Your employer’s insurance carrier
- [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)

- Employee's legal name (last name, middle initial, first name)
- Other last names, if any, under which employee has worked
- Employee's mailing address
Street address
City, State
Zip code Country (if not U.S.A.)
- Employee's Social Security number (SSN)
- - - - -
#
- Employee's date of birth (MM/DD/YYYY)
#
- Employee's primary telephone number
(# # # # #) # # # # - # # # #
- Employee's email address
- Employee's gender Male Female
- Employee's preferred language
 English Spanish Russian Polish Chinese Italian Hindi Korean Other
- Employee's ethnicity and race

<p>Is employee of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)</p> <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Dominican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino/a, or Spanish origin <input type="checkbox"/> Not of Hispanic, Latino/a, or Spanish origin	<p>What is employee's race? (One or more categories may be selected.)</p> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other race
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Paid Family Leave (PFL) Request

- Reasons for PFL request: Care 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 (03/20) Page 1 of 4
If you need assistance, please call (845) 231-2333 www.ny.gov/PaidFamilyLeave **BARCODE**



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



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**

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.nyc.gov/PaidFamilyLeave

PaidFamilyLeave.ny.gov
(844) 337-6303



**Paid Family
Leave**

Paid Family Leave and FMLA





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
 - 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?

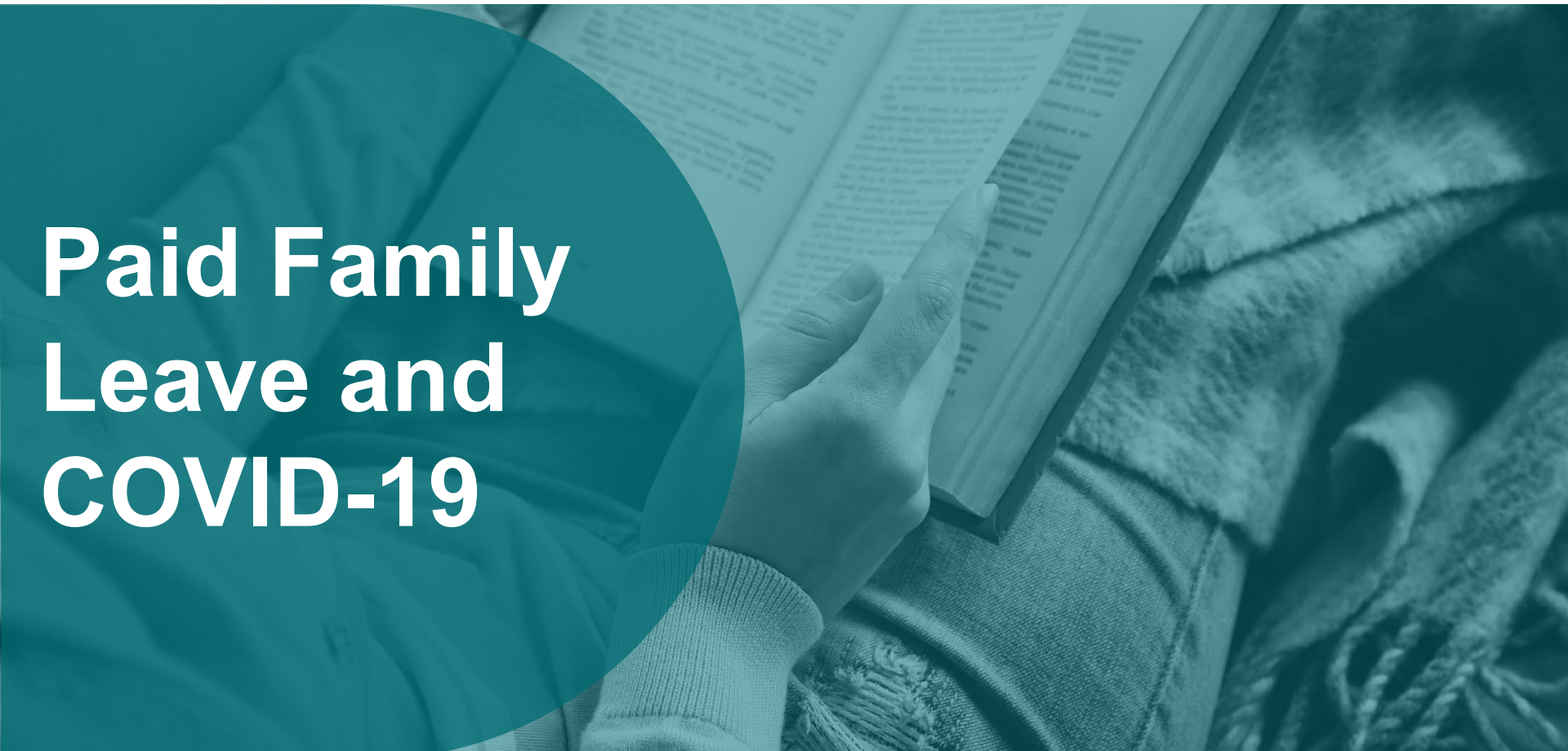
	PFL	FMLA
Benefits	Paid	Unpaid
Coverage	<ul style="list-style-type: none"> ▪ Almost all private employers ▪ Public employers may opt in ▪ One or more employees in employment on each of at least 30 days in any calendar year 	<ul style="list-style-type: none"> ▪ Public and private employers ▪ 50 or more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

PaidFamilyLeave.ny.gov
(844) 337-6303



Paid Family
Leave

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.





Full details

PaidFamilyLeave.ny.gov/COVID19



PaidFamilyLeave.ny.gov
(844) 337-6303



Paid Family
Leave

Resources





Learn more

Visit 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





Thank you!