

# NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

#### THE STATE INSURANCE FUND

### SECURITY AUTO SALES INC

## Covering Employees of:

### 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

NYSIF D	New York State Insurance Fund ocument Control Center-Disability Underwriting 1 Watervliet Ave Ext, Albany, NY 12206 (866) 697-4332	
Policy #: DB 1986 67-9	Effective From: 07/01/2018 To: 07/01/2019	)
Class(es) of Employees Covered:	All Eligible Employees	
PRESCRI	NOTICE OF COMPLIANCE BED BY THE CHAIR, WORKERS' COMPENSATION BOARD	400

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

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