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 Paid Family Leave**

**FOR MORE INFORMATION AND HELP:**
Visit [ny.gov/PaidFamilyLeave](http://ny.gov/PaidFamilyLeave) or call (844) 337-6303

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<table>
<thead>
<tr>
<th>Mail:</th>
<th>Phone:</th>
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<tbody>
<tr>
<td>Sun Life and Health Insurance Company</td>
<td>Customer Service 855-629-8811 M-F 8:00 a.m. - 8:00 p.m., ET</td>
</tr>
<tr>
<td>SC 4312</td>
<td></td>
</tr>
<tr>
<td>One Sun Life Executive Park</td>
<td>Fax: 781-504-5599</td>
</tr>
<tr>
<td>Wellesley Hills, MA 02481-5699</td>
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</tbody>
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**Policy #:** 935543  
**Effective From:** 01/01/2020  
**To:** 12/31/2020

- Statutory  
- Under a Plan or Agreement

**Class(es) of Employees Covered:**
All Employees eligible under New York State Law

**NOTICE OF COMPLIANCE**
PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER’S PLACE OR PLACES OF BUSINESS.

PFL-120 (11-17)