## Paid Family Leave NOTICE OF COMPLIANCE



| Paid Family Leave insu                                    | rance coverage provided by: Guardian Life Insurance Company of America |  |
|---|--|--|
| a crassia crassias à montre a manifestation de la company | INSERT INSURER NAME HERE   |  |
|   | Covering employees of: WATERTOWN SAVINGS BANK                          |  |
| and the second second                                     | INSERT EMPLOYER NAME HERE  |  |

## Paid Family Leave is employee-funded insur ance that provides eligible employees job-protected, paid time of f to:

- BOND with a newly born, adopted, or fostered child;
- CARE for a family member with a serious health condition (seepaidfamilyleave .ny.govfor eligible family members); or
- ASSIST loved ones when a spouse, domestic partner, child, or parent is deployed abroad on active military service.

Paid Family Leave may also be available for use in situations when you or your minor dependent child are under an order of quarantine or isolation due to COVID-19. See PaidFamilyLeave.ny.gov/COVID19 for full details.

## Paid Family Leave Request Process:

- 1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible.
- 2. Complete and submit the Request for Paid Family Leave (Form PFL-1) to your employer.
- 3. Complete and attach the additional documentation as instructed on the request form and submit to your employer's insurance carrier listed below. Submit within 30 days after the start of your leave to avoid losing benefits.

You may obtain all forms from your employer their insurance carrier listed below or online at PaidFamilyLeave.ny.gov/Forms

Employers should NEVER discriminate or retaliate against anyone who requests or tak es Paid Family Leave

| INSURER OR AUTHORIZED NEW YORK SELF-INSURER INFORMATION                  |  |
|--|--|
| Name: Guardian Life Insurance Company of America Telephone: 800-268-2525 |  |
| Address: 10 Hudson Yards, New York, NY 10001                             |  |
| Policy #: 00926111-0000 Effective date from: 01/01/2018 to 06/30/2025    |  |
| ☑ Statutory ☐ Under a plan or agreement                                  |  |
| Class(es) of employees covered: All eligible New York covered employees  |  |

For more information, visitPaidFamilyLeave.ny.gov or call (844) 337-6303