



<b>Paid Family Leave Application Process Steps</b>	
<b>Step One</b>	Employee notifies their Agency HR of their leave at least 30 days in advance or as soon as is reasonably possible.
<b>Step Two</b>	Employee requests and completes Part A of Form PFL-1 (employee section) then provides PFL-1 to their Agency HR
<b>Step Three</b>	Agency HR will complete Part B of the PFL-1 form and submit the entire PFL-1 form to the insurance carrier to begin the claim process. <ul style="list-style-type: none"><li>• Agency HR is required to submit the completed form to the insurance carrier within 3 days.</li></ul>
<b>Step Four</b>	Employee will receive a phone call from the insurance carrier claims department ((732) 451-6755) to confirm the information provided, assist in completing further forms and collect supporting documentation associated with the leave. For Support Contact 800-401-2691 <ul style="list-style-type: none"><li>• Employee will receive an email within 48 hours that provides online access to check the status of their claim.</li></ul>
<b>Step Five</b>	Employee completes and submits all required forms and documents associated with the type of leave to the insurance carrier. <ul style="list-style-type: none"><li>• Upon receipt of all completed forms and documents the insurance carrier has 18 business days to approve or deny the claim.</li></ul>

## **Paid Family Leave General Instructions**

- The employee requesting PFL must complete all required information.
- The employee should retain a copy of each submitted form for their records.
- Employees must submit PFL dates prior to taking the leave where practicable. Any changes to the scheduled leave must be verified by the Agency HR.
- Additional forms are required depending on the type of leave being requested. The employee requesting leave is responsible for the completion of these forms.
- Employee signs and dates, before giving this form to their Agency HR to complete Part B.

- If you are pre-submitting form: Pre-submitting is defined as submitting the application in advance of an upcoming qualifying event, with certain required information missing due to the information being unknown at the time of the submitting. All missing information must be supplied as soon as it is known. **Benefits cannot be determined until all of the required information is provided.**
- The PFL insurance carrier will provide the employee a notice within five days which 1) states the claim is pending; 2) identifies what information is missing; 3) instructs how to submit the missing information. Once all information is supplied, the PFL insurance carrier has 18 days to pay or deny the claim.
- If the insurance carrier does not permit pre-submitting, the insurance carrier must return the Request for Paid Family Leave within five days to the employee with an explanation that the claim should be re-submitted when all information is available.

*\*\* On the top of the form, where employee name and date of birth is listed, please write down the Employee ID.\*\**

**Question 13:** If dates are “Continuous”, the employee must provide the start and end dates of the requested PFL. These dates should be the actual dates that the PFL will begin and end. If uncertain, estimate the start and end dates and indicate “Dates are estimated”. If dates are “Periodic”, enter the dates PFL will be taken. Please be as specific as possible. If the dates are unknown or estimated, indicate “Dates are estimated”. If dates are estimated, the PFL insurance carrier may require the employee to submit a request for payment after the PFL day is taken. Payment for approved claims will be due as soon as possible but in no event more than 18 days from the date of the completed request.

**Question 14:** When the PFL is foreseeable, an employee must give his/her agency at least 30 calendar days’ notice before the leave begins. Otherwise, the employee must notify the agency as soon as possible. This requirement may be waived at the discretion of the agency head.

If the employee is submitting the PFL request to their employer with less than 30 days’ advance notice from the start date of the PFL, the employee may provide an explanation why 30 days’ notice could not be given. If the explanation will not fit in the space provided on the form, enter “See Attached” and add an attachment with the explanation. Be sure to include the employee’s full name and their date of birth at the top of the attachment.

**To Amend Leave Dates:** Agency HR must be notified first of any leave date changes. Upon notification to Agency HR, the employee will notify the insurance carrier of the date changes. The insurance carrier will validate with the Agency HR to finalize the changes in the approved dates.

Notification Pursuant to the New York Personal Privacy Protection Law (Public Officers Law Article 6-A) and the Federal Privacy Act of 1974 (5 USC 552a). The Workers’ Compensation Board’s (Board’s) authority to request that employees provide personal information, including their social security number or tax identification number, is derived from the Board’s administrative authority under Workers’ Compensation Law section 142. This information is collected to assist the Board in investigating and administering claims in the most expedient manner possible and to help it maintain accurate records. Providing your social security number or tax identification number to the Board is

voluntary. The Board will protect the confidentiality of all personal information in its possession, disclosing it only in furtherance of its official duties and in accordance with applicable state and federal law.

If you need assistance, please call 800.401.2691

<b>Employment Information (to be completed by the employee)</b>																									
<p><b>Question 16:</b> Enter the date of hire. If it has been more than a year since the date of hire, entering the year in which employment started is sufficient.</p>	<p>Example of a gross weekly wage calculation: Please note that the employer is also required to provide this information in Part B of the Request For Paid Family Leave (Form PFL-1).</p>																								
<p><b>Question 18:</b> Enter the best estimate of average gross weekly wage. Include only the wages earned from the employer listed on this request form. The gross weekly wage is the total weekly pay – including overtime, tips, bonuses and commissions - before any deductions are made by the employer, such as federal and state taxes. If the employer is not able to supply this information, the employee can calculate their gross weekly wage as follows:</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Week 1 - Gross wage including overtime</td><td style="text-align: right;">\$550</td></tr> <tr><td>Week 2 - Gross wage</td><td style="text-align: right;">\$500</td></tr> <tr><td>Week 3 - Gross wage</td><td style="text-align: right;">\$500</td></tr> <tr><td>Week 4 - Gross wage</td><td style="text-align: right;">\$500</td></tr> <tr><td>Week 5 - Gross wage</td><td style="text-align: right;">\$500</td></tr> <tr><td>Week 6 - Gross wage</td><td style="text-align: right;">\$500</td></tr> <tr><td>Week 7 - Gross wage, including overtime</td><td style="text-align: right;">\$600</td></tr> <tr><td>Week 8 - Gross wage, including overtime</td><td style="text-align: right;">\$550</td></tr> <tr><td></td><td style="text-align: right;">+ _____</td></tr> <tr><td></td><td style="text-align: right;"><b>Total: \$4,200</b></td></tr> <tr><td></td><td style="text-align: right;">Divide by 8: ÷ <u>  </u>8</td></tr> <tr><td></td><td style="text-align: right;"><b>Average Weekly Wage = \$525</b></td></tr> </table>	Week 1 - Gross wage including overtime	\$550	Week 2 - Gross wage	\$500	Week 3 - Gross wage	\$500	Week 4 - Gross wage	\$500	Week 5 - Gross wage	\$500	Week 6 - Gross wage	\$500	Week 7 - Gross wage, including overtime	\$600	Week 8 - Gross wage, including overtime	\$550		+ _____		<b>Total: \$4,200</b>		Divide by 8: ÷ <u>  </u> 8		<b>Average Weekly Wage = \$525</b>
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<p><b>Step 1:</b> Add all gross wages received (before any deductions) over the last eight weeks prior to the start of PFL, including overtime and tips earned. (See Step 3 for instructions for calculating bonuses and/ or commissions.)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Bonus earned in preceding 52 weeks: \$2,600</td><td></td></tr> <tr><td></td><td style="text-align: right;">Divide by 52: ÷ <u>  </u>52</td></tr> <tr><td></td><td style="text-align: right;">Prorated Weekly Bonus = \$50</td></tr> <tr><td></td><td style="text-align: right;"><b>Average Weekly Wage = \$525</b></td></tr> <tr><td></td><td style="text-align: right;"><b>Prorated Weekly Bonus = \$50</b></td></tr> <tr><td></td><td style="text-align: right;">+ _____</td></tr> </table>	Bonus earned in preceding 52 weeks: \$2,600			Divide by 52: ÷ <u>  </u> 52		Prorated Weekly Bonus = \$50		<b>Average Weekly Wage = \$525</b>		<b>Prorated Weekly Bonus = \$50</b>		+ _____												
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<p><b>Step 2:</b> Divide the gross wages calculated in step one by eight (or the number of weeks worked if less than eight) to calculate the average weekly wage.</p>	<p><b>Average Weekly Wage (including bonus) = \$575</b></p>																								
<p><b>Step 3:</b> If the employee received bonuses and/or commissions during the 52 weeks preceding PFL, add the prorated weekly amount to the average weekly wage. To determine the prorated weekly amount, add all bonuses/commissions earned in the preceding 52 weeks and then divide by 52.</p>																									

<b>Employment Information (to be completed by the employer)</b>
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**\*\*On the top of the form, where employee name and date of birth is listed, please ensure the Employee ID is included.\*\***

**Question 2:** You may leave the information blank.

**Question 3:** You may leave the information blank.

**Question 8:** You may leave the information blank.

**Question 9:** Agencies must use City Human Resource Management System (CHRMS) PY19 - Average Gross Wages for Paid Family Leave report. For employees on a biweekly pay period, please remember to divide by two.

**Question 10:** If the employee expects to use their own leave balances, please check off "Yes" and enter the exact dates below the question.

**Question 11a and 11b:** You may leave the information blank.

**Once completed, please submit via email to:**

Claim Contact Information:

PHONE: (800) 401-2691

FAX: (800) 728-7028

MAIL:

Technology Insurance Company

C/O AbSolve

P. O. Box 1328

Mt. Laurel, NJ 08054

EMAIL: [AmTrustNYDBLPFL@absencesolved.com](mailto:AmTrustNYDBLPFL@absencesolved.com)