



Insurance | Risk Management | Consulting

## CORONAVIRUS -COVID-19

### FEDERAL AND NEW YORK STATE EMERGENCY BENEFIT LAWS

March 22, 2020

(Subject to Rapidly Changing Conditions)

#### Upstate New York Branch

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#### Legal Disclaimer

*This document is compiled from federal, New York State, and webinar sources and is only designed to be a summary of recently signed legislation related to Covid19. It does not contain any recommendations by Gallagher. It contains general information on the current state of these laws. It should not be construed as, nor is it intended to provide legal advice. Questions regarding specific issues should be addressed by your organization's attorney who specializes in this practice area.*

### Comparison of Federal and New York State Laws

Topic	Federal Families First Coronavirus Response Act	New York State Benefits for Employees Subject to an Order of Quarantine of Isolation Due to COVID19
Effective Date(s)	April 2, 2020 – December 31, 2020	Effective March 18, 2020
Benefit Type	Emergency Paid Sick Leave Act	Employer Paid Sick Leave
Employers Covered	Private employers with fewer than 500 employees <sup>1</sup> and public employers	Depends upon number of employees. See "Benefit Time" below.
Employees Covered	<ul style="list-style-type: none"><li>All employees regardless of length of employment.</li><li>Employers can exempt health care providers or emergency responders.</li></ul>	Working for an employer who as of January 1, 2020 had the number of employees described under "Monetary Benefit", below.
Eligible Employee	Employee is unable to work or telework because: 1. Subject to a federal, state, or local quarantine or isolation <b>order</b> related to COVID19	Employee under " <b>mandatory or precautionary order of quarantine or isolation issued by the State of New York, department of health , local board of health, or any government entity duly authorized to issue such order due to Covid19</b> ". Applies to:

<sup>1</sup> Definition of 500 employees measurement pending from USDOL.

Topic	Federal Families First Coronavirus Response Act	New York State Benefits for Employees Subject to an Order of Quarantine or Isolation Due to COVID19
	<p><i>(Usually means employee receives an <b>order</b> from an authorized official such as Department of Health.)</i></p> <ol style="list-style-type: none"> <li>Advised by health care provider to self-quarantine due to concerns related to COVID19.</li> <li>Experiencing symptoms of COVID19 and seeking medical diagnosis</li> <li>Caring for an individual subject to 1 or 2 above (Individual not yet defined)</li> <li>Caring for employee's child if the child's school or place of care is closed or unavailable due to COVID19 precautions. <i>(Note: Employee might not be eligible if given the option to telework.)</i></li> <li>Experiencing any other substantially similar conditions specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. <i>(Note: "substantially similar conditions" TBD )</i></li> </ol>	<ul style="list-style-type: none"> <li>Mandatory Quarantine when: <ul style="list-style-type: none"> <li>Person has been in close contact (6 feet) with someone who is positive but is not displaying symptoms for Covid19.</li> <li>Person has traveled to China, Iran, Japan, South Korea or Italy and is displaying symptoms of Covid 19.</li> </ul> </li> <li>Mandatory Isolation <ul style="list-style-type: none"> <li>Person tested positive for Covid19 whether or not displaying symptoms for Covid19.</li> </ul> </li> <li>Local health department (LHD) must immediately issue an order for Mandatory Quarantine or isolation once notified which shall be served on person impacted.</li> <li>Precautionary Quarantine <ul style="list-style-type: none"> <li>Has traveled to China, Iran, Japan, South Korea or Italy while Covid19 was prevalent, but is not displaying symptoms</li> <li>Proximate exposure to a positive person but has not had direct contact with a positive person and is not displaying symptoms.</li> </ul> </li> </ul>
Benefit Time	<ul style="list-style-type: none"> <li>Full-time employees receive 80 hours of paid sick leave</li> <li>Part-time employees equivalent of average number of hours worked over a two week period</li> </ul>	Between 0 and 14 days depending on the number of employees as of January 1, 2020 employed.
Paid By	Employer	Employer
Monetary Benefit	<ul style="list-style-type: none"> <li>Full regular rate for reasons 1, 2, 3 above</li> <li>Two-thirds for reasons 4, 5, 6 above</li> </ul>	<ul style="list-style-type: none"> <li>10 or fewer employees: unpaid sick leave. Employee eligible for DBL/PFL. See Disability/Paid Family Leave section below.</li> <li>10 or fewer employees but employer has net income greater than \$1 million the previous tax year: At least 5 days employer paid sick leave followed by DBL/PFL. See below.</li> <li>11-99 employees: At least 5 days employer paid sick leave followed by DBL/PFL. See below.</li> <li>100+ employees and Public employers (regardless of number of employees:</li> </ul>

Topic	Federal Families First Coronavirus Response Act	New York State Benefits for Employees Subject to an Order of Quarantine of Isolation Due to COVID19
		<p>At least 14 days employer paid sick leave. (14 days is considered the quarantine period.)</p> <p><b>Note 1:</b> Employers may not use employee's vacation, etc. for pay for this purpose. <b>Note 2:</b> If business is closed, apply for Unemployment</p>
Benefit Maximums	<ul style="list-style-type: none"> <li>\$511 per day (\$5,110 in total) leave taken for 1, 2, 3 above</li> <li>\$200 per day (\$2,000 in total) leave taken for 4,5,6 above</li> </ul> <p>(Note: Employees cannot be required to use accrued paid time off before emergency leave.)</p>	See above.
Benefit Type	Emergency FMLA Expansion Act	Short Term Disability/Paid Family Benefit
Employers Covered	<p>Private employers with fewer than 500 employees and public employers</p> <p><i>Note: DOL may exempt employers with fewer than 50 employees TBD.</i></p>	Employees covered through employer's existing DBL/PFL policy.
Employees Covered	<ul style="list-style-type: none"> <li>Any employee on employer's payroll for 30 calendar days.</li> <li>Employers can exempt health care providers or emergency responders.</li> </ul>	<ul style="list-style-type: none"> <li>Employee under own order of quarantine. <i>Not eligible if able to work from home.</i></li> <li>Employee's Child: If child's is under own order of quarantine, employee who has worked 20 or more hours a week for at least 26 weeks or at least 175 days if working fewer than 20 hours per week is able to apply for regular PFL to care for a child with a serious illness. <i>Not eligible if able to work from home.</i></li> </ul>
Eligible Employee	<p>Qualifying need related to public health emergency which is limited to circumstances where an employee is unable to work/telework <b>to care for a minor child if the child's school or place of child care has been closed or is unavailable due to a public health emergency.</b></p>	<ul style="list-style-type: none"> <li>10 or fewer employees: Employee eligible for DBL/PFL.</li> <li>10 or fewer employees but employer has net income greater than \$1 million the previous tax year: After exhausting 5 days employer paid sick leave, employee eligible for DBL/PFL</li> <li>11-99 employees After exhausting 5 days employer paid sick leave, employee eligible for DBL/PFL</li> </ul>
Benefit Time	12 Weeks and job protection	<ul style="list-style-type: none"> <li>Employee's duration of quarantine order.</li> <li>PFL for child under order of quarantine, up to 10 weeks (less any PFL used in the prior benefit year)</li> </ul>

Topic	Federal Families First Coronavirus Response Act	New York State Benefits for Employees Subject to an Order of Quarantine of Isolation Due to COVID19
Monetary Benefit	First two weeks are unpaid, employee may substitute accrued employer paid leave or Emergency Paid Sick Leave	<ul style="list-style-type: none"> <li>Employee under order of quarantine: Salary up to a maximum of \$2,884.62 per week.</li> <li>Employee's Child under order of quarantine: 60% of pay up to cap of \$840</li> </ul>
Paid by Employer	Up to 10 weeks at two thirds employees regular rate, for number of hours employee would otherwise be scheduled to work to maximum of \$200 per day and \$10,000 maximum.	Paid through the employer's disability/paid family leave policy.
Job Protection	Yes. Exception for employers with fewer than 25 employees in some circumstances TBD.	Yes
Documentation	Federal	New York State
Regulatory Guidance, Poster/Notices, Forms, etc.	Most likely by April 2 <sup>nd</sup> , the effective date of the emergency laws.	<ul style="list-style-type: none"> <li>NYS Website: <a href="https://coronavirus.health.ny.gov/home">https://coronavirus.health.ny.gov/home</a></li> <li>Covid-19 Paid Sick Leave Notice – Employees (Attached)</li> <li>Covid-19 Paid Sick Leave Notice – Employers (Attached)</li> <li>DBL/PFL Employee Application Covid-19 (Attached)</li> <li>PFL Child Application Covid-19 (Attached)</li> <li>FAQs as of March 22<sup>nd</sup> .</li> </ul>

# COVID-19 PAID SICK LEAVE



## EMPLOYEES

Under legislation signed by Governor Cuomo, New York workers are guaranteed job protection and financial compensation while they are on a **mandatory or precautionary quarantine order** due to COVID-19.

### YOU ARE ENTITLED TO THE FOLLOWING PROTECTIONS AND BENEFITS IF YOU ARE SUBJECT TO A MANDATORY OR PRECAUTIONARY QUARANTINE ORDER:

If you work for a business with **10 or fewer** employees and it had a **net income less than \$1 million** last year you are entitled to:

- Guaranteed job protection for the duration of the quarantine order.
- Paid Family Leave (PFL) and Disability Benefits (DB) through your employer's existing policy. You will receive your salary up to a maximum of \$2,884.62 per week for the duration of your mandatory or precautionary quarantine.

If you work for a business with **10 or fewer** employees and it had a **net income greater than \$1 million** last year you are entitled to:

- **At least 5 days of paid sick leave** and guaranteed job protection for the duration of the quarantine order.
- After these paid sick days, you are eligible for PFL and DB through your employer's existing policy. You will receive your salary up to a maximum of \$2,884.62 per week for the duration of your mandatory or precautionary quarantine.

If you work for a business with **11-99** employees you are entitled to:

- **At least 5 days of paid sick leave** and guaranteed job protection for the duration of the quarantine order.
- After these paid sick days, you are eligible for PFL and DB through your employer's existing policy. You will receive your salary up to a maximum of \$2,884.62 per week for the duration of your mandatory or precautionary quarantine.

If you work for a business with **100 or more** employees you are entitled to:

- Guaranteed job protection for the duration of the quarantine order.
- **At least 14 days of paid sick leave.**

If you work for a public employer (no matter the number employees) you are entitled to:

- **At least 14 days of paid sick leave.**

### IMPORTANT NOTES:

- **If you are quarantined but are able to work from home you do not qualify for these benefits.**
- If your business is closed due to COVID-19, your employees may immediately apply for Unemployment Insurance.
- You may be eligible for additional leave under PFL and DB. Please call the hotline for more information.

### QUESTIONS:

For more information go to [ny.gov/COVIDpaysickleave](https://ny.gov/COVIDpaysickleave)

# COVID-19 PAID SICK LEAVE



## EMPLOYERS

Under legislation signed by Governor Cuomo, New York workers are guaranteed job protection and financial compensation while they are on a **mandatory or precautionary quarantine order** due to COVID-19.

### **WHAT EMPLOYERS NEED TO KNOW ABOUT COVID-19 PAID SICK LEAVE:**

If you have **10 or fewer** employees and you had a **net income less than \$1 million** last year you must provide your employees with:

- Guaranteed job protection for the duration of the quarantine order.
- Compensation for the duration of their quarantine through your existing Paid Family Leave (PFL) and Disability Benefits (DB) policy up to \$2,884.62 per week.

If you have **10 or fewer** employees and you had a **net income greater than \$1 million** last year you must provide your employees with:

- **At least 5 days of paid sick leave** and guaranteed job protection for the duration of the quarantine order.
- Compensation for the remainder of their quarantine through your existing PFL and DB policy up to \$2,884.62 per week.

Employers with **11-99** employees must provide their employees with:

- **At least 5 days of paid sick leave** and guaranteed job protection for the duration of the quarantine order.
- Compensation for the remainder of their quarantine through your existing PFL and DB policy up to \$2,884.62 per week.

Employers with **100 or more** employees must provide their employees with:

- Guaranteed job protection for the duration of the quarantine order.
- **At least 14 days of paid sick leave.**

If you are public employer (no matter how many employees) you must provide:

- **At least 14 days of paid sick leave.**

### **HERE'S WHAT YOU NEED TO DO BEFORE AND AFTER YOUR EMPLOYEES ARE QUARANTINED.**

1. Let your employees know they are entitled to paid/unpaid days off
2. Promptly help your employees as needed apply for PFL or DB
3. If you have questions call the hotline

### **IMPORTANT NOTES:**

- **If your employees are quarantined but are able to work from home they do not qualify for these benefits.**
- If your business is closed due to COVID-19, your employees may immediately apply for Unemployment Insurance.

### **QUESTIONS:**

For more information go to [ny.gov/COVIDpaysickleave](https://ny.gov/COVIDpaysickleave)



## Instructions for taking Disability and/or Paid Family Leave for yourself due to COVID-19 Quarantine/Isolation

1. Complete Sections 1 – 2 of this form and Part A of the [Request for Paid Family Leave \(Form PFL-1\)](#).
  - a. Leave Questions 11 and 12 blank on *Form PFL-1* and instead complete Section 1 below.
2. Give completed forms to your employer.
  - a. Employer completes Section 3 of this form and Part B of *Form PFL-1*, within 3 business days.
3. Attach mandatory or precautionary order of quarantine or isolation.
4. Submit all forms and order of quarantine/isolation to your employer's PFL insurance carrier listed on Part B of *Form PFL-1*.

For further guidance, visit the PFL website at [PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov).

### SECTION 1 - PAID FAMILY LEAVE (PFL) REQUEST (to be completed by the employee)

You may be eligible to take BOTH disability benefits and Paid Family Leave benefits up to a maximum disability benefit of \$2,043.92 and up to a maximum Paid Family Leave benefit of \$840.70, for a TOTAL of \$2,884.62 per week.

Reason for PFL request: ☐ Disability and/or Paid Family Leave benefits due to COVID-19 Quarantine/Isolation

### SECTION 2 - EMPLOYEE ATTESTATION (to be completed by the employee)

My signature affirms that I have exhausted any paid sick leave and that I am not physically able to perform work for my employer through remote access or similar means during a mandatory or precautionary order of quarantine or isolation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Employee Name: \_\_\_\_\_

### SECTION 3 - EMPLOYER ATTESTATION (to be completed by the employer)

My signature affirms that this employee has exhausted any paid sick leave and that he or she is not physically able to perform their work through remote access or similar means during a mandatory or precautionary order of quarantine or isolation.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Employer Name/Entity: \_\_\_\_\_

The insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed request. Your request cannot be considered incomplete solely because your employer failed to fill out Section 3 above or Part B of *Form PFL-1*.

If you disagree with the insurance carrier's decision, or if payment is untimely, you may request arbitration with NAM (National Arbitration and Mediation) at [nyspfla.com](https://nyspfla.com).





# Request For Paid Family Leave (Form PFL-1) Instructions

- To request PFL, the employee requesting PFL must complete Part A of the *Request For Paid Family Leave (Form PFL-1)*. All items on the form are required unless noted as optional. The employee then provides the form to the employer to complete Part B.
- The employer completes Part B of the *Request For Paid Family Leave (Form PFL-1)* and returns it to the employee within three days.
- Additional forms are required depending on the type of leave being requested. The employee requesting leave is responsible for the completion of these forms.
- **The employee submits the completed *Request For Paid Family Leave (Form PFL-1)* with the required additional form to the employer's PFL insurance carrier listed on Part B of *Request For Paid Family Leave (Form PFL-1)*. The employee should retain a copy of each submitted form for their records.**

## PART A - EMPLOYEE INFORMATION (to be completed by the employee)

The employee requesting PFL must complete all required information.

### Paid Family Leave (PFL) Request (to be completed by the employee)

**Question 12:** A child is defined as a biological, adopted, or foster son or daughter, a stepson or stepdaughter, a legal ward, a son or daughter of a domestic partner, or the person to whom the employee stands in loco parentis. A parent is defined as a biological, foster, or adoptive parent, parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

**Questions 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 carrier may require you 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:** 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 must explain 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.

### Employment Information (to be completed by the employee)

**Question 16:** Enter the date of hire to the best of the employee's recollection. If it has been more than a year since the date of hire, entering the year in which employment started is sufficient.

**Question 18:** 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:

**Step 1:** 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.)

**Step 2:** 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.

**Step 3:** 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.

Example of a gross weekly wage calculation:

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
Total =	\$4,200
Divide by 8	÷ 8
Average Weekly Wage =	\$525
Bonus earned in preceding 52 weeks	\$2,600
Divide by 52	÷ 52
Prorated Weekly Bonus =	\$50

*Form PFL-1 Instructions continued on next page*



**PART A - EMPLOYEE INFORMATION** (to be completed by the employee) - continued from prior page*Form PFL-1 Instructions continued from prior page*

Average Weekly Wage	\$525
Prorated Weekly Bonus	+ \$50
<b>Average Weekly Wage (including bonus) =</b>	<b>\$575</b>

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)*.

**If you are pre-submitting form:** Indicate if the employee is pre-submitting their PFL request. 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. If pre-submitting is permitted by the carrier

or self-insured employer, the 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 or self-insured employer 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 or self-insured employer has 18 days to pay or deny the claim.**

If the carrier or self-insured employer does not permit pre-submitting, the carrier or self-insured employer 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.

**Employee signs and dates, before giving this form to their employer to complete Part B.**

**PART B - EMPLOYER INFORMATION** (to be completed by the employer)

**The employer of the employee requesting PFL must complete all information in Part B.**

**Question 2:** If a Social Security Number is used for the Federal Employer Identification Number (FEIN), enter the Social Security Number.

**Question 3:** Enter the employer's Standard Industrial Classification (SIC) Code. Contact your carrier if you don't know your SIC code.

**Question 8:** The employee occupation code can be found at: [www.bls.gov/soc/2018/major\\_groups.htm](http://www.bls.gov/soc/2018/major_groups.htm)

**Question 9:** Enter the wages earned by the employee during the last eight weeks preceding the PFL start date. The gross amount paid is the employee's gross weekly pay, including any overtime and tips earned for that week, plus the weekly prorated amount of any bonus or commission received during the preceding 52 weeks. (For detailed steps, see Question 18 starting on page 1 of the instructions.) Calculate the gross average weekly wage by adding up the gross amounts paid, and then divide by eight (or number of weeks worked if less than eight).

**Affirmation employee is eligible for PFL:** An employee who regularly works 20 hours or more per week must have been in employment for at least 26 consecutive weeks. An employee who regularly works less than 20 hours per week must have worked 175 days.

**Question 10:** Failure to select "Yes" for requesting reimbursement from the insurance carrier, will result in a waiver of the right to reimbursement.

**Question 11a:** 'Disability' refers to NYS statutory required disability. If the answer is "none," enter a "0" for total weeks and days in Question 12b.

**Question 11b:** The maximum number of weeks available for NYS statutory disability and PFL in any 52 week period is 26 weeks. Specify the total number of weeks, as well as the number of additional days if the leave includes a partial week, taken for NYS statutory disability and PFL during the preceding 52 weeks.

**Question 13, 14 & 15:** Enter the Paid Family Leave or Disability/PFL insurance carrier's name, address and PFL policy number. If this employer is self-insured, enter the name and address of where the PFL request should be submitted for processing.

**Employer signs and dates, and then returns to the employee requesting PFL within three business days.**

**Be sure to complete the appropriate additional PFL form(s) based on the type of PFL leave being requested.**

**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.



# Paid Family Leave

## Request For Paid Family Leave (Form PFL-1)

INSTRUCTIONS INCLUDED WITH FORM

### PART A - EMPLOYEE INFORMATION (to be completed by the employee)

1. Employee's legal name (first name, middle initial, last name)

\_\_\_\_\_

2. Other last names, if any, under which employee has worked

\_\_\_\_\_

3. Employee's mailing address

Street address

City, State

Zip code Country (if not U.S.A.)

4. Employee's Social Security Number or TIN

- -

5. Employee's date of birth (MM/DD/YYYY)

/ /

6. Employee's primary telephone number

( ) -

7. Employee's preferred email address while on PFL (if available)

\_\_\_\_\_

8. Employee's gender

☐ Male ☐ Female ☐ Not designated/Other

9. Employee's preferred language

☐ English ☐ Español ☐ Русский ☐ Polski  
☐ 中文 ☐ Italiano ☐ Kreyòl ayisyen ☐ 한국어  
☐ Other

#### Optional (for research purposes)

10. Employee's ethnicity/race

For purposes of health demographic only. (U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0.)

Is employee of Hispanic, Latino/a, or Spanish origin?

(One or more categories may be selected.)

- ☐ Mexican  
☐ Mexican American  
☐ Chicano/a  
☐ Puerto Rican  
☐ Dominican  
☐ Cuban  
☐ Another Hispanic, Latino/a, or Spanish origin  
☐ Not of Hispanic, Latino/a, or Spanish origin  
☐ Unknown

What is employee's race?

(One or more categories may be selected.)

- ☐ American Indian or Alaska Native  
☐ Black or African American  
☐ Asian Indian  
☐ Chinese  
☐ Filipino  
☐ Japanese  
☐ Korean  
☐ Vietnamese  
☐ Other Asian  
☐ White  
☐ Native Hawaiian  
☐ Guamanian or Chamorro  
☐ Samoan  
☐ Other Pacific Islander  
☐ Other race

### Paid Family Leave (PFL) Request (to be completed by the employee)

11. Reason for PFL request: ☐ Bond with child ☐ Care for family member ☐ Military qualifying event

12. The family member is employee's:

☐ Child ☐ Spouse ☐ Domestic partner ☐ Parent ☐ Parent-in-law ☐ Grandparent ☐ Grandchild

Form PFL-1 continued on next page



## TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

Employee's date of birth (MM/DD/YYYY)

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## PART A - EMPLOYEE INFORMATION (to be completed by the employee) - continued from prior page

Form PFL-1 continued from prior page

## 13. Will PFL be for a continuous period of time and/or periodic?

<input type="checkbox"/> Continuous	PFL start date (MM/DD/YYYY)	PFL end date (MM/DD/YYYY)	<input type="checkbox"/> Dates are estimated												
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
<input type="checkbox"/> Periodic	Identify dates periodic PFL will be taken:		<input type="checkbox"/> Dates are estimated												
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														

## 14. If providing less than 30 day's advance notice to the employer, please explain:

## Employment Information (to be completed by the employee)

## 15. Business name

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16. Employee's date of hire (MM/DD/YYYY) 

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## 17. Employee's work location

Street address		
City, State	Zip code	Country (if not U.S.A.)

18. Employee's average gross **weekly** wage (This data will be requested of both employee and employer)19. Employer's telephone number for contact regarding this request ( 

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20a. Does employee have more than one employer? ☐ Yes ☐ No20b. If yes, is employee taking PFL from the other employer? ☐ Yes ☐ No21. Is employee currently receiving Workers' Compensation Lost Wage Benefits? ☐ Yes ☐ No

Disclosure statement: Information regarding PFL benefits received by the employee, such as payments received and types of leave, will be provided to the employer.

## Declaration and signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am hereby making a request for paid family leave benefits under the NYS Workers' Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Employee's signature

Date signed (MM/DD/YYYY)

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☐ I am submitting this form in advance (see instructions about pre-submitting). I understand the insurance carrier will contact me to advise how to submit the required missing information.

## TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

Employee's date of birth (MM/DD/YYYY)

			/				/				
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## PART B - EMPLOYER INFORMATION (to be completed by the employer)

## 1. Business's full legal name and mailing address

Business name

Mailing address

City, State

Zip code

Country (if not U.S.A.)

## 2. Employer's FEIN

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## 3. Employer's Standard Industrial Classification (SIC) Code

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## 4. Employer's contact name for questions related to PFL

## 5. Employer's contact telephone number (

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## 6. Employer's contact email address

## 7. Employee's date of hire (MM/DD/YYYY)

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8. Employee's occupation Codes are available at: [www.bls.gov/soc/2018/major\\_groups.htm](http://www.bls.gov/soc/2018/major_groups.htm)

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## 9. Enter the last 8 weeks of gross wages for the employee and calculate the average gross weekly wage

Week no.	Week ending date (MM/DD/YYYY)	Number of days worked	Gross amount paid
1			
2			
3			
4			
5			
6			
7			
8			
Calculated average gross <b>weekly</b> wage:			

10. If employee received or will receive full wages while on PFL, will employer be requesting reimbursement? ☐ Yes ☐ No

Form PFL-1 continued on next page

## TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

Employee's date of birth (MM/DD/YYYY)

			/				/				
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## PART B - EMPLOYER INFORMATION (to be completed by the employer) - continued from prior page

Form PFL-1 continued from prior page

11a. In the preceding 52 weeks has the employee taken leave for: ☐ NYS Disability ☐ PFL ☐ Both Disability and PFL ☐ None

11b. Enter the total number of weeks and days taken for both Disability and PFL in the last 52 weeks:

<b>Disability:</b>	Weeks	Please provide specific dates for Disability:
	Days	
<b>PFL:</b>	Weeks	Please provide specific dates for PFL:
	Days	

12. Is the employee taking Family Medical Leave Act (FMLA) concurrently with PFL? ☐ Yes ☐ No

13. PFL insurance carrier's name and mailing address

PFL insurance carrier's name

Mailing address

City, State

Zip code

Country (if not U.S.A.)

14. PFL insurance carrier's telephone number (    )    -

15. PFL policy number

## Declaration and signature

☐ I affirm the employee regularly works 20 or more hours per week and has been in employment for at least 26 consecutive weeks OR the employee regularly works less than 20 hours per week and has worked at least 175 days.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am the person authorized to sign as the employer of the employee requesting PFL. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.

Employer's authorized signature

Date signed (MM/DD/YYYY)

			/				/				
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Title



## Instructions for taking Paid Family Leave for a Minor Dependent Child due to COVID-19 Quarantine/Isolation

- Complete Sections 1 – 3 of this form and Part A of the [Request for Paid Family Leave \(Form PFL-1\)](#).
    - Leave Questions 11 and 12 blank on *Form PFL-1*.
  - Give completed forms to your employer.
    - Employer completes Section 4 of this form and Part B of *Form PFL-1*, within 3 business days.
  - Attach mandatory or precautionary order of quarantine or isolation.
  - Submit all forms and order of quarantine/isolation to your employer's PFL insurance carrier listed on Part B of *Form PFL-1*.
- For further guidance, visit the PFL website at [PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov).

### SECTION 1 - PAID FAMILY LEAVE (PFL) REQUEST (to be completed by the employee)

Reason for PFL request: ☐ Care for minor dependent child subject to COVID-19 Quarantine/Isolation

### SECTION 2 - MINOR CHILD INFORMATION (to be completed by the employee)

1. **Minor dependent child's name** (first name, middle initial, last name)

2. **Minor child's date of birth** (MM/DD/YYYY)

3. **Minor child's mailing address**

Street address

City

State

Zip Code

Country (if not U.S.)

### SECTION 3 - EMPLOYEE ATTESTATION (to be completed by the employee)

My signature affirms that I am not physically able to perform work for my employer through remote access or similar means during my minor child's mandatory or precautionary order of quarantine or isolation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Employee Name: \_\_\_\_\_

### SECTION 4 - EMPLOYER ATTESTATION (to be completed by the employer)

My signature affirms that this employee is not physically able to perform their work through remote access or similar means during their minor child's mandatory or precautionary order of quarantine or isolation.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Employer Name/Entity: \_\_\_\_\_

The insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed request. Your request cannot be considered incomplete solely because your employer failed to fill out Section 4 above or Part B of *Form PFL-1*.

If you disagree with the insurance carrier's decision, or if payment is untimely, you may request arbitration with NAM (National Arbitration and Mediation) at [nyspfia.com](https://nyspfia.com).



# Request For Paid Family Leave (Form PFL-1) Instructions

- To request PFL, the employee requesting PFL must complete Part A of the *Request For Paid Family Leave (Form PFL-1)*. All items on the form are required unless noted as optional. The employee then provides the form to the employer to complete Part B.
- The employer completes Part B of the *Request For Paid Family Leave (Form PFL-1)* and returns it to the employee within three days.
- Additional forms are required depending on the type of leave being requested. The employee requesting leave is responsible for the completion of these forms.
- **The employee submits the completed *Request For Paid Family Leave (Form PFL-1)* with the required additional form to the employer's PFL insurance carrier listed on Part B of *Request For Paid Family Leave (Form PFL-1)*. The employee should retain a copy of each submitted form for their records.**

## PART A - EMPLOYEE INFORMATION (to be completed by the employee)

The employee requesting PFL must complete all required information.

### Paid Family Leave (PFL) Request (to be completed by the employee)

**Question 12:** A child is defined as a biological, adopted, or foster son or daughter, a stepson or stepdaughter, a legal ward, a son or daughter of a domestic partner, or the person to whom the employee stands in loco parentis. A parent is defined as a biological, foster, or adoptive parent, parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

**Questions 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 carrier may require you 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:** 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 must explain 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.

### Employment Information (to be completed by the employee)

**Question 16:** Enter the date of hire to the best of the employee's recollection. If it has been more than a year since the date of hire, entering the year in which employment started is sufficient.

**Question 18:** 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:

**Step 1:** 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.)

**Step 2:** 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.

**Step 3:** 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.

Example of a gross weekly wage calculation:

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
Total =	\$4,200
Divide by 8	÷ 8
Average Weekly Wage =	\$525
Bonus earned in preceding 52 weeks	\$2,600
Divide by 52	÷ 52
Prorated Weekly Bonus =	\$50

*Form PFL-1 Instructions continued on next page*



**PART A - EMPLOYEE INFORMATION** (to be completed by the employee) - continued from prior page*Form PFL-1 Instructions continued from prior page*

Average Weekly Wage	\$525
Prorated Weekly Bonus	+ \$50
<b>Average Weekly Wage (including bonus) =</b>	<b>\$575</b>

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)*.

**If you are pre-submitting form:** Indicate if the employee is pre-submitting their PFL request. 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. If pre-submitting is permitted by the carrier

or self-insured employer, the 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 or self-insured employer 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 or self-insured employer has 18 days to pay or deny the claim.**

If the carrier or self-insured employer does not permit pre-submitting, the carrier or self-insured employer 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.

**Employee signs and dates, before giving this form to their employer to complete Part B.**

**PART B - EMPLOYER INFORMATION** (to be completed by the employer)

**The employer of the employee requesting PFL must complete all information in Part B.**

**Question 2:** If a Social Security Number is used for the Federal Employer Identification Number (FEIN), enter the Social Security Number.

**Question 3:** Enter the employer's Standard Industrial Classification (SIC) Code. Contact your carrier if you don't know your SIC code.

**Question 8:** The employee occupation code can be found at: [www.bls.gov/soc/2018/major\\_groups.htm](http://www.bls.gov/soc/2018/major_groups.htm)

**Question 9:** Enter the wages earned by the employee during the last eight weeks preceding the PFL start date. The gross amount paid is the employee's gross weekly pay, including any overtime and tips earned for that week, plus the weekly prorated amount of any bonus or commission received during the preceding 52 weeks. (For detailed steps, see Question 18 starting on page 1 of the instructions.) Calculate the gross average weekly wage by adding up the gross amounts paid, and then divide by eight (or number of weeks worked if less than eight).

**Affirmation employee is eligible for PFL:** An employee who regularly works 20 hours or more per week must have been in employment for at least 26 consecutive weeks. An employee who regularly works less than 20 hours per week must have worked 175 days.

**Question 10:** Failure to select "Yes" for requesting reimbursement from the insurance carrier, will result in a waiver of the right to reimbursement.

**Question 11a:** 'Disability' refers to NYS statutory required disability. If the answer is "none," enter a "0" for total weeks and days in Question 12b.

**Question 11b:** The maximum number of weeks available for NYS statutory disability and PFL in any 52 week period is 26 weeks. Specify the total number of weeks, as well as the number of additional days if the leave includes a partial week, taken for NYS statutory disability and PFL during the preceding 52 weeks.

**Question 13, 14 & 15:** Enter the Paid Family Leave or Disability/PFL insurance carrier's name, address and PFL policy number. If this employer is self-insured, enter the name and address of where the PFL request should be submitted for processing.

**Employer signs and dates, and then returns to the employee requesting PFL within three business days.**

**Be sure to complete the appropriate additional PFL form(s) based on the type of PFL leave being requested.**

**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.



# Paid Family Leave

## Request For Paid Family Leave (Form PFL-1)

INSTRUCTIONS INCLUDED WITH FORM

### PART A - EMPLOYEE INFORMATION (to be completed by the employee)

1. Employee's legal name (first name, middle initial, last name)

\_\_\_\_\_

2. Other last names, if any, under which employee has worked

\_\_\_\_\_

3. Employee's mailing address

Street address

City, State

Zip code Country (if not U.S.A.)

4. Employee's Social Security Number or TIN

□ □ □ - □ □ - □ □ □ □

5. Employee's date of birth (MM/DD/YYYY)

□ □ / □ □ / □ □ □ □

6. Employee's primary telephone number

( □ □ □ ) □ □ □ - □ □ □ □

7. Employee's preferred email address while on PFL (if available)

\_\_\_\_\_

8. Employee's gender

☐ Male ☐ Female ☐ Not designated/Other

9. Employee's preferred language

☐ English ☐ Español ☐ Русский ☐ Polski  
☐ 中文 ☐ Italiano ☐ Kreyòl ayisyen ☐ 한국어  
☐ Other

#### Optional (for research purposes)

10. Employee's ethnicity/race

For purposes of health demographic only. (U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0.)

Is employee of Hispanic, Latino/a, or Spanish origin?

(One or more categories may be selected.)

- ☐ Mexican  
☐ Mexican American  
☐ Chicano/a  
☐ Puerto Rican  
☐ Dominican  
☐ Cuban  
☐ Another Hispanic, Latino/a, or Spanish origin  
☐ Not of Hispanic, Latino/a, or Spanish origin  
☐ Unknown

What is employee's race?

(One or more categories may be selected.)

- ☐ American Indian or Alaska Native  
☐ Black or African American  
☐ Asian Indian  
☐ Chinese  
☐ Filipino  
☐ Japanese  
☐ Korean  
☐ Vietnamese  
☐ Other Asian  
☐ White  
☐ Native Hawaiian  
☐ Guamanian or Chamorro  
☐ Samoan  
☐ Other Pacific Islander  
☐ Other race

### Paid Family Leave (PFL) Request (to be completed by the employee)

11. Reason for PFL request: ☐ Bond with child ☐ Care for family member ☐ Military qualifying event

12. The family member is employee's:

☐ Child ☐ Spouse ☐ Domestic partner ☐ Parent ☐ Parent-in-law ☐ Grandparent ☐ Grandchild

Form PFL-1 continued on next page



## TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

Employee's date of birth (MM/DD/YYYY)

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## PART A - EMPLOYEE INFORMATION (to be completed by the employee) - continued from prior page

Form PFL-1 continued from prior page

## 13. Will PFL be for a continuous period of time and/or periodic?

<input type="checkbox"/> Continuous	PFL start date (MM/DD/YYYY)	PFL end date (MM/DD/YYYY)	<input type="checkbox"/> Dates are estimated												
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
<input type="checkbox"/> Periodic	Identify dates periodic PFL will be taken:		<input type="checkbox"/> Dates are estimated												
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														

## 14. If providing less than 30 day's advance notice to the employer, please explain:

## Employment Information (to be completed by the employee)

## 15. Business name

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16. Employee's date of hire (MM/DD/YYYY)

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## 17. Employee's work location

Street address		
City, State	Zip code	Country (if not U.S.A.)

18. Employee's average gross **weekly** wage (This data will be requested of both employee and employer)

19. Employer's telephone number for contact regarding this request ( ) -

20a. Does employee have more than one employer? ☐ Yes ☐ No20b. If yes, is employee taking PFL from the other employer? ☐ Yes ☐ No21. Is employee currently receiving Workers' Compensation Lost Wage Benefits? ☐ Yes ☐ No

Disclosure statement: Information regarding PFL benefits received by the employee, such as payments received and types of leave, will be provided to the employer.

## Declaration and signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am hereby making a request for paid family leave benefits under the NYS Workers' Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Employee's signature

Date signed (MM/DD/YYYY)

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☐ I am submitting this form in advance (see instructions about pre-submitting). I understand the insurance carrier will contact me to advise how to submit the required missing information.

## TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

Employee's date of birth (MM/DD/YYYY)

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## PART B - EMPLOYER INFORMATION (to be completed by the employer)

## 1. Business's full legal name and mailing address

Business name

Mailing address

City, State

Zip code

Country (if not U.S.A.)

## 2. Employer's FEIN

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## 3. Employer's Standard Industrial Classification (SIC) Code

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## 4. Employer's contact name for questions related to PFL

## 5. Employer's contact telephone number (

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## 6. Employer's contact email address

## 7. Employee's date of hire (MM/DD/YYYY)

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8. Employee's occupation Codes are available at: [www.bls.gov/soc/2018/major\\_groups.htm](http://www.bls.gov/soc/2018/major_groups.htm)

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## 9. Enter the last 8 weeks of gross wages for the employee and calculate the average gross weekly wage

Week no.	Week ending date (MM/DD/YYYY)	Number of days worked	Gross amount paid
1			
2			
3			
4			
5			
6			
7			
8			
Calculated average gross <b>weekly</b> wage:			

10. If employee received or will receive full wages while on PFL, will employer be requesting reimbursement? ☐ Yes ☐ No

Form PFL-1 continued on next page

## TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

Employee's date of birth (MM/DD/YYYY)

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## PART B - EMPLOYER INFORMATION (to be completed by the employer) - continued from prior page

Form PFL-1 continued from prior page

11a. In the preceding 52 weeks has the employee taken leave for: ☐ NYS Disability ☐ PFL ☐ Both Disability and PFL ☐ None

11b. Enter the total number of weeks and days taken for both Disability and PFL in the last 52 weeks:

<b>Disability:</b>	Weeks	
	Days	

Please provide specific dates for Disability:

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<b>PFL:</b>	Weeks	
	Days	

Please provide specific dates for PFL:

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12. Is the employee taking Family Medical Leave Act (FMLA) concurrently with PFL? ☐ Yes ☐ No

13. PFL insurance carrier's name and mailing address

PFL insurance carrier's name

Mailing address

City, State

Zip code

Country (if not U.S.A.)

14. PFL insurance carrier's telephone number (    )    -     

15. PFL policy number

## Declaration and signature

☐ I affirm the employee regularly works 20 or more hours per week and has been in employment for at least 26 consecutive weeks OR the employee regularly works less than 20 hours per week and has worked at least 175 days.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

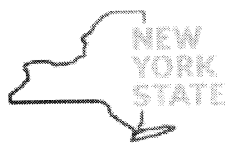
I am the person authorized to sign as the employer of the employee requesting PFL. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.

Employer's authorized signature

Date signed (MM/DD/YYYY)

			/				/				
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Title



◀ Paid Sick Leave for COVID-19 Impacted New Yorkers

# Emergency COVID-19 Paid Sick Leave

## Benefits

To address the immediate need of employees affected by COVID-19 who are subject to mandatory or precautionary orders of quarantine or isolation, the new law provides the following:

Employers with 10 or fewer employees and a net income less than \$1 million will provide their workers:

- Job protection for the duration of the quarantine order
- Guaranteed access to Paid Family Leave and disability benefits (short-term disability) for the period of quarantine including wage replacement for their salaries up to \$150,000. Here's how to [apply for Paid Family Leave and disability benefits](#).

Employers with 11-99 employees and employers with 10 or fewer employees and a net income greater than \$1 million will provide their workers:

- At least 5 days of paid sick leave
- Job protection for the duration of the quarantine order
- Guaranteed access to Paid Family Leave and disability benefits (short-term disability) for the period of quarantine including wage replacement for their salaries up to \$150,000. Here's how to [apply for Paid Family Leave and disability benefits](#).

Employers with 100 or more employees, as well as all public employers (regardless of number of employees), will provide their workers:

- At least 14 days of paid sick leave
- Guaranteed job protection for the duration of the quarantine order

The provisions of the quarantine legislation took effect immediately upon the Governor's signature, ensuring that New York workers are able to take advantage of these benefits now.

#### Additional Notes:

- If you are quarantined but are working from home you do not qualify for these benefits.
- You may be eligible for additional leave under [NYS Paid Family Leave and disability benefits](#). Please call the hotline for more info.
- If an employer is closed due to COVID-19 or a quarantine order, employees may immediately [apply for Unemployment Insurance](#).

## Documents & Resources

### Helpful Documents

[COVID-19 Paid Sick Leave for Employees](#)

[COVID-19 Paid Sick Leave for Employers](#)

### Resources

[Information on New York State Paid Family Leave and Disability Benefits](#)

## FAQs

What benefits can I use for COVID-19 quarantine leave?

If you are under an order of mandatory or precautionary quarantine issued by the State, New York State Department of Health, local Board of Health, or other authorized



government entity you may be eligible for job-protected sick leave and compensation through a combination of disability and paid family leave benefits.

- If you work for an employer with 10 or fewer employees as of January 1, 2020 and your employer made less than \$1 million in 2019: Your employer must provide you with unpaid sick leave during the period of quarantine and you may be eligible for compensation for the duration of your quarantine by applying for Paid Family Leave and disability benefits.
- If you work for an employer with 10 or fewer employees as of January 1, 2020 and your employer made more than \$1 million in 2019: Your employer is required to provide you with five days of paid sick leave. After those days are used, you may be eligible for compensation for the remainder of your quarantine by applying for Paid Family Leave and disability benefits.
- If you work for an employer with between 11-99 employees as of January 1, 2020: Your employer is required to provide you with five days of paid sick leave. After those days are used, you may be eligible for a combination of Paid Family Leave and disability benefits.
- If you work for an employer with 100 or more employees as of January 1, 2020: Your employer is required to provide you with 14 days of paid sick leave for a COVID-19-related quarantine, which should cover the period of mandatory or precautionary quarantine or order of isolation.

**Can my employer require me to use my existing sick leave accruals or other accruals (paid time off) for a COVID-19 quarantine order?**

No. Employers required to provide paid sick leave must provide that leave separate from any accruals.

**Do I have to apply for COVID-19 quarantine leave?**

You do not have to apply for paid sick days if your employer is required to offer them. If you run out of sick days from your employer, then you would need to apply for Paid Family Leave and disability benefits for compensation during the rest of your quarantine.

**Is my job protected during COVID-19 quarantine leave?**

Yes, your job is protected during your leave and you are entitled to be restored to the position you held prior to taking leave.

**What if my employer doesn't know I am entitled to benefits during quarantine leave?**

With the passage of this law, there has been a good deal of public outreach and

information is readily available on the [Governor's website](#). The website clearly lays out both the employee benefits and the employer responsibilities.

**What is the maximum pay I will receive for COVID-19 quarantine leave?**

If you work for a public employer or an employer with more than 100 employees as of January 1, 2020, you are entitled to at least 14 days of paid sick leave at your regular rate of pay.

If you work for an employer with 11 or more employees or for an employer with fewer than 10 employees as of January 1, 2020, whose income was greater than \$1 million dollars in 2019 you are entitled to at least 5 sick days at your regular rate of pay. After those days are used, you may be eligible to receive your weekly wages through a combination of Paid Family Leave and disability benefits up to a maximum of \$2,884.62 per week.

If you work for an employer with fewer than 10 employees as of January 1, 2020, whose income was less than \$1 million dollars in 2019 then you may be eligible to receive your weekly wages through a combination of Paid Family Leave and disability benefits up to a maximum of \$2,884.62 per week.

**Will I have to repay the benefits I receive during COVID-19 quarantine leave?**

No, you are not required to repay any benefits.

**I work for a public employer. What benefits are available for COVID-19 quarantine leave?**

All public employers (for example, town, public school, public college or university, district, county, city, village, fire district and state), must provide at least 14 days of paid sick leave, regardless of how many employees they have.

**What if I independently decide to quarantine - can I take COVID-19 quarantine leave?**

This new law provides benefits in cases where an individual is under an order of quarantine – either mandatory or precautionary. Entities that may issue an “order” include the State of New York, New York State Department of Health, local Board of Health or any government entity authorized to issue such order.

**What if my employer temporarily closes or goes out of business because of COVID-19?**

You may be eligible for Unemployment Insurance. For more information or to apply online, visit the [NYS Department of Labor website](#).

**When will I get paid for the disability benefit and Paid Family Leave portion of my quarantine leave?**

Your employer's insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed request for benefits. To ensure timely payment, make sure you completely fill out the required forms and attach the order of mandatory or precautionary quarantine.

**How long do I have to submit my disability benefit and Paid Family Leave application for quarantine leave?**

You must submit your Paid Family Leave application within 30 days from the first day you are taking leave to avoid losing any benefits.

**How do I apply for the Paid Family Leave/disability benefits component of COVID-19 quarantine leave for myself?**

To apply for Paid Family Leave/disability benefit compensation during a quarantine, notify your employer and submit your completed request for paid family leave forms to your employer's insurance carrier no later than 30 days from your first day of leave to avoid losing any benefits.

You will need to complete the [Request for COVID-19 Quarantine Leave for Yourself Package](#). You can also find the forms at [PaidFamilyLeave.ny.gov/COVID19](https://www.paidfamilyleave.ny.gov/COVID19).

You will need to complete the employee sections on both forms in the package.

Then send these completed forms to your employer to complete the employer sections on both forms. Your employer has three business days to complete these sections and return the forms to you. If you do not receive the forms within three business days, you can proceed to the next step and submit your application.

Next, you will submit your completed forms together with your mandatory or precautionary quarantine or order of isolation issued by the State, department of health, local board of health, or government entity to your employer's disability and Paid Family Leave insurance carrier.

The insurance carrier must pay or deny your claim within 18 calendar days of receiving your completed request.

**How do I apply for the Paid Family Leave benefits of COVID-19 quarantine leave if I am unable to work because my minor dependent child is subject to a quarantine order?**

You need to complete the [Request for COVID-19 Quarantine Leave for Minor Child package](#). You can also find the forms at [PaidFamilyLeave.ny.gov/COVID19](https://www.paidfamilyleave.ny.gov/COVID19).

You will need to complete the employee sections on both forms in the package.

Then send these completed forms to your employer to complete the employer sections on both forms. Your employer has three business days to complete these sections and return the forms to you. If you do not receive the forms within three business days, you can proceed to the next step and submit your application.

Next, you will submit your completed forms together with your mandatory or precautionary quarantine or order of isolation issued by the State, department of health, local board of health, or government entity to your employer's disability and paid family leave insurance carrier.

The insurance carrier must pay or deny your claim within 18 calendar days of receiving your completed request.

**Where do I get an application for the Paid Family Leave/disability benefits component of COVID-19 quarantine leave?**

All forms are located at [PaidFamilyLeave.ny.gov/COVID19](https://PaidFamilyLeave.ny.gov/COVID19). You may also be able to obtain them from your employer's insurance carrier.

**Where do I send my completed application for Paid Family Leave/disability benefits quarantine leave?**

Submit your completed request package to your employer's disability and paid family leave insurance carrier within 30 days after the start of your leave. For information on who your employer's carrier is, you should ask your employer or check part B of the PFL-1 form after your employer completes their section.

**What documents do I need to provide for Paid Family Leave/disability benefits quarantine Leave?**

For every Paid Family Leave claim you must submit the *Request for Paid Family Leave (Form PFL-1)*. Additionally, depending on the type of leave you are taking you will need to submit either the [Request for COVID-19 Quarantine Leave for Yourself](#) or the [Request for COVID-19 Quarantine Leave for Minor Child](#). You will also need to submit the mandatory or precautionary quarantine or order of isolation issued by the State, department of health, local board of health, or government entity.

**It has been more than 18 days since my insurance carrier received my completed request for DB/PFL quarantine leave and they still have not paid or denied it. What should I do?**

If it has been more than 18 days since the insurance carrier received your completed request, you may file a request for arbitration based on the carrier's untimely decision. Arbitration is handled by NAM (National Arbitration and Mediation). More information can be found on [NAM's website](#).

**What if I received a denial?**

If you received a denial of Paid Family Leave benefits, you may file a request for arbitration to have your claim reviewed by a neutral arbitrator. Arbitration is handled by NAM (National Arbitration and Mediation). More information can be found on [NAM's website](#).

**My child's school is closed due to Coronavirus/COVID-19. Can I take Paid Family Leave/disability benefits quarantine leave to stay home with them?**

It depends. If the school is closed due to a mandatory or precautionary quarantine or order of isolation issued by the State, department of health, local board of health, or government entity, you may be eligible to take paid family leave. If your child's school closes for preventative social distancing, you may want to check with your employer to see if there are any benefits that may be available to you.

**I have been quarantined due to Coronavirus/COVID-19. Can I take Paid Family Leave/disability benefits quarantine leave for myself?**

Yes, if you are under a mandatory or precautionary quarantine or order of isolation issued by the State, department of health, local board of health, or government entity, you may be eligible to take disability and Paid Family Leave benefits for yourself unless you are not showing symptoms and are physically able to work through remote access or similar means. You must use your available quarantine paid sick leave before taking Paid Family Leave and disability benefits, and then you can apply for these benefits for the remainder of your quarantine.

**I'm able to work from home but I'm under a mandatory or precautionary quarantine. Am I eligible for quarantine leave?**

No, if you are not showing symptoms and are physically able to work through remote access or similar means you are not eligible for quarantine leave.

**My employer is refusing to complete their section on the Request for COVID-19 Quarantine form. What do I do?**

If it has been more than three business days since you provided your employer with the completed Request for COVID-19 Quarantine Leave package, you may submit the forms you filled out, along with the mandatory or precautionary quarantine or order of isolation to your employer's paid family leave insurance carrier. The carrier may not deny your request solely because the employer's sections are not completed.

**Is there a waiting period before I will receive my Paid Family Leave/disability benefits quarantine leave benefits?**

No, there is no waiting period for benefits claimed as a result of a mandatory or precautionary quarantine or order of isolation.

**What if I am quarantined because I have recently returned from traveling to another country?**

You are not eligible for quarantine leave if you are subject to a quarantine because you voluntarily traveled to a country with level two or three health notice from the CDC if your travel was not at the direction of your employer and you were provided notice of the travel health notice and knew about this restriction in the new law.

**Is quarantine leave available retroactively?**

Yes. You may take quarantine leave if you are still currently under an order of mandatory or precautionary quarantine or order of isolation issued by the State, department of health, local board of health, or government entity even if that order was issued prior to the enactment of the COVID-19 quarantine leave (March 18, 2020).

**If I am an employer, what new benefits do I have to provide for quarantine leave?**

If you are a public employer, you must provide at least 14 days of paid sick leave.

**If you had 10 or fewer employees as of January 1, 2020:** If you are a private employer with one or more employees in employment, you already provide disability and Paid Family Leave benefits to your employees. This requirement has not changed with the new rules related to Coronavirus/COVID-19. Those insurance policies will provide compensation to employees who are on quarantine.

**If you had between 11-99 employees or you are an employer with fewer than 10 employees as of January 1, 2020 and had an annual income greater than \$1 million in 2019:** You are required to provide employees with at least five days of paid sick leave while on quarantine. If your employees do not have more sick leave while on quarantine, you should help them apply with your Paid Family Leave and disability insurance carrier.

**If you had 100 or more employees as of January 1, 2020:** You are required to provide employees with 14 days of paid sick leave.

**As an employer, what part of the Paid Family Leave/disability benefits quarantine leave application do I need to fill out as the employer?**

As the employer your responsibility is to complete and return to the employee Part B of the Request for Paid Family Leave (Form PFL-1) and either section 3 of the Request for COVID-19 Quarantine DB/PFL section 4 of the Request for COVID-19 Quarantine PFL - Child, depending on the leave the employee is requesting. These sections must be completed and returned to the employee within three business days.