### To Use Paid Family Leave To:

<table>
<thead>
<tr>
<th>Bond with a newborn, a newly adopted or fostered child</th>
<th>Care for a family member with a serious health condition</th>
<th>Assist family members due to another family member’s active military duty or impending active duty abroad</th>
</tr>
</thead>
</table>
| **Complete Form PFL-1**  
- Complete PFL-1, Part A  
- Provide PFL-1 to employer  
- Employer completes PFL-1, Part B and returns to you within 3 days | **Complete Form PFL-1**  
- Complete PFL-1, Part A  
- Provide PFL-1 to employer  
- Employer completes PFL-1, Part B and returns to you within 3 days | **Complete Form PFL-1**  
- Complete PFL-1, Part A  
- Provide PFL-1 to employer  
- Employer completes PFL-1, Part B and returns to you within 3 days |
| **Complete Form PFL-2**  
- Complete PFL-2 and collect supporting documentation | **Complete Form PFL-3**  
- Care recipient completes PFL-3 and provides to health care provider  
- Care recipient’s health care provider keeps PFL-3 | **Complete Form PFL-5**  
- Complete PFL-5 and collect supporting documentation |
| **Send forms and documents**  
- Send completed forms and supporting documentation to insurance carrier  
- Insurance carrier accepts or denies claim within 18 days | **Complete Form PFL-4**  
- Complete “Employee” information at the top of PFL-4  
- Provide PFL-4 to care recipient’s health care provider  
- Care recipient’s health care provider completes PFL-4 and returns to you | **Send forms and documents**  
- Send completed forms and supporting documentation to insurance carrier  
- Insurance carrier accepts or denies claim within 18 days |

Please keep a copy of all pages for your records.
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
- **Average Weekly Wage (including bonus)**: $575

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

**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/2010/soc_alph.htm](http://www.bls.gov/soc/2010/soc_alph.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.

**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.

Form PFL-1 Instructions
Page 2 of 2 915708 11/2017

Please complete this form and return to: Cigna, P.O. Box 29050, Phoenix, AZ 85038-9050

If you need assistance please call 888.842.4462 809004307
### 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

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### 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

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**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

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*Form PFL-1 continued on next page*
Employment Information (to be completed by the employee)

15. Business name

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

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 No

20b. If yes, is employee taking PFL from the other employer? Yes No

21. 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.

Please be advised that if your employer, union, and/or group association sponsors any other plans, whether or not underwritten or administered by a Cigna company, the information and/or records obtained in connection with your application for benefits may also be shared with the underwriting company (insurer) or administrators of those other plans, including their internal or external health management, disease management, wellness, employee/member assistance program or other similar programs, for the purpose of administering any service, benefit or feature described in those plans.

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)

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.
**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 (Optional)**

3. **Employer’s Standard Industrial Classification (SIC) Code (Optional)**

4. **Employer’s contact name for questions related to PFL**

5. **Employer’s contact telephone number**

6. **Employer’s contact email address**

7. **Employee’s date of hire (MM/DD/YYYY)**

8. **Employee’s occupation Codes are available at: www.bls.gov/soc/2010/soc_alph.htm**

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

<table>
<thead>
<tr>
<th>Week no.</th>
<th>Week ending date (MM/DD/YYYY)</th>
<th>Number of days worked</th>
<th>Gross amount paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Calculated average gross weekly wage:**

10. **Will you be requesting reimbursement for advance payment of PFL benefits or payments in like manner as wages made to the employee?**
    - [ ] Yes  [ ] No

10a. **For continuous leaves only:**
    - Please provide the end date for reimbursements:

10b. **For intermittent leaves only:**
    - Do you wish to be reimbursed for all intermittent absences?*
      - [ ] Yes  [ ] No

*By checking “Yes” you certify that you are lawfully entitled to receive the requested reimbursements for payments made to the employee.

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**Form PFL-1 continued on next page**
FORM PFL-1 - CONTINUED FROM PRIOR PAGE

TO BE COMPLETED BY THE EMPLOYEE

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

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

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:

<table>
<thead>
<tr>
<th>Disability</th>
<th>Weeks</th>
<th>Please provide specific dates for Disability:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Days</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PFL</th>
<th>Weeks</th>
<th>Please provide specific dates for PFL:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Days</td>
<td></td>
</tr>
</tbody>
</table>

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

13. PFL insurance carrier’s name and mailing address

<table>
<thead>
<tr>
<th>PFL insurance carrier’s name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna Life Insurance Company of New York (CLICNY)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 29050</td>
<td></td>
</tr>
</tbody>
</table>

City, State  
Phoenix, AZ  
Zip code  
85038-9050  
Country (if not U.S.A.)

14. PFL insurance carrier’s telephone number  
( 888 842 4462 )

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)  

Title  

PFL-1 (11-17)  
Page 4 of 4  
915708 11/2017  
915708 11/2017  
If you need assistance please call 888.842.4462