

# How to report a leave of absence.

<Client Name>

New York Disability and/or Paid Family Leave benefits.

## How do I report a claim for New York Disability Benefits (DBL) and/or Paid Family Leave (PFL)?

### Simply do one of the following:

- Call toll-free **(888) 842-4462** or **(866) 562-8421 (Español)** between 7:00 am – 7:00 pm CST. A representative will walk you through the process.
- Create a new leave request online at [myNYLGBS.com](https://myNYLGBS.com):
  - Select the **Review my Coverage** tab from the header.
  - Then select the **Disability/Leave of Absence** from the drop-down menu.
  - Click on **Submit your leave of absence request online 24 hours a day.**

You also need to contact your <Who to call/name and department,> as soon as you have knowledge of your need for time off.

### When do I call?

**Call New York Life Group Benefit Solutions (NYL GBS) as soon as you know you will be absent for any of these reasons.**

- **DBL** – If you plan to be absent from work for more than seven calendar days due to your own disability.
- **PFL** – If you need time away from work for one of the following:
  - Birth of a child and care of a newborn child;
  - Placement of a child with you for adoption or foster care;
  - Care for a family member’s serious health condition; or
  - Qualifying exigency reason(s) due to a family member’s military deployment.



Remember, even though you call NYL GBS, you still must call your <Who to call/name and department> on or before your first day of absence to report how long you expect to be absent. Of course, always seek appropriate medical attention immediately. Your health and safety always come first.

### What information do I need?

- Your name, phone number, address, birth date, Social Security number and reason for your leave.
- Employer’s name, email address and phone number.

#### For all claims:

- First day of absence from work, as well as date you plan to return-to-work. If you are pregnant, please give your expected date of delivery and when you want your bonding leave to begin.

#### For DBL claims (if applicable):

- Date and cause of illness or injury.
- Name, address and phone number of each doctor seen for the illness or injury causing the disability.
- Date of first treatment or date of doctor’s appointment, as well as date of next treatment or appointment.
- Previous history of illness or injury, any diagnostic testing that was performed, diagnosis information, treatment plan and recommended medications.

#### For PFL claims (if applicable):

- You may be asked to provide information about your family member and, if applicable, their treatment.

**If you need immediate medical attention, please call 911.**



GROUP BENEFIT  
SOLUTIONS

## What happens next?

### DBL claims

During the call, we will ask you for your permission to get your medical information. Here is how it works.

- After you give us your claim information, you will be transferred to a recorded message.
- Listen to the recording and answer **Yes** or **No** to the questions.
- At the end of the recording, say **Yes** if you give permission or **No** if you do not.
- You can cancel your permission at any time by calling your NYL GBS claim manager.

After the call, NYL GBS will send you a letter. It will include a copy of the recorded message for your records. It will also include a form that gives us permission to get other information we may need to finish processing your claim. Please sign and return the form. Check with your doctor to see if there are any other forms you need to sign.

A NYL GBS claim manager will call you and your **<Who to call/name and department>** for a list of your job requirements. The claim manager will also call your doctor for your medical records. This information will help us figure out how long you may be out of work, and the benefits you may be able to receive.

### PFL leaves

You will receive correspondence from NYL GBS containing information about your request along with your rights and responsibilities in the process. There will be instructions on what is needed to evaluate your request and how to provide the needed information to us.

- Please complete your portion of the Request for Paid Family Leave (Form PFL-1).
- Please have your **<Who to call/name and department>** complete the Employer section of the Request for Paid Family Leave (Form PFL-1) and return it to us within three business days.
- Please complete and return and requested certification forms that may have been included.

## What happens if my claim and/or leave is approved?

- NYL GBS will send you an approval letter that shows the date you are expected to return-to-work.
- You will get separate information about your claims for DBL or PFL benefits.

- NYL GBS will tell your **<Who to call/name and department>** that we approved your claim, and the date you plan to return-to-work.

## What happens if my claim and/or leave is denied?

- NYL GBS will send you information that explains why. The letter will also tell you how you can appeal the decision.
- NYL GBS will let your **<Who to call/name and department>** know the claim is denied.
- You should call your **<Who to call/name and department>** to discuss your return-to-work date.

If your claim for DBL and/or PFL benefits is denied, you may still be eligible for leave under the Family Medical Leave Act (FMLA).

## What should I do when it's time to return to work?

Call your **<Who to call/name and department>** and NYL GBS to let them know the date you'll return to work. You may be asked to provide updated certification of your continued absence.

## What if I can't return to work on the date my disability benefits end?

- Call NYL GBS to talk about the situation and learn about your options. For a disability, they may call your doctor for an update on your condition. For PFL, they may ask for new documentation.
- Call your **<Who to call/name and department>** to let them know when you plan to return to work.

## What can I expect while I'm out on DBL?

NYL GBS will stay in touch to help you return-to-work quickly and safely. We may work with you, your doctor and your **<Who to call/name and department>** to talk about different work options. This may include an adjustment to your job or work schedule. Your **<Who to call/name and department>** may also call you to check on your progress and offer support.

## What should I do when it is time to return-to-work?

- Call NYL GBS to tell them your return-to-work date.
- Call your **<Who to call/name and department>** to let them know the date you will be returning to work. If you are out of work because you have a serious health condition, please review your employee handbook for return-to-work policies.

## What if I cannot return to work on the date my leave is expected to end?

- Call NYL GBS to request an extension.
- Call your <Who to call/name and department> to let them know when you plan to return-to-work.

## What can I expect while I'm out?

NYL GBS has a website that provides useful information for you and your family members – from submitting a disability claim and what comes next, to what you need to know about FML, to information that can help you manage a specific condition at work, and even how to access valuable programs offered with your plan at no additional cost to you. Please visit the website at [nyl.com/workwellness](http://nyl.com/workwellness).

## Questions?

Call **(888) 842-4462** or **(866) 562-8421** (Español).  
An NYL GBS representative is available to help you between 7:00 am – 7:00 pm CST.

## How to report a disability claim and/or family and medical leave:

**(888) 842-4462** or **(866) 562-8421** (Español)

Visit: [myNYLGBS.com](http://myNYLGBS.com)

### Please have this information handy:

- Your name, address, phone number, birth date, Social Security number and your date of hire, employer's name, address and phone number.
- Date of your claim and when you plan to return to work. If you're pregnant, give your expected delivery date.
- Name, address and phone number of each doctor you are seeing for this absence.

The information about paid leaves for employees in New York state is being provided for informational purposes only and does not constitute legal advice or a legal opinion on any specific facts or circumstances. The information is for general informational purposes only, and you are urged to consult a lawyer concerning your own situation any specific legal questions you may have. New York Life assumes no responsibility for any circumstances arising out of the use, misuse, interpretation or application or any information supplied in this publication.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

## New York Life Insurance Company

51 Madison Avenue  
New York, NY 10010

© 2021, New York Life Insurance Company. All rights reserved. NEW YORK LIFE, and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company.

912557 b 0521 SMRU 1901969 Exp. Date 05.28.2023