

Paid Family Leave NOTICE OF COMPLIANCE



Paid Family
Leave

Paid Family Leave insurance coverage provided by: _____ SHELTERPOINT LIFE INSURANCE COMPANY

Covering employees of: _____ INTERSTATE REINFORCING, INC

Paid Family Leave is employee-funded insurance that provides eligible employees job-protected, paid time off to:

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

Paid Family Leave Request Process:

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

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

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

INSURER OR AUTHORIZED NEW YORK SELF-INSURER INFORMATION

Name: _____ SHELTERPOINT LIFE INSURANCE COMPANY Telephone: _____ 800-365-4999

Address: _____ 1225 FRANKLIN AVENUE, STE 475 GARDEN CITY, NY 11530

Policy #: _____ DBL671489 Effective date from: _____ 7/28/2025 to: _____ 7/27/2026

Statutory **Under a plan or agreement**

All Employees Eligible Under New York State Disability Benefits Law

Class(es) of employees covered: _____

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

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.