

# Paid Family Leave NOTICE OF COMPLIANCE



# Paid Family Leave

Paid Family Leave Insurance  
Coverage Provided by: Hartford Life and Accident Insurance Company

Covering Employees of: UNIVERSITY OF ROCHESTER

**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](http://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](http://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: Hartford Life and Accident Insurance Company Telephone: 800-454-7020

Address: PO BOX 2999, Hartford, CT 06104-2999

Policy #: LNY 713151 001 Effective date from: 01/01/26 to 12/31/26

Statutory  Under a plan or agreement

Class(es) of employees covered: All employees eligible under New York State Paid Family Leave Law

For more information, visit [PaidFamilyLeave.ny.gov](http://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.

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