

NOTICE TO **EMPLOYEES**

Paid Family Leave Insurance Coverage Provided by:	Cornell University Self-Insured	
	INSERT INSURER NAME HERE	
Covering Employees of:	Cornell University	
	INSERT EMPLOYER NAME HERE	

Paid Family Leave is insurance that provides job protected paid time offto:

- Bond with a newly born, adopted, or fostered child
- Care for a family member with a serious health condition
- Assist loved ones when a family member is deployed abroad on active military service

How to File:

- Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible
- Submit the Request for Paid Family Leave form to your employer
- Complete and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

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

FOR MORE INFORMATION AND HELP: Visit **ny.gov/PaidFamilyLeave** or call **(844) 337-6303**

You can get forms to take Paid Family Leave from

- Your employer,
- The insurance carrier below, or
 - ny.gov/PaidFamilyLeave

INSERT NAME, ADDRESS, AND TELEPHONE NUMBER C	OF INSURER OR MAIN OFFICE OF AUTH	ORIZED NEW YORK SELF-INSURER
Cornell University, Medical Leaves Adminis	tration, 395 Pine Tree Road Su	ite 102, Ithaca NY 14850
Policy #: self-insured	Effective From: 1/1/2018	To: until revoked
■ Statutory □ Under a Plan or Agreement		
Class(es) of Employees Covered: Non-academic employees		

NOTICE OF COMPLIANCE