NEW YORK STATE | Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by: Guardian Life Insurance Company of America
INSERT INSURER NAME HERE

Covering Employees of: GRAPHIC CONTROLS ACQUISITION CORP
INSERT EMPLOYER NAME HERE

Paid Family Leave is insurance that provides 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
- **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 OF INSURER OR MAIN OFFICE OF AUTHORIZED NEW YORK SELF-INSURER
Guardian Life Insurance Company of America
10 Hudson Yards, New York, NY 10001
800-268-2525

Policy #: 00956347-0000 Effective From: 01/01/2018 To: 06/30/2023

☒ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered:
All eligible New York covered employees

NOTICE OF COMPLIANCE

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

PFL-120 (11-17)

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