Paid Family Leave NOTICE OF COMPLIANCE



Paid Family Leave insurance coverage provided by:	Guardian Life Insurance Company of America
	INSERT INSURER NAME HERE

Covering employees of: GATEWAY LONGVIEW INC

INSERT EMPLOYER NAME HERE

Paid Family Leave is employee-funded insur ance that provides eligible employees job-protected, paid time of f to:

- BOND with a newly born, adopted, or fostered child;
- CARE for a family member with a serious health condition (seepaidfamilyleave .ny.govfor 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 may also be available for use in situations when you or your minor dependent child are under an order of quarantine or isolation due to COVID-19. See PaidFamilyLeave.ny.gov/COVID19for full details.

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 tak es Paid Family Leave

INSURER OR AUTHORIZED NEW YORK SELF-INSURER INFORMATION		
Name: Guardian Life Insurance Company of America Telephone: 800-268-2525		
Address: 10 Hudson Yards, New York, NY 10001		
Policy #: 00942126-0003	Effective date from: 01/01/2021 to 12/31/2024	
☑ Statutory □ Under a plan or agreement		
Class(es) of employees covered: All eligible New York covered employees		

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