

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

THE STATE INSURANCE FUND

RED SUN HOME CARE INC.

Covering Employees of:

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 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

New York State Insurance Fund NYSIF Document Control Center-Disability Underwriting 1 Watervliet Ave Ext, Albany, NY 12206 (866) 697-4332		
Policy #: DB 6868 25-2	Effective From: 05/04/2022	то: 05/04/2023
🕱 Statutory 🛛 Under a Plan or Agreement		
Class(es) of Employees Covered:	All Eligible Employees	
I	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.