Paid Family Leave Insurance Coverage Provided by: HARTFORD LIFE AND ACCIDENT

Covering Employees of: THE JOHNS HOPKINS UNIVERSITY

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](http://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](http://ny.gov/PaidFamilyLeave)

HARTFORD LIFE AND ACCIDENT
PO BOX 2999, Hartford, CT 06104-2999 Phone: 800-454-7020

Policy #: LNY 619732 001 Effective From: 07/01/18 To: 06/30/19

Statutory [X] Under a Plan or Agreement

All employees eligible under New York State Paid Family Leave Law

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.