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Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance
Coverage Provided by: _____

Covering Employees of: _____

Paid Family Leave 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**