

# Paid Family Leave NOTICE OF COMPLIANCE



## Paid Family Leave

Paid Family Leave insurance coverage provided by: First Unum Life Insurance Company  
INSERT INSURER NAME HERE

Covering employees of: SIMMONS UNIVERSITY  
INSERT EMPLOYER NAME HERE

**Paid Family Leave is employee-funded insurance that provides eligible employees 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 (see [paidfamilyleave.ny.gov](http://paidfamilyleave.ny.gov) for 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/COVID19](http://PaidFamilyLeave.ny.gov/COVID19) for 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](http://PaidFamilyLeave.ny.gov/Forms).

**Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave**

### INSURER OR AUTHORIZED NEW YORK SELF-INSURER INFORMATION

Name: First Unum Life Insurance Company Telephone: 1-800-356-5817

Address: 1225 Franklin Ave, Suite 250, Garden City, NY 11530

Policy #: 714069 Effective date from: 07/01/2025 to 08/01/2026

**Statutory**    **Under a plan or agreement**

Class(es) of employees covered: All Employees eligible under the New York State Disability Benefits Law

For more information, visit [PaidFamilyLeave.ny.gov](http://PaidFamilyLeave.ny.gov) or call **(844) 337-6303**

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD  
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.