

Request for New York Paid Family Leave (MET-PFL-1) - Part A

Metropolitan Life Insurance Company

SECTION 1: Employee information (to be completed by employee)

1. Legal first name	Legal middle initial	Legal last name	
2. Other last names, if any, under which employee has worked			
3. Mailing address	City	State	ZIP
Country (if not U.S.A.)	4. Social Security number	ID Number	5. Date of birth (mm/dd/yyyy)
6. Primary phone number	7. Email address		8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not designated/Other
9. Preferred language <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Русский <input type="checkbox"/> Polski <input type="checkbox"/> 中文 <input type="checkbox"/> Italiano <input type="checkbox"/> Kreyòl ayisyen <input type="checkbox"/> 한국어 <input type="checkbox"/> Other _____			

Optional (for research purposes)

10. Ethnicity and race: optional, for purposes of health demographic only. (U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0.)

Is employee of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)

- ☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Dominican ☐ Cuban
☐ Another Hispanic, Latino/a, or Spanish origin ☐ Not of Hispanic, Latino/a, or Spanish origin ☐ Unknown

What is employee's race? (One or more categories may be selected.)

- ☐ American Indian or Alaska Native ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino
☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ White ☐ Native Hawaiian
☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other race

Paid Family Leave (PFL) request

11. Reason for PFL request:

- ☐ Bond with child ☐ Care for family member ☐ Military qualifying event

12. The family member is employee's:

- ☐ Child ☐ Spouse ☐ Domestic partner ☐ Parent ☐ Parent-in-law ☐ Grandparent ☐ Grandchild

13. Last date worked (actual/anticipated) prior to start of leave

13a. Estimated PFL start date (mm/dd/yyyy)	13b. Estimated PFL end date (mm/dd/yyyy)
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Name of employee requesting PFL

First name	Middle initial	Last name	PFL claim number
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14. If providing less than 30 days advance notice from the Estimated PFL start date, please explain.

15a. Will PFL be for a continuous period of time and/or periodic? ☐ Continuous ☐ Periodic

15b. Identify dates PFL will be taken

15c. Are these dates estimated?
☐ Yes ☐ No

SECTION 2: Employment information *(to be completed by employee)*

16. Business name	17. Date of hire (mm/dd/yyyy)	18. Phone number
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19. Work location - Street address	City	State	ZIP
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Country (if not U.S.A.)	20. Average weekly wage (This data will be requested of both employee and employer)
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Scheduled work week ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Is work week ☐ regular or ☐ variable

21a. Does employee have more than one employer? ☐ Yes ☐ No

21b. If yes, is employee taking PFL from the other employer? ☐ Yes ☐ No

22. Is employee currently receiving Workers' Compensation Lost Wage Benefits? ☐ Yes ☐ No

Disclosure statement: Information regarding PFL benefits received by the employee, such as payments received and types of leave, will be provided to the employer.

SECTION 3: Declaration and signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am hereby making a request for paid family leave benefits under the NYS Workers' Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

**Sign
Here**

Signature of Employee

Date (mm/dd/yyyy)

☐ I am submitting this form in advance (*see instructions about pre-submitting*). I understand the insurance carrier will contact me to advise how to submit the required missing information.

Request for New York Paid Family Leave (MET-PFL-1) - Part B

Name of employee requesting PFL

First name	Middle initial	Last name	PFL claim number
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SECTION 4: Employer information (to be completed by employer)

1. Business name

Business mailing address	City	State	ZIP
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Country (if not U.S.A.)	2. FEIN
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Sub-code number (Sub-division)/Sub-point number (Branch)	Group report number
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3. Employer's contact name for questions related to PFL

4. Phone number	5. Email address	6. Employee's date of hire (mm/dd/yyyy)
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7. Employee's occupation

8. Enter the last 8 weeks of gross wages for the employee and calculate the average gross weekly wage:

Week no.	Week ending date (mm/dd/yyyy)	Number of days worked	Gross amount paid
1			
2			
3			
4			
5			
6			
7			
8			

8a. Last date worked (actual/anticipated) prior to start of leave

Scheduled work week ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Is work week ☐ regular or ☐ variable

9. Calculated average gross weekly wage \$ _____

10. If employee received or will receive full wages while on PFL, will employer be requesting reimbursement?

☐ Yes ☐ No

If yes, please provide dates

Name of employee requesting PFL

First name	Middle initial	Last name	PFL claim number
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11a. In the preceding 52 weeks has the employee taken leave for:

☐ NY State Disability ☐ PFL ☐ Both NY State Disability and PFL ☐ None

11b. Enter the total number of weeks and days taken for both NY State Disability and PFL in the last 52 weeks:

NY State Disability: _____ Weeks _____ Days

Please provide specific dates for NY State Disability

From _____ To _____

PFL: _____ Weeks _____ Days

Please provide specific dates for PFL

From _____ To _____

12. Is the employee taking Family Medical Leave Act (FMLA) concurrently with PFL? ☐ Yes ☐ No**PFL Insurance Carrier**

13. PFL insurance carrier's name _____ Fax number _____

Mailing address	City	State	ZIP
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SECTION 5: Declaration and signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am the person authorized to sign as the employer of the employee requesting PFL. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.

**Sign
Here**

Employer's authorized signature _____

Title _____

Date (mm/dd/yyyy) _____

☐ I affirm the employee regularly works 20 or more hours per week and has been in employment for at least 26 consecutive weeks OR the employee regularly works less than 20 hours per week and has worked at least 175 days.

Request for New York Paid Family Leave (MET-PFL-1) form instructions

Under New York State Law, qualified employees are entitled to Paid Family Leave (PFL) benefits to:

- Bond with a newborn, a newly adopted or fostered child
- Care for a family member with a serious health condition
- Care for family members as needed due to another family member's active military duty or impending active duty

Read below for instructions on how to request Paid Family Leave (PFL).

Request For Paid Family Leave (MET-PFL-1)

To request PFL, the employee requesting PFL completes all items in Part A of the Request For Paid Family Leave (MET-PFL-1). All items on the form are required unless noted as optional. The employee then provides the form and instructions to the employer to complete Part B.

Additional forms are required depending on the type of PFL leave being requested. The employee requesting leave is responsible for the completion of these forms.

Reason for Paid Family Leave	Required Additional Form
Bond with a newborn, a newly adopted child or a foster child	Bonding Certification (MET-PFL-2)
*Care for a family member with a serious health condition	Health Care Provider Certification For Care Of Family Member With Serious Health Condition (MET-PFL-4)
Time off due to a family member's active military duty or impending active duty	Military Qualifying Event (MET-PFL-5)

- * If the employee is taking PFL to care for a family member with a serious health condition, the care recipient completes the Release Of Personal Health Information Under The Paid Family Leave Law (MET-PFL-3). This form must be provided to the care recipient's health care provider along with the Health Care Provider Certification For Care Of Family Member With Serious Health Condition (MET-PFL-4). The health care provider completes the Health Care Provider Certification For Care Of Family Member With Serious Health Condition (MET-PFL-4) and returns it to the employee requesting PFL.

The employee submits the completed Request For Paid Family Leave (MET-PFL-1), with the required additional form(s) by fax to MetLife Disability at 1-800-230-9531 or by mail to MetLife Disability, P.O. Box 14590, Lexington, KY 40512. The employee should retain a copy of each submitted form for his or her records.

SECTION 1: Employee information (to be completed by employee)

The employee requesting PFL must complete all required information.

Question 2: Indicate if employee has used another last name, either professionally or personally, in the past year.

Question 4: Social Security number or TIN: An employee who has a Taxpayer Identification Number (TIN) should enter his or her TIN.

Paid Family Leave request

Questions 11 & 12: Indicate the reason for the PFL request and the employee's relationship to the family member.

Questions 13a & 13b: The employee must provide the start and end dates of the requested PFL. These dates should be the actual dates that the PFL will begin and end. If uncertain, estimate the start and end dates.

Question 14: If the employee is submitting the PFL request to his or her employer with less than 30 days advance notice from the start date of the PFL, the employee must explain why 30 days notice could not be given. If the explanation will not fit in the space provided on the form, enter "See Attached" and add an attachment with the explanation. Be sure to include the employee's full name and claim number (*if available*) at the top of the attachment.

Question 15b: Enter the dates PFL will be taken. Please be as specific as possible. If the dates are unknown or estimated, MetLife may require you to submit a request for payment **after** the PFL day is taken. Payment will be due as soon as possible but in no event more than 18 days from the date of the request for payment. If the explanation will not fit in the space provided on the form, enter "See Attached" and add an attachment with the explanation. Be sure to include the employee's full name and claim number (*if available*) at the top of the attachment.

Indicate if the employee is pre-submitting his or her PFL request. Pre-submitting is defined as submitting the application in advance of an upcoming qualifying event, with certain required information missing due to the information being unknown at the time of the filing. The employee must provide the missing information as soon as it is known. Benefits cannot be determined until all of the required information is provided.

MetLife will provide the employee a notice within five days which 1) states the claim is pending; 2) identifies what information is missing; 3) instructs how to submit the missing information. Once all information is supplied, MetLife has 18 days to pay or deny the claim.

SECTION 2: Employment information

Question 16: Enter the employer's business name.

Question 19: Enter the address of the employee's work location.

Question 20: Enter the best estimate of the employee's average gross weekly wage, include only the wages earned from the employer listed on this request form. The gross weekly wage is the employee's total weekly pay — including overtime, tips, bonuses and commissions — before any deductions are made by the employer, such as federal and state taxes. If the employer is not able to supply this information, the employee can calculate his or her gross weekly wage as follows:

Step 1: Add all gross wages received (*before any deductions*) over the last eight weeks prior to the start of PFL, including overtime and tips earned. (*See Step 3 for instructions for calculating bonuses and/or commissions.*)

Step 2: Divide the gross wages calculated in step one by eight (*or the number of weeks worked if less than eight*) to calculate the average weekly wage.

Step 3: If the employee received bonuses and/or commissions during the 52 weeks preceding PFL, add the prorated weekly amount to the average weekly wage. To determine the prorated weekly amount, add all bonuses/commissions earned in the preceding 52 weeks and then divide by 52.

Example of a gross weekly wage calculation:

Week 1 - Gross wage including overtime	\$550
Week 2 - Gross wage	\$500
Week 3 - Gross wage	\$500
Week 4 - Gross wage	\$500
Week 5 - Gross wage	\$500
Week 6 - Gross wage	\$500
Week 7 - Gross wage, including overtime	\$600
Week 8 - Gross wage, including overtime	\$550
	+
Total:	\$4,200
Divide by 8:	÷ 8
Average Weekly Wage =	\$525

Bonus earned in preceding 52 weeks: \$2,600

Divide by 52: $\div 52$

Prorated Weekly Bonus = \$50

Average Weekly Wage = \$525

Prorated Weekly Bonus = \$50

+

Average Weekly Wage (including bonus) = \$575

Please note that the employer is also required to provide this information in Part B of the Request For Paid Family Leave (MET-PFL-1).

Question 21b: If the employee has more than one employer, indicate whether the employee is taking PFL from the other employer.

Employee enters name and claim number (if available) at the top of each page in the fields provided. Employee signs and dates, before giving this form to his or her employer to complete Sections 4 and 5.

SECTION 4: Employer information (to be completed by the employee's employer)

The employer of the employee requesting PFL must complete all information in Sections 4 and 5.

Question 1: Enter the business' full legal name and address.

Question 2: If a Social Security number is used for the Federal Employer Identification Number (FEIN), enter the Social Security number.

Question 3, 4 & 5: Enter the name, phone number and email address of a contact person at the employer who can answer questions regarding this form.

Question 7: The employee occupation code can be found at: <http://www.bls.gov/soc/>

Question 8: Enter the wages earned by the employee during the last eight weeks preceding the PFL start date. The gross amount paid is the employee's gross weekly pay, including any overtime and tips earned for that week, plus the weekly prorated amount of any bonus or commission received during the preceding 52 weeks. (For detailed steps, see Question 20 on page 2 of these instructions.)

Question 9: Calculate the gross average weekly wage by adding up the gross amounts paid, listed in Question 8, and then divide by eight (or number of weeks worked if less than eight).

Question 11b: The maximum number of weeks available for NY State Disability and PFL in any 52-week period is 26 weeks. Specify the total number of weeks, as well as the number of additional days if the leave includes a partial week, taken for NY State Disability and PFL during the preceding 52 weeks. If the answer is "none," enter a "0" for total weeks and days.

Affirmation employee is eligible for PFL: An employee who regularly works 20 hours or more per week must have been in employment for at least 26 consecutive weeks. An employee who regularly works less than 20 hours per week must have worked 175 days.

Employer signs and dates, and then returns to the employee requesting PFL within three business days.

See page 1 of these instructions for required forms relevant to the type of PFL leave being requested.

Request for New York Paid Family Leave

Military Qualifying Event (*MET-PFL-5*)

Name of employee requesting PFL

First name	Middle initial	Last name	PFL claim number
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SECTION 1: Military qualifying event *(to be completed by employee)*

Name of military member on covered active duty or call to covered active duty status

1. First name	Middle initial	Last name
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Military member's

2. Mailing address	City	State	ZIP
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Country *(if not U.S.A.)*

3. Date of birth *(mm/dd/yyyy)*

4. Gender

☐ Male ☐ Female ☐ Not designated/Other

5. Period of military member's covered active duty

From date *(mm/dd/yyyy)*

To date *(mm/dd/yyyy)*

6. The above-named military member is employee's

☐ Spouse ☐ Domestic partner ☐ Child ☐ Parent

7. Please select one of the following and attach the indicated document to support that the military member is on covered active duty or impending call to covered active duty status:

☐ Covered active duty orders

☐ Letter of impending call to covered duty

☐ Documentation of military leave signed by the approving authority for military member's Rest and Recuperation

Qualifying reason for leave

8. Describe the reason employee is requesting PFL due to a qualifying event

9. Written documentation supporting this request for leave is available and attached?

☐ Yes ☐ No ☐ None available

A complete and sufficient certification to support a request for PFL leave due to a qualifying event includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs.

Name of employee requesting PFL

First name	Middle initial	Last name	PFL claim number
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Leave for meetings (if applicable)

If leave is requested to meet with a third party, the employee must provide supporting documentation of the meeting that includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (*i.e., either the telephone number, fax number or email address of the individual or entity*). The reason for a meeting can include: arranging for child or parental care, counseling, making financial or legal arrangements, acting as the military member's representative before a federal, state or local agency for purposes of obtaining, arranging or appealing military service benefits, or attending any event sponsored by the military or military service organizations.

Name of individual with whom employee is meeting

10. First name	Middle initial	Last name
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11. Title	12. Organization
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13. Mailing address	City	State	ZIP
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Country (<i>if not U.S.A.</i>)	14. Phone number (<i>provide area or country code</i>)
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15. Fax number (<i>provide area or country code</i>)	16. Email address
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17. Describe nature of meeting:

18. Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (*e.g., one deployment-related meeting every month*)

If the PFL request is to meet with a third party (*such as to arrange child care or parental care, attend counseling, etc.*), enter the meeting information, including the meeting's purpose, with whom it will take place, and contact information. Attach supporting documentation for each meeting.

SECTION 2: Declaration and signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am hereby making a request for Paid Family Leave benefits under the NYS Workers' Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

**Sign
Here**

Signature of Employee

Date (mm/dd/yyyy)

Military Qualifying Event (*Form MET-PFL-5*) Form Instructions

If an employee is requesting PFL because of a family member's active military duty or impending active duty, the employee must submit the Military Qualifying Event (*MET-PFL-5*) with the Request For Paid Family Leave (*MET-PFL-1*).

The employee must identify the family member called to service, provide a copy of the member's active or impending duty orders, and describe the reason leave is being requested.

Military Qualifying Event (*to be completed by the employee*)

The employee requesting PFL must complete all applicable requested information.

Employee enters name and full SSN and claim number.

Enter the military member's information, and indicate the military member's relationship to the employee.

Question 5: Enter dates of expected military covered active duty.

Question 7: Documentation that shows that the military member is on covered active duty or is on impending call to covered active duty is required and must be attached to this form. Select the type of documentation that is attached from the list below.

Required documentation includes one of the following:

- Covered active duty orders; OR
- Letter of impending call to covered duty; OR
- Documentation of military leave signed by the approving authority for military member's Rest and Recuperation.

Qualifying Reason for Leave

Question 8: Explain the need for PFL because of the Military Qualifying Event. For example: "My spouse was just called on short notice to covered active duty status, and will be deployed to (*country*) in five days. I need to take PFL to be with them and make arrangements for while they are away on active duty." If the explanation will not fit in the space provided on the form, enter "See Attached" and add an attachment with the explanation. Be sure to include the employee's full name and claim number at the top of the attachment.

Question 9: Include one or more of the qualifying supporting documents:

- Meeting announcement for informational briefing sponsored by the military; or
- Document(s) confirming an appointment with a school official, doctor, attorney or financial advisor; or
- Copy of a bill for services for the handling of legal or financial affairs.

Leave for Meetings (*if applicable*)

If the PFL request is to meet with a third party (such as to arrange child care or parental care, attend counseling, etc.), enter the meeting information, including the meeting's purpose, with whom it will take place, and contact information. Attach supporting documentation for each meeting.