

Arch Insurance Company
PO Box 26316
Collegeville, PA 19426-0316



ARCH INSURANCE COMPANY
**New York Disability Benefits Notice
of Compliance**



Policy Number: **11DBL0785200**

**For questions about this document,
please call toll-free 877-369-0979.**

UPDATES for 2023

NY PFL – Please see the enclosed updated 2023 Notice of Compliance. This should replace any prior notices received.

Paid Family Leave

NOTICE OF COMPLIANCE



Paid Family Leave

Paid Family Leave insurance coverage provided by: Arch Insurance Company
INSERT INSURER NAME HERE

Covering employees of: Endwell Fire District
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](https://www.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](https://www.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](https://www.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: Arch Insurance Company Telephone: 877-369-0979

Address: Harborside 3, 210 Hudson Street, Suite 300, Jersey City, NJ 07311-1107

Policy #: 11DBL0785200 Effective date from: 01/01/2023 to 12/31/2023

Statutory Under a plan or agreement

Only the Classes of Employees Listed Below:

Class(es) of employees covered: Administrative staff only

For more information, visit [PaidFamilyLeave.ny.gov](https://www.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.