

STANDARD SECURITY

LIFE INSURANCE COMPANY

A RELIANCE STANDARD COMPANY

NYS PFL Benefit Rate for 2023

New York State's Department of Labor has released the New York State Average Weekly Wage (NYSAWW) for calendar year 2021: \$1,688.19.

Therefore, the following Paid Family Leave calculations will be in use for the calendar year 2023:

\$1,131.09 maximum weekly benefit payout (67% x \$1,688.19)

\$87,786 maximum covered wage per employee (52 weeks x \$1,688.19)

- **How does an employee file a New York Disability Benefits Law ("DBL") claim?**

If the disability begins while the employee is working, or within four weeks of the last day worked, the employee should file a completed [DB450 claim form](#) within 30 days.

PART A is the Claimant's Statement and is for the employee to fully complete and sign.

PART B is the Health Care Provider's Statement. The employee must have their health care provider fully complete this section which certifies that the employee is unable to work because of a disability.

PART C is the Employer's Statement. You must fully complete Part C of the claim form providing the employee's wage and employment information.

Once all sections are complete you or your employee can submit the claim to us by:

EMAIL: claims@sslicny.com

MAIL:

FAX: 585-398-2854

Standard Security Life Ins. Co of NY

P.O. Box 25339

Farmington, N.Y. 14425

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- **What is PFL?** The PFL program provides wage replacement to employees to allow them to bond with a child, care for a close relative with a serious health condition, or help relieve family pressures when someone is called to active military service.
- **What are the eligibility requirements to file for PFL?** Employees who regularly work 20 or more hours per week may be eligible after they have worked for at least 26 consecutive weeks. Employees who work less than 20 hours per week may be eligible after they have worked at least 175 days.
- **Where can I get a claim form?** Claim forms on the Kulanu Employee page.

They can mail it to: Standard Security Life Insurance Company of New York
P. O. Box 25339
Farmington, New York 14425

They can email it to: claims@sslicny.com

Or

They can fax it to: 585-398-2854



Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance

Coverage Provided by:

Standard Security Life Insurance Co. of NY

Covering Employees of:

KULANU ACADEMY

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
 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*

Standard Security Life Insurance Company of NY
 485 Madison Avenue – 14th floor
 New York, NY 10022
 646-509-2100

Policy #: 30975-00

Effective From: 1/1/2020 To: 1/31/2021

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:
ALL ELIGIBLE UNDER DBL LAW

NOTICE OF COMPLIANCE

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYERS PLACE OR PLACES OF BUSINESS.



STATEMENT OF RIGHTS NEW YORK STATE DISABILITY BENEFITS

ANDREW M. COVINO, Governor

IF YOU ARE UNABLE TO WORK BECAUSE OF A NON-OCCUPATIONAL ILLNESS OR INJURY, YOU MUST BE ENTITLED TO DISABILITY BENEFITS

1. Your employer is required by law to provide for the payment of disability benefits to his/her employees.
2. Statutory disability benefits are payable for any non-work related injury or illness (including disability due to pregnancy) beginning with the 8th consecutive day of disability. Benefits are payable for up to 26 weeks. The total amount of combined paid family and disability leave an employee may take in a 52 consecutive week period may not exceed 26 weeks. Benefit payments are based on your average weekly wages for the eight weeks immediately prior to your disability, and are subject to the maximum allowable by the law in effect on the initial day of disability. Your employer or union may provide for different benefits which are at least as favorable as statutory benefits under an approved Disability Benefits Plan or Agreement.
3. TO CLAIM BENEFITS you should file written notice and proof of disability (Claim Form DB-450) with your employer or the insurance carrier named below within 30 days from the first day of your disability, or all or part of your claim may be rejected. In no event should you wait more than 26 weeks from that date to file a claim. You may obtain Form DB-450 from your employer, the insurance carrier, your health care provider or by contacting the Workers' Compensation Board. (See address and telephone number below.) Do not assume that your employer has filed a claim on your behalf; claim filing is your responsibility.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. Unlike workers' compensation, your medical bills will not be paid by your employer or the insurance carrier, unless your employer and/or union provides for the payment of medical bills under an approved Disability Benefits Plan or Agreement.
5. Disability benefits are to be paid directly to you by the insurance carrier, not through your employer, unless your employer is an approved self-insurer.
6. If your employer or the insurance carrier contends that you are not entitled to the payment of disability benefits, they are required to send you a Notice of Rejection, within 45 days of the filing of your claim, telling you the reasons benefits are not being paid. If you disagree with their rejection, you have a legal right to request a review of the rejection by the Workers' Compensation Board. **IMPORTANT:** If within 45 days of filing your claim you do not receive benefits and do not receive a Notice of Rejection (Form DB-451), promptly contact the Workers' Compensation Board at the telephone number below.
7. If your disability is the result of an automobile accident and you have filed a claim for no-fault benefits, you must also file a claim (Form DB-450) for disability benefits. If you do not file for disability benefits, the no-fault insurer may reduce your no-fault payments. **IMPORTANT:** In such cases, if you are not entitled to disability benefits, immediately advise the no-fault insurance carrier.
8. Your employer may not ask you to waive your right to disability benefits nor may your employer deduct more than 60 cents a week (unless the additional contribution is part of an approved plan) from your pay to contribute to the payment of disability benefits insurance premiums. You cannot be discharged or discriminated against for filing a claim for disability benefits.

IF YOU HAVE DIFFICULTY IN OBTAINING A CLAIM FORM OR NEED HELP IN FILLING IT OUT, OR IF YOU HAVE ANY OTHER QUESTIONS OR PROBLEMS ABOUT A NON-WORK RELATED INJURY OR ILLNESS, CONTACT ANY OFFICE OF THE WORKERS' COMPENSATION BOARD.

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's disability benefits insurance carrier is:

Standard Security Life Insurance Co of NY
485 Madison Avenue, 14th Floor
New York, NY 10022-5872
646-509-2100

Prescribed by the Chair,
Workers' Compensation Board

DB-271S (5-19)

Workers' Compensation Board, Disability Benefits Bureau, PO Box 9029, Encicott, NY 13761-9029
Customer Service: (877) 632-4996 • www.wcb.ny.gov
THIS AGENCY EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

KULANU ACADEMY

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE
New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

Standard Security Life Insurance Company of NY
485 Madison Avenue – 14th floor
New York, NY 10022
646-509-2100

Policy #: 30975-00 Effective From: 1/1/2020 To: 1/31/2021

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:

ALL ELIGIBLE UNDER DBL LAW

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

NOTICE OF COMPLIANCE

AVISO DE CUMPLIMIENTO

TO EMPLOYEES

A EMPLEADOS

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEA LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega esta comunicado concierne a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropractico o psicologo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar una organización certificada de proveedores preferidos (PPO) usted deberá obtener tratamiento inicial por cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por la Junta están obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación ó necesita ayuda para llenarlo ó tiene dudas sobre cualquier situación relacionada con una lesión ó enfermedad comuníquese con la oficina mas cercana de la Junta.

NYS Workers' Compensation Board
Centralized Mailing
PO Box 5205
Binghamton, NY 13902-5205

Customer Service Line: 877-632-4996

CHAIR/PRESIDENTE
Workers' Compensation Board

Workers' Compensation Benefits, when due, will be paid by (Los beneficios de Compensación Obrera, cuando debidos, serán pagados por):

NYSIF
PO Box 66699; Albany, NY 12206
(888) 875-5790

Effective From 07/13/2021 To cancellation
(En Vigor Desde) (Hasta cancellation)

Policy No. H 1426 092-1
(Poliza No.)

Name of employer (Nombre de patrono)

KULANU ACADEMY
124 MCGLYNN PLACE
CEDARHURST NY 11516

THIS NOTICE MUST BE POSTED
CONSPICUOUSLY IN AND ABOUT THE
EMPLOYER'S PLACE OR PLACES OF BUSINESS.

C-105 (9-17)

U30SIF

WORKERS' COMPENSATION BOARD
PRESCRIBED BY CHAIR
STATE OF NEW YORK

www.wcb.ny.gov

Failure by an employer to post this notice in and about the employer's place or places of business may result in a \$250 penalty for each violation.



NOTIFICATION CONCERNING WORKERS' COMPENSATION PHARMACY BENEFITS

Please read this notice carefully. It provides you with important information on obtaining medication under a workers' compensation claim with the New York State Insurance Fund (NYSIF).

NYSIF has entered into an agreement with CVS Caremark, a Pharmacy Benefits Manager (PBM), which has a network of pharmacies to make available the medications workers may receive for their **work-related** injury or sickness. This does not change your right to get the medication necessary to treat such an illness or injury. It only means that you **must** obtain that medication from a participating pharmacy in the CareComp pharmacy network administered by CVS Caremark. This network is not limited to CVS pharmacies, but includes more than 67,000 participating pharmacies. The pharmacies and their addresses can be obtained by:

- calling the CVS Caremark Call Center at **(866) 493-1640**, or TDD number for the hearing impaired at **(866) 200-2161**
- using the website www.wcrxpharmacylocator.com
- using the NYSIF website nysif.com/networkbenefits

If you are obtaining your medication through a workers' compensation claim, you **must** obtain that medication from one of these pharmacies unless:

- You have a medical emergency and it is not reasonably possible to purchase the medications you need for that emergency from a network pharmacy, or
- Ordering by mail or telephone is not an option in the network, no pharmacy in the network will deliver to you, and none of these pharmacies is within 15 miles if you live in a rural location, or five miles if you do not live in a rural location. If you believe this is the case for you, please call one of the numbers on the bottom of this page.

Please note that CVS Caremark has mail-order, internet and telephone services. Instructions can be obtained by calling the CVS Caremark Call Center at (866) 493-1640.

All pharmacies in the network are required to keep a sufficient stock of medication on hand so that they can service you without undue delay.

All in-store pharmacies must be open for business during hours that are typical in your community.

Pharmacies in the CareComp pharmacy network will bill NYSIF directly. **You will not have to pay out-of-pocket costs for medication.**

You may obtain additional information about the CareComp pharmacy network by calling the toll-free, 24-hour telephone number: (866) 493-1640.

If you have any questions or problems, please call NYSIF at (888) 875-5790. You may also contact the New York State Workers' Compensation Board at general_information@wcb.ny.gov or (877) 632-4996, or the Advocate for Injured Workers at (800) 580-6665. You may also find further information by visiting www.wcb.ny.gov.

POLICYHOLDER - PLEASE POST CONSPICUOUSLY

Attention All Employees

Time Allowed

Employees to Vote on Election Day

N.Y. Election Law Section 3-110¹

- As a registered voter, you may take off up to 3 hours, without loss of pay, to allow you time to vote.
- You may take time off at the beginning or end of your working shift, as your employer may designate, unless otherwise mutually agreed.
- You must notify your employer not less than 2 days before the day of the election that you will take time off to vote.

Rev 04.12.2019

¹ Employers: Not less than ten working days before any Election Day, every employer shall post conspicuously in the place of work where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of this law. Such notice shall be kept posted until the close of the polls on Election Day.

LN13

Unemployment Insurance • Workers' Compensation • Disability Benefits • Paid Family Leave
Attention Employer: These notices may only be obtained through the state or your insurance carrier.



Department of Labor

Unemployment Insurance Division

Notice to Employees
Employer Registration Number

7 08 1-17 7
UNEMPLOYMENT INSURANCE DIVISION
129 BROADWAY
ALBANY, NY 12240-0004

Employees of this firm are covered by the New York State Unemployment Insurance Law.
No deductions from wages may be made for this purpose.
If you are laid off, work less than four days a week, or resign, get a "Record of Employment" form from your employer.
Keep this form.

Record of employment forms must have your employer's name, registration number, and address where payroll records are kept.
If you want to file an application for Unemployment Insurance:
Call the Telephone Claims Center at 1-888-209-8124 (translation services are available) or go to our website at www.labor.ny.gov
Hearing impaired individuals who have telephone Device for the Deaf (TTY/TDD) equipment may file a claim by calling a relay operator at 1-800-662-1220 and requesting the operator call 1-888-783-1370. Service at this number is provided only to callers using TDD equipment.

Roberta Reardon
Roberta Reardon
Commissioner

To Employer: Post conspicuously in each workplace. For additional posters, write to:

Carlton N. Boorn
Carlton N. Boorn
Unemployment Insurance Director

NYS Department of Labor
Liability and Determination Section
Harriman State Office Campus
Albany, NY 12240