

# Paid Family Leave NOTICE OF COMPLIANCE



**Paid Family  
Leave**

Paid Family Leave insurance coverage provided by: SHELTERPOINT LIFE INSURANCE COMPANY

Covering employees of: \_\_\_\_\_

**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://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://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://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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective date from: \_\_\_\_\_ to \_\_\_\_\_

☐ Statutory ☐ Under a Plan or Agreement

Class(es) of employees covered: \_\_\_\_\_

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

# New York State Disability Benefits

## STATEMENT OF RIGHTS



Workers'  
Compensation  
Board

### If you are unable to work due to a non-occupational illness or injury, you may be entitled to disability benefits.

1. You may be entitled to statutory disability benefits for a non-work-related injury or illness (including disability due to pregnancy) beginning with the eighth consecutive day of disability. Disability benefits are paid **directly to you** by your employer's insurer, **not** through your employer, unless your employer is an approved self-insurer. You can take up to 26 weeks of disability at 50% of your average weekly wage, capped at \$170 per week. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting disability. Your employer or union may provide different benefits, at least as favorable as statutory, under an approved disability benefits plan or agreement.
2. If you also take New York State (NYS) Paid Family Leave (PFL), your combined total disability leave and PFL in any consecutive 52-week period may not exceed 26 weeks. You cannot take PFL and disability leave at the same time.
3. You can be treated by any physician, podiatrist, chiropractor, dentist, nurse midwife, or psychologist who can certify your disability. Your medical bills are not covered, unless your employer and/or union provides for the payment of medical bills under an approved disability benefits plan or agreement.
4. Your employer may **not** ask you to waive your right to disability benefits. Employers may collect a maximum contribution of 60 cents/week to offset the insurance premium (unless the additional contribution is part of an approved plan). **You cannot be discriminated or retaliated against for requesting or taking disability benefits.**
5. Your employer or employer's insurer is required to begin payment or issue a **Notice of Denial (Form DB-DEN)** or **Notice of Rejection (Form DB-451)** within 18 days of your first day of disability leave or receipt of your completed claim, whichever is later. If you receive **Form DB-DEN**, you will also receive **Form DB-451** with additional information within 45 days of your first day of disability leave or the receipt of your completed claim, whichever is later. If after these 45 days, you have not received benefits or **Form DB-451**, promptly contact the NYS Workers' Compensation Board (Board) at **(877) 632-4996**. NOTE: If you receive **Form DB-451** and disagree, you may request a review by writing to the Board at the bottom right address.

### To file a claim:

1. Obtain a **Notice and Proof of Claim for Disability Benefits (Form DB-450)**, either from the Board at [wcb.ny.gov](http://wcb.ny.gov), or from your employer, or your employer's insurer.
2. Follow instructions to complete/submit the form, which includes sections your employer and health care provider must complete.
3. Submit the form to your employer's insurer within 30 days of your first day of disability. If your claim is not paid promptly, contact your employer or their insurer. If you file late, you may not be paid for any disability period more than two weeks before the date you filed. Late filings may be excused if you can show it wasn't reasonably possible to file earlier. No benefits are payable if you file more than 26 weeks after your disability begins, or after you return to work.

### Do not assume that your employer has filed a claim on your behalf: filing a claim is your responsibility.

Note: 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 **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 insurer.

FOR HELP OBTAINING A CLAIM FORM OR FILLING IT OUT, OR OTHER QUESTIONS ABOUT BENEFITS FOR YOUR NON-WORK-RELATED INJURY OR ILLNESS, PLEASE CALL **(877) 632-4996**. A BOARD REPRESENTATIVE WILL HELP.

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:

SHELTERPOINT LIFE INSURANCE COMPANY  
1225 FRANKLIN AVENUE, STE 475  
GARDEN CITY, NY 11530

PRESCRIBED BY THE CHAIR,  
WORKERS' COMPENSATION BOARD  
NYS Workers' Compensation Board  
Disability Benefits Bureau  
PO Box 9029, Endicott, NY 13761-9029

**WCB.NY.GOV**

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](http://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.

SHELTERPOINT LIFE INSURANCE COMPANY  
1225 FRANKLIN AVENUE, STE 475  
GARDEN CITY, NY 11530

PHONE: 800-365-4999

Policy #: \_\_\_\_\_ Effective From: \_\_\_\_\_ To: \_\_\_\_\_

☐ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered:

NYS Workers' Compensation Board  
Customer Service: (877) 632-4996  
[www.wcb.ny.gov](http://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 SEAN 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 este comunicado concerniente 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, quiropráctico ó psicólogo (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 en una organización certificada de proveedores preferidos (PPO), usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley 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.
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 o necesita ayuda para llenarlo ó tiene dudas sobre cualquier situación relacionada con una lesión o 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**

Name of employer (Nombre de patrono)

**KULANU ACADEMY  
620 CENTRAL AVENUE CEDARHURST NY  
11516**

Effective From 07/13/2024 To cancellation  
(En Vigor Desde) (Hasta cancellation)

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

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



## 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](http://www.wcrxpharmacylocator.com)
- using the NYSIF website [nysif.com/networkbenefits](http://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](mailto: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](http://www.wcb.ny.gov).

### POLICYHOLDER - PLEASE POST CONSPICUOUSLY



**ATTENTION ALL EMPLOYEES**  
**TIME ALLOWED EMPLOYEES TO VOTE ON ELECTION DAY**  
N.Y. ELECTION LAW SECTION 3-110<sup>1</sup> STATES THAT:

- IF YOU DO NOT HAVE 4 CONSECUTIVE HOURS TO VOTE, EITHER FROM THE OPENING OF THE POLLS TO THE BEGINNING OF YOUR WORKING SHIFT, OR BETWEEN THE END OF YOUR WORKING SHIFT AND THE CLOSING OF THE POLLS, YOU MAY TAKE OFF UP TO 2 HOURS, WITHOUT LOSS OF PAY, TO ALLOW YOU TIME TO VOTE IF YOU ARE A REGISTERED VOTER.
- 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, BUT NOT MORE THAN 10 DAYS, BEFORE THE DAY OF THE ELECTION THAT YOU WILL TAKE TIME OFF TO VOTE.

Revised 4.14.2020

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<sup>1</sup> 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.



## Notice to Employees

**Employer Legal Name:**

Kulanu Academy

**Address:**

620 Central Avenue, Cedarhurst, NY 11516

**Employer Registration (ER) #:**

04-56959

**Employees of this firm: you are covered by the New York State Unemployment Insurance Law.**

- Your employer may not deduct from your wages 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 it for your records to use if you file for Unemployment Insurance benefits.**
  - The “Record of Employment” form must have your employer’s name, registration number, and address where payroll records are kept.
- **To file an application for Unemployment Insurance:**
  - Call the Telephone Claims Center at (888) 209-8124 (translation services are available) or
  - Go to our website at [www.labor.ny.gov](http://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 (800) 662-1220 and requesting the operator call (888) 783-1370. Service at this number is provided only to callers using TDD equipment.

**To Employer: You must post this poster conspicuously in each workplace.**

Employers who utilize the fill-in version of this poster certify to the completeness and accuracy of the legal name, address and Employer Registration # displayed. For additional posters, write to the: New York State Department of Labor, Liability and Determination Section, Harriman State Office Campus, Albany, NY 12226.