

# Paid Family Leave

## NOTICE OF COMPLIANCE



Paid Family  
Leave

Paid Family Leave insurance coverage provided by: **EQUITABLE FINANCIAL LIFE INSURANCE COMPANY**

Covering employees of: **New View Alliance, Inc**

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 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: **EQUITABLE FINANCIAL LIFE INSURANCE COMPANY**

Telephone: **(866) 274-9887**

Address: **1345 Avenue of the Americas New York, NY 10105**

Policy#: **002035**

Effective date from: **January 1, 2026**  
to: **until cancelled**

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

Class(es) of employees covered: **All active, Full-time and Part-time Employees of the Employer.**

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.