



Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance
Coverage Provided by:

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

INSERT INSURER NAME HERE

Covering Employees of:

TOPS PRODUCTS LLC

INSERT EMPLOYER NAME HERE

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

INSERT NAME, ADDRESS, AND TELEPHONE NUMBER OF INSURER OR MAIN OFFICE OF AUTHORIZED NEW YORK SELF-INSURER

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

P.O. BOX 2999, HARTFORD, CT 06104

800-454-7020

Policy #: LNY713468 009 Effective From: 01/01/2021 To: 12/31/2021

☒ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered:

All employees eligible under New York State Paid Family Leave Law

NOTICE OF COMPLIANCE

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

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