NYS Paid Family Leave: Claims Process

This document provides information regarding the NYS Paid Family Leave Claims Process. Please refer to the Leave Administration Handbook for additional information.

Process

The NYS Paid Family Leave (NYS PFL) claims process consists of the following steps:

- Requesting NYS PFL
- Sending employees the required forms
- Completing and submitting required forms
- Calculating the Average Weekly Wage
- Running the RF Individual NYS Paid Family Leave Average Weekly Wage Calculation
- Payment

Requesting NYS PFL

Employees must comply with the RF requirements for requesting leave and provide enough information for the RF to reasonably determine whether PFL may apply to the leave request.

When practicable, employees must provide 30 days' notice when the leave is foreseeable.

When the need for leave is foreseeable less than 30 days in advance or is unforeseeable, employees must provide notice as soon as practicable under the circumstances. This will generally be the same or next business day following the employee's awareness that leave is required.

Required Forms

The following forms must be sent to employees upon the request for PFL:

- Statement of Rights (PFL-271S)
- Employee Request for Leave
- Application for Paid Family Leave (see below for appropriate forms)

Reason for Leave	Forms
Bonding with a Child	PFL 1 and PFL 2 along with appropriate certification document(s) as listed on the forms
Care of a Seriously Ill Family Member	PFL 1, PFL 3 and PFL 4 along with appropriate certification document(s) as listed on the forms
Qualifying Exigency	PFL 1 and PFL 5 along with appropriate certification Document(s) as listed on the forms

Completing and Submitting Forms

The following table shows the steps that are taken after an employee receives the Employee Request for Leave,

Notice of Rights, and Application for PFL forms.

Step	Who Does It	Bond with a newborn, a newly adopted or foster child	Care for a family member with a serious health condition	Assist family members due to another family member's active military duty or impending duty abroad
1	Employee	Complete the Employee Request for Leave form and completed PFL-1 Part A and send to employer	Complete the Employee Request for Leave form and completed PFL-1 Part A and send to employer	Complete the Employee Request for Leave form and completed PFL-1 Part A and send to employer
2	Campus	Complete PFL-1 Part B, and return to employee within 3 business days	Complete PFL-1 Part B and return to employee within 3 business days	Complete PFL-1 Part B and return to employee within 3 business days
3	Campus	A copy of the completed PFL-1 form should be kept on file at the campus and also sent to Central Office	A copy of the completed PFL-1 form should be kept on file at the campus and also sent to Central Office	A copy of the completed PFL-1 form should be kept on file at the campus and also sent to Central Office
4	Employee	Not Applicable, skip to Step 5	Care recipient completes PFL-3 and provides to health care provider	Not Applicable, skip to Step 5
5	Employee	Complete PFL-2 and collect supporting documentation	Complete "Employee" information at the top of PFL-4 and provide to care recipients health care provider	Complete PFL-5 and collect supporting documentation
6	Healthcare Provider	Not Applicable, skip to Step 7	Health care provider completes PFL-4 and returns it to the employee	Not Applicable, skip to Step 7
7	Employee*	Send completed forms and documentation to insurance carrier: The Standard Life Insurance Company of New York Email: SecureSTDForms@standard.com	Send completed forms and documentation to insurance carrier: The Standard Life Insurance Company of New York Email: SecureSTDForms@standard.com	Send completed forms and documentation to insurance carrier: The Standard Life Insurance Company of New York Email: SecureSTDForms@standard.com
8	Insurance Carrier	Insurance carrier accepts or denies claim within 18 days and notifies employee and employer of the determination	Insurance carrier accepts or denies claim within 18 days and notifies employee and employer of the determination	Insurance carrier accepts or denies claim within 18 days and notifies employee and employer of the determination
9	Central Office	Ensures Oracle record is updated to reflect any benefit continuation and monitors PFL payments	Ensures Oracle record is updated to reflect any benefit continuation and monitors PFL payments	Ensures Oracle record is updated to reflect any benefit continuation and monitors PFL payments

**If the employee submits the entire completed claim form and supporting documentation to the campus, the campus may submit the claim to the carrier on behalf of the employee.*

How to complete PFL-1 Part B

The employer is required to complete PFL-1 Part B and return it to the employee within 3 business days. The following table shows the information needed to complete this form.

Field	Field Name	Response
1	Business's full legal name and mailing address	The Research Foundation for SUNY at (insert campus name and address)
2	Employer FEIN	14-1368361
3	Employer's Standard Industrial Classification (SIC) Code	5417
4	Employer's contact name for questions related to PFL	Campus contact name
5	Employer's telephone number	Campus contact phone number
6	Employer's email address	Campus contact email address
7	Employee's date of hire	Employee's date of hire
8	Employee's occupation code	Optional field
9	Enter the last 8 weeks of gross wages for the employee and calculate the average gross weekly wage	Run the "RF Individual NYS Paid Family Leave Average Weekly Wage Calculation" and use this report to assist in completing this field * *see additional details below regarding calculation of the AWW
10	If the employee will receive full wages while on PFL, will the employer be requesting reimbursement?	Check "Yes" if the employee is using full accruals for all or a portion of the PFL. Manually write in the date the employee will be paid full accruals through. Check "No" if the employee should receive PFL benefits directly from the carrier and is not using full accruals.
11a and 11B	In the preceding 52 weeks, has the employee taken leave for NYS DBL, PFL, both or none?	Review leave files and provide information as appropriate. NYS DBL should be checked off even if the employee used sick accruals for the entire DBL period.
12	Is the employee taking FMLA concurrently with PFL?	Indicate "Yes" or "No"
13	PFL insurance carrier's name and mailing address	The Standard Life Insurance Company of New York P.O. Box 4160 Portland, OR 97208 Fax: (800) 368-2859
14	PFL Carrier's Phone Number	(800) 368-2859
15	PFL Policy Number	762055

Calculation of the AWW

The AWW is calculated using the gross weekly wages for the 8 weeks preceding the leave and must include bonuses and other forms of irregular remuneration for the 52 weeks preceding PFL. The "RF Individual NYS Paid Family Leave Average Weekly Wage Calculation" report can be run for an individual employee to provide the gross wages, including irregular remuneration, and also calculates the AWW.

The AWW can be calculated in two ways: 1) using the 8 weeks, or portion thereof, the employee worked before leave including the last day work or; 2) using 8 weeks or portion thereof, immediately preceding and excluding the week in which PFL began, whichever is higher. The "RF Individual NYS Paid Family Leave Average Weekly Wage Calculation" should be run both ways to determine which is higher.

How to run the "RF Individual NYS Paid Family Leave Average Weekly Wage Calculation"

The following are the steps to run the "RF Individual NYS Paid Family Leave Average Weekly Wage Calculation" in Oracle:

1. Select "Processes and Reports" from your navigation window
2. Select "Submit Requests"
3. Select "Single Request" and click the "OK" button
4. From the list of values select "RF Individual NYS Paid Family Leave Average Weekly Wage Calculation"
5. Enter your campus code in the "Parent Organization" field
6. Enter the last day worked in the "As of Date"
7. Enter the RF Employee Number in the "Employee Number" field and select OK
8. Click "Submit"

Once the process is complete, click "View Output" to see the "RF Individual NYS Paid Family Leave Average Weekly Wage Calculation" for the employee. Run the report again to calculate the AWW for the 8 weeks preceding the PFL, not including the week PFL began. Compare the two reports to determine which AWW is higher. Use the higher AWW to complete the claim form.

Payment

The PFL carrier reviews the application for PFL and approves or denies the claim within 18 days. If the claim is approved, the payment will be sent via check to the RF for accrual reimbursement or directly to the employee.

Employees may only receive payment for PFL taken in full day increments. If an employee takes PFL for less than a full day increment, they are not entitled to PFL benefits. However, once the incremental hours add up to an employee's full workday, 1 day of PFL can be designated to the PFL entitlement. The carrier must be notified when the incremental hours add up to an employee's full workday to enable them to appropriately track the employee's remaining PFL balance.

Additional Information Requirement

The carrier may request additional documentation if there is unclear or conflicting information on the application for PFL. They may also request payroll records to verify earnings to determine the Average Weekly Wage for benefit payment.