

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS BENEFIT FUNDS

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MEMORANDUM

To: Contributing Employers to the NYCDCC Welfare Fund

From: Board of Trustees of the NYCDCC Welfare Fund

Date: January 2022

Re: New York State Paid Family Leave

As you know, the NYCDCC Welfare Fund (the "Fund") has been providing Paid Family Leave ("PFL") under the Fund's benefit plan since the New York State PFL law became effective in 2018. The Fund will continue to provide PFL benefits in 2022 on a self-insured basis. Amalgamated Employee Benefits is the administrator of the Fund's PFL benefits.

PFL requires job-protected, paid time off from work for employees:

- to care for a seriously ill family member;
- to bond with a newborn, adopted, or foster child;
- to assist with family situations when a family member is deployed abroad on active military service; or
- in some situations, when an employee or minor dependent child is under an order of quarantine or isolation due to COVID-19¹.

¹ If an employer has a total of 100 or more total employees, the employer must pay wages and benefits for the full duration of a quarantine or isolation order up to 14 calendar days, and PFL is not involved.

If an employer has a total of between 11 and 99 employees, or 10 or fewer employees with more than \$1 million in net income in 2019, the employer must pay wages and benefits for 5 days of the quarantine or isolation order, and PFL and disability make up the balance.

If an employer has 10 or fewer employees and less than \$1 million in net income in 2019, the employer must provide job protection for the duration of the quarantine or isolation order, and PFL and disability leave benefits are available to the employee.

Under PFL, full-time employees, which are defined by PFL as employees with a regular schedule of 20 or more hours per week, are eligible for coverage after 26 weeks of consecutive employment, and part-time employees are eligible after 175 days of employment.

Employers do not need to collect employee premiums or obtain a PFL policy on behalf of employees for whom employers contribute to the Fund, subject to the following two exceptions:

1. If an employer contributes to the Fund pursuant to a collective bargaining agreement (“CBA”) on behalf of an employee who has elected to have such contributions reciprocated to another Welfare Fund pursuant to a reciprocal agreement, such employee is not a participant in the Fund and is not eligible for PFL coverage from this Fund notwithstanding that contributions have been made on his/her behalf.
2. If an employer contributes to the Fund on behalf of a non-bargaining unit employee under a participation agreement and such employee is not covered by the Fund for short-term disability, such employee is not eligible for PFL from the Fund.

To learn more about PFL, you can visit the **official website of New York State at <https://paidfamilyleave.ny.gov/>**. If you have questions for the Fund, you can contact Employer Services at **(212) 366-7386**.



Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by: New York City District Council of Carpenters Welfare Fund

INSERT INSURER NAME HERE

Covering Employees of: _____

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
 NYCDCC Welfare Fund
 395 Hudson Street, 9th Floor
 New York, NY 10014
 (212) 366-7300

Policy #: B-714004 Effective From: 1/1/2022 To: 12/31/2022

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:

All NYCDCC collectively bargained employees who are covered by the NYCDCC Welfare Fund - PFL

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.