



# Paid Family Leave

# NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

First Unum Life Insurance Company

Covering Employees of:

ALPHASENSE, INC

### 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 leave

FOR MORE INFORMATION AND HELP:  
 Visit [ny.gov/PaidFamilyLeave](http://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](http://ny.gov/PaidFamilyLeave)

#### Insured by:

First Unum Life Insurance Company  
 1225 Franklin Ave, Suite 250  
 Garden City, NY 11530  
 1-800-356-5817

#### Submit claims to:

First Unum Benefits Center  
 PO Box 100158  
 Columbia, SC 29202-3158  
 Phone 1-800-858-6843 / Fax 1-800-447-2498

Policy #: 919779

Effective From: 07/01/2023

To: 08/01/2024

Statutory  Under a Plan or Agreement

Class(es) of Employees Covered:  
 All Employees eligible under the New York State Disability Benefits 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.