

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

SHELTERPOINT LIFE INSURANCE COMPANY

SEVENSON ENVIRONMENTAL SERVICES INC

Covering Employees of:

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** 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

SHELTERPOINT LIFE INSURANCE COMPANY 1225 FRANKLIN AVENUE, STE 475 GARDEN CITY, NY 11530 PHONE: 800-365-4999

Effective From: 4/1/2021

To: 3/31/2023

Statutory Under a Plan or Agreement

Class(es) of Employees Covered: All Employees Eligible Under 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.