

Please use Standard Security Life Insurance Company PFL claim forms. They contain more questions that must be answered for us to properly evaluate your claim. You can download each PFL leave type claim form [here](#).

## New York State PFL

### PFL Claim Forms

**BONDING** CLAIM FORM WITH CLAIM FILING REQUIREMENTS CHART AND DETAILED INSTRUCTIONS

**FAMILY CARE** CLAIM FORM WITH CLAIM FILING REQUIREMENTS CHART AND DETAILED INSTRUCTIONS

**QUALIFYING MILITARY EVENT** CLAIM FORM WITH CLAIM FILING REQUIREMENTS CHART AND DETAILED INSTRUCTIONS

**INTERMITTENT LEAVE DATE CERTIFICATION FORM**

**Be sure to check the requirements for each PFL Leave Type.** Each leave type has different claim forms and certification requirements. This information is here: [Claim Filing Requirement Charts](#). It is also included in the [PFL Overview](#). The PFL Overview contains many helpful details.

## New York State PFL

PFL Claim Forms

### Claim Filing

#### Requirement Charts

**SUMMARY** OF CLAIM FILING REQUIREMENTS CHART

**BONDING** CLAIM FILING REQUIREMENTS CHART

**FAMILY CARE** CLAIM FILING REQUIREMENTS CHART

**QUALIFYING MILITARY EVENT** CLAIM FILING REQUIREMENTS CHART

CLOSE

What to Expect During Your PFL Claim

Current PFL Information

Download PFL Overview

PFL Claims – Helpful Hints

**You have submitted a NY Paid Family Leave (PFL) Claim. Here is what to expect.**

When your claim is entered into our system, you will receive a confirmation email if your email was provided. The first thing you should do after we receive your claim is register on our website for access to your **My SSL Claim Portal** if you have not already done so with a previous claim.

**Your My SSL Claim Portal is your communication center during your claim.**

**The portal contains:**

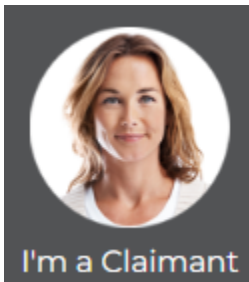
- The date your claim was received.
- Your current claim status.
- Claim documents to view/download/print.
- Your Claim Number and **Customer ID (Customer ID required to enroll in Direct Deposit)**.
- When we have a complete claim package, your rate will be displayed. When you hover over it there is an explanation of how your rate is calculated.

**For Approved Claims**

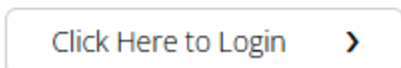
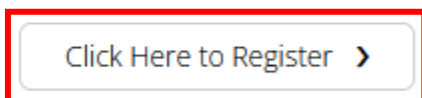
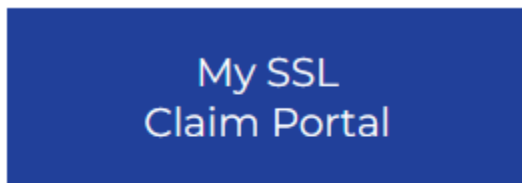
- A complete benefit listing with all benefit payment details and claim messages. These are important to review to see when the next payment may be scheduled, if a medical form is required before your next payment can be evaluated, if your payment is a final payment or any other message(s) from the examiner.
- Choices to view/download/print a summary of all your benefits for that claim, or all benefit payments.

**Instructions to sign up for our website (after your claim is received) where all your claim information and communication detail will reside:**

- 1) Choose I'm a Claimant



- 2) Choose "Click Here to Register"




3) Do the following:

- a. Enter your personal email address.
- b. Create a password which must be at least 8 characters, 1 uppercase, 1 lowercase, 1 number and one special character (! @ # % ^ & \*). Confirm password.
- c. Enter your Social Security Number.
- d. Enter your Cell or Home Phone Number.
- e. Choose the "Click to Read to Proceed" link.
- f. Read the legal disclosure.
- g. Check the I'm not a robot box.

# Website Registration

## Claimant Registration

Email Address	<input type="text"/>
Password	<input type="password"/> <small>must be at least 8 characters, 1 uppercase, 1 lowercase, 1 number, and a special character (! @ # % ^ &amp; *).</small>
Confirm Password	<input type="password"/>
Social Security Number	<input type="text"/> <small>Please use format without dashes (ex. #####).</small>
Phone Number	<input type="text"/> <input checked="" type="radio"/> Cell Phone <input type="radio"/> Home Phone
<input type="checkbox"/> Legal Authorizations and Disclosures ( <a href="#">Click to read to proceed</a> )	

<input type="checkbox"/> I'm not a robot	 reCAPTCHA <a href="#">Privacy</a> - <a href="#">Terms</a>
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You will receive an email asking you to follow a link to complete your registration for your **My SSL Claim Portal**.

- 4) Sign in and you will see a listing of any/all claims filed with our office. To view details on any claim, choose from the available claim type/date(s). You will see the details associated with that claim.

## What's Next?

When your claim is received in our office, it is evaluated for missing/required information. We may reach out to you by phone and/or email to obtain it. If we cannot reach you, we will request missing information by mail (which will also be available to view on your **My SSL Claim Portal**). If we have/obtain all required information, your claim is then evaluated for approval or denial.

## Approved Claims

NY PFL benefits are issued bi-weekly unless we require additional information or verification of your current leave status. We may contact you and/or your employer to confirm you are still out on leave. If your employer pays you during your leave, we will reimburse them based on your approved claim weekly rate.

## Benefit Payments for Approved Claims

To register for Direct Deposit, you must have provided us with an email and phone number for our banking partner to contact you. If we do not have this information, you will receive a paper check. Please refer to this [Electronic Payment Enrollment Information](#) document for details on Direct deposit enrollment. If you would like to enroll in Direct Deposit, you can complete this [Enrollment Request Form](#) and submit to us to start the process.

### Electronic Payments:

If you enrolled for Direct Deposit and your claim is approved, you will receive a message from our banking partner advising you when a payment is released. To view important messages regarding your claim and any requirements, you must be registered on your My SSL Claim Portal. The details of the payment are viewable in your claim portal. Sign into your account on our website, choose your current claim and “view benefit payments”. Choose the most recent benefit release date and you will see a digital version of your payment detailing the pay from and to dates, payment amounts, number of weeks/days of the benefit payment and your total weeks/days paid for that claim. **Review the Messages section of the document to see your next payment date, if it is a final payment, or any other messages in reference to your claim.**

### Paper Check:

Your benefit payment will be sent via mail from Wells Fargo. The details of the payment are viewable in your **My SSL Claim Portal**. Sign into your account on our website, choose your current claim and “view benefit payments”. Choose the most recent benefit release date and you will see a **digital** version of the payment you received. **Review the Messages section of the paper check or digital version to see your next payment date, if medical is required, if it is a final payment or any other messages in reference to your claim.**

If you have been paid for dates that you worked, call us right away. No benefits are payable for any day(s) you worked, even if it is part time. If you return to work earlier than expected, contact us so we can update your claim and avoid a potential overpayment.

### NY PFL Benefit Details/Rate Calculation:

Year	Number of Weeks You Can Receive	Benefit Calculation	Maximum PFL Weekly Benefit Rate	Waiting Period/Benefits Begin
2024	12	67% of employee’s Average Weekly Wage, up to 67% of State Average Weekly Wage	\$1,151.16	0/Day 1 of Leave
2023	12	67% of employee’s Average Weekly Wage, up to 67% of State Average Weekly Wage	\$1,131.08	0/Day 1 of Leave

The maximum duration between DBL and PFL claims is 26 weeks during any 52 consecutive week period

### Rate Calculation Examples:

Example 1:	
Sum of 8 weeks gross salary prior to leave date:	\$15,000
Employee average weekly wage:	$\$15,000/8 = \$1,875$
67% of employee average weekly wage:	$\$1,875 \times 0.67 = \$1,256.25$
PFL maximum:	\$1,151.16
<b>The weekly PFL benefit would be:</b>	<b>\$1,151.16</b>

Example 2:	
Sum of 8 weeks gross salary prior to leave date:	\$2,500
Employee average weekly wage:	$\$2,500/8 = \$312.50$
67% of employee average weekly wage:	$\$312.50 \times 0.67 = \$209.38$
PFL maximum:	\$1,151.16
<b>The weekly PFL benefit would be: \$209.38</b>	

### Intermittent PFL

- Leave can be taken either all at once or intermittently but must be taken in full-day increments.
- You must **notify your employer at least 30 days before** the start of leave if foreseeable; otherwise, notify them as soon as possible.
- Employees who hold more than one job may take Paid Family Leave from both jobs, but they must do so with both employers at the same time.

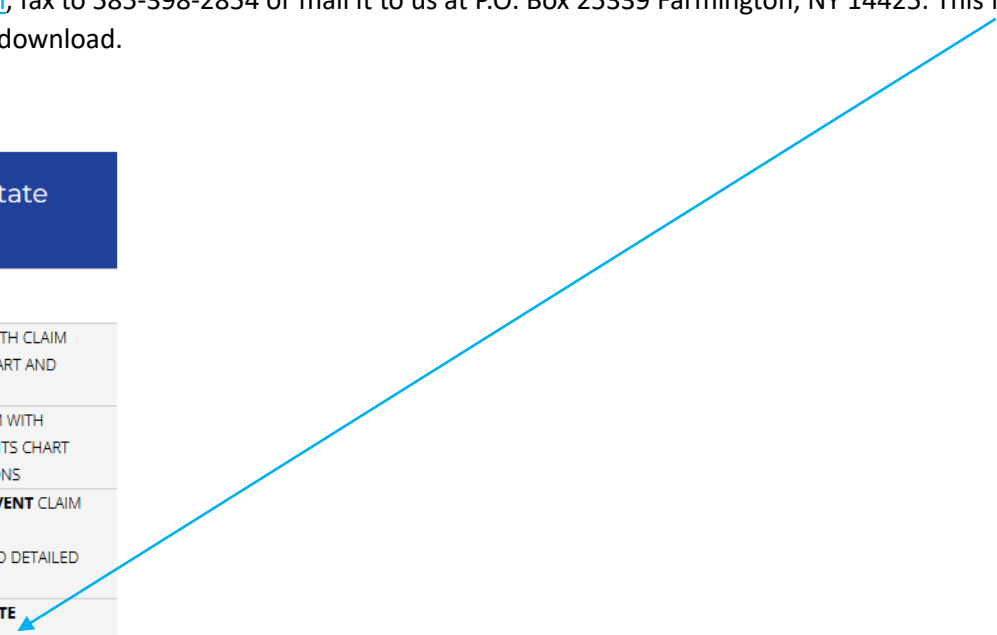
**Important notes regarding intermittent leave:** The maximum number of leave days you can take is based on the average number of days you work per week. For example, if you work an average of three days per week, you can take a maximum of 36 days of Paid Family Leave (3 days x 12 weeks). If you take intermittent leave and more than three months pass between days of Paid Family Leave, your next day or period of PFL is considered a new claim under the law. This means you will need to submit a new claim for Paid Family Leave.

**To submit a request for payment of intermittent leave dates,** you must complete an intermittent leave certification form **after** the dates are taken. List all individual dates you took, and have your employer certify the day(s) was approved and taken. Once both sections are completed/certified, submit to our office for evaluation. You can email the form to [claims@sslicny.com](mailto:claims@sslicny.com), fax to 585-398-2854 or mail it to us at P.O. Box 25339 Farmington, NY 14425. This form is available on our [website](#) for download.

## New York State PFL

**PFL Claim Forms**

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- FAMILY CARE** CLAIM FORM WITH CLAIM FILING REQUIREMENTS CHART AND DETAILED INSTRUCTIONS
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- INTERMITTENT LEAVE DATE CERTIFICATION FORM**



## Denials

If your claim is denied, you will receive notification via mail that is also available on our website in your **My SSL Claim Portal**. If you disagree with the denial, **the instructions on how to file for arbitration are included with the denial**.

**Note:** We strongly recommend not having any sections of your claim form filled out prior to your claim date. This will delay the evaluation of your claim if we must verify information. **The employer section cannot be completed prior to your leave date. If it is, it will have to be recompleted because it is not current/accurate information.**

If you have any questions, please contact our office and our Customer Care Representatives will be happy to assist you.

Our contact information:

Phone: 800-477-0087

Email: [claims@sslicny.com](mailto:claims@sslicny.com)

Fax: 585-398-2854