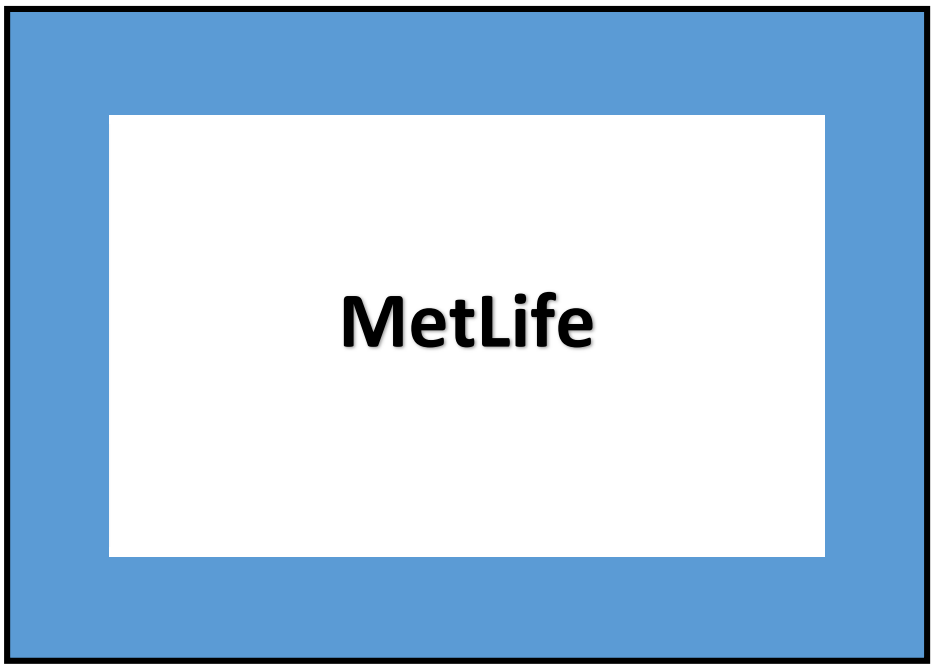
Summary of Benefits and Coverage



MetLife NY STD Plan

phb028
9/29/2024

Your Guide to MetLife Absence Reporting

MetLife

Paychex Business Solutions offers valuable benefits to help manage all types of absences. If you are unable to work due to sickness, accidental injury or pregnancy, MetLife disability benefits may replace a portion of your lost income. This can help you keep your bills under control while maintaining your current lifestyle.

MetLife makes it easier to report your disability claim. You can file your claim quickly and efficiently by phone or by web; thus, eliminating the cumbersome process and occasional delays associated with paper claim filing. This brochure explains how to file your disability claim and what to expect. MetLife professionals will address your needs quickly and treat you with compassion and respect.

Reporting Your Absence

If you are absent or expect to be absent from work in excess of 7 consecutive days due to sickness or pregnancy or in excess of 7 calendar days for an accidental you must report your absence by *(select appropriate options from below)*:

1. Notifying your Supervisor and;
2. Calling the MetLife Claims Center at :

800-858-6506

The Claims Center is available 8:00 a.m. – 11:00 p.m. (Eastern Time), Monday through Friday.

3. You may instead choose to report your absence to MetLife through the MyBenefits Website at www.metlife.com/mybenefits.

Note: If your employer utilizes state-sponsored plans to provide Short Term Disability coverage for mandated benefits, you should apply directly to that state for those benefits. Contact your Human Resources Department to request a state disability claim form.

Information We May Need from You

Here's the information you should have available when reporting a disability

- **Personal Information**–name, address, telephone number, Social Security Number, Employee Identification Number, and job title
- **Job Information**–workplace location and address, work schedule, supervisor's name and telephone number, and date of hire
- **Sickness/Injury Information (if applicable)**–last day worked, nature of the illness/absence, how, when, and where the injury occurred, when the disability commenced and actual or approximate date you anticipate returning to work (if known).

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DETACH AND KEEP THIS CARD

If you are absent or expect to be absent from work in excess of 7 consecutive days due to sickness or pregnancy or in excess of 7 calendar days for anaccidental injury you must report your absence by *(select appropriate options from below)*:

- Advising your Supervisor that you will be absent.
- Calling our toll-free number:

800-858-6506

- Or you may choose to report your absence via web on www.metlife.com/mybenefits.

When you report your absence, you may need to verify or provide the following information:

- Personal Information
- Job Information
- Sickness/Injury Information (if applicable) – last day worked, nature of the illness, how, when, and where the injury occurred, and when disability commenced
- Physician Information (if applicable)– name, address, telephone number, and fax number for each treating physician

Information We May Need from You (cont'd)

- **Treatment provider Information (if applicable)**–Name, address, telephone number, and fax number for each treating Health Care Provider.
- **Authorization to Release Your Medical Information (if applicable)** - the release of your medical information to MetLife may be required. If applicable:
  - You should inform your Health Care Provider(s) that MetLife will be administering your claim and that you authorize the release of your medical information to the MetLife claims office.
  - An "Authorization to Disclose Information About Me" form may be mailed to you from MetLife after you report your disability claim. You can expedite this process by downloading this form from MyBenefits at www.metlife.com/mybenefits. Click on the "Forms" link in the upper right hand corner of the navigation bar. You should sign and return this form as soon as possible. This release authorization will expedite the processing of your disability claim.

What to Expect

Initial Notification

When you report a disability claim MetLife will send you written acknowledgement of your request. You may be contacted by a MetLife Case Manager within a few business days if we need to discuss additional information with you.

What to Expect

Initial Notification (cont'd)

For disability claims:

- You may be contacted to discuss your medical condition, including the impact it has on your ability to do your job, and your treatment plan.
- Your Health Care Provider may also be contacted, if applicable to discuss your medical information, treatment plan, prognosis and functional abilities.
- Paychex may be contacted to discuss your specific job duties in detail. Confidential medical information will not be shared with Paychex except for plan administration purposes such as return to work purposes.

For your convenience, a wallet *InfoCard* that outlines claim reporting procedures is attached to this brochure. You should retain this card in your wallet for future use.

Effective communication is a two-way process; therefore, you are encouraged to call your Case Manager anytime you have questions or concerns about the program or your case. A Customer Service Unit is also available from 8:00 a.m. – 11:00 p.m. (Eastern Time) to answer your questions. The toll-free number is 800-858=6506

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- Authorization to Release Your Medical Information (if applicable):
  - You should inform your Health Care Provider(s) that MetLife will be administering your disability claim and that you authorize the release of your medical information to the MetLife claims office.
  - An "Authorization to Disclose Information About Me" form may be mailed to you from MetLife after you report your disability claim. You can expedite this process by downloading this form from MyBenefits at www.metlife.com/mybenefits. Click on the "Forms" link in the upper right hand corner of the navigation bar. You should sign and return this form as soon as possible. This release authorization will expedite the processing of your disability claim.

Keep this important card with you.
This card provides you with the telephone number and key items of information you will be asked to provide when initiating your claim

MetLife

MetLife

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

1207-2679

Paychex Business Solutions, Inc. - NYDBL Disability Plan Benefits
Original Plan Effective Date: October 1, 2015

Explore the coverage that helps you protect your income and your lifestyle.

What is Short Term Disability insurance?

New York DBL/Short Term Disability (STD) insurance can help you replace a portion of your income during the initial weeks of a Disability.

Eligibility Requirements

Short Term Disability:
All employees working in the State of New York and eligible per state eligibility requirements are eligible to participate in the plan.

NY State requirements are: Four consecutive weeks of covered employment, not necessarily with current employer

How is "Disability" defined under the Plan?

Generally, you are considered disabled for any non-occupational injury or illness, including pregnancy.

What is the benefit amount?

Short Term Disability:
The Short Term Disability benefit is as follows:

The Benefit amount is 60% of your weekly earnings; subject to the plan's maximum weekly benefit of $500.00

Weekly Earnings is a defined as the average of 8 weeks of earnings immediately preceeding the date last worked.

When do benefits begin and how long do they continue?

Short Term Disability:
Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are as follows:

For Injury: 7 days.
For Sickness (includes pregnancy): 7 days.

Benefits continue for as long as you are disabled up to a maximum duration of 26 weeks of Disability.

MetLife

Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166-0188

Family Leave Benefits Rider

This rider amends your New York Statutory Disability Benefits Law (DBL) policy to provide family leave (PFL) benefits as required by law and described below. This rider is subject to all of the provisions of the DBL policy except as specifically modified by this rider. This rider and the DBL policy to which it is attached are governed by the laws of New York State.

This rider is effective January 1, 2018.

I. Definitions

Arbitration means the submission of a dispute to one or more impartial persons (as selected by the Chair) for a final and binding decision, known as an award.

Average Weekly Wage means for the purpose of computing the PFL benefit, the amount determined by dividing either the total wages of the employee in the employment of his last covered employer for the eight weeks or portion thereof that the employee was in such employment immediately preceding and including his last day worked prior to the first day of PFL, or the total wages of the last eight weeks or portion thereof immediately preceding and excluding the week in which PFL began, whichever is the higher amount, by the number of weeks or portion thereof of such employment.

Chair means the Chair of the NYS Workers' Compensation Board (WCB).

Child means a biological, adopted, or foster son or daughter, a stepson or stepdaughter, a legal ward, a son or daughter of a domestic partner, or the person to whom the employee stands in loco parentis.

Family Member means a child, parent, grandparent, grandchild, spouse, or domestic partner.

Foreseeable Qualifying Events include an expected birth, placement for adoption or foster care, planned medical treatment for a serious health condition of a family member, the planned medical treatment for a serious injury or illness of a covered service member, or other known military exigency.

Grandchild means a child of the employee's child.

Grandparent means the parent of the employee's parent.

Parent means a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

Providing Care may include necessary physical care, emotional support, visitation, assistance in treatment, transportation, arranging for a change in care, assistance with essential daily living matters, and personal attendant services.

Serious Health Condition means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or continuing supervision by a health care provider.

Statewide Average Weekly Wage means the average weekly wage of employees in this State for the previous calendar year as reported by the NYS Commissioner of Labor.

Superintendent means the Superintendent of the NYS Department of Financial Services.

Wages means the money rate at which employment with a covered employer is recompensed by the employer as more fully set forth in 12 NYCRR 357.1 and in the case of a self-employed person, the person's self-employment income as defined in 26 U.S.C. § 1402(b).

II. Eligibility: Eligible Employees

A. A New York employee of a New York covered employer whose regular employment schedule is 20 or more hours per week will become eligible to receive PFL benefits during employment with such employer if:

(1) the employee has been in employment of the covered employer for at least 26 consecutive work weeks preceding the first full day leave begins;

(2) the employee has been in employment of the covered employer during the work period usual to and available during the entirety of at least 26 consecutive weeks preceding the first full day leave begins in any trade or business in which the employee is regularly employed and in which hiring from day to day is the usual employment practice; or

(3) the employee has been in employment of the covered employer during the work period usual to and available during the entirety of at least 26 consecutive weeks preceding the first full day leave begins and such consecutive weeks are tolled by the employer during periods of absence that are due to the nonconsecutive nature of that employment and employment is not terminated during those periods of absence.

B. A New York employee of the New York covered employer whose regular employment schedule is less than 20 hours per week will become eligible to receive PFL benefits during employment with such employer if the employee has been in employment of the covered employer and has worked 175 days in such employment preceding the first full day leave begins.

C. The use of scheduled vacation time; the use of personal, sick or other time away from work that has been approved by the employer; or other periods where the employee is away from work but is still considered to be an employee by the employer are counted as days/weeks of employment for purposes of determining eligibility to receive PFL benefits during employment, so long as the required PFL premium is paid by the employee during such periods of time.

D. Periods of temporary disability taken pursuant to DBL shall not be counted as days/weeks of employment for purposes of determining eligibility to receive PFL benefits during employment.

E. An employee who is eligible for both DBL benefits and PFL benefits during the same period of 52 consecutive calendar weeks shall not receive more than 26 total weeks of combined DBL benefits and PFL benefits during that period of time.

F. FMLA. In the event that a period of PFL benefits received by an eligible employee is concurrently designated as leave pursuant to the Family and Medical Leave Act ("FMLA") by an employer, the employer shall comply with the notification requirements pursuant to 12 NYCRR 380-2.5(g).

III. Premium

A. The employer is responsible to collect the premium contributions for the statutory PFL coverage from each covered employee. The employer is not required to fund any portion of the statutory PFL benefit.

B. The employer may collect employee premium contributions for PFL while an employee is receiving PFL benefits.

C. The employer may not collect employee premium contributions for PFL if an employee is taking DBL leave and has not yet acquired eligibility for PFL benefits.

IV. Statutory PFL Benefits

A. An eligible employee may be entitled to benefits for leave taken from work for the following qualifying events:

(1) To participate in providing care, including physical or psychological care for a family member of the employee made necessary by a serious health condition of the family member;

(2) For the employee to bond with the employee's child:

- during the first 12 months after the child's birth;
- during the first 12 months after the placement of the child for adoption or foster care; or
- before the actual placement or adoption of a child if an absence from work is required for the placement for adoption or foster care to proceed; or

(3) Due to any qualifying exigency pursuant to FMLA, arising out of active duty or an impending call or order to active duty in the Armed Forces of the United States for the spouse, domestic partner, child or parent of the employee.

B. During the first year of the family leave program, the weekly benefit for family leave commencing on or after January 1, 2018, shall be:

- up to 8 weeks during any 52 consecutive week period; and
- paid at 50% of the employee's average weekly wage, not to exceed 50% of the statewide average weekly wage.

The benefit rate for the employee's period of family leave shall be the rate that is in effect on the first day of family leave taken.

52 consecutive weeks is computed retroactively to the first day for which benefits are currently being claimed. A single claim may not cover more than 52 consecutive weeks.

C. Liability of MetLife. The liability for PFL benefits payable for a single qualifying event in a 52-week period shall be the liability of MetLife if MetLife was providing coverage on the first day of family leave.

V. Requesting PFL Benefits

A. Foreseeable leave.

(1) The employee must provide 30-days advance notice to the employer prior to the first day of leave taken for a foreseeable qualifying event. If 30-days advance notice is not practicable, then notice must be given as soon as practicable.

(2) The advance notice must include the anticipated timing and duration of the leave for:

(a) continuous leave; or

(b) intermittent leave. The employee should consult the employer on whether the employer may require the employee to provide notice as soon as practicable before each day of intermittent leave. The employee shall advise the employer and MetLife of the schedule of intermittent leave. MetLife may withhold payment pending submission of a request for payment together with the dates of intermittent leave.

(3) The employee shall advise the employer of any change in the timing and/or duration of the leave.

(4) If the employee fails to give 30-days advance notice of foreseeable leave to the employer, the employer may request that MetLife delay the payment of benefits to the employee (known as a partial denial) for a period of up to 30 days from when the notice was given.

B. Unforeseeable Leave.

(1) When the need for continuous leave is unforeseeable, the employee must provide notice to the employer as soon as practicable.

(2) When the need for intermittent leave is unforeseeable, the employer may require the employee to provide notice as soon as practicable before each day of intermittent leave. The employee shall advise the employer and MetLife of the schedule of intermittent leave. MetLife may withhold payment pending submission of a request for payment together with the dates of intermittent leave.

C. Requirements for Filing a Claim.

(1) The employee requests PFL benefits by completing the request for PFL which is either the PFL-1 claim form available on the New York State Paid Family Leave website or from MetLife; or the format designated by MetLife.

(2) The employee provides the employer with the request for PFL to complete the employer information section. The employer must complete its section and return the completed request to the employee within 3 business days. MetLife may not deny a claim for failure of the employer to complete its section.

(3) The employee completes the appropriate certifications or proof of claim documentation. No benefits are required to be paid by MetLife until the completed request for PFL together with the necessary certifications or proof of claim documentation have been submitted to MetLife. (See item H. Certification/Proof of Claim Documentation below for additional information.)

(4) The employee submits the completed request for PFL together with the necessary certifications or proof of claim documentation to MetLife no later than 30 days from the first day of leave. For a previously unspecified day of intermittent leave, the request for payment must be made within 30 days of the leave. If the Chair agrees that it was not reasonably possible to furnish the completed request for PFL together with the necessary certifications or proof of claim documentation within 30 days, then it must be submitted as soon as possible within the period of actual leave taken pursuant to Section IV. B. above.

(5) Once MetLife receives the completed request for PFL together with the necessary certifications or proof of claim documentation, MetLife must pay or deny the claim within 18 days.

(6) MetLife shall make all reasonable efforts, consistent with the principles set forth in Executive Order 26, issued October 6, 2011, to communicate with respect to the PFL claim in the language identified by the employee in the request for PFL.

D. Alternate Request for PFL (not using the PFL-1 claim form).

(1) MetLife will immediately provide an acknowledgment of receipt and a claim identification number when MetLife receives a request for PFL in a format designated by MetLife other than the PFL-1 claim form.

(2) Within 5 business days of receipt of an incomplete alternate request for PFL, MetLife will provide the employee with a list of the required missing information and the following:

(a) information on how to properly complete the request for PFL; and

(b) information regarding arbitration.

(3) When a PFL claim is denied without prejudice because it is incomplete, the employee must refile within 30 days of the first day of leave. If the employee does not refile the completed request for PFL together with the necessary certifications or proof of claim documentation within 30 days of the first day of leave, MetLife may deny the claim.

(4) Once MetLife receives the completed request for PFL together with the necessary certifications or proof of claim documentation, MetLife must pay or deny the claim within 18 days.

E. Incomplete Request for PFL using the PFL-1 claim form

(1) MetLife may deny a claim for PFL without prejudice within 18 days if:

(a) the claim is incomplete; or
(b) the certification or proof of claim documentation is insufficient.

(2) MetLife must notify the employee of each piece of required missing information.

(3) When a PFL claim is denied without prejudice, the employee must refile within 30 days of the first day of leave. If the employee does not refile the completed request for PFL together with the necessary certifications or proof of claim documentation within 30 days of the first day of leave, MetLife may deny the claim.

(4) Once MetLife receives the completed request for PFL together with the necessary certifications or proof of claim documentation, MetLife must pay or deny the claim within 18 days.

F. Advance Request for PFL for Foreseeable Qualifying Events.

(1) An Advance Request for PFL for a foreseeable qualifying event shall not be denied on the grounds that the request for PFL is incomplete.

(2) Within 5 business days of receipt of an incomplete request for PFL, MetLife will provide the employee with:

(a) notice that the claim is pending;

(b) a list of the required missing information;

(c) instructions for how to submit the missing information; and

(d) contact information.

(3) Once MetLife receives a completed request for PFL, MetLife shall provide the employee a confirmation of receipt of the completed claim within 3 business days.

(4) If a completed request for PFL is received more than 18 days before the occurrence of a qualifying event, MetLife shall send payment to the employee within 5 days following the qualifying event.

G. Denial of PFL Benefits.

If MetLife denies a request for PFL for reasons other than that the claim is incomplete or the certification or proof of claim documentation is insufficient, the employee may not refile. A PFL denial must state the reason, repeat any relevant information filed in the request and include any other information considered by MetLife in making the decision.

H. Certification/Proof of Claim Documentation.

(1) Certification Updates. MetLife may require updates to the request for PFL, certifications, or proof of claim documentation for subsequent periods of PFL not covered by the initial documentation during the 52-week period following the initial request for PFL.

(2) Bonding Certification. For PFL taken to bond with the employee's child, the required information to be included in the certification is contained in the PFL-2 form available on the New York State Paid Family Leave website or from MetLife.

(3) Certification of a Serious Health Condition.

(a) It is the employee's responsibility to obtain a medical certification from a health care provider and to provide MetLife with the complete and sufficient certification for PFL taken due to the serious health condition of a family member. Failure to provide the certification may result in the denial of PFL benefits.

(b) The required information to be included in the certification from the health care provider is contained in the PFL-4 form available on the New York State Paid Family Leave website or from MetLife.

(4) Certification Relating to a Qualifying Military Exigency.

(a) It is the employee's responsibility to submit a certification for PFL taken due to a qualifying military exigency. The information to be included in the certification is contained in the PFL-5 form on the New York State Paid Family Leave website or from MetLife.

(b) MetLife may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on active duty or called to active duty status, and the dates of the military member's active duty service.

(c) If the qualifying military exigency involves rest and recuperation leave, the employee must provide a copy of the military member's rest and recuperation orders, or other documentation issued by the military which indicates that the military member has been granted rest and recuperation leave and the dates of the military member's rest and recuperation leave.

(d) MetLife may independently verify the employee's appointments with third parties and may verify the military member's active duty status.

VI. Payment of Benefits

A. The first payment of benefits shall be paid within 18 days of receipt of a completed request for PFL with the necessary certification or proof of claim documentation. Thereafter, PFL benefits shall be paid biweekly. In the event a completed request for PFL is received more than 18 days before the occurrence of a qualifying event, MetLife shall send payment to the employee within five days following the qualifying event.

B. Payment of PFL benefits may be made in the same manner as the employee is paid wages from the employer (such as debit card, direct deposit, or check).

C. Payment Options. If MetLife offers a choice of method of payment, MetLife will contact the employee upon the receipt of the request for PFL and may require the employee to choose between debit card or direct deposit as the method of payment, unless the employee certifies the need for payment by check. If the employee fails to choose a method of payment, MetLife may elect to make payment using either a debit card or a check. The employee may elect at a later time to change the default method of payment.

D. If MetLife provides for payment methods in addition to a check, MetLife must provide employees with written notice that meets the requirements of 12 NYCRR 380-5.6(e).

VII. Employee Use of Accruals and Employer Request for Reimbursement

Where an employer provides an option to employees to charge all or part of unused accruals or other paid time off to receive full salary during the period of family leave and the employee exercises that option, and the employee does not file a request for PFL benefits with MetLife, the employer may request reimbursement from PFL benefits due by filing its claim for reimbursement with MetLife in accordance with Workers' Compensation Law §205(2)(c).

VIII. Dispute Resolution

A. Informal Resolution. The employee and MetLife shall make every effort to informally resolve a denial of PFL benefits.

B. Arbitration. In the event an informal resolution is unsuccessful, any party may seek a formal resolution through arbitration. Any claim-related dispute, including eligibility, benefit rate, and duration of family leave, is subject to

arbitration pursuant to procedures promulgated or approved by the Chair of the Workers' Compensation Board. Awards are made in writing and are final and binding on the parties in the case subject to Article 75 of the Civil Practice Law and Rules.

IX. Exclusions and Limitations

(1) Prohibition on concurrent payments. DBL and PFL benefits are not payable concurrently.

(2) No employee shall be entitled to PFL benefits:

a) For any disability occasioned by the willful intention of the employee to bring about injury to or the sickness of himself or another, or resulting from any injury or sickness sustained in the perpetration by the employee of an illegal act;

(b) For any day of PFL during which the employee performed work for the employer for remuneration or profit;

(c) For any family leave commencing before the employee becomes eligible for PFL benefits.

X. Renewal/Cancellation/Termination

The renewal/cancellation/termination provision of the DBL policy shall apply to this PFL rider. The benefits contained within this PFL rider shall renew or cancel/terminate on the same renewal date or cancellation/termination date as the DBL policy.

XI. Discontinuance

If MetLife elects to discontinue all DBL/PFL policies in one or more group sizes (small, medium, large), MetLife will provide written notification of the proposed discontinuance to the Superintendent, in accordance with 11 NYCRR 363.6(l) and (m), at least 90 days prior to the date of discontinuance of the coverage. This notification shall be in addition to the notification to the employer required in the underlying DBL policy.

This amendment is to be attached to and made a part of the policy. This amendment is subject to the terms and provisions of the policy.

Steven a. Kandarian

Steven Kandarian
Chairman, President and Chief Executive Officer]

Paid Family Leave
NOTICE OF COMPLIANCE

NEW YORK STATE | Paid Family Leave

Paid Family Leave insurance coverage provided by: Metropolitan Life Insurance Company
INSERT INSURER NAME HERE

Covering employees of: Paychex Business Solutions, LLC
INSERT EMPLOYER NAME HERE

Paid Family Leave is employee-funded insurance that provides eligible employees 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 (see **paidfamilyleave.ny.gov** for eligible family members); or
- **ASSIST** loved ones when a spouse, domestic partner, child, or parent is deployed abroad on active military service.

Paid Family Leave may also be available for use in situations when you or your minor dependent child are under an order of quarantine or isolation due to COVID-19. See **PaidFamilyLeave.ny.gov/COVID19** for full details.

Paid Family Leave Request Process:

1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible.
2. Complete and submit the ***Request for Paid Family Leave (Form PFL-1)*** to your employer.
3. Complete and attach the additional documentation as instructed on the request form and submit to your employer's insurance carrier listed below. Submit within 30 days after the start of your leave to avoid losing benefits.

You may obtain all forms from your employer, their insurance carrier listed below, or online at **PaidFamilyLeave.ny.gov/Forms**.

Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave

INSURER OR AUTHORIZED NEW YORK SELF-INSURER INFORMATION

Name: Metropolitan Life Insurance Company **Telephone:** (800) 300-4296

Address: 200 Park Avenue, New York, NY 10166

Policy #: 212184 **Effective date from:** 01/01/2025 **to** 12/31/2025

■ **Statutory** ☐ **Under a plan or agreement**

Class(es) of employees covered: All Eligible New York Employees

For more information, visit **PaidFamilyLeave.ny.gov** or call **(844) 337-6303**

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

PFL-120 (2/23)