



I.B.E.W. LOCAL NO. 25 HEALTH AND BENEFIT FUND

372 Motor Parkway, Hauppauge, NY 11788 | 631-434-3344

PAID FAMILY LEAVE HOURS OF CREDIT

Hours of credit while collecting New York State Paid Family Leave (NYS PFL).

PARTICIPANT INFORMATION

Name			Social Security Number
Address			Participant's Phone Number
City	State	ZIP Code	Email

PAID LEAVE INFORMATION

Employer During Your Paid Leave

PAID FAMILY LEAVE DATES - ENTER EACH DATE CLAIMED

IMPORTANT - PROOF OF PAID LEAVE REQUIRED

You must supply proof of receipt of Paid Family Leave with this form, such as copies of check stubs showing the dates you were paid. This form may reduce or prevent a Continuation of Coverage Bill and the possibility of loss of coverage when completed appropriately.

Participant signature (sign after printing)

Date

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