



Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

New York Life Group Insurance Company of NY

Covering Employees of:

Salesloft, 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 Paid Family 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

INSERT NAME, ADDRESS, AND TELEPHONE NUMBER OF INSURER OR MAIN OFFICE OF AUTHORIZED NEW YORK SELF-INSURER

New York Life Group Insurance Company of NY
51 Madison Ave. New York, NY 10010
Phone 1-888-842-4462

Policy #: NYD068886 Effective From: 01/01/2023 To: 01/01/2026

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:

All Employees eligible under NY 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.

Transaction Number: 9629420

Your submission was received for processing on 12/01/2022 at 3:26PM. It was submitted by user SHERRYB1.
It has been accepted and processed.

**STATE OF NEW YORK WORKERS' COMPENSATION BOARD
DISABILITY BENEFITS LAW and PAID FAMILY LEAVE BENEFITS LAW
CERTIFICATE/CANCELLATION OF INSURANCE**

Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

Transaction Type: Supersedes**Transaction Effective Date: 01/01/2023**

A. INSURER/CARRIER			
1/2. INSURER/CARRIER NAME/CODE NEW YORK LIFE GROUP INSURANCE - B089001			6. TODAY'S DATE 12/01/2022
B. CURRENT - EMPLOYER INFORMATION			
7. WCB EMPLOYER NUMBER		8. NYS UIER NUMBER	9. EMPLOYER FEIN 453274471
10. EMPLOYER'S NAME Name: Salesloft, Inc. d/b/a: c/o: Attn:			13. LEGAL STATUS Corporation (03)
11. ADDRESS Line 1: 1180 W. Peachtree St. Line 2: NW, Suite 2400			14. # OF EMPLOYEES
12. CITY STATE ZIP CODE Atlanta Georgia 30309 COUNTRY United States			15. TELEPHONE NO.
C. POLICY			
<i>*If policyholder is an Association, Union or Trustee for which form DB-820.3 is filed, do not complete item 18.</i>			
16. POLICY NUMBER* NYD068886	16a. COVERAGE TYPE PFL and DB (1)	17. POLICY EFFECTIVE DATE 01/01/2023	18. POLICY FORM NUMBER*
19. WCB PLAN NUMBER (Only for Assoc., Union or Trustee with Form DB-801 on file.)			20. ANNUAL PREMIUM AMOUNT
E. Complete if SUPERSEDES box is checked at top of form.			
21. EMPLOYER'S NAME Name: d/b/a: c/o: Attn:			
22. ADDRESS Line 1: 480 Main Street Line 2: #PHM			
23. CITY STATE ZIP CODE COUNTRY New York New York 10044 United States			
24. EMPLOYER FEIN		25. POLICY EFFECTIVE DATE	
26. POLICY NUMBER		26a. COVERAGE TYPE	

To be filed by Insurance Carrier on behalf of Employer to provide, through insurance, exactly statutory benefits, (Section 204)
OR benefits under a plan accepted by the Chairman.

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

DB-820/829 rev. 5/01

Transaction Number: 9629419

Your submission was received for processing on 12/01/2022 at 3:24PM. It was submitted by user SHERRYB1.
It has been accepted and processed.

**STATE OF NEW YORK WORKERS' COMPENSATION BOARD
DISABILITY BENEFITS LAW and PAID FAMILY LEAVE BENEFITS LAW
CERTIFICATE/CANCELLATION OF INSURANCE**

Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

Transaction Type: Initial**Transaction Effective Date: 01/01/2023**

A. INSURER/CARRIER			
1/2. INSURER/CARRIER NAME/CODE NEW YORK LIFE GROUP INSURANCE - B089001			6. TODAY'S DATE 12/01/2022
B. CURRENT - EMPLOYER INFORMATION			
7. WCB EMPLOYER NUMBER	8. NYS UIER NUMBER	9. EMPLOYER FEIN 453274471	
10. EMPLOYER'S NAME Name: Salesloft, Inc. d/b/a: c/o: Attn:		13. LEGAL STATUS Corporation (03)	
11. ADDRESS Line 1: 480 Main Street Line 2: #PHM		14. # OF EMPLOYEES	
12. CITY STATE ZIP CODE New York New York 10044 COUNTRY United States		15. TELEPHONE NO.	
C. POLICY			
<i>*If policyholder is an Association, Union or Trustee for which form DB-820.3 is filed, do not complete item 18.</i>			
16. POLICY NUMBER* NYD068886	16a. COVERAGE TYPE PFL and DB (1)	17. POLICY EFFECTIVE DATE 01/01/2023	18. POLICY FORM NUMBER*
19. WCB PLAN NUMBER (Only for Assoc., Union or Trustee with Form DB-801 on file.)			20. ANNUAL PREMIUM AMOUNT
F. POLICYHOLDER - If different from Employer			
27. POLICYHOLDER NAME Name: d/b/a: c/o: Attn:			
28. POLICYHOLDER ADDRESS Line 1: Line 2:			
29. CITY STATE ZIP CODE COUNTRY			
30. POLICYHOLDER FEIN			

To be filed by Insurance Carrier on behalf of Employer to provide, through insurance, exactly statutory benefits, (Section 204)
OR benefits under a plan accepted by the Chairman.

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

DB-820/829 rev. 5/01

Paid Family Leave

STATEMENT OF RIGHTS



Paid Family
Leave

If you need to take time off from work to care for a family member, you may be entitled to Paid Family Leave benefits.

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.

Eligibility:

- If you have a regular work schedule of 20 or more hours per week, you are eligible after 26 consecutive weeks of employment with your employer.
- If you have a regular work schedule of less than 20 hours per week, you are eligible after working for your employer for 175 days, which do not need to be consecutive.

Citizenship or immigration status is not a factor in your eligibility.

Benefits:

You can take up to 12 weeks of Paid Family Leave and receive 67% of your average weekly wage, capped at 67% of the New York State Average Weekly Wage. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting Paid Family Leave. Leave can be taken all at once or intermittently, but must be in full-day increments.

Rights and Protections:

- **Job protection:** Return to the same or comparable job after you take leave.
- You keep your **health insurance** while on leave (you may have to continue paying your portion of the premium costs, if any).
- Your employer is **prohibited from discriminating or retaliating** against you for requesting or taking Paid Family Leave.

Disputes:

If your Paid Family Leave claim is denied, you may request to have the denial reviewed by a neutral arbitrator. The insurance carrier listed below will provide you with information about requesting arbitration.

Discrimination Complaints:

If your employer terminates your employment, reduces your pay and/or benefits, or disciplines you in any way as a result of you requesting or taking Paid Family Leave, you may request to be reinstated by taking these steps:

1. Complete the *Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119)*.
2. Send your completed form to your employer and a copy of the completed form to:
Paid Family Leave, P.O. Box 9030, Endicott, NY 13761-9030
3. If your employer does not reinstate you or take other corrective action within 30 days, you may file a discrimination complaint with the Workers' Compensation Board using the *Paid Family Leave Discrimination/Retaliation Complaint (Form PFL-DC-120)*. The Workers' Compensation Board will assemble your case and schedule a hearing.
4. There are other state and federal laws that protect employees from discrimination. Additional information is available at PaidFamilyLeave.ny.gov.

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. You must submit your completed request package to your employer's insurance carrier within 30 days after the start of your leave to avoid losing benefits.
4. In most cases, the insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed request or your first day of leave, whichever is later.

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

For more information, forms and instructions, visit PaidFamilyLeave.ny.gov or call the PFL Helpline (844)-337-6303

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's Paid Family Leave benefits insurance carrier is:

PRESCRIBED BY THE CHAIR,
WORKERS' COMPENSATION BOARD
NYS Paid Family Leave
PO Box 9030, Endicott NY 13761

New York State Disability Benefits

STATEMENT OF RIGHTS



Workers'
Compensation
Board

If you are unable to work due to a non-occupational illness or injury, you may be entitled to disability benefits.

1. You may be entitled to statutory disability benefits for a non-work-related injury or illness (including disability due to pregnancy) beginning with the eighth consecutive day of disability. Disability benefits are paid **directly to you** by your employer's insurer, **not** through your employer, unless your employer is an approved self-insurer. You can take up to 26 weeks of disability at 50% of your average weekly wage, capped at \$170 per week. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting disability. Your employer or union may provide different benefits, at least as favorable as statutory, under an approved disability benefits plan or agreement.
2. If you also take Paid Family Leave, your combined total disability leave and Paid Family Leave in any consecutive 52-week period may not exceed 26 weeks. You cannot take Paid Family Leave and disability leave at the same time.
3. You can be treated by any physician, podiatrist, chiropractor, dentist, nurse midwife, or psychologist who can certify your disability. Your medical bills are not covered, unless your employer and/or union provides for the payment of medical bills under an approved disability benefits plan or agreement.
4. Your employer may **not** ask you to waive your right to disability benefits. Employers may collect a maximum contribution of 60 cents/week to offset the insurance premium (unless the additional contribution is part of an approved plan). **You cannot be discriminated or retaliated against for requesting or taking disability benefits.**
5. If your claim is denied, your employer or employer's insurer is required to send you a **Notice of Rejection (Form DB-451)**, within 45 days of your claim filing, with the reason(s) benefits are not being paid. If you disagree, you have a right to request a review by the NYS Workers' Compensation Board (Board), which you can request by writing the Board at the bottom right address.

IMPORTANT: If, within 45 days of filing your claim, you do not receive benefits and do not receive a **Form DB-451**, promptly contact the Board at **(877) 632-4996**.

To file a claim:

1. Obtain a **Notice and Proof of Claim for Disability Benefits (Form DB-450)**, either from the Board at wcb.ny.gov, or from your employer, your employer's insurer, or your health care provider.
2. Follow instructions to complete/submit the form, which includes a section your health care provider must complete.
3. Submit the form within 30 days of your first day of disability. If your claim is not paid promptly, contact your employer or their insurer. If you file late, you may not be paid for any disability period more than two weeks before the date you filed. Late filings may be excused if you can show it wasn't reasonably possible to file earlier. No benefits are payable if you file more than 26 weeks after your disability begins, or after you return to work.

Do not assume that your employer has filed a claim on your behalf: filing a claim is your responsibility.

Note: If your disability is the result of an automobile accident, and you have filed a claim for no-fault benefits, **you must** also file a **Form DB-450** for disability benefits. If you do not file for disability benefits, the no-fault insurer may reduce your no-fault payments.

IMPORTANT: In such cases, if you are not entitled to disability benefits, immediately advise the no-fault insurer.

FOR HELP OBTAINING A CLAIM FORM OR FILLING IT OUT, OR OTHER QUESTIONS ABOUT BENEFITS FOR YOUR NON-WORK-RELATED INJURY OR ILLNESS, PLEASE CALL (877) 632-4996. A BOARD REPRESENTATIVE WILL HELP.

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's disability benefits insurance carrier is:

PRESCRIBED BY THE CHAIR,
WORKERS' COMPENSATION BOARD
NYS Workers' Compensation Board
Disability Benefits Bureau
PO Box 9029, Endicott, NY 13761-9029

WCB.NY.GOV