# Request For Paid Family Leave (Form PFL-1) Instructions

- To request PFL, the employee requesting PFL must complete Part A of the *Request For Paid Family Leave (Form PFL-1)*. All items on the form are required unless noted as optional. The employee then provides the form to the employer to complete Part B.
- The employer completes Part B of the *Request For Paid Family Leave (Form PFL-1)* and returns it to the employee within three days.
- Additional forms are required depending on the type of leave being requested. The employee requesting leave is responsible for the completion of these forms.
- The employee submits the completed Request For Paid Family Leave (Form PFL-1) with the required additional form to the employer's PFL insurance carrier listed on Part B of Request For Paid Family Leave (Form PFL-1). The employee should retain a copy of each submitted form for their records.

### PART A - EMPLOYEE INFORMATION (to be completed by the employee)

The employee requesting PFL must complete all required information.

#### Paid Family Leave (PFL) Request (to be completed by the employee)

Questions 13: If dates are "Continuous", the employee must provide the start and end dates of the requested PFL. These dates should be the actual dates that the PFL will begin and end. If uncertain, estimate the start and end dates and indicate "Dates are estimated". If dates are "Periodic", enter the dates PFL will be taken. Please be as specific as possible. If the dates are unknown or estimated, indicate "Dates are estimated".

If dates are estimated, the PFL carrier may require you to submit a request for payment **after** the PFL day is taken. Payment for approved claims will be due as soon as

possible but in no event more than 18 days from the date of the completed request.

Question 14: If the employee is submitting the PFL request to their employer with less than 30 days' advance notice from the start date of the PFL, the employee must explain why 30 days' notice could not be given. If the explanation will not fit in the space provided on the form, enter "See Attached" and add an attachment with the explanation. Be sure to include the employee's full name and their date of birth at the top of the attachment.

#### **Employment Information** (to be completed by the employee)

Question 16: Enter the date of hire to the best of the employee's recollection. If it has been more than a year since the date of hire, entering the year in which employment started is sufficient.

Question 18: Enter the best estimate of average gross weekly wage. Include only the wages earned from the employer listed on this request form. The gross weekly wage is the total weekly pay - including overtime, tips, bonuses and commissions - before any deductions are made by the employer, such as federal and state taxes. If the employer is not able to supply this information, the employee can calculate their gross weekly wage as follows:

**Step 1:** Add all gross wages received (<u>before</u> any deductions) over the last eight weeks prior to the start of PFL, including overtime and tips earned. (See Step 3 for instructions for calculating bonuses and/or commissions.)

**Step 2:** Divide the gross wages calculated in step one by eight (or the number of weeks worked if less than eight) to calculate the average weekly wage.

**Step 3:** If the employee received bonuses and/or commissions during the 52 weeks preceding PFL, add the prorated weekly amount to the average weekly wage. To determine the prorated weekly amount, add all bonuses/commissions earned in the preceding 52 weeks and then divide by 52.

Example of a gross weekly wage calculation:

Week 1 - Gross wage including overtime		\$550
Week 2 - Gross wage		\$500
Week 3 - Gross wage		\$500
Week 4 - Gross wage		\$500
Week 5 - Gross wage		\$500
Week 6 - Gross wage		\$500
Week 7 - Gross wage, including overtime		\$600
Week 8 - Gross wage, including overtime	+	\$550
Total =		\$4,200
Divide by 8	÷	8
Average Weekly Wage =	_	\$525
Bonus earned in preceding 52 weeks		\$2,600
Divide by 52	÷	52
Prorated Weekly Bonus =		\$50
Average Weekly Wage		\$525
Prorated Weekly Bonus	+	\$50
Average Weekly Wage (including bonus) =		\$575

Please note that the employer is also required to provide this information in Part B of the *Request For Paid Family Leave (Form PFL-1)*.

Form PFL-1 Instructions continued on next page

#### PART A - EMPLOYEE INFORMATION (to be completed by the employee) - continued from prior page

Form PFL-1 Instructions continued from prior page

If you are pre-submitting form: Indicate if the employee is pre-submitting their PFL request. Pre-submitting is defined as submitting the application in advance of an upcoming qualifying event, with certain required information missing due to the information being unknown at the time of the submitting. If pre-submitting is permitted by the carrier or self-insured employer, the missing information must be supplied as soon as it is known. Benefits cannot be determined until all of the required information is provided.

The PFL insurance carrier or self-insured employer will provide the employee a notice within five days which 1) states the claim is pending; 2) identifies what information is missing; 3) instructs how to submit the missing information. **Once all information is supplied, the PFL insurance carrier or self-insured employer has 18 days to pay or deny the claim.** 

If the carrier or self-insured employer does not permit pre-submitting, the carrier or self-insured employer must return the Request for Paid Family Leave within five days to the employee with an explanation that the claim should be re-submitted when all information is available.

Employee signs and dates, before giving this form to their employer to complete Part B.

## PART B - EMPLOYER INFORMATION (to be completed by the employer)

The employer of the employee requesting PFL must complete all information in Part B.

**Question 2:** If a Social Security Number is used for the Federal Employer Identification Number (FEIN), enter the Social Security Number.

**Question 3:** Enter the employer's Standard Industrial Classification (SIC) Code. Contact your carrier if you don't know your SIC code.

**Question 8:** The employee occupation code can be found at: <a href="https://www.bls.gov/soc/2010/soc\_alph.htm">www.bls.gov/soc/2010/soc\_alph.htm</a>

Question 9: Enter the wages earned by the employee during the last eight weeks preceding the PFL start date. The gross amount paid is the employee's gross weekly pay, including any overtime and tips earned for that week, plus the weekly prorated amount of any bonus or commission received during the preceding 52 weeks. (For detailed steps, see Question 18 on page 1 of the instructions.) Calculate the gross average weekly wage by adding up the gross amounts paid, and then divide by eight (or number of weeks worked if less than eight).

**Question 10:** Failure to select "Yes" for requesting reimbursement from the insurance carrier, will result in a waiver of the right to reimbursement.

**Question 11a:** 'Disability' refers to NYS statutory required disability. If the answer is "none," enter a "0" for total weeks and days in Question 12b.

Question 11b: The maximum number of weeks available for NYS statutory disability and PFL in any 52 week period is 26 weeks. Specify the total number of weeks, as well as the number of additional days if the leave includes a partial week, taken for NYS statutory disability and PFL during the preceding 52 weeks.

Question 13, 14 & 15: Enter the Paid Family Leave or Disability/PFL insurance carrier's name, address and PFL policy number. If this employer is self-insured, enter the name and address of where the PFL request should be submitted for processing.

**Affirmation employee is eligible for PFL**: An employee who regularly works 20 hours or more per week must have been in employment for at least 26 consecutive weeks. An employee who regularly works less than 20 hours per week must have worked 175 days.

Employer signs and dates, and then returns to the employee requesting PFL within three business days.

Be sure to complete the appropriate additional PFL form(s) based on the type of PFL leave being requested.

Notification Pursuant to the New York Personal Privacy Protection Law (Public Officers Law Article 6-A) and the Federal Privacy Act of 1974 (5 USC 552a).

The Workers' Compensation Board's (Board's) authority to request that employees provide personal information, including their social security number or tax identification number, is derived from the Board's administrative authority under Workers' Compensation Law section 142. This information is collected to assist the Board in investigating and administering claims in the most expedient manner possible and to help it maintain accurate records. Providing your social security number or tax identification number to the Board is voluntary. The Board will protect the confidentiality of all personal information in its possession, disclosing it only in furtherance of its official duties and in accordance with applicable state and federal law.



Standard Security Life Insurance Company P.O. Box 25339, Farmington, NY 14425 Phone: 800-477-0087 | Fax: 585-398-2854

Email: claims@sslicny.com

# Request For Paid Family Leave (Form PFL-1)

INSTRUCTIONS INCLUDED WITH FORM

Dottonal (for research purposes)	PF	ARTA - EMPLOYEE INFORMATION (to be completed by	tne employee)
10. Employee's enthicity/race For purposes of health demographic only. (U.S. Centers for Disease Control and Prevention (CDC) code set. version 1.0.  Is employee's mailing address Street address Mexican American Street admola, or Spanish origin Not of Hispanic, Latino/a, or Spanish origin Not of Hispanic, Latino/a, or Spanish origin Unknown What is employee's race? (One or more categories may be selected.) Annerican Indian or Alaska Native Black or African American Street admola, or Spanish origin Not of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)  Matican American Noter Hispanic, Latino/a, or Spanish origin Not of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)  Matican American Noter of Hispanic, Latino/a, or Spanish origin?  Not of Hispanic, Latino/a, or Spanish origin?  Not of Hispanic, Latino/a, or Spanish origin?  Not of Hispanic, Latino/a, or Spanish origin?  Note of Hispanic, Latino/a, or Spanish origin?  Note of Hispanic, Latino/a, or Spanish origin?  Note of His	1.	Employee's legal name (first name, middle initial, last name)	Ontional (for research nurneses)
For purposes of health demorgaphic only. (U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0.)  Is employee's mailling address  Street address  Street address  City. State  City. State  Zip code  Country (if not U.S.A.)  Deminican  Cuban  Another Hispanic, Latino/a, or Spanish origin  Not of Hispanic, Latino/a, or Spa			Optional (for research purposes)
City, State   Country (if not U.S.A.)   Mexican   Mexican American   Chicanola   Puerto Rican   Dominican   Cuban   Motor   City   Cuban   Dominican   Cuban   Cuban   City   Cuban   Dominican   Cuban   City	2.	Other last names, if any, under which employee has worked	For purposes of health demographic only. (U.S. Centers for
Mexican American   City, State   City, State   Chicano/a   Puerto Rican   Dominican   Cuban   Dominican   Cuban   Dominican   Cuban   Another Hispanic, Latino/a, or Spanish origin   Not of Hispanic, Latino/a, or Spanish origin   Unknown   Unknown   What is employee's race? (One or more categories may be selected.)   American Indian or Alaska Native   Black or African American   Asian Indian   Chinese   Filipino   Japanese   Korean   What is employee's gender   Male   Female   Not designated/Other   Polski   Pycoxivi   Polski   Pyc   Italiano   Kreyol ayisyen   Perant   Polski   Chinese	3.		
City, State  Zip code  Country (if not U.S.A.)  Dominican  Cuban  Another Hispanic, Latino/a, or Spanish origin  Not of Hispanic, Latino/a, or Spanish origin  Unknown  What is employee's race? (One or more categories may be selected.)  American Indian or Alaska Native  Black or African American  Chinese  Filipino  Japanese  Korean  Chicenese  Filipino  Japanese  Korean  Chicenese  Employee's preferred language  English  Español  Pyccwia  Polski  Px  Italiano  Kreyol ayisyen  Pitaliano  Cher Pacific Islander  Other Pacific Islander  Other race  Paid Family Leave (PFL) Request (to be completed by the employee)  Reason for PFL request:  Bond with child  Care for family member  Military qualifying event  Crandchild		Street address	1   <u>-</u>
City, State  Zip code  Country (if not U.S.A.)  Dominican  Cuban  Another Hispanic, Latino/a, or Spanish origin  Not of Hispanic, Latino/a, or Spanish origin  Unknown  What is employee's race? (One or more categories may be selected.)  American Indian or Alaska Native  Black or African American  Chinese  Filipino  Japanese  Korean  Chicenese  Filipino  Japanese  Korean  Chicenese  Employee's preferred language  English  Español  Pyccwia  Polski  Px  Italiano  Kreyol ayisyen  Pitaliano  Cher Pacific Islander  Other Pacific Islander  Other race  Paid Family Leave (PFL) Request (to be completed by the employee)  Reason for PFL request:  Bond with child  Care for family member  Military qualifying event  Crandchild			Mexican American
Puerto Rican   Dominican   Cuban   Another Hispanic, Latino/a, or Spanish origin   Not of Hispanic, Latino/a, or Spanish origin   Unknown   Unknown   Unknown   What is employee's race? (One or more categories may be selected.)   American Indian or Alaska Native   Black or African American   Asian Indian   Chinese   Filipino   Japanese   Korean   Vietnamese   Filipino   Japanese   Korean   Vietnamese   Male   Female   Not designated/Other   Pyccxxix   Polski   Pyt   Italiano   Kreyòl ayisyen   한국어   Other Pacific Islander   Other Pacific Islander   Other Pacific Islander   Other race   Parent-in-law   Grandparent   Grandchild   Grand		City, State	
Zip code			
Cuban		Zip code Country (if not U.S.A.)	
Another Hispanic, Latino/a, or Spanish origin   Not of Hispanic, Latino/a, or Spanish origin   Not of Hispanic, Latino/a, or Spanish origin   Unknown   Unknown			
Semployee's Social Security Number or TIN			
Unknown   Unkn	4.	Employee's Social Security Number or TIN	
## What is employee's race?  (One or more categories may be selected.)    American Indian or Alaska Native			
(One or more categories may be selected.)   American Indian or Alaska Native			U OTIKTIOWIT
American Indian or Alaska Native	5.	Employee's date of birth (MM/DD/YYYY)	
Black or African American   Asian Indian   Chinese   Filipino   Japanese   Korean   Vietnamese   Other Asian   White   Native Hawaiian   Guamanian or Chamorro   Samoan   Other   Other   Other   Other acces   Other race   Other race   Other race   Other family Leave (PFL) Request (to be completed by the employee)  1. Reason for PFL request:   Bond with child   Care for family member   Military qualifying event   Orandonical member   Grandchild   Grandchi			
Asian Indian			
Chinese	6.	Employee's primary telephone number	
Employee's preferred email address while on PFL (if available)    Filipino   Japanese   Korean   Vietnamese   Other Asian   White		(	
Japanese   Korean   Vietnamese   Other Asian   White   Native Hawaiian   Guamanian or Chamorro   Samoan   Other Pacific Islander   Other race   Other Asian   White   Native Hawaiian   Guamanian or Chamorro   Samoan   Other race   Other Request (to be completed by the employee)   Other Reason for PFL request:   Bond with child   Care for family member   Military qualifying event   Other family member is employee's:   Child   Spouse   Domestic partner   Parent   Parent-in-law   Grandparent   Grandchild   G	7	Employee's preferred email address while on PEL (if available	,   <u>-</u>
Korean   Vietnamese   Other Asian   White   Male   Female   Not designated/Other   Other Asian   White   Mative Hawaiian   Grandparent   Other race   Other ra	٠.	Employee's preferred email address write on FTE (ii available	
Employee's gender Male Female Not designated/Other Other Asian D. Employee's preferred language English Español Pyccкий Polski Guamanian or Chamorro Samoan Other Pacific Islander Other race  Paid Family Leave (PFL) Request (to be completed by the employee)  1. Reason for PFL request: Bond with child Care for family member Military qualifying event  2. The family member is employee's: Child Spouse Domestic partner Parent Parent Grandparent Grandparent Grandchild			
Male   Female   Not designated/Other   Vietnamese   Other Asian   White   Native Hawaiian   Guamanian or Chamorro   Samoan   Other Pacific Islander   Other race   Other race   Other race   Paid Family Leave (PFL) Request (to be completed by the employee)  1. Reason for PFL request:   Bond with child   Care for family member   Military qualifying event   Child   Spouse   Domestic partner   Parent   Parent-in-law   Grandparent   Grandchild	8.	Employee's gender	Korean
Description	٠.		Vietnamese
English		India Trot dosignatou entri	Other Asian
# 보고   Italiano   Kreyòl ayisyen   한국어   Guamanian or Chamorro   Samoan   Other Pacific Islander   Other race   Other race   Other race   Samoan   Other race	9.	Employee's preferred language	White
Other  Other  Other   Samoan   Other race  Paid Family Leave (PFL) Request (to be completed by the employee)  1. Reason for PFL request:   Bond with child   Care for family member   Military qualifying event  2. The family member is employee's:   Child   Spouse   Domestic partner   Parent   Parent-in-law   Grandparent   Grandchild		English Español Pyccкий Polski	Native Hawaiian
Other Pacific Islander Other race  Paid Family Leave (PFL) Request (to be completed by the employee)  1. Reason for PFL request: Bond with child Care for family member Military qualifying event  2. The family member is employee's: Child Spouse Domestic partner Parent Parent Grandparent Grandchild		中文 Italiano Kreyòl ayisyen	Guamanian or Chamorro
Paid Family Leave (PFL) Request (to be completed by the employee)  1. Reason for PFL request: Bond with child Care for family member Military qualifying event  2. The family member is employee's: Child Spouse Domestic partner Parent Parent Grandparent Grandchild		Other	Samoan
Paid Family Leave (PFL) Request (to be completed by the employee)  1. Reason for PFL request: Bond with child Care for family member Military qualifying event  2. The family member is employee's: Child Spouse Domestic partner Parent Parent Grandparent Grandchild			Other Pacific Islander
<ol> <li>Reason for PFL request: Bond with child Care for family member Military qualifying event</li> <li>The family member is employee's: Child Spouse Domestic partner Parent Parent Grandparent Grandchild</li> </ol>			Other race
<ol> <li>Reason for PFL request: Bond with child Care for family member Military qualifying event</li> <li>The family member is employee's: Child Spouse Domestic partner Parent Parent Grandparent Grandchild</li> </ol>			
2. The family member is employee's:  Child Spouse Domestic partner Parent Grandparent Grandchild	P	aid Family Leave (PFL) Request (to be completed by the	e employee)
Child Spouse Domestic partner Parent Parent-in-law Grandparent Grandchild	11	. Reason for PFL request: Bond with child Care for family	member Military qualifying event
	12	. The family member is employee's:	
Form PFL-1 continued on next pag		Child Spouse Domestic partner Parent Parent	t-in-law Grandparent Grandchild
			Form PFL-1 continued on next pag

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FORM PFL-1 - CONTINUED FROM PRIOR PAGE Phone: 800-477-0087 | Fax: 585-398-2854 | Email: claims@sslicnv.com TO BE COMPLETED BY THE EMPLOYEE Employee's name (first name, middle initial, last name) Employee's date of birth (MM/DD/YYYY) PART A - EMPLOYEE INFORMATION (to be completed by the employee) - continued from prior page Form PFL-1 continued from prior page 13. Will PFL be for a continuous period of time and/or periodic? PFL start date (MM/DD/YYYY) PFL end date (MM/DD/YYYY) Continuous Dates are estimated Identify dates periodic PFL will be taken: Dates are estimated Periodic 14. If providing less than 30 day's advance notice to the employer, please explain: **Employment Information** (to be completed by the employee) 15. Business name 16. Employee's date of hire (MM/DD/YYYY) 17. Employee's work location Street address City, State Zip code Country (if not U.S.A.) 18. Employee's average gross weekly wage (This data will be requested of both employee and employer) 19. Employer's telephone number for contact regarding this request ( 20a. Does employee have more than one employer? 20b. If yes, is employee taking PFL from the other employer? Yes 21. Is employee currently receiving Workers' Compensation Lost Wage Benefits? 22. Do you want a 10% Federal Tax Deduction taken from your PFL benefit? If you choose no, you will Yes No receive the total gross benefit. Disclosure statement: Information regarding PFL benefits received by the employee, such as payments received and types of leave, will be provided to the employer. **Declaration and signature** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. I am hereby making a request for paid family leave benefits under the NYS Workers' Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief. Employee's signature Date signed (MM/DD/YYYY) I am submitting this form in advance (see instructions about pre-submitting). I understand the insurance carrier will contact me to advise how to submit the required missing information.

FORM PFL-1 - CONTINUED FROM PRIOR PAGE

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TO E	BE COMPLE	TED BY THE EMPLOYEE			
Em	ployee's ı	name (first name, middle initial, last na	ame) E	mployee's date of bi	rth (MM/DD/YYYY)
				1 1	
		MPLOYER INFORMATION (1	•	e employer)	
г	<b>Business</b> Business na	's full legal name and mailing a	address		
	Dusiness ne	iiile			
[	Mailing add	ress			
	ag aaa				
	City, State		Zip co	ode	Country (if not U.S.A.)
2.	Employer	's FEIN -			
3.	Employer	's Standard Industrial Classifi	cation (SIC) Code		
4.	Employer	's contact name for questions	related to PFL		
<b>5</b> .	Employer	's contact telephone number	( ) )	-	
5a.	Employe	r's contact fax number (	) - [		
<b>6.</b>	Employer	's contact email address			
7. I	Employee	's date of hire (MM/DD/YYYY)	1 1		
7a.	Last day	employee <u>worked</u> : (MM/DD/YYY	Y) / / / / / / / / / / / / / / / / / / /		
8.	Employee	e's occupation Codes are available	at: www.bls.gov/soc/2010/so	oc alph.htm -	
8a.	Indicate	occupation (code MUST be pr	ovided also):		
8b.	Indicate t	he employee's normal work d	ays Mon. Tues.	Wed. Th. Fri.	Sat. Sun.
		· · · · · · · · · · · · · · · · · · ·	lormal work schedule is 20 h	ours or more a week) or F	Part time (Normal work schedule is less
		irs per week)?	or the employee and c	alculate the average	gross weekly wage
[	Week no.	Week ending date (MM/DD/YYYY)			gross noomy mago
	week iio.	week ending date (IVIIVI/DD/1111)	Number of days worked	Gross amount paid	
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
		Calculated average gross we	e <b>ekly</b> wage:		
10.	If employ	ee received or will receive full wa	ges while on PFL, will e	mployer be requesting	reimbursement? Yes No
		at time period are you requesting	-		
		· · ·			Form PFL-1 continued on next page

FORM PFL-1 - CONTINUED FROM PRIOR PAGE

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O BE	COMPLETED E	BY THE EMPLOYEE			
		(first name, middle initia	al. last name)	Employee's date of bir	th (MM/DD/YYYY)
	, , , , , , , , , , , , , , , , , , ,	(mot name, madie mile	ai, last hams)		
ART	B - EMPLO	OYER INFORMAT	<b>FION</b> (to be completed by t	he employer) - contin	ued from prior page
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orm P	FL-1 continued	d from prior page			
1a. l	n the precedi	ng 52 weeks has the	e employee taken leave for:	NYS Disability PFL	Both Disability and PFL None
1b. I	Enter the tot	al number of week	s and days taken for both D	Disability and PFL in th	e last 52 weeks:
		Weeks	Please provide specific dates f	-	
		vveeks	i lease provide specific dates i	——————————————————————————————————————	
	Disability:				
	•	Days			
		Weeks	Please provide specific dates f	for PFL:	
	PFL:	Days			
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P M	FL insurance ca	arrier's name Standard Se	curity Life Insurance Compa	•	Country (if not U.S.A.)
M C	FL insurance ca	P.O. Box 253	curity Life Insurance Compa	code 14425	Country (if not U.S.A.)
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M C C C 44a. F 55. P	FL insurance can failing address sity, State  FL insurance FL insurance FL policy nu	P.O. Box 253 Farmington, e carrier's telephone carrier's fax num	curity Life Insurance Compagnition  339  NY  ne number ( 8 0 0 )	code 14425 4 7 7 - 0 0 8	7
M C C C C C C C C C C C C C C C C C C C	FL insurance can dealing address sity, State  FL insurance FL insurance FL policy nuration and si	P.O. Box 253 Farmington, e carrier's telepho ce carrier's fax nun	Curity Life Insurance Compagnets  NY  Table 1	code 14425 4 7 7 - 0 0 8 8 - 2 8 5 4	7 4b. Email: claims@sslicny.com
M M D 14a. F F 55. P eclai	FL insurance can dailing address sity, State  FL insurance FL insurance FL policy number and single firm the em	P.O. Box 253 Farmington, e carrier's telephote carrier's fax num	curity Life Insurance Company Sassans  NY  The number ( 8 0 0 )  The number ( 5 8 5 ) 3 9   The number ( 5 8 5 ) 3 9   The number ( 5 8 5 ) 3 9   The number ( 5 8 5 ) 5 9   The number	code	7 4b. Email: claims@sslicny.com employment for at least 26
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