



DENTAL · VISION · LIFE · DISABILITY

Renaissance Life & Health  
Insurance Company of New York  
2 Court St. Suite 102, Binghamton, NY 13901

NEW YORK

## PAID TIME OFF VERIFICATION NYS DBL/PFL

*-If Wages Are Paid To Employee During A Period Of Disability, Please Submit With Completed Employer's Statement-*

- Disability Claim
- Paid Family Leave Claim

Employee Name: \_\_\_\_\_

- Sick Time:                      From: \_\_\_\_\_ to: \_\_\_\_\_
- Vacation Time:                      From: \_\_\_\_\_ to: \_\_\_\_\_
- Personal Time:                      From: \_\_\_\_\_ to: \_\_\_\_\_
- PTO (*Paid Time Off*):                      From: \_\_\_\_\_ to: \_\_\_\_\_

IF REQUESTING REIMBURSEMENT, PLEASE INDICATE ON THE CLAIM FORM.

By: X \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (mm/dd/yyyy)

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Notes:

