

**Lincoln Life & Annuity Company of New York**  
**A Lincoln Financial Group Company**  
8801 Indian Hills Drive, Omaha, NE 68114-4066

McLane Company, Inc.  
4747 McLane Parkway  
Temple, TX 76504

December 2, 2024

Dear Policyholder:

Enclosed is a DB-120 poster for the 2025 benefit year.

**Please note the following plan and benefit changes for 2025:**

The applicable statewide average weekly wage is \$1,757.19.

**For approved NY PFL leaves of absence beginning January 1, 2025, or later:**

The maximum benefit percentage is: 67%

The maximum benefit duration is: 12 weeks

The maximum weekly benefit amount is: \$1,177.32.

For the 2025 calendar year, the employee deduction rate will be 0.388% of an employee's wages. The maximum annual employee contribution is \$354.53.

NY PFL is a community-rated product that is intended to be fully funded by employee contributions. Carriers may not charge more than the rate established by the New York DOL. Therefore, we will bill \$0.388 per \$100 of monthly covered payroll for the 2025 calendar year.

If you have any questions or concerns, please contact your Account Service Manager.

Sincerely,

Lincoln Life & Annuity Company of New York  
A Lincoln Financial Group Company



STATE OF NEW YORK  
**WORKERS' COMPENSATION BOARD**  
**NOTICE OF COMPLIANCE**

New York State Disability Benefits

**Disability Benefits For Employees**

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)  
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website ([www.wcb.ny.gov](http://www.wcb.ny.gov)) or any office of the Board.  
**IMPORTANT:** Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
  - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
  - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

Lincoln Life & Annuity Company of New York  
120 Madison Street, Suite 1310  
Syracuse, NY 13202-2802  
1-800-210-0268

Policy #: GS4-890-LF0373-NY

Effective From: January 1, 2025

To: December 31, 2025

☒ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered:

All Employees Eligible Under The Law

NYS Workers' Compensation Board  
Customer Service: (877) 632-4996  
[www.wcb.ny.gov](http://www.wcb.ny.gov)

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD  
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.  
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.





## Paid Family Leave

# NOTICE TO EMPLOYEES

Paid Family Leave Insurance  
Coverage Provided by:

Lincoln Life & Annuity Company of New York

Covering Employees of:

McLane Company, 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 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](https://ny.gov/PaidFamilyLeave)

Lincoln Life & Annuity Company of New York  
120 Madison Street, Suite 1310  
Syracuse, NY 13202-2802  
1-800-210-0268

Policy #: GS4-890-LF0373-NY

Effective From: 01/01/2025

To: 12/31/2025

☒ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered: All Employees Eligible Under The 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.