

**Employee Instructions for Completing the
NJ Family Leave Insurance (NJ FLI) Application**

1. Complete all parts (A-E) of the form as applicable and then provide it to their supervisor for confirmation of data and signature.
2. Questions regarding completion of the form should be directed to the State of New Jersey at (609) 292-7060 or by visiting their website at www.nj.gov/labor.
3. The chart below provides assistance with completing Part D:

| Part D Section | How to Complete |
|---|--|
| 1. <u>Employee Information</u> | Enter your appropriate information. |
| 2. <u>Employer Status</u> | To locate your Federal Employer Identification Number (FEIN) you will need to click on the link below and locate the Verizon company you are under. The FEIN is listed in the last column. Leave the Payroll number question blank, this does not apply to Verizon. http://vso2.verizon.com/VSO/Finance%20Services/OAPPay/Payroll/Documents/Payroll%20Public%20Documents/Company%20Listing/VZC%20Company%20Listing.pdf |
| 3. <u>Private Plan Coverage</u> | Select No in subsection “a” and move onto next section. |
| 4. <u>Last Actual Day Worked</u> | Enter your appropriate information. |
| 5. <u>Required Paid Time Off</u> | Select No in subsection “a” and move onto next section. |
| 6. <u>Other Paid Time Off</u> | Select No in subsection “a” and move onto next section. |
| 7. <u>Leave Information</u> | Select Yes in subsection “a” and answer subsection “b”. |
| 8. <u>Other Benefits</u> | Enter your appropriate information. |
| 9. <u>Base Weeks and Base Year Gross Wages</u> | Enter your appropriate information (Use your paystub to calculate. To access your paystub click on https://ess.verizon.com/ViewStub.htm). |
| 10. <u>Regular Weekly Wage</u> | Enter your appropriate information (Use your paystub to calculate. To access your paystub click on https://ess.verizon.com/ViewStub.htm). |
| 11. <u>Weekly Wages</u> | Enter your appropriate information (Use your paystub to calculate. To access your paystub click on https://ess.verizon.com/ViewStub.htm). |
| 12. <u>Check the days of the week the employee normally works</u> | Enter your appropriate information. |
| <u>Finalizing Part D</u> | a. Firm Name – Verizon LOA Department b. Address – 500 Summit Lake Drive, 4 th Floor c. City, State, Zip – Valhalla, NY 10595 d. Mailing Address, If Different – NA e. Supervisor completes items – Signed/Date/Print or Type Name/Official Title/Fax No.(877 786-4500) /Telephone and email address |