

Instructions For Completing Application For Care For Newborn Children Leave

Please read the instructions, the Application and the Conditions for Leave on the back of the Application completely before filling out the Application. Your supervisor will review the Conditions for Leave with you before you sign this Application. If there's something you don't understand or want more information about, be sure to ask your supervisor.

1. **Part 1: Employee Information** Please provide all the information requested in this part. If your address while you're on Care for Newborn Children Leave will be the same as your mailing address, write "same as above" in that space. If you're not sure of the answer to some of the information requested, for example your net credited service date, ask your supervisor.
2. **Part 2: Request for Leave** Please check whether you're requesting a Care for Newborn Children Leave or an extension of such a leave and provide the dates you would like your leave to begin and end. You can take up to 12 months of Care for Newborn Children Leave. If you are the parent of a newborn child, you must begin your leave within 12 months of the baby's birth. If you're adopting a child under age 18 or becoming a foster parent, you must begin your leave within 12 months of the date of adoption or foster care placement. Regardless of the date you begin your leave, the length of your leave for purposes of guaranteed reinstatement is calculated from the actual date of birth, adoption or foster care placement.
3. **Part 3: Acknowledgments** You and your supervisor *must* sign this section *after* your supervisor has reviewed the Conditions for Leave with you.
4. **Part 4: For Benefits Delivery Office Use Only** Do not write anything in this part.
5. After completing the application, please make a copy for your records and send the original to the Benefits Delivery Office for approval.

LOA Administrator
500 Summit Lake Drive, 3rd Floor
Valhalla, NY 10595
Fax: 1-877-660-2660

If you have any questions, please contact
1-855-814-9344 or send an e-mail to verizonleavemanagement@metlife.com



Application for Care for Newborn Children Leave (Verizon – North Associate Employees)

G2518-CNC
08/15



Please Print or Type

Part 1: Employee Information

Name of Employee: _____
Last First Middle Initial

Mailing Address: _____

Office Telephone Number: _____ EMPLID: _____

Payroll Code: _____ Employee Status: Non Management Regular Temporary

Net Credited Service Date: _____ Company Department: _____

Job Title: _____ Department Contact (name): _____

Telephone Number During Leave: _____ Department Contact Phone Number: _____

Address During Leave: _____ Department Address: _____

Part 2: Request for Leave

I request a Care for Newborn Children Leave, to begin on _____ and to continue through _____

I request an extension of a Care for Newborn Children Leave, to begin _____ and to continue through _____
(Note: Your Care for Newborn Children Leave cannot exceed 12 months.)

Expected Date of Delivery: _____

Part 3: Acknowledgments

I hereby apply for a Care for Newborn Children Leave of Absence. In accordance with the Company's Leave Program and subject to the conditions on the back of this form, including that this leave will be counted against my 12 weeks of FMLA annual entitlement. I have read and understand these conditions, including:

- the maximum Care for Newborn Children Leave cannot be greater than 12 months.
- parents of newborn children must begin leave within 12 months after the child is born and fathers must provide a copy of the baby's birth certificate before leave can begin.
- the parent of an adopted or foster child under age 18 must begin leave within 12 months after the adoption or foster care placement is final And must provide proof of adoption or placement before leave can begin.

Employee Signature: _____ Date: _____

The above employee has applied for a Care for Newborn Children Leave of Absence. I have reviewed the Verizon Leave Program and the conditions of the leave, as explained on the back of this form, with the employee.

Supervisor's Signature: _____ Date: _____

District Level Signature: _____ Date: _____

Part 4: For Benefits Delivery Office Use Only

Approved by the Benefits Delivery Office

Signature: _____ Date: _____

Actual Date of Delivery, Adoption or Placement: _____ Date Leave Begins: _____ Date Leave Ends: _____

Anticipated Disability Leave taken before a Care for Newborn Leave: Yes No

Proof of birth, adoption or placement provided: Yes No

Please Read Conditions Before Signing

Conditions for Leave

Please read these Conditions for Leave before you complete your Application.

The Family and Medical Leave Act of 1993 (FMLA '93) Under FMLA '93, employers must provide up to 12 weeks of unpaid leave in a 12-month period for employees for:

- Care of employee's child after birth, or after placement of a child with the employee for adoption or foster care.
- Care of employee's spouse, son, daughter or parent who has a serious health condition, or
- Employee's own serious health condition.

You may use any paid leave you're entitled to, such as vacation, instead of taking an unpaid leave of absence.

Salary Continuation Care for Newborn Children Leave is an unpaid leave of absence.

Health Care Coverage As a non-management employee, your coverage continues for your entire leave on the same basis as when you were an active employee. During your leave, Verizon will pay the same amount it normally does for your coverage. If you contribute to the cost of your health care benefits, you must continue making contributions. You'll be billed monthly. If you receive a benefit credit, you will receive a monthly check for this credit. If you don't continue coverage while you're on leave, coverage will be reinstated automatically on the first day of the following month after you return to active employment.

Group Life Insurance Your Basic Group Life Insurance and Accidental Death and Dismemberment Insurance continue for the entire leave. Any Supplementary Life Insurance and Dependent Life Insurance you have continue until the end of the calendar month in which your leave begins. You may continue these coverages during your entire leave by paying the premiums. You may also reduce the amount of your Supplementary Life Insurance and Dependent Life Insurance coverages or stop your coverages while you're on leave. If you reduce or stop your coverages, they will be reinstated to the level you had before your leave began if you submit a Statement of Health within 31 days after returning to active employment and it's approved by the insurance company. If you don't submit a Statement of Health, or if you submit one and it isn't approved, your coverages won't be fully reinstated. Non-management employees may apply to enroll for or increase the amount of Supplementary Life Insurance any time after returning to work. You must submit a Statement of Health when you apply to increase or enroll for Supplementary and Dependent Life Insurance. Your insurance will become effective on the day the insurance company approves the Statement of Health.

Service Credit You earn service credit for the entire leave.

Retirement Benefits Your right, if any, to receive a retirement benefit continues for the entire leave.

Savings Plan Participation If you participate in one of the Verizon Savings Plans, all allotments are suspended during the entire unpaid leave. Allotments will resume automatically when you return to active employment. You can make allotment/future investment changes while on leave to take effect when pay resumes. You can also transfer past balances and take advantage of the plan's withdrawal provisions. If you have an outstanding loan, you will receive a coupon book to use to make payments during your leave.

Dependent Care Spending Account Participation If you participate in the Dependent Care Spending Account Plan, no deposits will be made to your account while you're on leave. Deposits will resume automatically if you return to work during the same calendar year, and you may change the amount of your deposits within 31 days of your return if you have a qualifying lifestyle change. If you return to work in a different calendar year, deposits will not resume automatically; you must re-enroll within 31 days of your return to work.

Health Care Spending Account Participation If you participate in the Health Care Spending Account Plan, no deposits will be made to your account while you're on leave. However, you can choose to continue to make deposits on an after-tax basis during your leave through COBRA. If you do, your payroll deposits will be reinstated when you return to work. If you don't continue to participate through COBRA and you return to work in the same calendar year, you won't be able to re-enroll in the plan until the next open enrollment period. If you return to work in the next calendar year, you may re-enroll in the plan within 31 days of returning to work.

Sickness Disability Benefits If you become disabled by sickness or injury during your leave, you may be eligible to receive Verizon sickness disability benefits. Contact your Department and Benefits Delivery Office for more information.

Death Benefits If you're a non-management employee hired before January 1, 1987, your mandatory beneficiaries may be eligible to receive a Sickness Death Benefit if you die during your leave.

Vacation Please discuss your vacation options and the vacation carry over rules with your supervisor before your leave begins.

Holidays You aren't entitled to a day off in lieu of a holiday which occurs while you're on leave.

Guaranteed Reinstatement You're guaranteed reinstatement to your former job or one of similar pay and status if you return to work as scheduled within 12 months of the date of your child's birth, adoption or placement for foster care. If you haven't used your 12 weeks of annual FMLA leave, you can return to work earlier than scheduled during the first 12 weeks of approved leave. After the first 12 weeks, reinstatement may be deferred until a position is available, but no later than the date originally agreed upon for your return. If you return to work on a reduced schedule, you will be reinstated to your former job or one of similar pay and status.

Paid Employment While on leave, you may not accept paid employment during your normal work hours.