

Your annual invoice has two separate sections for calculating and collecting premium: One for Disability Benefits and one for Paid Family Leave Benefits. Please be sure to complete all required information and to pay the full amount along with the completed invoice. Policies will be cancelled if both the PFL and DBL portions are not paid.

[See instructions below on how to complete the Paid Family Leave portion of your Arch invoice.](#)

| Disability Benefits Law (DBL) | | Enter Number of Employees | | Multiply each Total x NY DBL Rate | | DBL Annual Premium | | |
|---|------------|---------------------------|-------------|-----------------------------------|-------|--------------------|---|---|
| Number of Male Employees | _____ | X | Male Rate | = \$ | _____ | Box a | 4 | |
| Number of Female Employees | _____ | X | Female Rate | = \$ | _____ | Box b | | |
| (Add boxes a and b and enter result in Box c OR Pay Minimum DBL Premium of \$80.00 if sum is less than \$80.00) | | | | = \$ | _____ | Box c | | |
| Total DBL Premium Due | | | | | | | | |
| Paid Family Leave Benefits (PFL) - Please complete for New York Employees ONLY: | | | | | | | | |
| 1 *PFL should include ALL Employees in the DBL Section(s) above LESS out of state employees and those that have signed opt out waivers. | | | | | | | | |
| Number of Eligible Employees | Male _____ | Female _____ | | | | | | 3 |
| Annual Gross Wage Dollars for Eligible Male Employees | \$ _____ | | | | | | | |
| Annual Gross Wage Dollars for Eligible Female Employees | + \$ _____ | | | | | | | |
| 2 Total Annual Gross Wage Dollars for All Eligible Employees | = \$ _____ | x 0.00388 PFL Rate | = \$ _____ | Box d | | | | |
| **DO NOT include Wages In Excess of the Annual Maximum of \$91,373 per Employee per year. | | | | | | | | |
| Total PFL Premium Due | | | | | | | | |
| Total Premium Due for DBL & PFL (Add Boxes c + d) | | | | | | | | |
| \$ _____ Box e | | | | | | | | |

- 1 Enter the total "Eligible" Male/Female employees you expect to have in the upcoming year. Eligible employees are the total NY employees entered for Disability LESS out of state employees and those that have signed opt out waivers. Please add employees who are classified as non-binary to the male headcount, until further notice.
- 2 Enter the Annual GROSS Wages for "Eligible" Male/Female employees you expect to have in the upcoming year. Add the total annual gross wages for each employee (Male/Female) and enter it into the spaces provided. If an employee makes more than the 2025 Annual Maximum of \$91,373 annually, then use \$91,373 as their annual salary. Total the annual gross wages and enter it into the space provided. If you're unable to obtain your wage information by Male/Female, then enter the total wages in the space provided.
- 3 Multiply the Total Annual GROSS Wage Dollars by the 2025 PFL Rate (0.00388) and enter the result into the Total PFL Premium.
- 4 Add the Total DBL Premium due (Box c) and the Total PFL Premium Due (Box d) and enter the result into the Total Premium Due for DBL & PFL (Box e).

All Annual Billed policies are billed on a January thru December cycle regardless of effective date of your policy. This is done to align your DBL premium payment with Paid Family Leave and make your payment process easier.

*Note: Box c should not be less than the minimum DBL premium of \$80.00 (or the minimum premium specified on your invoice).

Eligibility for Paid Family Leave

Eligible Employees are those employees who have not executed an Employee Opt-Out of Paid Family Leave Benefits waiver form prior to the invoice billing period. An employee who is not scheduled to meet the below criteria may file an opt-out waiver with their employer and will not be eligible for PFL benefits.

Full-Time Employees: Scheduled to work 20 or more hours per week and will work 26 consecutive weeks.

Part-Time Employees: Scheduled to work less than 20 hours per week and will work 175 days in a 52 week consecutive period.