New York State Paid Family Leave (PFL)
State Tax Withholding Request Form

Instructions:

To authorize and designate New York State tax withholdings from your PFL benefit, submit the completed and signed form to MetLife along with your PFL claim forms.

Employee Information (print clearly):

Name: ____

Address: ____

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Claim Number: ____

Social Security Number (if you do not have a claim number): __________________

Designated Withholdings:

In the boxes below, please provide the dollar ($) amount of the tax withholding you are requesting to be withheld from ***each*** PFL check or direct deposit you receive. You should consult with your tax advisor on the appropriate amount to be withheld. MetLife will not be able to assist you in determining your tax liability.

State Tax Withholding:

$_______ of my PFL benefit to be withheld from each payment for state taxes.

Please note: To withhold state tax from your PFL benefit, federal taxes must also be withheld. Federal tax withholding must be submitted on the IRS Form W-4S (Request for Federal Income Tax Withholding from Sick Pay), and can be found at the following website: https://www.irs.gov/pub/irs-pdf/fw4s.pdf . Please include this form with your claim submission.

Submit this completed form along with PFL claims forms to MetLife via email, US mail, or fax.

- **Email:** oriskanymetlife@metlife.com
- **Mail:** MetLife Disability - PO Box 14590, Lexington, KY 40512
- **Fax:** 1-800-230-9531

I authorize Metropolitan Life Insurance Company to withhold the designated amounts above for tax purposes from my Paid Family Leave benefit. I understand that I may terminate this arrangement at any time by writing to the MetLife address above. If the designated withholdings are not an accurate representation of my tax liability, it is my responsibility, and not the responsibility of Metropolitan Life Insurance Company, to pay any outstanding tax liability on my Paid Family Leave Benefit.

Signature: ____ **Date:** __________________