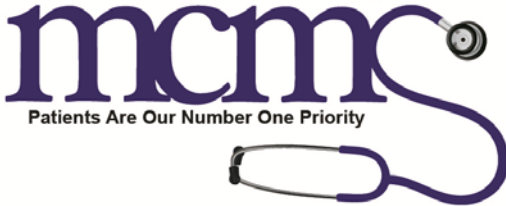


2017 Survival Series programs are sponsored by



Monroe County Medical Society



NYS Paid Family Leave

Survival Series 2017

Date: Wednesday, September 13, 2017

Time: 8:30 am—10:30 am

Place: Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Road
Rochester, NY 14618

As of January 1, 2018, New York State is set to require all employees — regardless of employer group size — to be covered with Paid Family Leave (PFL) benefits. This benefit will be fully employee paid and administered by employers and NYS DBL carriers.

Attend this program to:

- Gain a better understanding of the employer's responsibilities;
- Learn what employees are eligible for; and
- Find out how PFL benefits should be administered

Program Registration Fees

MCMS & 7th District Member: \$30 per office (unlimited staff)

Non-member: \$60 per office (unlimited staff)

For more information, call (585) 473-7573.

Presenter:

STEVEN D. WLADIS
PRESIDENT, WLADIS COMPANIES

Steven earned a bachelor's degree in marketing from Babson College in Wellesley, Massachusetts in 1993. After spending almost four years with The Guardian and Sun Life (NY) as a sales representative, he returned to Syracuse in 1997 to join The Wladis Companies, Inc. He is a current member of The National Association of Health Underwriters and the Excellus BCBS Broker Advisory Committee. Away from the office, he serves on the foundation board of The Syracuse Community Health Center and is Executive Vice-President of The Jewish Community Center of Syracuse's board.

NYS Paid Family Leave—(09-13-17)

Name(s): _____

Practice Name: _____

Phone Number: _____ E-mail: _____

MCMS may photograph this event for marketing purposes. Unless this permission is revoked in writing to MCMS, by virtue of their attendance, all program participants agree to the use of the event photo in MCMS marketing.

Registration Fees: MCMS and 7th District Member: \$30 per office Non-member: \$60 per office

***Note to Nonmembers:** If you complete a MCMS membership application within three months, the registration fee will be applied to your first year's dues payment.

Payment of \$_____ is enclosed. (Check payable to "MCMS") Please e-mail a receipt.

Please bill my credit card (check one) for the amount of \$_____

Cardholder Name: _____

Card Number #: _____ Exp. Date: _____ Verification Code: _____

Address associated with card: _____ Zip: _____

Signature: _____

**MAIL, FAX, OR EMAIL
COMPLETED FORM
AND PAYMENT TO:**

Monroe County Medical Society
132 Allens Creek Rd.
Rochester, NY 14618
Fax: (585) 473-7641
Email: jrosenzweig@mcms.org