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PAID FAMILY & MEDICAL LEAVE INSURANCE AUTHORITY
REVISED POLICY & PROCEDURES FOR AN EMPLOYER TO
APPLY TO USE A PRIVATE PLAN TO MEET ITS OBLIGATIONS UNDER THE CONNECTICUT PAID LEAVE
PROGRAM
Version 2

I. DEFINITION OF A PRIVATE PLAN

In accordance with Section 31-49o of the Connecticut General Statutes, an employer may apply to use a private plan to meet its obligations under sections 31-49e to 31-49t of the Connecticut General Statutes, commonly known as the Connecticut Paid Leave Act.

A. A private plan may consist of either of the following:

1. An insurance policy, the forms of which shall have been approved by the Insurance Commissioner and be issued by an approved insurer, or
2. A self-insured plan, which shall consist of a self-insurance plan document that complies with Authority requirements and a surety bond from an approved surety.

B. Form of an Insurance Policy

1. Form of an Insurance Policy During the Interim Period

- a. As set forth in the July 6, 2020 [NOTICE TO ALL INSURANCE COMPANIES AUTHORIZED TO CONDUCT BUSINESS IN CONNECTICUT CONCERNING PAID FAMILY AND MEDICAL LEAVE INSURANCE](#) (hereinafter referred to as the "July 2020 Notice"), the Connecticut Insurance Department (hereinafter referred to as the CID) considered a Carrier-issued Declaration of Insurance as acceptable proof of family and medical leave coverage consistent with the Authority standards provided that:
 - Carriers use the appropriate Declaration of Insurance that is included in the attached Appendix A to this Notice;
 - Carriers develop and submit to the CID a paid family and medical policy form filing consistent with those Authority standards that will be identified in a forthcoming Policy Filing Guidance Notice to be issued by the CID; and
 - Carriers submit a paid family and medical leave insurance policy form filing within 60 days following the CID's issuance of a forthcoming Policy Filing Guidance Notice defining the contents of an acceptable paid family and medical leave insurance policy.
- b. Accordingly, the Authority established an interim period for insured plans during which a CID-approved Declaration of Insurance qualifies as "an insurance policy, the forms of which have been approved by the CID" and shall be accepted as such by the CT Paid Leave Authority as part of the application.
- c. The Interim Period for Insured Plans shall be from July 6, 2020, through the later of:

- 39 • the 60th day from the date the CID issues an updated Policy Filing Guidance notice
- 40 defining the contents of an acceptable paid family and medical leave insurance policy;
- 41 and
- 42 • the date the CID approves the carrier’s policy form (provided the carrier files within
- 43 60 days of the date the CID issues such notice).

44 **2. Form of an Insurance Policy after the Interim Period Ends**

45 a. As set forth in the updated Policy Filing Guidance Notice that will be issued by the CID
46 (hereinafter referred to as the “2021 CT Paid Leave Policy Filing Guidance Notice”), the
47 Connecticut Insurance Department (CID) will consider Carrier-issued policies as consistent
48 with Authority standards provided Carriers use the policy template that is attached to the
49 2021 CT Paid Leave Notice; and Carriers submit their own policy forms that offer benefits
50 that are at least as beneficial as the requirements of Sections 31-49e through 31-49t of the
51 Connecticut General Statutes. Such submitted policy forms may include brackets to allow
52 variability for product design but all bracketed items should be explained as part of the filing
53 so that the CID understands that the product will always meet the relevant standards to be
54 considered an Authority-qualified policy. Additionally, unless specified in the instructions
55 within the template, Carriers are allowed to include the provisions in an order that deviates
56 from the template provided. However, CID shall have the right to disapprove if the
57 provisions appear in a manner that is confusing, misleading, or otherwise inconsistent with
58 the purposes of the CT Paid Family Leave Act.

59 b. If the CID approves the submitted policy form(s), it shall issue a certified policy form
60 number for each such approved policy form, shall provide the Authority written notice of
61 the name and address of the insurer and the certified policy form numbers that it has
62 approved, and the SERFF Tracking Number and approval date for the policy form filing.

63 **3. Approved Insurer.** The CT Paid Leave Authority shall accept only insurance policies issued by
64 insurance companies that have received one of the following ratings from AM Best: a-, a, a+, aa-,
65 aa, aa+, aaa.

66 **C. Self-Insured Plan**

67 1. As an alternative to obtaining an insurance policy, an employer can apply for approval to
68 comply with its obligations under the CT Paid Leave Act through a self-insured plan. As part of
69 that application, the employer shall attest that it will provide self-insured coverage to the
70 Employer’s covered individuals for benefits in accordance with the CT Paid Leave Act; that its self-
71 insured plan will comply with all requirements established by the CT Paid Leave Authority; and
72 that it has sufficient financial resources to pay claims and provide adequate benefits claims
73 administration to assure that employees have access to benefits as they would if they participated
74 in the public plan.

75 **2. Self-Insured Plan During the Interim Period**

76 During the Interim Period for self-insured plans, which is defined as the period from July
77 6, 2020 through October 31, 2021, the CT Paid Leave Authority will accept as an
78 Employer’s self-insured plan a Self-Insurance Declaration Document that conforms with

79 the Declaration of Self-Insurance template issued by the Authority. As part of the Self-
80 Insurance Declaration Document, the employer shall acknowledge that it shall amend its
81 self-insured plan document to conform to the requirements of a Self-Insurance Plan Filing
82 Guidance Notice that will be issued by the CT Paid Leave Authority and provide a copy of
83 that amended document to the CT Paid Leave Authority.

84 ~~As of November 1, 2021,~~

85 **3. Self-Insured Plan As of November 1, 2021.** In order to be eligible for approval as a private
86 plan on or after November 10, 2021, only self-insured plan documents that conform to the
87 requirements of the Self-Insurance Plan Document attached as Exhibit A to this Policy
88 (hereinafter, an “self-insured plan document”) will be eligible for approval as a self-insurance
89 plan by the CT Paid Leave Authority.

90 **4. Surety Bond.** In order for a self-insured plan to be approved, the employer shall furnish
91 as part of the application a bond running to the CT Paid Leave Trust Fund with a surety company
92 authorized to transact business in the state as surety in an amount equal to the estimated total
93 yearly contributions that would otherwise be owed by the employer’s employees to the CT Paid
94 Leave Trust Fund.

95 a. The CT Paid Leave Authority shall accept only surety bonds that have been issued
96 by surety companies that are on the federal Department of Treasury’s Listing of Approved
97 Sureties at the time the application is submitted.

98 b. The surety bond shall be in the form established by the Authority.

99 II. REQUIREMENTS FOR THE EMPLOYEE VOTE

100 A. Section 31-49o of the Connecticut General Statutes mandates that the CT Paid Leave Authority
101 cannot approve a private plan unless it has been approved by a majority vote of the employer’s
102 employees. Accordingly, the employer shall hold the vote on the plan **before** submitting its
103 application to the CT Paid Leave Authority.

104 B. “A majority vote of the employer’s employees” means that at least 50% + 1 of the total number
105 of employees working in Connecticut for the employer voted in favor the plan. It does **not** mean
106 at least 50% + 1 of the number of employees who participated in the vote.

107 C. All employees working in Connecticut on the employer’s payroll as of the date or time period
108 of the vote, including full-time, part-time and probationary employees, as well as any regular
109 employees who are on a paid or unpaid leaves of absence (such as vacation, medical, military,
110 educational, disciplinary, etc.) on the day of the vote, shall be afforded the opportunity to vote.

111 D. At least two weeks before the vote commences, the employer shall provide the employees
112 with a copy of the approved insurance policy or self-insured plan document; a plain language
113 guide describing the plan that includes, at a minimum, the information contained in the Plain
114 Language Template attached as Exhibit B to this policy; and instructions about the voting process.
115 The Employer may provide the insurance policy or self-insured plan document in a sample or draft
116 format, without customer specific information (e.g. employer name, policy number) and with
117 watermarks or other details that establish that it is not yet part of the final policy or plan.

118 However, such draft must include all substantive language that is intended to be reflected in the
119 policy or plan.

120 E. The employer may provide additional information about the proposed private plan, including
121 but not limited to information about any benefits provided that exceed the statutory
122 requirements.

123 F. The employer shall not coerce or threaten the employees in any way in connection with the
124 vote. Evidence that the employer engaged in any coercive or threatening behavior shall be
125 grounds for the CT Paid Leave Authority to deny or revoke the private plan approval.

126 G. The method of distribution of such documents and information shall be at least as efficient and
127 effective as the manner by which the employer distributes other legally required work-related
128 postings, such as wage & hour, sexual harassment prevention, and workers' compensation
129 information and other benefit information, such as pension/401k summary plan descriptions and
130 open enrollment materials.

131 H. The employer shall ensure that the documents and information are accessible to employees
132 who are on leave.

133 I. The employer shall ensure that the documents and information comply with federal and state
134 requirements regarding disability accessibility and language accessibility.

135 J. The method of voting shall be accessible to employees who are on leave.

136 K. The method of voting shall comply with federal and state requirements regarding disability
137 accessibility and language accessibility.

138 L. The question presented to the employees for the vote shall be: "Do you approve the company's
139 private plan to provide benefits required by the CT Paid Family and Medical Leave Insurance Act?
140 Yes or No." There shall be no other form of question posted for voting on the private plan.

141 M. The method of voting shall be anonymous, unless the employer obtains advance written
142 permission from the Authority for an exception, and the method of voting shall be capable of
143 independent, after-the-fact verification.

144 1. In order to qualify as an anonymous vote, the method of voting must assure that neither
145 the management of the employer or other employees can determine how any individual
146 employee voted.

147 2. The Authority, in its sole discretion, may grant permission for an employer to hold a vote
148 that is not anonymous if, in advance of holding the vote, the employer makes a written
149 request to the Authority demonstrating good cause for an exception and explaining its
150 proposed alternative form of voting.

151 3. Examples of good cause for an exception include, but are not limited to, having only one
152 employee in Connecticut, and needing to establish an alternative to an anonymous voting
153 method in order to comply with federal or state requirements regarding disability
154 accessibility or language accessibility.

155 4. The CT Paid Leave Authority strongly recommends that employers utilize electronic
156 and/or on-line tools for voting provided the employer assures that all employees have
157 access to such tools.

158

159 **III. APPLICATION PROCESS**

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161 **A. EMPLOYERS THAT HAVE RECEIVED PROVISIONAL APPROVAL FOR A PRIVATE PLAN**

162 1. As set forth in the POLICY & PROCEDURES FOR AN EMPLOYER TO APPLY TO USE A
163 PRIVATE PLAN TO MEET ITS OBLIGATIONS UNDER THE CONNECTICUT PAID LEAVE PROGRAM,
164 adopted by the Board in September 2020 (hereinafter referred to as the "September 2020 Policy
165 & Procedures document"), employers were permitted to apply for permission to utilize a private
166 plan to meet their obligations under the CT Paid Leave Act on the basis of a Declaration of
167 Insurance or a Self-Insurance Declaration Document during the "Interim Period."

168

169 2. Pursuant to the September 2020 Policy and Procedures document, the Interim Period
170 was originally defined as the period from July 6, 2020, through the 60th day from the date the
171 CID issues a Policy Filing Guidance notice defining the contents of an acceptable paid family and
172 medical leave insurance policy and any approval of an application for approval of a private plan
173 submitted on the basis of a Declaration of Insurance or a Self-Insurance Declaration Document
174 during this time frame was deemed to be provisional.

175

176 3. By December 1, 2021, each carrier approved by the CID to issue paid family and medical
177 leave coverage shall submit to the Authority a list of all of the employers to whom it has issued a
178 Declaration of Insurance. The list shall include the name, address and contact person of each
179 such employer.

180

181 4. By the later of December 1, 2021, or 60 days following the date the CID approves the
182 carrier's policy filing, each employer that received provisional approval on the basis of an insured
183 plan shall supplement its application with a copy of the face sheet of the insurance policy, which
184 shall include the certified policy form number and the unique policy number for the employer.

185 5. By the later of December 1, 2021, or 30 days following the approval of these policies,
186 each employer that received provisional approval on the basis of a self-insured plan shall
187 supplement its application with a copy of the self-insurance plan document that conforms to the
188 requirements of the Self-Insurance Plan Document attached as Exhibit A to this Policy.

189 6. Each such supplemented application will be approved unless the CT Paid Leave Authority
190 determines that coverage described in the supplemental documents differs materials from the
191 documents submitted in connection with the provisionally approved application or the CT Paid
192 Leave Authority determines that the employer's updated application should be denied for one or
193 more of the reasons listed in section IV.

194 7. The CT Paid Leave Authority will revoke the provisional approval if the employer fails to
195 update its application in accordance with sections III.A.4 or III.A.5 as applicable.

196 86. An employer that has received provisional approval for its private plan from the CT Paid
197 Leave Authority is exempted from the obligation to remit contributions, unless the employer fails
198 to update its application as required or the CT Paid Leave Authority denies the employer's
199 updated application for one or more of the reasons listed in section IV.

200 97. If the CT Paid Leave Authority revokes the provisional approval or if, for any other reason,
201 an employer that has received provisional approval does not have an approved insurance policy
202 or approved self-insurance plan in effect on January 1, 2022, the employer will be responsible for
203 all contributions its employees would have paid to the CT Paid Leave Authority pursuant to Conn.
204 Gen. Stat. § 31-49g, retroactive to January 1, 2021. The employer is prohibited from collecting
205 retroactive contributions from covered employees to satisfy this requirement.

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207 **B. APPLICATION PROCESS AFTER THE INTERIM PERIOD ENDS**

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209 1. Employer (hereinafter, all references to "employer" shall include the employer's authorized
210 representative, including Third-Party Administrator if applicable) registers with the CT Paid Leave
211 Authority on its portal, ctpaidleave.org, providing or verifying employer's name, address, contact
212 information, industry code and total number of employees working in Connecticut.

213 2. Employer completes the CT Paid Leave Authority's application for a private plan:
214 a. Employer specifies whether the plan is in the form of self-insurance or provides for
215 insurance.

216 b. Employer provides the CT Paid Leave Authority with a copy of the plain language guide
217 provided to its employees and one of the following:

218 i. The face sheet of the approved insurance policy form (or draft as described in
219 Section II.D above)

220 or

221 ii. The approved self-insured plan document

222 c. The CT Paid Leave Authority will verify with CID that the CID has approved the form of the
223 insurance policy.

224 d. If the Employer is applying on the basis of a self-insured plan, it shall furnish the required
225 surety bond in an amount equal to the estimated total yearly contributions that would
226 otherwise be owed by its employees as part of its application.

227 e. Employer shall attest that the plan has been approved by a majority vote of its employees
228 working in Connecticut and that the vote complied with the CT Paid Leave Authority
229 requirements.

230 f. Employer shall report on the application the total number of employees employed by the
231 Employer who are working in Connecticut, the total number of employees who voted and
232 the numbers of votes for and against the plan.

233 g. The Employer shall attest that it complied with the voting requirements described in
234 Section II. The CT Paid Leave Authority shall have the authority to audit an employer's
235 voting process for compliance with the statute and the Authority's requirements.

- 236 h. The Employer shall attest that it will comply and will direct its insurer or Third-Party
237 Administrator (as applicable) to comply with the CT Paid Leave Authority's reporting
238 requirements, as set forth in section VI of this Policy.
- 239 i. The Employer shall attest that it will comply and will direct its insurer or Third-Party
240 Administrator (as applicable) to comply with claims administration mandates adopted by
241 the CT Paid Leave Authority or the CID.
- 242 i. The Employer shall attest that it will provide timely and complete responses and will
243 direct its insurer or Third Party Administrator (as applicable) to provide timely and
244 complete responses to any requests by the CT Paid Leave Authority, or its designee, for
245 information relating to claims that the employer threatened or coerced employees in
246 connection with the private plan vote; failed to pay benefits; failed to pay benefits timely
247 and in a manner consistent with the public plan; failed to maintain an adequate surety
248 bond as required by the CID; misused private plan funds; failed to submit reports as
249 required; provided materially false information to the CT Paid Leave Authority or the CID;
250 failed to comply with sections 31-49e to 31-49t, inclusive of the Connecticut General
251 Statutes; or any other reason related to the Authority's responsibility to administer CT
252 Paid ~~Family~~ Leave Act and its policies.
- 253 j.k. The Employer shall provide the name and contact details, including the email address and
254 postal address, of the person designated by the Employer to receive notice of any appeals
255 filed with the CT Department of Labor. Such contact person may be from the Employer,
256 its insurer, or Third Party Administrator.
- 257 3. It is permissible for two or more legal entities, each with its own Federal Employer Identification
258 Number ("FEIN") and with employees working in Connecticut, to participate in a single private
259 plan provided that:
- 260 a. The plan documents list each entity that is covered by the plan;
261 b. Each such entity shall hold a separate vote and a majority of the employees of that entity
262 vote in favor of the plan; and
263 c. Each such entity shall file a separate application.
- 264 4. The CT Paid Leave Authority will accept applications on a rolling basis.
- 265 a. On or after November 1, 2021, applications must be approved no later than 30 calendar
266 days before the end of the quarter **prior** to the quarter in which the approval takes effect
267 and the employer's obligation to remit contributions to the Authority is waived.
268 b. For example, in order for contributions to be waived for the quarter beginning on January 1,
269 2022, the application must be approved by the Authority no later than December 1, 2021.
- 270 5. The approval for a private plan shall be effective for three years from the date the CT Paid Leave
271 Authority notifies the employer that its private plan has been approved or until the employer
272 materially changes its private plan, whichever comes first.
- 273 a. An employer may request that the Authority shorten the approval period for an
274 unchanged plan to less than three years from its approval date. Any such request shall
275 be made through the Authority portal at www.ctpaidleave.org and shall explain the
276 reason for such request.
- 277 b. The Authority has the sole discretion to agree to or reject a request to shorten the
278 approval period for an unchanged plan and shall notify the employer of its decision via
279 the Authority portal.

- 280 6. If an employer seeks to make a material change to its private plan, it may submit a new application
281 to the CT Paid Leave Authority, following a vote by its employees in accordance with Section II of
282 this policy. Such new application shall not terminate the approved status of the previously
283 approved plan.
- 284 a. The factor to consider in determining whether a new application is required is whether
285 the change is material, from the perspective of covered employees.
 - 286 b. The following is a non-exclusive list of changes that are considered material:
 - 287 i. Changes to the plan design related to benefit amounts or durations
 - 288 ii. Changes to the insurance carrier or claims administrator
 - 289 iii. Changes to the class of covered employees, including eligibility rules and waiting
290 period for coverage
 - 291 iv. Changes to the rate of contribution for the employee
 - 292 v. Changes to the method of determination of the 12 month benefit period
 - 293 vi. Changes in how accruals (paid time off, sick bank, etc) are utilized
 - 294 c. The following changes are not considered to be material:
 - 295 i. Cosmetic changes to the plan, for example logos, fonts, branding
 - 296 ii. Changes to the legal name or legal address of the employer, assuming no
297 changes to the actual ownership of the employer
 - 298 iii. Changes to the contact information or method for filing claims
 - 299 iv. Changes that are the result of changes in an employee's status
 - 300 v. Changes to correct grammatical or typographical errors.
 - 301 7. Changes made in order to comply with the law, including but not limited to the Connecticut Paid
302 Leave Act and related policies, will not require a a new vote or a new application, even if material.
 - 303 8. If the CT Paid Leave Authority approves the proposed new private plan, the date the new plan is
304 approved will begin a new three-year approval period.
 - 305 9. Each employer that has been approved for a self-insured plan shall be required to update its
306 surety bond on a yearly basis.
 - 307 10. Pursuant to Section 31-49o, the CT Paid Leave Authority may deny applications for a private plan
308 option if it determines based upon actuarial principles that the solvency of the Trust may be
309 jeopardized. The CT Paid Leave Authority shall draft a policy identifying the factors it will consider
310 and the procedures it will follow in order to make such a determination

311 IV. TERMINATION OF PRIVATE PLAN

- 313 **A. Employer's Responsibility for Coverage.** In the event an employer is utilizing a private plan to
314 provide PFML benefits, it is the employer's responsibility to keep PFML coverage in force for all
315 covered employees.
- 316 1. If an Employer's **plan is terminated during** the term of a CT Paid Leave Authority-
317 approved exemption period, and the Employer does not obtain approval from the CT
318 Paid Leave Authority to provide private plan coverage from another source (either its
319 own self-insured private plan or another fully insured private plan) the Employer may be
320 (a) required to remit contributions that its employees would have paid to the CT Paid
321 Leave Authority pursuant to Conn. Gen. Stat. § 31-49g, retroactive to either the later of
322 January 1, 2021 or the start date of the Employer's approved exemption; (b) required to
323 repay to the CT Paid Leave Trust Fund ("Trust Fund") the cost of total amount of

- 324 benefits paid to Covered Employees who received benefits from the Trust Fund; and (c)
325 subject to additional interest and penalties established by the CT Paid Leave Authority
326 for not maintaining a private plan.
327 2. The employer is prohibited from collecting retroactive contributions from covered
328 employees to satisfy this requirement
329

330 **B. Voluntary Termination of Private Plan.** If an employer voluntarily elects to terminate coverage
331 in force with a private plan, and instead move coverage to the program administered by the CT
332 Paid Leave Authority (hereinafter the “public plan”), the following requirements shall apply:

- 333 1. *Employee Contributions.* Upon transition to the public plan, the employer must remit to
334 the Authority all funds remaining in their possession or control that have been collected
335 from employees for the purpose of providing private plan coverage. Funds that were
336 collected and are owed to a carrier or Third Party Administrator for the period of time
337 that the plan was in force shall be remitted to the carrier or TPA rather than the
338 Authority.
- 339 2. *Termination at End of Approved Period – Notice Required.* If the transition occurs at the
340 end of the approved period for the private plan, the employer shall provide notice to
341 the Authority no less than 90 days from the date coverage will end under the private
342 plan. If such notice is not provided, the Authority shall have the right to assess a penalty
343 up to an amount equal to the first full calendar quarter of contributions its employees
344 must pay to the Authority pursuant to Conn. Gen. Stat. § 31-49g. The penalty must be
345 paid by the employer by the end of the first full calendar quarter that coverage is in
346 force under the public plan, and the employer may not deduct from employees’
347 earnings in order to pay the penalty. Coverage under the public plan will begin
348 immediately following the last day that coverage is in force under the private plan.
- 349 3. *Termination During the Approval Window.* Private plans are expected to remain in force
350 for the full period of time that is approved. In order to ensure the Paid Leave Trust Fund
351 is able to support additional covered employees, a fee may be charged for employers
352 who are moving from the private plan to the public plan. If the transition occurs prior to
353 the end of the approved period for a private plan, notice should be provided as soon as
354 possible. In addition:
- 355 a. Reasonable Effort Made to remain under a private plan: If alternative private
356 plan coverage was reasonably sought, but unable to be acquired, for example,
357 due to denial of coverage from insurance carriers or the failure to receive a
358 majority of employee votes in favor of a replacement plan, coverage under
359 the public plan will begin immediately following the last day that coverage is
360 in force under the private plan. The Authority shall be the sole determiner as
361 to whether attempts to obtain coverage were reasonable.
- 362 i. The Authority shall have the right to assess a penalty up to an amount
363 equal to 200% of the cost of the first full calendar quarter of
364 contributions its employees must pay to the Authority pursuant to
365 Conn. Gen. Stat. § 31-49g.
- 366 ii. The penalty must be paid by the employer by the end of the first full
367 calendar quarter that coverage is in force under the public plan, and the

368 employer may not deduct from employees' earnings in order to pay the
369 penalty.

370 b. Reasonable Effort not made to remain under a private plan: If alternative
371 private plan coverage was not sought, or the employer is unable to provide
372 evidence that the Authority finds to be reasonable of an attempt to acquire
373 alternative coverage, coverage under the public plan will begin immediately
374 following the last day that coverage is in force under the private plan.

375 i. The Authority shall have the right to assess a penalty up to an amount
376 equal to 300% of the cost of the first full calendar quarter of
377 contributions its employees must pay to the Authority pursuant to
378 Conn. Gen. Stat. § 31-49g.

379 ii. The penalty must be paid by the employer by the end of the first full
380 calendar quarter that coverage is in force under the public plan, and the
381 employer may not deduct from employees' earnings in order to pay the
382 penalty.

383
384 4. *Penalties are in Addition to Regular Contributions.* Any penalties assessed will be
385 independent of contributions employees must pay to the Authority pursuant to Conn.
386 Gen. Stat. § 31-49g related to on-going coverage under the public plan and amounts
387 remitted to the Authority that were collected from employees while the private plan
388 was in force.

389 5. *Reconsideration of Penalties.* If the Authority assesses a penalty to the employer, the
390 employer shall be allowed to request reconsideration from the Authority. The employer
391 may provide any evidence in support of a waiver or reduction in the penalty amount.
392 The Authority may waive, in whole or in part, the amount of such penalty if such
393 payment would be against equity and good conscience.

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396 **C. Involuntary Termination of a Private Plan**

397 1. The CT Paid Leave Authority may deny or withdraw approval for a private plan if the CT
398 Paid Leave Authority determines that the employer has:

- 399 a. Threatened or coerced employees in connection with the private plan vote;
400 b. Failed to pay benefits;
401 c. Failed to pay benefits timely and in a manner consistent with the public plan;
402 d. Failed to maintain an adequate surety bond as required by the CID; misused
403 private plan funds;
404 e. Failed to submit reports as required;
405 f. Provided materially false information to the CT Paid Leave Authority of the CID or
406 failed to comply with sections 31-49e to 31-49t, inclusive of the Connecticut
407 General Statutes or
408 g. Has directed its insurer or Third-Party Administrator to engage in such actions.

409 2. If the Authority terminates the private plan for any of the reasons listed in Sec. 31-49o (b)
410 or for failure to meet any other requirements or policies promulgated by the Authority,
411 coverage will terminate on a date indicated by the Authority.

- 412 a. Coverage will begin under the public plan immediately following the last day
413 that coverage is in force under the private plan.
- 414 b. The Authority shall have the right to assess a penalty up to an amount equal to
415 400% of the cost of the first full calendar quarter of contributions the
416 employer's employees must pay to the Authority pursuant to Conn. Gen. Stat. §
417 31-49g. The penalty must be paid by the employer by the end of the first full
418 calendar quarter that coverage is in force under the public plan, and the
419 employer may not deduct from the employees' earnings in order to pay the
420 penalty.
- 421 c. Upon transition to the public plan, the employer must remit to the Authority all
422 funds remaining in their possession or control that have been collected from
423 employees for the purpose of providing private plan coverage. Funds that were
424 collected and are owed to a carrier or Third Party Administrator for the period
425 of time that the plan was in force shall be remitted to the carrier or TPA rather
426 than the Authority.

427 **3. Notice to Employer of Potential Violation.**

- 428 a. The Authority shall provide written notice to an employer of a potential
429 violation of the policies relating to private plans, which notice shall include a
430 statement of the alleged violation, a summary of the information upon which
431 the Authority relied in making its determination that a potential violation
432 occurred, and the penalty or penalties the Authority is considering.
- 433 b. Not later than twenty days after the date the notice was mailed or sent by
434 electronic mail, the employer may submit additional information to the
435 Authority with a request for reconsideration or a request for a hearing.
- 436 c. The Authority shall issue a final determination regarding the alleged violation
437 not later than sixty calendar days after the date the Authority mailed or sent by
438 electronic mail the notice of the potential violation, which sixty-day period may
439 be extended for an additional period not to exceed sixty days if (1) the Authority
440 gives written notice to the employer that it requires additional time, and (2)
441 such notice is mailed or sent by electronic mail during the initial sixty-day
442 period.

443

444 **4. Request for Reconsideration or Hearing.** An employer who has received notice of a
445 potential violation may request reconsideration or a hearing with the Authority.

- 446 a. Such request shall indicate whether the employer seeks reconsideration or a
447 hearing; and shall include the employer's response to the alleged violation and
448 potential penalty.
- 449 b. If the request is for reconsideration, the response shall include all information
450 the employer wants the Authority to consider in reaching a final
451 determination.
- 452 c. If the request is for a hearing, the response shall include an explanation of why
453 the employer believes a hearing would be necessary in order for the Authority
454 to reach a final determination.

- 455 ~~d.c.~~ Such request for a reconsideration ~~or hearing~~ shall be received no more than
456 twenty calendar days from the date after the notice was mailed or sent by
457 electronic mail.
- 458 d. If no request is received, the employer will be deemed to have admitted to the
459 violation and accepted the penalty.
- 460 e. If the Authority determines that a hearing is necessary to address the request
461 for reconsideration, it shall advise the employer of the date and time of such
462 hearing.
- 463
- 464 5. **Hearing.** In the event that a hearing is requested by the Authority, ~~T~~he Chief Executive
465 Officer of the Authority, or his or her designee, will act as the Hearing Officer. Such
466 Hearing Officer shall not be the same person or persons who investigated or made the
467 initial determination that the alleged violation occurred. The Hearing Officer may set a
468 date, time, and place for the hearing. Such hearing may be in-person, via telephone, or
469 other electronic-meeting means.
- 470 a. *Process.* Hearings shall be as informal as may be reasonable and appropriate
471 under the circumstances and in accordance with due process principles. The
472 employer and/or their representative shall be present as well as a
473 representative of the Authority other than the Hearing Officer. Hearings may
474 be recorded, but need not be transcribed. An oral or written statement may
475 be provided by the employer or their representative and by the Authority
476 representative. Physical evidence may be presented and witnesses may be
477 called by either party. All witnesses shall testify under oath or affirmation, and
478 may be subject to cross-examination.
- 479 b. *Evidence.* Formal rules of evidence shall not apply to the hearing. The Hearing
480 Officer shall have the discretion to attach as much weight to evidence
481 presented as he or she deems appropriate and reasonable. The Hearing Officer
482 shall have the power to request additional evidence from either party, after
483 the hearing, if he or she deems necessary. If a request is made, such evidence
484 shall be provided to both parties and may be contested by the opposite party
485 within 5 days.
- 486 c. *Decision.* The Hearing Officer shall issue a final determination in writing. In
487 the written determination, the Hearing Officer shall state the facts relied upon
488 in order to make the determination of whether or not the employer violated
489 the policies relating to private plans. The Hearing Officer may recommend a
490 penalty or waiver of a penalty, in whole or in part. However, the assessment of
491 such a penalty will remain within the power of the Chief Executive Officer of
492 the Authority, or his or her designee.
- 493
- 494 6. **Penalties are in Addition to Regular Contributions.** Any penalties assessed will be
495 independent of amount of contributions employees must pay to the Authority pursuant
496 to Conn. Gen. Stat. § 31-49g related to maintaining on-going coverage under the public
497 plan and amounts remitted to the Authority that were collected from employees while
498 the private plan was in force.

499 7. **Reconsideration of Penalties.** If the Authority assesses a penalty to the employer, the
500 employer shall be allowed to request reconsideration from the Authority. The employer
501 may provide any evidence in support of a waiver or reduction in the penalty amount.
502 The Authority may waive, in whole or in part, the amount of such penalty if such
503 payment would be against equity and good conscience.
504

505 **D. Requirements Relating to Data Transfer Upon Any Termination of a Private Plan**

506 1. **Data Transfer upon transition from a private plan to the public plan**

- 507 a. The employer, carrier or administrator of the private plan shall provide benefits
508 utilization data to the Authority or its claims administrator in the file layout
509 specified by the Authority or, if such layout is not feasible, in an alternative
510 layout approved by the Authority.
- 511 b. Data elements that shall be required to be provided shall include, but may not
512 be limited to the following:
- 513 i. claimant demographics (inclusive of all active employees within 12
514 weeks prior to public plan start date)
 - 515 ii. time used per claimant in weeks
 - 516 iii. minimum leave start date (within 12 months of transition date to public
517 plan)
- 518 c. The employer, carrier or administrator of the private plan shall not be required
519 to transfer financial data or claim documents to the Authority or its claims
520 administrator.
- 521 d. The employer, carrier or administrator of the private plan shall provide
522 complete data requested through final date of private plan administration
523 through 2 separate files:
- 524 i. First file due to 30 days in advance of private plan end date, unless
525 otherwise agreed by the Authority.
 - 526 ii. Second file due 14 calendar days after private plan end date, unless
527 otherwise agreed by the Authority.

528 2. **Data Transfer upon transition from a private plan to another private plan**

- 529 a. The data transfer requirements from a terminating private plan to a new private
530 plan shall be determined by the employer and the carriers or administrators, if
531 applicable, of the terminating and new plans. The employer is responsible for
532 ensuring that the transition from the terminating private plan to the new
533 private plan occurs with minimal inconveniences and disruption to its covered
534 employees.

535

536 **V. AUDITS OF PRIVATE PLANS**

- 537 A. The employer shall maintain and shall require its carrier or administrator, as applicable, to
538 maintain accurate and complete records relating to the private plan and shall make all such
539 records available at all reasonable hours for audit and inspection by the Authority, upon
540 reasonable advance written notice. Such records may include, but are not limited to, payroll
541 records; employee schedules and timecards; tax forms, and claim files. Such records shall be
542 kept at least three years from the termination of the plan.

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- B. The Authority shall make all requests for any audit or inspection in writing and shall provide the employer, carrier or administrator with reasonable advance notice prior to the requested audit and inspection date, provided, however, if the Authority suspects fraud or other abuse, or if the Authority determines that the need for the audit or inspection is urgent, the Authority is not obligated to provide any prior notice.
 - C. The employer shall preserve and maintain, and shall require its carrier or administrator as applicable to preserve and maintain any records relating to an audit or inspection until the audit and any audit-related proceedings are concluded.
 - D. The employer shall cooperate fully with the Authority in connection with an audit or inspection, and shall require its carrier or administrator to cooperate fully with an audit or inspection.
 - E. **Reasons for Audits.** Audits may be triggered for any number of reasons, including but not limited to, the following:
 1. Random Audits
 2. As a result of a complaint
 3. As the result of deviations in data collected
 4. As a result of any other information received by the Authority that has a direct bearing on the ability or integrity of the private plan administrator, the plan's compliance with state law, or the solvency of plan.
 - F. **Categories of Audits.** Categories of Audits for Private Plans (can include any combination in a single audit)
 1. Related to Establishment of a private plan
 2. Related to Contributions
 3. Related to Claims
 4. Related to Record-keeping
 - G. **Scope of Audits.** Typically, the audit will specify the scope of an audit to be for a specific number of plans or specific time period of claims; however, the Authority also reserves the right to review any and all claims. The Authority may request a list of all plans or claims and choose a random number of files to review or it may request specific files.
 - H. **Subject of Audits.** If necessary, the Authority may contact other parties in connection with the audit. For example, if auditing an insurance carrier, the Authority may request information from an employer whose private plan is administered by the carrier.
 - I. **Remedies and Penalties.** The Authority has the discretion to determine the appropriate remedies or penalties that may be appropriate in the event of audit findings, including but not limited to requiring the employer, carrier or administrator to cure any errors; rescission of private plan approval; or monetary fines.

589 **VI. RECORDS RETENTION AND REPORTING REQUIREMENTS**

590 A. Not later than ~~April~~ May 1, 2022 and annually thereafter, each Employer shall submit, in a manner
591 and form to be determined by the Authority, the following information about its plan:

- 592 1. the projected and actual participation in the plan
- 593 2. the reasons claimants are receiving family and medical leave compensation;
- 594 3. de-identified demographic information of claimants, including gender, age, town of
595 residence and income level;
- 596 4. the total number of claims made and claims denied; and
- 597 5. the reasons for any denials.

598 **B. Record Retention Obligations**

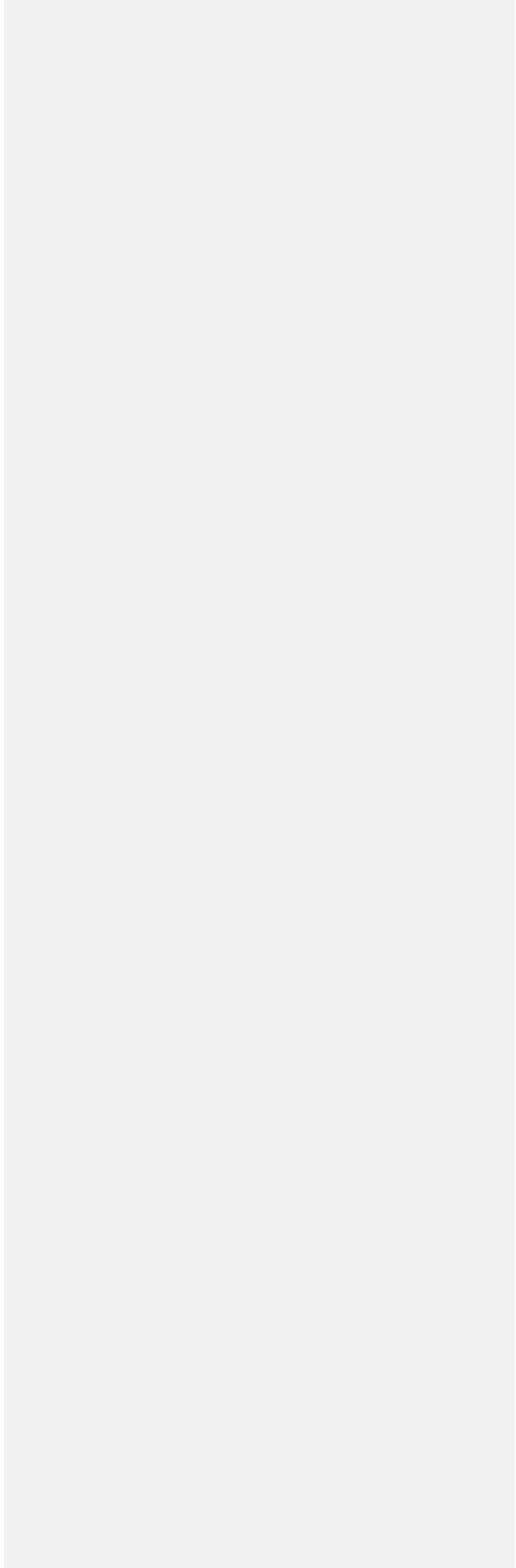
- 599 1. The employer shall keep and preserve, or cause the carrier or administrator, as
600 applicable, to keep and preserve a record of all plan-related documents including but
601 not limited to:
 - 602 a. the essential details of the private insurance or self-insured plan coverage that
603 applies to Covered Employees, which may include wage or payment history if
604 the Covered Employee's wages are used to determine the benefit amount
605 and/or premium amount
 - 606 b. financial data including records relating to the collection, retention and use of
607 employee contributions and benefit payments
 - 608 c. Records relating to the contract between the employer and the carrier or
609 administrator claims documents
 - 610 2. Such records shall be kept at least three years from the termination of the plan.
 - 611 3. The Employer shall furnish these records to the CT Paid Leave Authority upon request.
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EXHIBIT A

SELF-INSURANCE PLAN DOCUMENT

DRAFT



623

624

SELF-INSURANCE PLAN

625

626

1. Employer's Name, Address, and Contact:

627

a. [name of employer]

628

b. [address]

629

c. Contact:

630

i. [name]

631

ii. [email address]

632

iii. [phone number]

633

634

2. The Administrator of the self-insured plan will be

635

a. [name of employer or third-party administrator]

636

b. [address]

637

c. Contact:

638

i. [name]

639

ii. [email address]

640

iii. [phone number]

641

d. TPA Contract Number if applicable: [insert]

642

643

3. Certification by Employer

644

The Employer certifies that it will provide self-insured coverage to the Employer's covered individuals for benefits under CT PFML Law.

645

646

The Employer certifies that it has sufficient financial resources to pay claims and adequate benefits claims administration to assure that employees have access to benefits as they would if they participated in the public plan.

647

648

649

The Employer certifies that the self-insured plan document that is filed will comply with all requirements of the CT PFML Law including but not limited to the self-insured plan requirements listed below.

650

651

652

The Employer agrees that it will furnish a surety bond to the CT Paid Leave Authority in an amount and form required by the Ct Paid Leave Authority

653

654

4. Acknowledgement by Employer

655

The Employer acknowledges and understands that if this self-insured plan document is not in force on January 1, 2022, the employer will be responsible for contributions pursuant to Conn. Gen. Stat. § 31-49g, retroactive to January 1, 2021, and furthermore, the Employer may not collect retroactive contributions from covered employees to satisfy this requirement.

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657

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661 [Employer]

662 By its duly authorized representative,

663

664 _____

665 [Name]

[Date]

666 [Title]

667

DRAFT

668 **Notices**

669 (Employers are allowed to utilize modifications to the language in order to fit the employer’s plan
670 document format – e.g. replacing “Employer” with the actual employer’s company name or claims’
671 administrator’s name, as applicable, or “We” - only as long as they do not alter the intent of the
672 required notice)

673 The first page should include a statement that the plan is intended to cover paid leave benefits that
674 comply with the Connecticut Paid Family and Medical Leave Insurance Authority (“CT Paid Leave
675 Authority” or “Authority”) standards. The provisions of this Plan must conform with the requirements of
676 sections 31-49e through 31-49t of the Connecticut General Statutes and the policies promulgated by the
677 CT Paid Leave Authority (hereinafter respectively referred to as “the CT Paid Leave Act and policies”). If
678 any Plan provisions do not conform to the requirements of the CT Paid Leave Act and policies, then the
679 Employer is required to administer paid benefits consistent with the CT Paid Leave Act and policies. If
680 there are any conflicts between the plan and the CT Paid Leave Act and policies, the CT Paid Leave Act
681 and policies will be the controlling requirements, unless the plan provisions are more advantageous to
682 the Covered Employee in which case the plan terms as to those more advantageous provisions will
683 prevail.

684 The first page should acknowledge that if there are any changes, amendments, or regulatory
685 clarifications to the provisions of the CT Paid Leave Act and policies then the plan will be administered
686 consistent with the relevant changes, amendments, or clarifications and all claims practices will be
687 updated to be in compliance with the new requirements. The plan should be reviewed and updated at
688 least annually to comply with any changes, amendments or clarifications.

689 The following notice should be on the first or second page of the plan: An employee covered under the
690 [policy-plan](#) shall retain all rights under Conn. Gen. Stat. §§ 31-51kk to 31-51qq, inclusive.

691 The following notice should be on the first or second page of the plan if the Employer requires
692 contributions from Covered Employees: Contributions from Covered Employees cannot exceed the
693 maximum employee contributions as described in the CT Paid Leave Act and policies. This maximum
694 contribution percentage is subject to an annual adjustment by the CT Paid Leave Authority as specified
695 in Conn. Gen. Stat. §31-49g(b). The amount of wages withheld or diverted from employees for
696 contributions shall not be increased, except on an anniversary of the effective date of private plan or
697 within thirty days after the state adjusts the contribution rate.

698

699 **Employer Obligations:**

700

701 **Records -Information to Be Furnished**

702 The Employer is required to keep a record of the essential details of the self-insured plan that applies to
703 Covered Employees, which may include wage or payment history if the Covered Employee's wages are
704 used to determine the benefit amount and/or premium amount. The Employer is to keep a record of all
705 details of the plan, including records relating to its Claims Administrator, if any, for a minimum period of

706 three years after termination of the plan. The Employer shall furnish these records to the CT Paid Leave
707 Authority upon request.

708

709 **Covered Employee Right to Review Policy**

710 Covered employees shall either be given a copy of the plan or have the right to examine the plan upon
711 request, at a reasonable time and location.

712 **Effective Date of Plan Coverage:**

713 The plan should explain the coverage relevant to the eligibility dates as follows:

714 *Effective Date for Employer* [Effective date of coverage]

715 *Employee Eligibility*

716 The plan should indicate that all employees who qualify as Covered Employees under the CT Paid Family
717 Leave Act and policies will be covered as of the plan effective date. The plan should also indicate the
718 effective date of coverage for any new hires or newly eligible employees. Such time must be no later
719 than the date required under the CT Paid Family Leave Act and policies.

720 **Benefit Provisions**

721 The plan should describe the following items:

722 **Payment Period:** The maximum payment period under the plan.

723 [Variable by Employer, but the minimum durations of paid leave allowable for qualifying reasons are 12
724 weeks in a 12-month period for all leave reasons except (1) an eligible employee may receive an
725 additional 2 weeks of leave for incapacitation during pregnancy and (2) only 12 days of the 12 weeks
726 may be used for family violence leave.

727 The plan should state specifically how it is determining the 12-month period, which must correspond to
728 one of the approved options under the CT Family and Medical Leave Act and regulations issued by the
729 CT Department of Labor. The plan must provide the same method for determining the 12-month period
730 for all leaves, with two exceptions allowed if the plan intends to mirror the measurement method
731 indicated under such act and regulations:

- 732 • For military caregiver leaves, the plan may provide for a 12 month period measured forward
733 from the first day of leave compensation;
- 734 • For leave related to family violence, the plan may provide for utilization on a calendar year basis.

735 The use of separate methods of calculation is optional. Either or both of the above leave reasons may
736 match the method of measurement for all other leaves.

737 **Definition of a work week:** The Employer shall calculate the Covered Employee's work week in
738 accordance with the section 31-51qq-16 of the Regulations of State Agencies, as may be amended from
739 time to time by the Connecticut Department of Labor regarding the calculation of a variable work week.

740 **Waiting Period:** The Employer may not impose any waiting period on the payment of leave benefits.

741 **How Payments Start:** This provision must meet or exceed the minimum qualifying eligibility conditions
742 consistent with the CT Paid Leave Act and policies.

743 If the Employer intends to match the minimum requirements of CT Paid Family Leave Act and policies, it
744 is recommended that it does not attempt to specifically redefine all the exact reasons for leave in the
745 policy, in order to avoid any unintended inconsistencies between the plan and the CT Paid Family Leave
746 Act and policies. Instead, it is preferable that the plan incorporate by reference the location of the
747 specific reasons as defined in the CT Paid Family Leave Act ~~in and~~ policies. However, in order to aid in
748 understanding, the plan may reference the broad categories of leave:

- 749 • Birth, adoption, or placement of child for foster care
- 750 • Serious Health Condition of Employee, including pregnancy
- 751 • Care for Family Member's Serious Health Condition
- 752 • Employee serving as organ or bone marrow donor
- 753 • Military caregiver leave
- 754 • Qualified exigency tied to family member's active duty military service
- 755 • Family violence suffered by employee

756 **When Payments End:** This provision must meet or exceed the minimum qualifying eligibility conditions
757 consistent with CT Paid Leave Act and policies. It may state that this occurs when the Covered
758 Employee is no longer eligible for paid family or medical leave, no longer has a qualifying reason for
759 leave, or the person has completed the maximum payment period under the plan.

760 The plan should state that termination of the plan will have no impact on eligibility for benefits under
761 any approved leaves that began while the plan was in force (whether block, intermittent, or reduced
762 leaves), including any approved extensions for the same leave regardless of whether or not the plan was
763 in force at time of extension. If a paid leave compensation continues beyond the termination date of
764 the ~~policy~~ plan, the plan may terminate such benefits at the earlier of:

- 765 • The date that a new medical certification is required due to the expiration of the previously
766 submitted certification; or
- 767 • 12 months from the date paid leave benefits were initially provided for that leave. However,
768 benefits may terminate if the same or greater benefits become payable under a new plan for
769 the same leave.

771 **Intermittent Leave or Reduced Leave Schedule:** The plan must indicate that intermittent leave shall be
772 taken in increments consistent with the established policy the Employer uses to account for use of leave
773 under the CT Family and Medical Leave Act, Conn. Gen. Stat. §31-51kk et seq and CT Family Violence
774 Leave Act, Conn. Gen. Stat. §31-51ss. The plan must also describe any limits on payments, including
775 when payments may be made, provided that for intermittent leave and reduced leave schedule
776 absences of less than 4 hours per day, the plan must issue payments for such absences no less
777 frequently than either every two weeks or semi-monthly. As Employers' plans may vary, in order to
778 provide benefits that are more generous than the CT Paid Leave Act and policies, the language of the
779 plan may include options to account for these variations.

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- 781 • For leave to bond with a Child during the first twelve months after the Child's birth, Adoption, or
782 Foster Care placement, the plan may state that income replacement compensation may be
783 provided on an intermittent or reduced leave schedule only if the Employer and the Covered
784 Employee mutually agree.
785
- 786 • For leave to care for a Family Member's Serious Health Condition or to care for a Family
787 Member who is a Covered Service Member, the plan must provide that income replacement
788 compensation may be provided on an intermittent or reduced leave schedule, if needed. The
789 plan may require that the employee provide a certification from Health Care Provider that the
790 intermittent leave schedule is medically necessary as a condition of coverage. If the plan
791 requires this Health Care Provider certification, this must be stated in the plan.
792
- 793 • For leave due to Family violence suffered by employee or a Qualifying Exigency arising out of a
794 Family Member's active duty or impending call to active duty in the Armed Forces, the plan must
795 provide that income replacement compensation may be provided on an intermittent or reduced
796 leave schedule.
797
- 798 • For leave due to the Covered Employee's own Serious Health Condition, including acting as an
799 organ/bone marrow donor, the plan must provide that income replacement compensation may
800 be provided on an intermittent or reduced leave schedule, if needed. The plan may require that
801 an employee provide a certification from a Health Care Provider that the intermittent leave or
802 reduced leave schedule is medically necessary as a condition of coverage. If the plan requires
803 this Health Care Provider certification, this must be stated in the plan.

804

805 **Extension of Paid Leave Benefits:**

806 The plan must indicate that the Covered Employee may submit a request for extension of paid family or
807 medical leave beyond the initial approved duration.

808 The Employer may require the Covered Employee to provide notice to the Employer requesting an
809 extension of leave. This notice period may not be greater than 14 calendar days prior to the date of
810 expiration of the original approved leave. If the Employer requires a notice period, it must state that
811 there is a provision allowing a late filed request for an extension for good cause shown.

812 The Employer may require that a request for an extension of leave include the following information:

- 813 • The reason for the extension;
814 • The requested duration of the extended leave;
815 • The date on which the Covered Employee provided notice of the request for the extension and
816 • A newly completed or updated health care certification or supporting document consistent with
817 the provisions applicable to the rights of employers as set forth in Conn. Gen. Stat. 31-51mm.

818 **Employer-Provided Paid Leave**

819 This section should state ~~that whether~~ the Employer ~~may requires~~ or ~~may permits~~ the Covered
820 Employee to use any sick or other accrued paid leave or paid time off prior to initiating a claim under the

821 plan or while on approved leave, ~~provided that in the event that an Employer requires the use of sick~~
822 ~~or other accrued paid leave or paid time off,~~ an employee who is taking leave pursuant to Conn. Gen.
823 Stat. §§ 31-51kk et seq. is able to retain not less than two weeks of such paid time off, as required by
824 Conn. Gen. Stat. § 31-51ll(e).

825 When a Covered Employee's earned or accrued paid leave with the employer is not substituted for the
826 entire period of unpaid leave to which the employee is entitled under Conn. Gen. State 31-51kk et seq,
827 the employee shall receive income-replacement benefits under the policy for all or part of any unpaid
828 federal FMLA or CT FMLA leave.

829 When the earned or accrued paid leave is equal to the Covered Employee's regular rate of
830 compensation, such that the Employee does not qualify for benefits under the policy, such day or days
831 shall not count against the Employee's maximum allotment of income replacement benefits in a 12-
832 month period.

833 When the earned or accrued paid leave is less than the Covered Employee's regular rate of
834 compensation, such that the Employee elects to utilize such paid leave to supplement the benefits
835 received under the policy, such day or days shall count against the Employee's maximum allotment of
836 income replacement benefits in a 12-month period.

837 **Benefits for Former Employees**

838 For Covered persons who have been separated for any reason from an Employer for fewer than 12
839 weeks:

- 840 • If the covered person remains unemployed or otherwise not covered by the CT Paid Leave
841 Program or a private plan approved by the CT Paid Leave Authority on the date that a requested
842 leave begins, the Covered Employee shall submit an application for benefits with their former
843 Employer.
- 844 • If an individual submitting an application for benefits identifies themselves as a former
845 Employee, the plan may inquire as to whether the individual has obtained Connecticut paid
846 leave coverage with another employer following separation from the Employer or is receiving
847 unemployment insurance benefits. An affirmative answer to any of these questions may be
848 grounds for denial of a claim. If such denial is due to separate Connecticut paid leave coverage,
849 the communication of the denial shall include a notification for the former employee to contact
850 the Authority or their current employer for more information on how to file a claim for paid
851 leave compensation.

852 **Verification of Wages**

853 The plan may require the employee to meet financial eligibility requirement set forth in the definition of
854 "covered employee" set forth in subsection (4) of 31-49e of the Connecticut General Statutes.

855 The plan is allowed to only utilize wages received from the Employer for the purposes of determining
856 eligibility under the plan ~~and~~ the calculation of paid leave compensation. Alternatively, the plan may
857 consider earnings from additional employers in order to determine eligibility or compensation amount,
858 or both. The plan shall identify which wage sources are factored into the plan.

859 **Calculation of Weekly Benefit Amount and Use of Wages**

860 This section should clearly state how the Weekly Benefit Amount payable to the Covered Employee is
861 calculated. Such provisions should indicate the manner in which benefits may be reduced for other
862 income that the employee may be receiving, and how benefits are calculated for reduced/intermittent
863 leave or when leave begins or ends during a work week. The benefit calculation must be at least equal
864 to the benefits the benefit calculation that would be paid to Covered Employees if participating in the
865 state plan.

866 **Payments**

867 This section will set forth the timing and manner of benefit payments to Covered Employees. Benefits
868 should be paid to Covered Employees only. Benefits cannot be assigned unless such assignment is
869 required by operation of law, such as child support. Benefits that are owed but unpaid at time of death
870 shall be paid to the employee's estate. Except in the case of self-employed individuals or sole
871 proprietors who are both employee and employer, benefits are not allowed to be paid to the employer.

872 The Employer agrees that it will comply with the time periods and other requirements related to
873 processing and payment of claims that are set forth in the CT Paid Leave Act and policies. This section
874 will state that claim payments to a Covered Employee are to be paid not more than 15 calendar days
875 after approving an application, unless that determination occurs more than 15 calendar days before the
876 onset of leave or before the employee meets the eligibility requirements, in which case the Employer
877 shall commence payment of leave benefits as soon as the Employer becomes aware that leave or
878 eligibility begins.

879 The Employer is not permitted to offer lump sum payments in lieu of a Weekly Benefit Amount and/or
880 pay benefits at the beginning of a claim or in higher amount installments at the commencement of a
881 claim. The only exception to this rule is if the lump sum is necessary to pay benefits to which the
882 Covered Employee became entitled prior to the claim determination. For each request for payment
883 associated with intermittent leave, the Employer may verify the leave taken prior to issuing a payment.

884 **Offset to Policy Benefits Due to Other Income:**

885 This section will explain the permissible offsets to the Weekly Benefit Amount under the CT Paid Leave
886 Act and policies. Employers may not impose additional offsets /reductions but may elect to include any
887 or all of the reductions available under the CT Paid Leave Act and policies. Under the CT Paid Leave Act
888 and policies, [Covered Employees may receive other income for the same period of time that they are](#)
889 [receiving paid leave compensation. In order to avoid a Covered Employee receiving greater than 100%](#)
890 [of their regular rate of compensation.](#) the Weekly Benefit Amount payable under the plan may be
891 reduced by the amount of wages or wage replacement that a Covered Employee on leave receives for
892 that period from the Employer.

893 While Employers have the right to not reduce benefits as the result of other income, two restrictions will
894 continue to apply:

- 895 1. Total compensation received by the employee under the plan and other employer-provided
896 employment benefits cannot exceed such employee's regular rate of compensation;
- 897 2. Employees may not receive benefits under the plan concurrently with Unemployment
898 Insurance, Workers Compensation, or any other federal or state program that provides wage
899 replacement.

900 Income shall be deemed to be received concurrently with paid leave benefits if it is payable due to the
901 same period of time that the Covered Employee is receiving paid leave benefits.

902 **Exclusions**

903 The plan should not have any exclusions that are not specifically listed in the CT Paid Leave Act and
904 policies. If there are future changes to the CT Paid Leave Act and policies, these exclusions should be
905 consistent with those changes.

906 [Employers are allowed to indicate that receipt of Connecticut Unemployment Insurance, Connecticut
907 Workers Compensation, or any other federal state program that provides wage replacement as an
908 exclusion in this section, rather than the previous section. However, such payments shall only be an
909 exclusion if paid concurrently with the period of time that paid leave benefits are requested.]

910

911 **Claim Provisions**

912 This section will inform Covered Employees how they may initiate claims for paid leave benefits.

913 The Employer may not impose requirements related to notice of the need for leave or the filing of a
914 claim for benefits that are inconsistent with notice provisions in the CT Paid Leave Act and policies.

915 The Employer shall clearly explain any claim provisions for paid family and/or medical leave.

916 The Employer shall explain that the individual may be required to provide consent to the Carrier to share
917 information with the Employer and with the health care provider in order to process the claim.

918 The Employer may require the Covered Employee to provide a notice of an intent to file a claim to the
919 Employer not greater than ~~30 calendar days~~maximum amount/period allowed by statute prior to the
920 date that the employee seeks to begin receiving benefits: 7 calendar days for leaves related to family
921 violence and 30 calendar days for all other leaves.

922 If the Employer requires a notice period, it must allow an exception for circumstances beyond the
923 reasonable control of a Covered Employee. In this case, the Employer may require that the notice be
924 given as soon as practicable.

925 The Employer may indicate if notice is not given, and no good cause is provided for lack of notice, then
926 the plan is allowed to wait until the notice period has expired before paying benefits, and further, that if
927 the notice period extends beyond the end of the leave, then benefits may not be payable.

928 The Employer may require that in the case of medical leave when planning medical treatment, the
929 Covered Employee must consult the Employer to schedule treatment that will not unduly disrupt the
930 Employer's operations.

931 The Employer should clearly state that decisions on a claim for paid leave benefits will be made within 5
932 business days of receipt of a complete application, including complete and sufficient certifications, if
933 required. If the application is incomplete or insufficient, the Employer shall notify the employee of the
934 information necessary to complete the claim no later than 5 business days from the date of the request.

935

936 **Certifications and Documentation Requests**

937 This section will describe the permissible certifications and documentation that the Employer may
938 request from Covered Employees. The Employer may require that claims for benefits be supported by a
939 certification evidencing that the leave is for a qualifying reason. The Employer may not include
940 certification or other proof requirements in the plan that exceed those permitted to employers under
941 section 31-51mm of the Connecticut General Statutes and regulations promulgated by the Connecticut
942 Department of Labor relating to such section.

943 The Employer may not require the Covered Employee to submit additional evidence unless it is
944 specifically authorized in the CT Paid Leave Act and policies.

945 The Employer may describe the information that it will require, with the statement that if there is a
946 conflict between the plan terms and the certification and documentation that employers may require
947 pursuant to Section 31-51mm of the Connecticut General Statutes and related regulations, or pursuant
948 to the CT Paid Leave Act and policies, the terms of the latter statutes, regulations or CT Paid Leave Act
949 policies prevail.

950 Certification of Serious Health Condition

951 -The Employer may require submission of the following necessary information for the following types of
952 paid family and medical leave. The Employer may require that claims for benefits be supported by a
953 certification evidencing that the leave is for a qualifying reason.

954 **For Medical Leave for the Individual's own Serious Health Condition:**

955 The Employer may require a certification from a health care provider that includes:

- 956 • ~~a~~A statement that the Covered Employee has a serious health condition, including that they are
957 an organ or bone marrow donor;
- 958 • ~~the~~The date on which the serious health condition commenced;
- 959 • ~~the~~The probable duration of the serious health condition;
- 960 • ~~a~~A certification by the health care provider that the Covered Employee is incapacitated from
961 work due to the serious health condition, including due to organ or bone marrow donation;
- 962 • ~~information~~Information regarding the need for intermittent leave or reduced leave schedule,
963 including a statement that such leave or schedule is medically necessary where the claim for
964 benefits is for leave on an intermittent or reduced leave schedule and an estimate of the
965 frequency and duration of leave needed; and
- 966 • ~~other~~Other such information that is permitted to be obtained pursuant to Section 31-51 mm of
967 the Connecticut General Statutes and related regulations.

968 **For Leave to Care for Family Member with a Serious Health Condition:**

969 The Employer may require a certification from a health care provider that includes:

- 970 • The name and address of the Family Member;
- 971 • A statement that the Family Member has a Serious Health Condition;
- 972 • The date on which the Family Member's Serious Health Condition commenced;

- 973
- The probable duration of the Family Member's Serious Health Condition;
 - 974 • A statement that the Covered Employee is needed to care for the Family Member; ~~and~~
 - 975 • An estimate regarding the frequency and anticipated duration of time that the Covered
 - 976 Employee is needed to care for the Family Member; and
 - 977 • other such information that is permitted to be obtained pursuant to Section 31-51 mm of the
 - 978 Connecticut General Statutes and related regulations.

979 The Employer may also ask the Covered Employee for:

- 980 • A statement confirming the relationship between the Covered Employee and the Family
- 981 Member; and
- 982 • Information that proves to the satisfaction of the Employer the identity of the Family Member.

983 **For Leave to bond with a newborn Child:**

984 The Employer may require:

- 985 • The Child's birth certificate; or
- 986 • A statement from the Child's Health Care Provider stating the Child's birth date; or
- 987 • A statement from the Health Care Provider of the person who gave birth stating the Child's birth
- 988 date.

989 The Employer may also require other such information that is permitted to be obtained pursuant to

990 Section 31-51 mm of the Connecticut General Statutes and related regulations.

991 **For Leave for Placement of a Child for Adoption or Foster Care:**

- 992 • The Employer may require a certification from the child's health care provider or from an
- 993 adoption or foster care agency involved in the placement or the Connecticut Department of
- 994 Children and Families that confirms the placement and the date of placement and other such
- 995 information that is permitted to be obtained pursuant to Section 31-51 mm of the Connecticut
- 996 General Statutes and related regulations.
- 997
- 998 • The Employer may also require that the Covered Employee provide written notice of any change
- 999 of status as an adoptive or foster parent while an application for benefits is pending or while the
- 1000 Covered Employee is receiving benefits. In this instance, the Covered Employee, within five
- 1001 business days of such change in status, may be required to provide written notice of the change
- 1002 to the Employer.
- 1003

1004 **For Leave for a Qualifying Exigency arising out a Family Member is on Active Military Duty or Has Been**

1005 **Notified of an Impending Call or Order to Active Duty in the Armed Forces:**

1006 The Employer may require:

- 1007 • A copy of the Family Member's active duty order, a letter of impending activation from the
- 1008 Family Member's commanding officer, or other documentation in circumstances where, for

- 1009 good cause shown, the Covered Employee is unable to produce the active duty orders or letter
 1010 of impending activation;
- 1011 • A statement of the family relationship between the Covered Service Member and the Covered
 1012 Employee requesting benefits;
 - 1013 • Information from the Covered Employee that proves to the satisfaction of the Carrier the
 1014 identity of the family member;
 - 1015 • The name and address of the Family Member being cared for;
 - 1016 • The dates or period of time for which leave is requested, including frequency and duration of
 1017 leave;
 - 1018 • A description of the reason for qualifying exigency;
 - 1019 • Any available written documentation which supports the need for leave (e.g., a document
 1020 confirming the service member's Rest and Recuperation leave; a document confirming an
 1021 appointment with a third party, copy of a bill for services for handling legal or financial affairs,
 1022 etc.);
 - 1023 • -If leave is needed to meet with a third party (e.g., childcare, financial advisor, military event,
 1024 etc.), the name, address and contact of the individual/organization and a written description of
 1025 the meeting; [and](#)
 - 1026 • Other such information that is permitted to be obtained pursuant to Section 31-51 mm of the
 1027 Connecticut General Statutes and related regulations.

1028 **Family Leave to Care for a Family Member who is a Covered Service Member:**

1029 The Employer may require a certification from the Covered Service Member's health care provider that
 1030 includes:

- 1031 • The date on which the Covered Service Member's Serious Health Condition commenced;
- 1032 • The probable duration of the Serious Health Condition;
- 1033 • A statement that the Covered Employee is needed to care for the Family Member;
- 1034 • An estimate of the amount of time the Covered Employee will be needed to care for the
 1035 Covered Service Member;
- 1036 • An attestation by the Covered Service Member's Health Care Provider and the Covered
 1037 Individual that the Serious Health Condition is arises from the Covered Service Member's active
 1038 duty in military service;
- 1039 • A statement of the family relationship between the Covered Service Member and the Covered
 1040 Employee ;
- 1041 • Information from the Covered Employee that proves to the satisfaction of the Carrier the
 1042 identity of the Family Member;
- 1043 • The name and address of the Family Member being cared for; and
- 1044 • Other such information that is permitted to be obtained pursuant to Section 31-51 mm of the
 1045 Connecticut General Statutes and related regulations.

1046 The Employer must accept as an alternative form of certification an Invitational Travel Order (ITO), or
 1047 Invitational Travel Authorization (ITA) issued by the Department of Defense to any family member to

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1048 join an injured or ill service member at his or her bedside. An ITO or an ITA constitutes automatic
1049 certification of military status and serious health condition.

- 1050 • The Employer must accept the ITO or ITA as complete and sufficient certification of the need for
1051 leave, even if the Covered Employee's own name is not on it.
- 1052 • -The Employer may require proof of a covered family relationship between the Covered
1053 Employee and service member.
- 1054 • If the Covered Employee needs leave beyond the expiration date of the ITO or ITA, the Carrier
1055 may require certification of status via normal procedures.

1056 **[Overpayments**

1057 If the plan includes a section regarding overpayments or subrogation, the Employer should state any
1058 provisions for recouping any overpayment of benefits.]

1059 **Claim Denials**

1060 The plan should indicate that if a claim is denied, the employee will be provided with, at a minimum:

- 1061 1. The specific reason for the denial;
- 1062 2. The specific law or section of the policy that caused the denial;
- 1063 3. What documentation was relied on for the denial;
- 1064 4. What documentation can be provided, if any, to reconsider the denial; and
- 1065 5. Reference to the reconsideration and appeals processes and timeframes.

1066 **Reconsideration and Appeals**

1067 The plan must include a section notifying the Covered Employee that upon notice of a preliminary
1068 determination that the Employer will deny a claim or make another adverse determination, the Covered
1069 Employee may request reconsideration of the determination via the plan's internal appeal-process
1070 before the Covered Employee exercises the right to appeal a denial of the claim to Connecticut
1071 Department of Labor ("CT DOL"). The Employer's reconsideration process shall not require the Covered
1072 Employee to submit a request for reconsideration less than ten calendar days from the receipt of notice
1073 of its preliminary determination.

1074 -The Employer's reconsideration process must extend the ten calendar day filing period where an
1075 individual establishes to the satisfaction of the Employer that circumstances beyond the individual's
1076 control prevented the filing of a request for reconsideration within the prescribed filing period.

1077 If the Employer denies the request for reconsideration, it must advise the Covered Employee in writing
1078 (or electronically, if the Covered Employee consents) that the Covered Employee may appeal to the CT
1079 DOL and identify how to contact the CT DOL.

1080 The Employer shall be required to furnish the CT DOL all documentation requested by the CT DOL in
1081 accordance with CT DOL regulations.

1082 **Definitions**

1083 If it includes any of the following definitions, the plan shall include definitions that are no more
1084 restrictive than those required by the CT Paid Family-Leave Act and policies:

1085 From Conn. Gen. Stat. §§ 31-49e and 31-51kk:

- 1086 • Base period
- 1087 • Base Weekly Earnings
- 1088 • Covered Employee
- 1089 • Employ
- 1090 • Family member
- 1091 • Grandchild
- 1092 • Grandparent
- 1093 • Health care provider
- 1094 • Parent
- 1095 • Reduced leave schedule
- 1096 • Serious health condition
- 1097 • Sibling
- 1098 • Son or daughter
- 1099 • Spouse
- 1100 • Subject earnings

1101 From the CT Paid Leave Authority Glossary of Terms:

- 1102 • Intermittent Leave (if distinguishing from Reduced Leave Schedule)
- 1103 • Family Violence
- 1104 • Incapacity
- 1105 • Bonding Leave
- 1106 • Caregiver Leave
- 1107 • Armed Forces/Armed Services
- 1108 • Health care provider (as applied to Armed Forces/Military Leave)
- 1109 • Qualifying Exigency Leave
- 1110 • Inpatient Care
- 1111 • Continuing Treatment by Healthcare provider

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EXHIBIT B

PLAIN LANGUAGE GUIDE
TEMPLATE

DRAFT

1130 INSTRUCTIONS TO EMPLOYERS

1131 Employers shall provide employees a written description of the proposed private plan in plain language
1132 (“plain language guide”) at least two weeks in advance of the vote. For purposes of this requirement,
1133 “plain language” shall be defined as reasonably capable of being understood by the recipients of the
1134 document.

1135 The plain language guide shall include the information in the template below. An employer may add
1136 other information the employer wishes to provide to the employees about the plan, such as information
1137 about additional benefits and examples, provided such additional information is accurate, complete and
1138 non-coercive. Italicized text in the template indicates language that may be modified by the employer.

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PLAIN LANGUAGE GUIDE

1143

1144 INTRODUCTION

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1146 *An Act Concerning Paid Family and Medical Leave* creates the Paid Family & Medical Leave Insurance
1147 Program to provide wage replacement benefits to eligible employees who need to take leave from work
1148 for reasons allowed under the Connecticut Family and Medical Leave Act (CT FMLA) or the family
1149 violence leave law, specifically:

- 1150 • Because of their own serious health condition;
- 1151 • To care for a family member with a serious health condition;
- 1152 • To bond with a newborn baby, newly adopted child or newly placed foster child;
- 1153 • To care for a family member who became ill or was injured in the course of duty while
1154 on active duty in the military;
- 1155 • To address specific issues associated with a parent, spouse, or child’s active duty in the
1156 military
- 1157 • To address specified needs associated with family violence.

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1160 The CT Paid Family & Medical Leave Insurance Program is run by the CT Paid Leave Authority and is
1161 funded by contributions of ½ of 1% of the wages of employees working in Connecticut. Starting on
1162 January 1, 2022, employees may apply to the CT Paid Leave Authority for wage replacement benefits.

1163

1164 As an alternative to the CT Paid Family & Medical Leave Insurance Program, an employer can apply to
1165 the CT Paid Leave Authority for permission to offer its employees a private plan.

1166

1167 For a private plan to be approved, it must provide its employees with all of the same rights, protections
1168 and benefits that are provided to employees under the Connecticut Paid Family & Medical Leave
1169 Insurance Program and comply with the requirements established by the Connecticut Paid Leave
1170 Authority. An employee’s rights under the CT FMLA and the family violence leave law are the same,

1171 whether or not the employee receives income replacement benefits through the Paid Family & Medical
 1172 Leave Insurance Program or through an employer-provided private plan.

1173
 1174 In order to apply for permission to offer a private plan, the employer must show that a majority of its
 1175 employees working Connecticut voted to approve the proposed private plan.

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 1177 You are receiving this information because your employer wants to apply to the CT Paid Leave Authority
 1178 for permission to offer its employees a private plan.

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EXPLANATION OF THE PRIVATE PLAN

<p>What does this Plan do?</p>	<p>The plan is an <i>{Employer}</i>-sponsored benefit plan that provides compensation to eligible employees who take leave from work for a “qualifying reason,” as defined below. <i>{Employer}</i> is offering this Plan as an alternative to the publicly administered Connecticut Paid Family & Medical Leave Insurance Program. <i>{Employer}</i> certifies that this Plan gives its employees all of the same rights, protections and benefits provided to employees under the CT Paid Family & Medical Leave Insurance program. <i>{Employer also certifies that this Plan provides the following rights, protections or benefits that are greater than those required by CT law: }</i></p>
<p><i>{How is this Plan different from the previously approved Plan?}</i></p>	<p><i>{If an employer is seeking to make material changes to the Plan, it must explain those changes in this section of the Plain Language Guide as well as in connection with any other relevant Questions and Answers in other sections of the Guide}</i></p>
<p>Who is covered by this Plan?</p>	<p>All employees of <i>{Employer}</i> working in Connecticut are covered by this Plan</p> <ul style="list-style-type: none"> • The plan is not limited to certain segments of the <i>{Employer’s}</i> workforce <p>The plan covers future employees, not just employees who were working for <i>{Employer}</i> at the time of the vote.</p> <p>The plan covers former employees of <i>{Employer}</i> for up to 12 weeks from the date they separated from <i>{employer}</i> or until they are eligible for coverage from the CT Paid Leave Authority or another private plan approved by the CT Paid Leave Authority, whichever comes first</p> <ul style="list-style-type: none"> • Former employees are covered no matter why they left <i>{Employer}</i>.
<p>What are the benefits provided under this plan?</p>	<p>An eligible employee who is unable to work because of one of the “qualifying reasons” listed below, will receive income replacement benefits from the plan to replace the lost wages.</p>

	<p>If your wages are less than or equal to the Connecticut minimum wage multiplied by forty, the weekly compensation offered to you will be ninety-five per cent of your base weekly earnings. If you earn more than that amount, your weekly benefit rate also include 60% of the amount your base weekly earnings that exceeds the Connecticut minimum wage multiplied by forty.</p> <p>In all circumstances, the total weekly compensation shall not exceed an amount equal to sixty times the Connecticut minimum wage. <i>{The employer may provide illustrative examples.}</i></p> <p><i>{If the plan provides income replacement benefits at higher levels, the employer may modify this section accordingly. Under no circumstances can the employer provide lower income replacement benefits.}</i></p> <p><i>{If the employer does not provide any paid time off to its employees, it may omit the following language:}</i></p> <p><i>{The Employer requires or does not require you to use employer-provided accruals to supplement the income replacement benefits provided under this plan.</i></p> <ul style="list-style-type: none"> • The combined total of income replacement benefits and employer-provided accruals cannot exceed 100% of the employee’s wages. • You have the right to retain at least two weeks of their employer-provided accruals instead of using them during your leave.
Does this plan provide me with job-protected leave if I need time away from work?	An employee’s rights to job protection under state and federal law are the same, whether the employee receives income replacement benefits through the Paid Family & Medical Leave Insurance Program or through an employer-provided private plan. While the plan itself does not provide job protection, in most cases, employees receiving income replacement benefits under this law will also be entitled to job protection under a separate law called the CT FMLA. For more information about the CT FMLA, please consult the Connecticut Department of Labor.
Who is an “eligible employee” to receive income replacement benefits under this Plan?	<i>{The plan may waive this earnings requirement}</i> Any employee of {the employer} who is working in Connecticut and has earned at least \$2325 while working with <i>{the Employer}</i> in the highest earning quarter in the first 4 of the past 5 quarters is eligible to receive income replacement benefits from the plan
What are the “qualifying reasons” that I can receive income replacement	If you meet the eligibility requirements, you can receive income replacement benefits if you need to take time off from work for any of the following reasons:

benefits?	<ul style="list-style-type: none"> • To care for yourself because of your own serious health condition, including pregnancy and organ or bone marrow donation • To care for a family member with a serious health condition <ul style="list-style-type: none"> ○ “Family member” means your parent, spouse, son, daughter, sibling, grandparent, grandchild, or individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships. • To bond with a newborn child, newly adopted child or newly placed foster child • To address specific issues associated with a parent, spouse or child’s active duty in the military; • To care for a family member who became ill or was injured on active duty in the military; • To address specified needs associated with family violence.
What is the maximum amount of time I can receive income replacement benefits?	<p>The plan will provide up to 12 weeks of income replacement benefits within a 12-month period for the reasons listed above, with the following exceptions:</p> <ul style="list-style-type: none"> • The plan provides for 2 additional weeks of income replacement benefits for a serious health condition resulting in incapacitation that occurs during a pregnancy. • An employee can receive income replacement benefits for a maximum of 12 days out of the 12 weeks if the reason for leave is to address specific needs associated with family violence <p><i>{The intended method to calculate the 12 month period (e.g. rolling 12 month lookback, calendar year, etc) must be explained here.</i></p> <p><i>If the plan provides income replacement benefits for a longer period of time, the employer may modify this section accordingly. Under no circumstances can the employer provide income replacement benefits for a shorter period of time.}</i></p>
Do I have to be out of work for a certain amount of time before I can receive income replacement benefits under the plan?	<p>No. There is no waiting period. An eligible employee may receive income replacement benefits under this plan on the first day the employee is unable to work because of one of the “qualifying reasons” listed above.</p>
Can I receive income replacement benefits for absences of less than a full week?	<p>Yes. The plan provides income replacement benefits to employees who need to take time off from work for periods of time that are less than a full week.</p> <p>Benefits can be received on a pro-rated basis for absences that are less than a full day.</p>

	<p>Under the CT FMLA, there are rules regarding when an employee can take job-protected leave for less than a full week. This plan does not change those rules.</p>
Do I have to pay for these benefits?	<p><i>{The employer will need to answer this question based upon the plan it has retained however, the employee cannot be required to contribute more than 1/2 of 1% deducted from their wages up to the defined Social Security wage base (using the same calculations for determining total wages as are used to calculate FICA) and done so through payroll deduction, to coincide with each pay cycle.}</i></p> <p><i>Default response for employers following the statutory scheme:</i> Employees contribute ½ of 1% up to the defined Social Security wage base to pay for this plan.</p>
How will I apply for income replacement benefits?	<p><i>{The employer will need to answer this question based upon the plan it has retained. At a minimum, the answer must include contact information for filing a claim or requesting information about the plan}</i></p>
What is a “serious health condition”	<p>For the purpose of determining if you are entitled to income replacement benefits because of your own serious health condition or to care for a family member with a serious health condition, “serious health condition” means an illness, injury, impairment, or physical or mental condition that involves (A) inpatient care in a hospital, hospice, nursing home or residential medical care facility; or (B) continuing treatment, including outpatient treatment, by a health care provider.</p>
Who counts as a health care provider	<p>In order to qualify for income replacement benefits because you need to take time away from work because of your own serious health condition or to care for a family member with a serious health condition, you may need to provide medical documentation from a health care provider.</p> <p>The plan shall accept any of the following as a “health care provider”:</p> <ul style="list-style-type: none"> • A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices; • A podiatrist, dentist, psychologist, optometrist or chiropractor authorized to practice by the state in which such person practices and performs within the scope of the authorized practice; • An advanced practice registered nurse, nurse practitioner, nurse

	<p>midwife or clinical social worker authorized to practice by the state in which such person practices and performs within the scope of the authorized practice;</p> <ul style="list-style-type: none"> • A Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; • Any health care provider from whom an employer or a group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits; • A health care provider as defined above who practices in a country other than the United States, who is licensed to practice in accordance with the laws and regulations of that country; or • Such other health care provider as the Labor Commissioner determines, performing within the scope of the authorized practice.
Can I have income taxes deducted from any benefits I receive?	Yes, if you request to have income taxes deducted from the income replacement benefits you receive, the amount specified shall be deducted and withheld in a manner consistent with state law.
My spouse and I work for the same employer. Will we have to share income replacement benefits?	No. Spouses working for the same employer are each entitled to compensation under this plan; they do not have to share the number of weeks of compensation. (It should be noted, however, that under the federal FMLA and state FMLA, employers may require spouses who work for the same employer to share their job-protected leave entitlements.)
What rights do I have if I am denied income replacement benefits?	You are entitled to request a reconsideration of any denial of benefits to <i>{the plan administrator}</i> If you are not satisfied with the results of that reconsideration or prefer to not request reconsideration , you may file an appeal with the Connecticut Department of Labor.
Who at my employer may I contact if I have questions about this plan?	<i>{The employer must complete this section based on its specific situation. The employer must provide employees with information on who to contact for more information and how to contact them.}</i>

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