

Paid Leave Policy Form

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2 The purpose of this notice is for the Connecticut Insurance Department (CID) to provide guidance as
3 Carriers look to develop paid family and medical leave products that may be offered to employers to
4 satisfy coverage standards established by the Paid Family and Medical Leave Insurance Authority
5 (Authority) in order to meet the coverage requirements set forth in Conn. Gen. Stat. §§ 31-49e to 31-
6 49t, inclusive. The CID has worked closely with the Authority to develop this guidance that will explain
7 how to file products with the CID so that the Authority may be made aware that Carriers have satisfied
8 Authority standards.

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10 This Filing Guidance Notice updates and replaces Filing Guidance Notice issued on July 6, 2020 and
11 should be used for filing paid family and medical leave policy forms.

12

13 **Policy Form Filings**

14 The Authority will consider Carrier-issued policies as consistent with Authority standards provided that:

15 (1) Carriers use the policy template that is attached to this Notice;

16 AND

17 (2) Carriers submit their own policy forms that offer benefits that are at least as beneficial as the
18 requirements found in Sections 31-49e through 31-49t of the Connecticut General Statutes.

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20 Please note that submitted policies may include brackets to allow variability for product design but all
21 bracketed items should be explained as part of the filing so that the CID understands that the product
22 will always meet the relevant standards to be considered an Authority-qualified policy.

23 Unless specified in the instructions within the template, Carriers are allowed to include the provisions in
24 an order that deviates from the template provided. However, CID shall have the right to disapprove if
25 the provisions appear in a manner that is confusing, misleading, or otherwise inappropriate to the
26 purposes of the CT Paid Leave Act.

27 **Form Filings**

28 Carriers are instructed to submit proposed Insurance forms to the CID via the System for Electronic Rate
29 and Form Filing (SERFF), under H21 Health-Other type of insurance and the H21.000 Health-Other sub-
30 type of insurance. The Life & Health Division's policy form review unit has developed an expedited
31 review process for Carriers.

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33 The filing must be made via SERFF and include:

34 1. A filing description field beginning with the phrase "Paid Family and Medical Leave Policy of
35 Insurance";

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36 2. A completed checklist that highlights where each item of the standards listed in the attached
37 policy form template is addressed within the submitted policy form; and

38 3. A signed certification that the submitted policy offers benefits equal to or better than the
39 benefits described in sections 31-49e through 31-49t of the Connecticut General Statutes.

40 The Division's Policy Form Review Unit has developed an expedited review process for Carriers who wish
41 to submit their Paid Family and Medical Leave policy forms.

42

43 **Acknowledgement of Policies of Insurance Filings**

44 The CID will review all form filings to ensure filings are consistent with the requirements of this Notice. If
45 no revisions or amendments are necessary, the CID will acknowledge the filing in SERFF and notify the
46 Authority.

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48 **Amendments to Form Filings**

49 If there are any changes, amendments, or regulatory clarifications to the provisions of the CT Paid Leave
50 Act and policies promulgated by the CT Paid Leave Authority ("the CT Paid Leave Act and policies") that
51 require amendments to the policy form after it has been acknowledged by the CID, carriers should
52 submit such changes, amendments or clarifications in a new filing according to the above-noted SERFF
53 filing instructions. Carriers shall indicate the affected policy forms, identified by form numbers, SERFF
54 tracking numbers and dates on which the policies last were acknowledged.

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56 **Contact**

57 Any questions about this Filing Guidance Notice should be directed to cid.lh@ct.gov

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69 **PAID FAMILY AND MEDICAL LEAVE (PFML) POLICY TEMPLATE**

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71 **First Page**

72 The first page should include the following:

- 73 1. the type of coverage provided (e.g., "Connecticut Paid Family and Medical Leave Insurance")
- 74 2. the name and address of Insurance Carrier ("Carrier");
- 75 3. the Policyholder's name;
- 76 4. the term of the Policy Coverage, including the effective date and renewal date (if applicable) for
- 77 the policy;
- 78 5. all renewal rights (e.g., whether the policy renewable or non-renewable, and whether renewal is
- 79 guaranteed);
- 80 6. the signature of at least one officer of the Carrier;
- 81 7. a form number/form series/other identifier that indicates the contract version that is filed with
- 82 CID, preferably at the bottom right or bottom left of the first page
- 83 8. a unique policy number for the employer
- 84 9. a notation indicating the version of the policy document in effect.

85 The first page may also include other information which may be helpful for the administration of the
86 plan.

87 **Notices**

88 (Carriers are allowed to utilize modifications to the language in order to fit the carrier's policy format –
89 e.g., replacing "Carrier" with the actual insurance company name or "We" - only as long as they do not
90 alter the intent of the required notice)

91 The first page should include a statement that the Policy is intended to cover paid leave benefits that
92 comply with the Connecticut Paid Family and Medical Leave Insurance Authority ("CT Paid Leave
93 Authority" or "Authority") standards. The provisions of this Policy must conform with the requirements
94 of sections 31-49e through 31-49t of the Connecticut General Statutes and the policies promulgated by
95 the CT Paid Leave Authority (hereinafter respectively referred to as "the CT Paid Leave Act and
96 policies"). If any Policy provisions do not conform to the requirements of the CT Paid Leave Act and
97 policies, then the Carrier is required to administer paid benefits consistent with the CT Paid Leave Act
98 and policies. If there are any conflicts between the policy and the CT Paid Leave Act and policies, the CT
99 Paid Leave Act and policies will be the controlling requirements, unless the policy provisions are more
100 advantageous to the Covered Employee in which case the policy terms as to those more advantageous
101 provisions shall prevail.

102 The first page should acknowledge that if there are any changes, amendments, or regulatory
103 clarifications to the provisions of the CT Paid Leave Act and policies, then the Policy will be administered
104 consistent with the relevant changes, amendments, or clarifications and all claims practices will be
105 updated to be in compliance with the new requirements.

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106 The first page should provide the following information concerning notification of the termination of a
107 policy: If the Carrier elects to terminate a Policy for any reason other than non-payment of premium, it
108 must provide at least 90 days' notice to the Employer and to the CT Paid Leave Authority prior to
109 terminating a Policy. If a Carrier terminates for non-payment of premium, notice must be provided to
110 the Employer and the CT Paid Leave Authority no greater than 3 business days following termination,
111 unless the policy is reinstated prior to that date. If a Carrier elects to non-renew a Policy, it must
112 provide at least 120 days' notice to the Employer and to CT Paid Leave Authority prior to non-renewing a
113 Policy.

114 The following should be on the first or second page of the policy. The notice of termination or non-
115 renewal should explain that if an Employer's Policy is terminated during the term of a CT Paid Leave
116 Authority-approved exemption period, and the Employer does not obtain approval from the CT Paid
117 Leave Authority to provide private plan coverage from another source (either its own self-insured
118 private plan or another Carrier's fully insured private plan) the Employer (a) may be required to remit
119 contributions for its entire payroll retroactive to either the later of January 1, 2021 or the start date of
120 the Employer's approved exemption; (b) may be required to repay to the CT Paid Leave Trust Fund
121 ("Trust Fund") the cost of total amount of benefits paid to Covered Employees who received benefits
122 from the Trust Fund; and (c) may be subject to additional interest and penalties established by the CT
123 Paid Leave Authority for not maintaining a private plan.

124 The following notice should be on the first or second page of the policy. The notice should indicate that
125 an employee covered under the policy shall retain all rights under Conn. Gen. Stat. §§ 31-51kk to 31-
126 51qq, inclusive.

127 The following notice should be on the first or second page of the policy. The Policy should state that if
128 the Employer requires contributions toward premiums from Covered Employees, this amount cannot
129 exceed the maximum employee contribution percentage nor the Social Security contribution and
130 benefit base as described in the CT Paid Leave Act and policies. This maximum contribution percentage
131 is subject to an annual adjustment by the CT Paid Leave Authority as specified in Conn. Gen. Stat. §31-
132 49g(b). The percentage of wages withheld or diverted from employees for contributions shall not be
133 increased, except on an anniversary of the effective date of private plan or within thirty days after the
134 Authority adjusts the contribution rate.

135

136 **Premiums**

137 This section should explain how the Employer will be able to determine the premium owed and the
138 manner in which the Carrier will collect premiums from the Employer, including any grace periods in the
139 payment of premiums.

140 Grace Periods should be no shorter than 31 days from the date premium is owed. Premium shall not be
141 owed, and Grace Periods shall not begin, any earlier than the last day of the period of time for which
142 premium provides coverage. Policies will remain in force during the Grace Period and can terminate at
143 the end of the period indicated by the policy. Carriers will provide notice to the Employer and to the CT
144 Paid Leave Authority no later than 3 business days following termination for non-payment, unless the

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145 policy is reinstated prior to that date. Carriers may seek, and Employers may be held liable for, the
146 payment of pro rata premium for the period of time that the coverage remained in force.

147 For coverage that is renewable, the policy should indicate the minimum period of time, prior to renewal,
148 that the Carrier will provide notice of new premium rates to the Employer. Such time should be no less
149 than 90 days prior to the renewal date. Such notice is not required if there is no change in premium
150 rates at renewal.

151

152 **Amendments to Policy**

153 If the Carrier allows amendments, this section should explain how and when there may be amendments
154 to a Policy.

155 The Policyholder must be informed that before any material amendments, as defined by the CT Paid
156 Leave Act and policies, may take effect, the Employer must present the proposed amended policy to its
157 employees for a vote and must apply to the CT Paid Leave Authority for approval for such amended
158 policy. Prior to the vote, the Carrier may provide the amendment in a sample or draft format, where the
159 customer-specific information (e.g. employer name, policy number) is not complete and watermarks or
160 other details establish that it is not yet part of the final policy. However, such draft must include the
161 substantive language that is intended to be reflected in the policy.

162 The Policyholder must also be informed that if any amendments are not consistent with the CT Paid
163 Leave Act and policies, the CT Paid Leave Authority may deny or may withdraw the approval of a private
164 plan exemption. If an exemption is withdrawn, the Employer may be required to remit contributions for
165 its entire payroll retroactive to either the later of January 1, 2021 or the start date of the Employer's
166 approved exemption and the Employer may be required to repay to the Trust Fund the cost of total
167 amount of benefits paid to Covered Employees who received benefits from the Trust Fund and that it
168 may be subject to additional interest and penalties established by the CT Paid Leave Authority for not
169 maintaining a private plan.

170 **Termination and Reinstatement of Policy**

171 This section should explain when a Carrier can terminate a Policy and must state that the Employer will
172 receive a notice explaining the reasons why the Policy is being terminated. This section should identify
173 the Carrier's termination notification procedures and how the Carrier will provide notice of the final
174 termination of the Policy. Carrier initiated termination during the first 12 months that coverage is in
175 force shall only be allowed if the Employer fails to fulfill their obligations under the policy, including
176 failure to pay premiums (subject to the Grace Period provision).

177 Carriers must give at least 90 days' notice prior to termination for any reason other than non-payment
178 of premium, at least 120 days' notice prior to non-renewal, and 3 business days' notice following
179 termination for non-payment of premiums. Such notice must be provided to both the Employer and the
180 CT Paid ~~Family~~ Leave Authority.

181 If the Carrier allows for the reinstatement of a terminated Policy after the Employer was notified of
182 termination, the Carrier should fully describe the applicable reinstatement provisions. The policy will

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183 further state that the Carrier will notify the CT Paid Leave Authority if it agrees to reinstate the Policy
184 and such reinstatement shall be without any gap in coverage.

185

186 **[Claims of Creditors**

187 The Policy may include an optional section stating that except when prohibited by Connecticut law, the
188 insurance and other benefits under this Policy may be exempt from execution, garnishment,
189 attachment, or other legal or equitable process, for the debts or liabilities of the Covered Employees or
190 their beneficiaries.]

191

192 **Employer Obligations:**

193

194 **Records -Information to Be Furnished**

195 This section should remind the Employer that pursuant to the CT Paid Leave Act and policies, the
196 Authority may require the Employer to keep a record of the essential details of the private insurance
197 coverage that applies to Covered Employees, which may include wage or payment history if the Covered
198 Employee's wages are used to determine the benefit amount and/or premium amount. This section may
199 require that the Employer furnish the required information to the Carrier within a reasonable time
200 period.

201

202 **Covered Employee Right to Review Policy**

203 The policy should indicate that Covered Employees shall either be given a copy of the policy or have the
204 right to examine the policy upon request, at a reasonable time and location. Carriers may provide the
205 policy to employees or specify for the Employer to do so.

206

207 **Effective Date of Insurance Coverage:**

208 The policy should explain the coverage relevant to the eligibility dates as follows:

209 *Effective Date for Employer*

210 The policy should indicate when coverage begins for the Employer.

211 *Employee Eligibility*

212 The policy should indicate that all employees who qualify as Covered Employees under the CT Paid
213 Leave Act and policies will be covered as of the policy effective date. The policy should also indicate the
214 effective date of coverage for any new hires or newly eligible employees. Such time must be no later
215 than the date required under the CT Paid Leave Act and policies.

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216 The policy should indicate when coverage ends for employees. The provision may indicate different
217 results depending on the cause of coverage termination (e.g., the policy terminates or is not renewed,
218 the policy transitions to another insurance carrier, or the termination of employment). However, the
219 provision must provide coverage for at least as long as the minimum requirements of the CT Paid Leave
220 Act and policies.

221 **Benefit Provisions**

222 The Policy should describe the following items:

223 **Payment Period:** The maximum payment period under the Policy.

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

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

- 233 • For military caregiver leaves, the policy may provide for a 12 month period measured forward
234 from the first day of leave compensation;
- 235 • For leave related to family violence, the policy may provide for utilization on a calendar year
236 basis.

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

239
240

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

244

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

246

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

249 If carriers are intending to match the minimum requirements of CT Paid Leave Act and policies, it is
250 recommended that Carriers do not attempt to specifically redefine all the exact reasons for leave in the
251 policy, in order to avoid any unintended inconsistencies between the insurance policy and the CT Paid

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252 Leave Act and policies. Instead, it is preferable that policies incorporate by reference the location of the
253 specific reasons are defined in the CT Paid Leave Act in policies. However, in order to aid in
254 understanding, the policy may reference the broad categories of leave:

- 255 • Birth, adoption, or placement of child for foster care
- 256 • Serious Health Condition of Employee
- 257 • Care for Family Member's Serious Health Condition
- 258 • Employee serving as organ or bone marrow donor
- 259 • Qualified exigency tied to family member's active-duty military service
- 260 • Family violence suffered by employee

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

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

- 270 • The date that a new medical certification is required due to the expiration of the previously
271 submitted certification; or
- 272 • 12 months from the date paid leave benefits were initially provided for that leave.

273
274 **Intermittent Leave or Reduced Leave Schedule:** The Policy must indicate that intermittent leave shall be
275 taken in increments consistent with the established policy the Employer uses to account for use of leave
276 under the CT Family and Medical Leave Act, Conn. Gen. Stat. §31-51kk et seq and CT Family Violence
277 Leave Act, Conn. Gen. Stat. §31-51ss. The Policy must also describe any limits on payments, including
278 when payments may be made, provided that for intermittent leave and reduced leave schedule
279 absences of less than 4 hours per day, the Carrier must issue payments for such absences no less
280 frequently than either every two weeks or semi-monthly. As Employers' policies may vary in order to
281 provide benefits that are more generous than the CT Paid Leave Act and policies, the language of the
282 Policy may include options to account for these variations.

283
284 • For leave to bond with a Child during the first twelve months after the Child's birth, Adoption, or
285 Foster Care placement, the policy may state that income replacement compensation may be
286 provided on an intermittent or reduced leave schedule only if the Employer and the Covered
287 Employee mutually agree. In the absence of explicit direction from the Employer, the Carrier
288 may assume that there is such agreement upon receipt of the claim request from the Employee.
289 When needed, the Carrier will validate that agreement has been reached with the Employer as a
290 condition of paying benefits.

291

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- 292 • For leave to care for a Family Member's Serious Health Condition or to care for a Family
293 Member who is a Covered Service Member, the policy must provide that income replacement
294 compensation may be provided on an intermittent or reduced leave schedule, if needed. The
295 Carrier may require that the employee provide a certification from Health Care Provider, that
296 the intermittent leave schedule is medically necessary as a condition of coverage. If the Carrier
297 requires this Health Care Provider certification, this must be stated in the Policy.
298
- 299 • For leave due to Family violence suffered by employee or a Qualifying Exigency arising out of a
300 Family Member's active duty or impending call to active duty in the Armed Forces, the Policy
301 must indicate that income replacement compensation may be provided on an intermittent or
302 reduced leave schedule.
303
- 304 • For leave due to the Covered Employee's own Serious Health Condition, including acting as an
305 organ/bone marrow donor, the policy must provide that income replacement compensation
306 may be provided on an intermittent or reduced leave schedule, if needed. The Carrier may
307 require that it receive from the Health Care Provider a certification that the intermittent leave
308 or reduced leave schedule is medically necessary as a condition of coverage. If the Carrier
309 requires this Health Care Provider certification, this must be stated in the Policy.

310

311 **Extension of Paid Leave Benefits:**

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

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

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

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

324

325 The Carrier should notify the Employer of a request for an extension not more than five business days
326 following its receipt of a completed request. The Carrier may provide to the Employer:

- 327 • The requested duration for the extension;
- 328 • Whether the newly requested leave is continuous, a reduced leave schedule, or an intermittent
329 leave schedule; and

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- 330 • Any other information or record the Carrier deems relevant to verifying and otherwise
331 processing the claim.

332

333 The Carrier may require that the Employer, within five business days from the date of the notice of the
334 request for extension of leave, provide to the Carrier all relevant information or records requested by
335 the Carrier. This information or records may include the following:

- 336 • Whether the Covered Employee will receive any paid leave benefits from the Employer during
337 the requested extended leave period;
338 • Whether the Employer has approved or intends to approve the request for extension under the
339 Family and Medical Leave Act or any other policy allowing for paid or unpaid leave; and
340 • Any other relevant information or records related to the request for extension, including but not
341 limited to, evidence of a fraudulent claim.

342

343 **Employer-Provided Paid Leave**

344 This section should state ~~that whether~~ the Employer ~~may requires~~ or ~~may permits~~ the Covered
345 Employee to use any sick or other accrued paid leave or paid time off prior to initiating a claim under the
346 Policy or while on approved leave, ~~provided that~~ In the event that an Employer requires the use of sick
347 or other accrued paid leave or paid time off, an employee who is taking leave pursuant to Conn. Gen.
348 Stat. §§ 31-51kk et seq. is able to retain not less than two weeks of such paid time off, as required by
349 Conn. Gen. Stat. § 31-51ll(e).

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

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

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

362

363 **Benefits for Former Employees**

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

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- 366 • If the covered person remains unemployed or otherwise not covered by another CT paid leave
367 program on the date that a requested leave begins, the Covered Employee shall submit an
368 application for benefits with their former Employer.
- 369 • If an individual submitting an application for benefits identifies themselves as a former
370 Employee, the Employer or Carrier may inquire as to whether the individual has obtained
371 Connecticut paid leave coverage with another employer following separation from the Employer
372 or is receiving unemployment insurance benefits. An affirmative answer to any of these
373 questions may be grounds for denial of a claim. If such denial is due to separate Connecticut
374 paid leave coverage, the communication of the denial shall include a notification for the former
375 employee to contact the Authority or their current employer for more information on how to
376 file a claim for paid leave compensation.

377

378 **Verification of Wages**

379 [If the Policy requires the employee to meet financial eligibility requirement set forth in the definition of
380 "covered employee" set forth in subsection (4) of 31-49e of the Connecticut General Statutes, the
381 Carrier may require a Covered Employee or the Employer to provide verification of wages earned with
382 the Employer. Absent good cause for a delay, such verification should be provided by the Employer no
383 more than 5 business days from the date of the request.]

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

388

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

390 This section should clearly state how the Weekly Benefit Amount payable to the Covered Employee is
391 calculated. Such provisions should indicate the manner in which benefits may be reduced for other paid
392 time off that the employee may be receiving, that benefits may be denied if the Covered Employee is
393 receiving unemployment insurance, workers' compensation benefits or other state or federal program
394 that provides wage replacement, and how benefits are calculated for reduced/intermittent leave or
395 when leave begins or ends during a work week. The benefit calculation must be at least equal to the
396 benefit calculation that would be paid to Covered Employees if participating in the state plan.

397 The Carrier shall explain in the Policy that the Employer will be required to submit all wage information
398 to the Carrier, and how it will obtain this information if not readily available from the Employer.

399

400 **Payments**

401 This section will set forth the timing and manner of benefit payments to Covered Employees. Benefits
402 should be paid to Covered Employees only. Benefits cannot be assigned unless such assignment is
403 required by operation of law, such as child support. Benefits that are owed but unpaid at time of death

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404 shall be paid to the employee's estate. Except in the case of self-employed individuals or sole
405 proprietors who are both employee and employer, benefits are not allowed to be paid to the employer.

406 The Carrier agrees that it will comply with the time periods and other requirements related to
407 processing and payment of claims that are set forth in the CT Paid Leave Act and policies. This section
408 will state that claim payments to a Covered Employee are to be paid not more than 15 calendar days
409 after approving an application, unless that determination occurs more than 15 calendar days before the
410 onset of leave or before the Employee meets the eligibility requirements, in which case the carrier shall
411 commence payment of leave benefits as soon as the carrier becomes aware that leave or eligibility
412 begins.

413 The Carrier is not permitted to offer lump sum payments in lieu of a Weekly Benefit Amount and/or pay
414 benefits at the beginning of a claim or in higher amount installments at the commencement of a claim.
415 The only exception to this rule is if the lump sum is necessary to pay benefits to which the Covered
416 Employee became entitled prior to the claim determination.

417 For each request for payment associated with intermittent leave, the Carrier may verify the leave taken
418 prior to issuing a payment.

419

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

421 This section will explain the permissible offsets to the Weekly Benefit Amount under the CT Paid Leave
422 Act and policies. Carriers may not impose additional offsets /reductions but Carrier policies may elect to
423 include any or all of the reductions available under the CT Paid Leave Act and policies. Under the CT Paid
424 Leave Act and policies, Covered Employees may receive other income for the same period of time that
425 they are receiving paid leave compensation. In order to avoid a Covered Employee receiving greater
426 than 100% of their regular rate of compensation, the Weekly Benefit Amount payable under the policy
427 may be reduced by the amount of wages or wage replacement that a Covered Employee on leave
428 receives for that period from the Employer.

429 While Carriers have the right to not reduce benefits as the result of other income, two restrictions will
430 continue to apply:

- 431 1. Total compensation received by the employee under the policy and other employer-provided
432 employment benefits cannot exceed such employee's regular rate of compensation;
- 433 2. Employees may not receive benefits under the policy concurrently with Unemployment
434 Insurance, Workers Compensation, or any other federal or state program that provides wage
435 replacement.

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

438 **Exclusions**

439 The Policy should not have any exclusions that are not specifically listed in the CT Paid Leave Act and
440 policies. If there are future changes to the CT Paid Leave Act and policies, these exclusions should be
441 consistent with those changes.

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

446

447 **Claim Provisions**

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

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

452 The Carrier shall clearly explain any claim provisions for paid family and/or medical leave. Policies may
453 be disapproved if claim provisions are unclear or misleading.

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

456 The Carrier may require the Covered Employee to provide a notice of an intent to file a claim to the
457 Carrier not greater than ~~30 calendar days~~maximum period allowed by statute prior to the date that the
458 employee seeks to begin receiving benefits: 7 calendar days for leaves related to family violence and 30
459 calendar days for all other leaves.

460 If the Carrier requires a notice period, the Carrier must allow an exception for circumstances beyond the
461 reasonable control of a Covered Employee. In this case, the Carrier may require that the notice be given
462 as soon as practicable. The Carrier may require that notices are sent to the Employer and may indicate if
463 notice is not given, and no good cause is provided for lack of notice, then the plan is allowed to wait
464 until the notice period has expired before paying benefits, and further, that if the notice period extends
465 beyond the end of the leave, then benefits may not be payable.

466 The Carrier may require that in the case of medical leave when planning medical treatment, the Covered
467 Employee must consult the Employer to schedule treatment that will not unduly disrupt the Employer's
468 operations. In this case, the Carrier may contact the Employer within five days of a claim to collect
469 information relevant to the claim.

470 The Carrier should clearly state that decisions on a claim for paid leave benefits will be made within 5
471 business days of receipt of a complete application, including complete and sufficient certifications, if
472 required. If the application is incomplete or insufficient, the Carrier shall notify the employee of the
473 information necessary to complete the claim no later than 5 business days from the receipt of the
474 incomplete or insufficient documentation.

475

476 **Certifications and Documentation Requests**

477 This section will describe the permissible certifications and documentation that the Carrier or the
478 Employer may request from Covered Employees. - The Carrier may require that claims for benefits be

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479 supported by a certification evidencing that the leave is for a qualifying reason. The Carrier may not
480 include certification or other proof requirements in the Policy that exceed those permitted to employers
481 under section 31-51mm of the Connecticut General Statutes and regulations promulgated by the
482 Connecticut Department of Labor relating to such section.

483 Neither the Employer nor Carrier may require the Covered Employee to submit additional evidence
484 unless it is specifically authorized in the CT Paid Leave Act and policies.

485 The Carrier may describe the information that it will require, with the statement that if there is a conflict
486 between the policy terms and the certification and documentation that employers may require pursuant
487 to Section 31-51mm of the Connecticut General Statutes and related regulations, or pursuant to the CT
488 Paid Leave Act and policies the terms of the latter statutes, regulations or CT Paid Leave Act policies
489 prevail.

490 Certification of Serious Health Condition

491 -The Carrier may require submission of the following necessary information for the following types of
492 paid family and medical leave. The Carrier may require that claims for benefits be supported by a
493 certification evidencing that the leave is for a qualifying reason.

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

495 The Carrier may require a certification from a health care provider that includes:

- 496 • ~~a~~A statement that the Covered Employee has a serious health condition, including that they are
497 an organ or bone marrow donor;
- 498 • ~~the~~The date on which the serious health condition commenced;
- 499 • ~~the~~The probable duration of the serious health condition;
- 500 • ~~a~~A certification by the health care provider that the Covered Employee is incapacitated from
501 work due to the serious health condition, including due to organ or bone marrow donation;
- 502 • ~~information~~Information regarding the need for intermittent leave or reduced leave schedule,
503 including a statement that such leave or schedule is medically necessary where the claim for
504 benefits is for leave on an intermittent or reduced leave schedule and an estimate of the
505 frequency and duration of leave needed; and
- 506 • ~~either~~Other such information that is permitted to be obtained pursuant to Section 31-51 mm of
507 the Connecticut General Statutes and related regulations

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

509 The Carrier may require a certification from a health care provider that includes:

- 510 • The name and address of the Family Member;
- 511 • A statement that the Family Member has a Serious Health Condition;
- 512 • The date on which the Family Member's Serious Health Condition commenced;
- 513 • The probable duration of the Family Member's Serious Health Condition;
- 514 • A statement that the Covered Employee is needed to care for the Family Member;

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- 515 • An estimate regarding the frequency and anticipated duration of time that the Covered
516 Employee is needed to care for the Family Member; and
517 • Other such information that is permitted to be obtained pursuant to Section 31-51 mm of the
518 Connecticut General Statutes and related regulations.

519 The Carrier may also ask the Covered Employee for:

- 520 • A statement confirming the relationship between the Covered Employee and the Family
521 Member; and
522 • Information from the Covered Employee that proves to the satisfaction of the Carrier the
523 identity of the Family Member.

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

525 The Carrier may require:

- 526 • The Child's birth certificate; or
527 • A statement from the Child's Health Care Provider stating the Child's birth date; or
528 • A statement from the Health Care Provider of the person who gave birth stating the Child's birth
529 date.

530 The Carrier may also require other such information that is permitted to be obtained pursuant to
531 Section 31-51 mm of the Connecticut General Statutes and related regulations

532

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

- 534 • The Carrier may require a certification from the child's health care provider or from an adoption
535 or foster care agency involved in the placement or the Connecticut Department of Children and
536 Families that confirms the placement and the date of placement and other such information
537 that is permitted to be obtained pursuant to Section 31-51 mm of the Connecticut General
538 Statutes and related regulations
539
540 • The Carrier may also require that the Covered Employee provide written notice of any change of
541 status as an adoptive or foster parent while an application for benefits is pending or while the
542 Covered Employee is receiving benefits. In this instance, the Covered Employee, within five
543 business days of such change in status, may be required to provide written notice of the change
544 to the Carrier.
545

546 **For Leave for a Qualifying Exigency arising out a Family Member is on Active Military Duty or Has Been**
547 **Notified of an Impending Call or Order to Active Duty in the Armed Forces:**

548 The Carrier may require:

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- 549 • A copy of the Family Member's active-duty order, a letter of impending activation from the
550 Family Member's commanding officer, or other documentation in circumstances where, for
551 good cause shown, the Covered Employee is unable to produce the active-duty orders or letter
552 of impending activation;
- 553 • A statement of the family relationship between the Covered Service Member and the Covered
554 Employee requesting benefits;
- 555 • Information from the Covered Employee that proves to the satisfaction of the Carrier the
556 identity of the family member;
- 557 • The name and address of the Family Member being cared for;
- 558 • The dates or period of time for which leave is requested, including frequency and duration of
559 leave;
- 560 • A description of the reason for qualifying exigency;
- 561 • Any available written documentation which supports the need for leave (e.g., a document
562 confirming the service member's Rest and Recuperation leave; a document confirming an
563 appointment with a third party, copy of a bill for services for handling legal or financial affairs,
564 etc.);
- 565 • -If leave is needed to meet with a third party (e.g., childcare, financial advisor, military event,
566 etc.), the name, address and contact of the individual/organization and a written description of
567 the meeting; and
- 568 • ~~other~~ Other such information that is permitted to be obtained pursuant to Section 31-51 mm of
569 the Connecticut General Statutes and related regulations

570

571

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

573 The Carrier may require a certification from the Covered Service Member's health care provider that
574 includes:

- 575 • The date on which the Covered Service Member's Serious Health Condition commenced;
- 576 • The probable duration of the Serious Health Condition;
- 577 • A statement that the Covered Employee is needed to care for the Family Member;
- 578 • An estimate of the amount of time the Covered Employee will be needed to care for the
579 Covered Service Member;
- 580 • An attestation by the Covered Service Member's Health Care Provider and the Covered
581 Individual that the Serious Health Condition is arises from the Covered Service Member's active
582 duty in military service;
- 583 • A statement of the family relationship between the Covered Service Member and the Covered
584 Employee;
- 585 • Information from the Covered Employee that proves to the satisfaction of the Carrier the
586 identity of the Family Member; ~~and~~
- 587 • The name and address of the Family Member being cared for; and

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- 588 • ~~other~~ Other such information that is permitted to be obtained pursuant to Section 31-51 mm of
589 the Connecticut General Statutes and related regulations
590

591 The Carrier must accept as an alternative form of certification an Invitational Travel Order (ITO), or
592 Invitational Travel Authorization (ITA) issued by the Department of Defense to any family member to
593 join an injured or ill service member at his or her bedside. An ITO or an ITA constitutes automatic
594 certification of military status and serious health condition.

- 595 • The Carrier must accept the ITO or ITA as complete and sufficient certification of the need for
596 leave, even if the Covered Employee's own name is not on it.
597 • The Carrier may require proof of a covered family relationship between the Covered Employee
598 and service member.
599 • If the Covered Employee needs leave beyond the expiration date of the ITO or ITA, the Carrier
600 may require certification of status via normal procedures.
601

602 **Information That May Be Requested from the Employer:**

603 The Carrier may require that the Employer, within ten business days from the date of notice or the filing
604 of a claim for benefits, provide to the Carrier all relevant information or records requested by the
605 Carrier. The Carrier may consider failure by the Employer to provide such information as a failure to
606 fulfill its obligations under the policy. If the Covered Employee consents, the Carrier may rely on the
607 information provided by the Covered Employee in order to determine eligibility and amount of paid
608 leave compensation.

609 This information or records may include the following:

- 610 • Whether the Covered Employee will receive any paid leave benefits from the Employer during
611 the requested leave period;
612 • Wage information for the employee during the base period;
613 • Information about dates worked by employee, if relevant to claim administration;
614 • Previously approved claims for paid leave benefits received by the employee within the prior 12
615 months;
616 • Whether the Employer has approved or intends to approve the request for leave under the
617 Family and Medical Leave Act or any other policy allowing for paid or unpaid leave; and
618 • Any other relevant information or records related to the request for leave, including but not
619 limited to, evidence of a fraudulent claim.
620

621 **Information that the Employer May Request from Carrier**

622 The policy should indicate that the Employer is allowed to request records of the duration of approved
623 leaves taken by their employees during the prior 12 months. Employers are also entitled to any
624 information that the Carrier possesses which is necessary in order for the Employer to comply with the
625 CT Paid Leave Act and policies.

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626

627 **Overpayments**

628 If the Policy includes a section regarding overpayments or subrogation, the Carrier should state any
629 provisions for recouping any overpayment of benefits.

630

631 **Claim Denials**

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

- 633 1. The specific reason for the denial;
634 2. The specific law or section of the policy that caused the denial;
635 3. What documentation was relied on for the denial;
636 4. What documentation can be provided, if any, to reconsider the denial; and
637 5. Reference to the reconsideration and appeal processes and timeframes.

638

639 **Reconsideration and Appeals**

640 The Policy must include a section notifying the Covered Employee that if a paid family or medical leave
641 claim is denied, the Covered Employee may request a reconsideration of the determination via the
642 Carrier's internal appeal process before ~~a~~ the Covered Employee ~~can~~ exercises the right to appeal a
643 denial of the claim to Connecticut Department of Labor ("CT DOL"). The reconsideration process should
644 be available both for denial of leave entirely, or for another adverse determination, such as approval of
645 a leave duration that is less than the requested duration or benefit payment amount that is disputed.
646 The Carrier's reconsideration process shall not require the Covered Employee to submit ~~an appeal~~
647 request for reconsideration less than ten calendar days from the receipt of notice of its determination.

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

651 If the reconsideration results in a denial of compensation, the Carrier must advise the Covered Employee
652 in writing that the Covered Employee may appeal to the CT DOL and identify how to contact the CT DOL.

653 The private plan administrator and Employer shall be required to furnish the CT DOL with all application
654 for benefits documentation that is retained by the private plan administrator or Employer within ten
655 (10) business days of the request by the CT DOL relevant to an appeal of a denial of or dispute over
656 family or medical leave benefits by the Employee.

657

658 **Definitions**

659 If it includes any of the following definitions, the policy shall include definitions that are no more
660 restrictive than those required by the CT Paid Leave Act and policies:

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

- 662 • Base period
- 663 • Base Weekly Earnings
- 664 • Covered Employee
- 665 • Employ
- 666 • Family member
- 667 • Grandchild
- 668 • Grandparent
- 669 • Health care provider
- 670 • Parent
- 671 • Reduced leave schedule
- 672 • Serious health condition
- 673 • Sibling
- 674 • Son or daughter
- 675 • Spouse
- 676 • Subject earnings

677 From the CT Paid Leave Authority Glossary of Terms:

- 678 • Intermittent Leave (if distinguishing from Reduced Leave Schedule)
- 679 • Family Violence
- 680 • Incapacity
- 681 • Bonding Leave
- 682 • Caregiver Leave
- 683 • Armed Forces/Armed Services
- 684 • Health care provider (as applied to Armed Forces/Military Leave)
- 685 • Qualifying Exigency Leave
- 686 • Inpatient Care
- 687 • Continuing Treatment by Healthcare provider