



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

July 6, 2020

### NOTICE TO ALL INSURANCE COMPANIES AUTHORIZED TO CONDUCT BUSINESS IN CONNECTICUT

#### CONCERNING

#### PAID FAMILY AND MEDICAL LEAVE INSURANCE (PUBLIC ACT NO. 19-25)

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

#### **Declaration of Insurance**

The Authority will consider a Carrier-issued Declaration of Insurance as acceptable proof of family and medical leave coverage consistent with the Authority standards provided that:

1. Carriers use the appropriate Declaration of Insurance that is included in the attached Appendix A to this Notice; and
2. 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.

#### **Form Filings**

Carriers are instructed to submit proposed Declaration of Insurance forms to the CID via the System for Electronic Rate and Form Filing (SERFF), under H21 Health-Other type of insurance and the H21.000 Health-Other sub-type of insurance. The Life & Health Division's policy form review unit has developed an expedited review process for Carriers who wish to use the Declaration of Insurance forms for use prior to the development of final paid family and medical leave policy forms.

The filing must be made via SERFF and include:

1. A filing description field beginning with the phrase "Paid Family and Medical Leave Declaration of Insurance";
2. A signed certification that the described materials are identical to what is in the Appendix A to this filing guidance notice, except for the addition of insurance company specific name, form identifier and policyholder name; and
3. A statement that the Carrier will submit a paid family and medical leave insurance policy form filing within 60 days following the CID's issuance of a forthcoming Policy Filing

[www.ct.gov/cid](http://www.ct.gov/cid)

P.O. Box 816 Hartford, CT 06142-0816  
An Equal Opportunity Employer

Guidance Notice defining the contents of an acceptable paid family and medical leave insurance policy.

**Acknowledgement of Declaration of Insurance Filings**

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

**Contact**

Any questions about this Filing Guidance Notice should be directed to [cid.lh@ct.gov](mailto:cid.lh@ct.gov)

A handwritten signature in blue ink, appearing to read 'A. Mais', is positioned above a horizontal line.

Andrew N. Mais  
Insurance Commissioner

Appendix A  
Insurance Declaration Document  
Connecticut Paid Family and Medical Leave Insurance Coverage

The purpose of this declaration is to provide documentation of insurance coverage commencing on or before January 1, 2022 to support a request for private plan exemption from the Paid Family and Medical Leave Insurance Authority (Authority) for the provision of paid leave benefits under Conn. Gen. Stat. § 31-49o.

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

- a. [name of employer]
- b. [address]
- c. Contact:
  - i. [name]
  - ii. [email address]
  - iii. [phone number]

**2. Insurance Coverage to comply with Conn. Gen. Stat. §§ 31-49e to 31-49t, inclusive, and the applicable guidelines published by the Authority to clarify procedures, practices and policies related to sections 31-49e to 31-49t, inclusive, to be provided by:**

- a. [name of insurer]
- b. [address]
- c. Contact:
  - i. [name]
  - ii. [email address]
  - iii. [phone number]
- d. Policy Number: [insert]

**3. Effective Date of Insurance Coverage (not later than January 1, 2022):** [insert]

**4. Certification by Insurer and Employer: Issuance of Policy**

The Employer and the Insurer agree that the Insurer will provide insurance coverage to the Employer's covered individuals for benefits under CT PFML Law. The insurer agrees that policy forms must be filed with the Connecticut Insurance Department (CID) within 60 days following issuance of the CID Policy Filing Guidance Notice that identifies the standards and provisions that a PFML policy must contain to be consistent with the Authority standards for an acceptable CT PFML policy.

The Employer and the Insurer agree that the insurance policy that is issued will comply with all requirements of the CT PFML Law including but not limited to the requirements listed in this Appendix.

**5. Acknowledgement by Employer**

The Employer acknowledges and understands that if this policy 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.

[Employer]

By its duly authorized representative,

\_\_\_\_\_

[Name]

[Title]

\_\_\_\_\_

[Date]

[Insurer]

By its duly authorized representative,

\_\_\_\_\_

[Name]

[Title]

\_\_\_\_\_

[Date]

Appendix B  
Checklist of PFMLI Developed by Authority

Requirement	Statute Section	Relevant Language
<p>The private plan shall meet all criteria defined in Section 31-49o(a)(1).</p>	<p>Sec. 31-49o(a)(1)</p>	<p>Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must (A) confer all of the same rights, protections and benefits provided to employees under said sections, including by providing (i) at least the same number of weeks of benefits; (ii) at least the same level of wage replacement for each of those weeks; and (iii) benefits in each circumstance specified in subdivision (2) of subsection (a) of section 31-51ll or in subsection (i) of said section or section 31-51ss; (B) impose no additional conditions or restriction on the use of family or medical leave beyond those explicitly authorized by said sections or by regulations issued pursuant to sections 31-49f to 31-49t or to section 31-51qq; (C) cost employees no more than the premium charged to employees under the state program; (D) provide coverage for all employees throughout their period of employment; (E) provide for the inclusion of future</p>

		<p>employees; (F) not result in a substantial selection of risks adverse to the Family and Medical Leave Insurance Trust or otherwise significantly endanger the solvency of the fund; (G) have been approved by a majority vote of the employer's employees; and (H) meet any additional requirements established by the authority.</p>
<p>If a private plan is offered through self-insurance, the employer shall issue a bond running to the state with a surety company authorized to do business in the State of Connecticut as surety in an amount required by the department.</p> <p>If a private plan is insured, the forms of the policy shall be approved by Insurance Commissioner and issued by an insurer approved to issue such insurance in the State of Connecticut.</p>	<p>Sec. 31-49o(a)(2)</p>	<p>Sec. 31-49o(a)(2) In order to be approved as meeting an employer's obligations under sections 1 to 16, inclusive, of this act, a private plan shall also comply with the following provisions: (A) If the private plan is in the form of self-insurance, the employer shall furnish a bond running to the state, with a surety company authorized to transact business in the state as surety, in such form as may be approved by the authority and in such amount as may be required by the department; and (B) if the plan provides for insurance, the forms of the policy shall have been approved by the Insurance Commissioner and be issued by an approved insurer.</p>
<p>Plan shall provide coverage for all employees throughout their period of employment</p>	<p>Sec. 31-49o(a)(1)(D)</p>	<p>Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved</p>

		as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must .... (D) provide coverage for all employees throughout their period of employment
Plan shall provide for inclusion of future employees	Sec 31-49o(a)(1)(E)	Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must ... (E) provide for the inclusion of future employees;
<p>Plan shall provide for coverage of any former employee who had been employed by an employer for 12 weeks from the date of separation or until the individual is employed by a new employer, whichever comes first.</p> <p>Plan may limit such coverage to only such former employees who had earned not less than \$2,325 in subject earnings from the employer during the employee's highest earning quarter within the base period:</p> <ul style="list-style-type: none"> <li>• Shall define "base period" as defined in the statute</li> </ul>	<p>Sec. 31-49o(a)(1)(A) &amp; (F)</p> <p>Sec 31-49e(4)(B)</p> <p>Sec 31-49e(2)</p> <p>Sec 31-49e(16)</p>	Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must (A) confer all of the same rights, protections and benefits provided to employees under said sections, including by providing (i) at least the same number of weeks of benefits; (ii) at least the same level of wage replacement for each of those weeks; and (iii) benefits

<ul style="list-style-type: none"> <li>• Shall define “subject earnings” as defined in the statute, provided, however, that the employer may limit “subject earnings” to only such earnings as the employer paid and may exclude earnings paid by other employers</li> </ul>		<p>in each circumstance specified in subdivision (2) of subsection (a) of section 31-51ll or in subsection (i) of said section or section 31-51ss; ..... (F) not result in a substantial selection of risks adverse to the Family and Medical Leave Insurance Trust or otherwise significantly endanger the solvency of the fund;.</p> <p>Sec 31-49e(2) “Base period” means the first four of the five most recently completed quarters;</p> <p>Sec. 31-49e(16) “Subject earnings” means total wages, as defined in subsection (b) of section 31-222 and self-employment income as defined in 26 USC 1402(b), as amended from time to time, that shall not exceed the Social Security contribution and benefit base, as determined pursuant to 42 USC 430, as amended from time to time, provided self-employment income shall be included only if the recipient has enrolled in the program pursuant to section 31-49m.</p>
<p>The entity offering the private plan shall be an “employer” as defined in the statute in Sec. 31-49e(8) and Sec. 31-51kk(4)</p>	<p>Sec. 31-49e(8) Sec. 31-51kk(4)</p>	<p>"Employer" means a person engaged in any activity, enterprise or business who employs one or more employees, and includes any person who acts, directly or indirectly, in the interest of an employer to any of the employees of such employer and any successor in interest of an employer. "Employer"</p>



		does not mean the federal government, the state or a municipality, a local or regional board of education or a nonpublic elementary or secondary school, except that the state, a municipal employer or local or regional board of education is an employer with respect to each of its covered public employees;
Plan shall define “employee” as it is defined in the statute in Sec 31-49e(7) and Sec. 31-51kk(3)	Sec. 31-49e(7) Sec 31-51kk(3)	"Employee" means an individual engaged in service to an employer in this state in the business of the employer;
Plan shall define “employ”, as defined in the statute in in Sec 31-49e(6) and Sec. 31-51kk(2)	Sec. 31-49e(6) Sec. 31-51kk(2)	"Employ" means to allow or permit to work;
Plan shall define “health care provider” as defined in the statute in Sec. 31-49e(13) and Sec. 31-55kk(9)	Sec. 31-49e(13) Sec. 31-51kk(9)	Sec. 31-49e(13) "Health care provider" has the same meaning as provided in section 31-51kk of the general statutes;  Sec. 31-51kk(9)"Health care provider" means (A) a doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices; (B) 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; (C) an advanced practice registered nurse, nurse practitioner, nurse midwife or clinical social worker authorized to practice

		<p>by the state in which such person practices and performs within the scope of the authorized practice; (D) Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; (E) 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; (F) a health care provider as defined in subparagraphs (A) to (E), inclusive, of this subdivision 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 (G) such other health care provider as the Labor Commissioner determines, performing within the scope of the authorized practice. The commissioner may utilize any determinations made pursuant to chapter 568;</p>
<p>Plan shall define "person" as defined in the statute in Sec. 31-49e(14) and Sec. 31-51kk(11)</p>	<p>Sec. 31-49e(14) Sec 31-51kk(11)</p>	<p>"Person" means one or more individuals, partnerships, associations, corporations, limited liability companies, business trusts, legal representatives or any organized group of persons;</p>
<p>Plan shall define "employment benefits" as all benefits provided or made available by an employer, as listed in the statute in Sec. 31-51kk(5)</p>	<p>Sec. 31-51kk(5)</p>	<p>Sec. 31-51kk(5) "Employment benefits" means all benefits provided or made available to employees by an employer, including group life</p>

		<p>insurance, health insurance, disability insurance, sick leave, annual leave, educational benefits and pensions, regardless of whether such benefits are provided by practice or written policy of an employer or through an "employee benefit plan", as defined in Section 1002(3) of Title 29 of the United States Code;</p>
<p>Plan shall cover serious health conditions and shall define "serious health condition" as defined in the statute in Sec 31-49e(15) and Sec 31-51kk(13)</p>	<p>Sec. 31-49e(15) Sec. 31-51kk(13)</p>	<p>Sec. 31-49e(15)"Serious health condition" has the same meaning as provided in section 31-51kk of the general statutes Sec. 31-51kk(13) "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>
<p>Plan shall offer paid family and medical leave compensation for the same duration and under the same conditions as the Paid Family and Medical Leave Insurance Authority, pursuant to the statute</p>	<p>Sec. 31-49o(a)(1)(a) Sec. 31-49g(a)</p>	<p>Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must (A) confer all of the same rights, protections and benefits provided to employees under</p>

		<p>said sections, including by providing (i) at least the same number of weeks of benefits; (ii) at least the same level of wage replacement for each of those weeks; and (iii) benefits in each circumstance specified in subdivision (2) of subsection (a) of section 31-51ll or in subsection (i) of said section or section 31-51ss;.</p> <p>Sec.31-49g(a) The Paid Family and Medical Leave Insurance Authority shall establish and administer the Paid Family and Medical Leave Insurance Program to provide up to twelve weeks of family and medical leave compensation to covered employees during any twelve-month period, as well as two additional weeks of compensation to a covered employee for a serious health condition resulting in incapacitation that occurs during a pregnancy.</p>
<p>Plan shall not require employees to contribute to the private plan an amount that exceeds the percentage of their subject earnings for that employer in amounts and in a manner defined by the statute.</p> <p>Plan shall provide that the employer incurs the obligation to make contributions on January 1, 2021, however, the Plan may determine the manner, form and frequency by which the</p>	<p>Sec. 31-49o(a)(1)(C)</p> <p>Sec. 31-49g(b)(1)</p> <p>Sec. 31-49g(b)(3)</p>	<p><b>Sec. 31-49o.</b> (a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must ... (C) cost employees no more than the premium</p>

<p>employer transmits the contributions to the Plan</p>		<p>charged to employees under the state program; (</p> <p>Sec. 31-49g(b) (1) Beginning on January 1, 2021, but not later than February 1, 2021, each employee and each self-employed individual or sole proprietor who has enrolled in the program pursuant to section 9 of this act shall contribute a percentage of his or her subject earnings that shall not exceed the Social Security contribution and benefit base, as determined pursuant to 42 USC 430, as amended from time to time, to the Family and Medical Leave Insurance Trust Fund. Such percentage shall be established by the authority, provided that the percentage shall not exceed one-half of one per cent;</p> <p>Sec. 31-49g(b)(3) Each employer making payment of any wages to an employee shall deduct and withhold from such wages for each payroll period a contribution computed in such manner as to result, so far as practicable, in withholding from the employee's wages during each calendar year an amount substantially equivalent to the contribution reasonably estimated to be due from the employee under this subsection with respect to the amount of such wages during the calendar year.</p>
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<p>Plan shall provide leave and benefits to covered employees for at least twelve weeks in any twelve-month period taken for conditions defined in subdivision (2) of subsection (a) of section 31-51ll, as amended by Public Act 19-25, or subsection (i) of said section or section 31-51ss of the general statutes, as well as for at least two additional weeks for a serious health condition resulting in incapacitation that occurs during pregnancy;</p> <p>Plan may determine how to calculate the 12-month period provided that it shall utilize one of the four methods set forth in Sec. 31-51ll(a)(1) in doing so.</p> <p>Plan shall provide that the obligation to make benefit payments is incurred no later than January 1, 2022.</p>	<p>Sec. 31-49o(a)(1)(A) Sec. 31-49g(c)(1)</p>	<p><b>Sec. 31-49o(a)(1)</b> Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must (A) confer all of the same rights, protections and benefits provided to employees under said sections, including by providing (i) at least the same number of weeks of benefits; (ii) at least the same level of wage replacement for each of those weeks; and (iii) benefits in each circumstance specified in subdivision (2) of subsection (a) of section 31-51ll or in subsection (i) of said section or section 31-51ss;</p> <p>Sec. 31-49g(c)(1) Beginning on January 1, 2022, but not later than February 1, 2022, covered employees shall receive compensation under this section for up to twelve weeks of leave in any twelve-month period taken for one or more of the reasons listed in subdivision (2) of subsection (a) of section 31-51ll of the general statutes, as amended by this act, or subsection (i) of said section or section 31-51ss of the general statutes, as well as for two additional</p>
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		<p>weeks for a serious health condition resulting in incapacitation that occurs during a pregnancy</p> <p>Sec. 31-51ll(a)(1) Subject to section 31-51mm, an eligible employee shall be entitled to a total of twelve workweeks of leave during any twelve-month period, such twelve-month period to be determined utilizing any one of the following methods: (A) A calendar year; (B) any fixed twelve-month period, such as a fiscal year or a twelve-month period measured forward from an employee's first date of employment; (C) a twelve-month period measured forward from an employee's first day of leave taken under sections 31-51kk to 31-51qq, inclusive; or (D) a rolling twelve-month period measured backward from an employee's first day of leave taken under sections 31-51kk to 31-51qq, inclusive. Such employee may take up to two additional weeks of leave during such twelve-month period for a serious health condition resulting in incapacitation that occurs during a pregnancy.</p>
<p>Plan shall offer compensation in an amount no less than the amounts defined in the statutes in Section 31-49g(c)(2), provided that the employee's compensation shall be based upon the employee's base</p>	<p>Sec. 31-49g(c)(2)</p>	<p>Sec. 31-49g(c)(2) The weekly compensation offered to covered employees shall be equal to ninety-five per cent of the covered employee's base weekly earnings up to an amount equal to forty times the minimum fair wage, as</p>

<p>weekly earnings for that employer</p>		<p>defined in section 31-58 of the general statutes, and sixty per cent of that covered employee's base weekly earnings above an amount equal to forty times the minimum fair wage, except that the total weekly compensation shall not exceed an amount equal to sixty times the minimum fair wage. Compensation shall be available on a prorated basis.</p>
<p>Plan shall provide a covered employee with the option to have income tax withheld from their paid family and medical leave compensation and withheld in a manner consistent with state law.</p>	<p>Sec. 31-49g(c)(4)</p>	<p>Sec. 31-49g(c)(4) If a covered worker elects to have income tax deducted and withheld from his or her compensation, the amount specified shall be deducted and withheld in a manner consistent with state law.</p>
<p>Plan shall comply with Sec. 31-49g(d) regarding compensation for two spouses employed by the same employer.</p>	<p>Sec. 31-49g(d)</p>	<p>(d) Notwithstanding subsection (g) of section 31-511l of the general statutes, two spouses employed by the same employer shall each be eligible for up to twelve weeks of compensation under this section in any twelve-month period. Such eligibility for compensation shall not increase their eligibility for job protected leave beyond the number of weeks specified in said subsection;</p>
<p>Plan shall comply with statutory and regulatory requirements regarding the availability of intermittent and reduced schedule leave.</p>	<p>Sec. 31-49g(e) Sec. 31-511l(a) through (c)</p>	<p>Sec. 31-49g(e) A covered employee may receive compensation under this section for nonconsecutive hours of leave.</p> <p>Sec. 31-511l a)(1) Subject to section 31-51mm, an eligible</p>



		<p>employee shall be entitled to a total of twelve workweeks of leave during any twelve-month period, such twelve-month period ... (2) Leave under this subsection may be taken for one or more of the following reasons: (A) Upon the birth of a son or daughter of the employee; (B) Upon the placement of a son or daughter with the employee for adoption or foster care; (C) In order to care for a family member of the employee, if such family member has a serious health condition; (D) Because of a serious health condition of the employee; (E) In order to serve as an organ or bone marrow donor; or (F) Because of any qualifying exigency, as determined in regulations adopted by the United States Secretary of Labor, arising out of the fact that the spouse, son, daughter or parent of the employee is on active duty, or has been notified of an impending call or order to active duty, in the armed forces, as defined in subsection (a) of section 27-103.</p> <p>(b) Entitlement to leave under subparagraph (A) or (B) of subdivision (2) of subsection (a) of this section may accrue prior to the birth or placement of a son or daughter when such leave is required because of such impending birth or placement.</p> <p>(c) (1) Leave under subparagraph (A) or (B) of subdivision (2) of subsection (a) of this section for the birth or placement of a son or daughter may not be taken by an employee intermittently or on a reduced leave schedule unless</p>
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		<p>the employee and the employer agree otherwise. Subject to subdivision (2) of this subsection concerning an alternative position, subdivision (2) of subsection (f) of this section concerning the duties of the employee and subdivision (5) of subsection (b) of section 31-51mm concerning sufficient certification, leave under subparagraph (C) or (D) of subdivision (2) of subsection (a) or under subsection (i) of this section for a serious health condition may be taken intermittently or on a reduced leave schedule when medically necessary. The taking of leave intermittently or on a reduced leave schedule pursuant to this subsection shall not result in a reduction of the total amount of leave to which the employee is entitled under subsection (a) of this section beyond the amount of leave actually taken.</p> <p>(2) If an employee requests intermittent leave or leave on a reduced leave schedule under subparagraph (C), (D) or (E) of subdivision (2) of subsection (a) or under subsection (i) of this section that is foreseeable based on planned medical treatment, the employer may require the employee to transfer temporarily to an available alternative position offered by the employer for which the employee is qualified and that (A) has equivalent pay and benefits, and (B) better accommodates recurring periods of leave than the regular employment position of the employee, provided the exercise of this authority shall not conflict with any provision of a collective bargaining</p>
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		agreement between such employer and a labor organization which is the collective bargaining representative of the unit of which the employee is a part.
Plan shall allow for a covered employee to receive benefits concurrent with any other employer-provided employment benefit, but the compensation shall not exceed the employee's regular rate of compensation	Sec. 31-49g(f) 3	Sec. 31-49g(f) A covered employee may receive compensation under this section concurrently with any employer-provided employment benefits, provided the total compensation of such covered employee during such period of leave shall not exceed such covered employee's regular rate of compensation.
Plan shall not allow covered employee to receive benefits concurrent with Workers Compensation or Unemployment benefits	Sec. 31-49g(g)	Sec. 31-49g(g) No covered employee shall receive compensation under this section concurrently with compensation under chapter 567 or 568 of the general statutes or any other state or federal program that provides wage replacement.
Employer shall agree to sign an acknowledgment that approval for its plan may be withdrawn for violating the terms and conditions of the statute, including but not limited to those conditions listed in the Section (Sec. 11 (b))	Sec. 11 (b)	(b) Approval for a private plan granted under subsection (a) of this section may be withdrawn when terms or conditions of the plan have been violated. Causes for plan termination include, but shall not be limited to, the following: (1) Failure to pay benefits; (2) failure to pay benefits timely and in a manner consistent with the public plan; (3) failure to maintain an adequate security deposit as described in subdivision (2) of subsection (a) of this section; (4) misuse of private plan funds; (5) failure to submit reports as required; or (6)

		failure to comply with sections 1 to 16, inclusive, of this act.
Employee contributions shall not be increased except on the anniversary of the effective date of the private plan or within thirty days of after the state adjusts the contribution rate.	Sec. 31-49o(c)	Sec. 31-490(c) Notwithstanding subsection (b) of section 3 of this act, employees enrolled in an approved private plan shall not contribute a percentage of their earnings to the Family and Medical Leave Trust Fund. Notwithstanding section 31-71e of the general statutes, an employer may withhold or divert up to the portion of an employee's wages that corresponds to the contribution rate established pursuant to subsection (b) of section 3 of this act for the purpose of administering an approved private plan. The amount of wages withheld or diverted for such purpose shall not be increased, except on the anniversary of the effective date of the private plan or within thirty days after the state adjusts the contribution rate.
Plan shall include language that informs the employee that they retain all rights outlined in sections 31-51kk to 31-51qq, inclusive	Sec. 31-49o(d)	Sec. 31-49o(d) An employee covered by a private plan approved under this section shall retain all applicable rights under sections 31-51kk to 31-51qq, inclusive, of the general statutes, as amended by this act.
Plan shall provide for an appeals process with the private plan administrator that the employee shall utilize before exercising the right of appeal pursuant to Sec. 31-49p and shall include language that acknowledges	Sec. 31-49o(a)(1)(H) Sec. 31-490(e) Sec. 31-49p	Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance

<p>that a denial of family or medical leave benefits by a private plan is subject to administrative appeal and appeal to the Superior Court.</p>		<p>Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must ... (H) meet any additional requirements established by the authority.</p> <p>Sec. 31-49o(e) A denial of family or medical leave benefits by a private plan shall be subject to administrative appeal and appeal to the Superior Court as provided by section 31-49p.</p> <p>Sec. 31-49p Any covered employee aggrieved by a denial of compensation under the Family and Medical Leave Insurance Program or any person aggrieved by the imposition of a penalty imposed pursuant to section 31-49r may file a complaint with the Labor Commissioner. Upon receipt of any such complaint, the commissioner shall hold a hearing. After the hearing, the commissioner shall send each party a written copy of the commissioner's decision. The commissioner may award the covered employee or person all appropriate relief, including any compensation or benefits to which the employee otherwise would have been eligible if such denial had not occurred. Any party aggrieved by the decision of the commissioner may appeal the decision to the Superior Court in accordance with the provisions of chapter 54.</p>
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Plan shall define “family member”, “grandchild”, “grandparent”, “parent”, “person”, “sibling”, “son or daughter” and “spouse” in a manner identical to the statute	Sec. 31-51kk (6), (7), (8), (10), (11), (14), (15), (16)	<p>Sec. 31-51kk(6) "Family member" means a spouse, sibling, son or daughter, grandparent, grandchild or parent, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships;</p> <p>(7) "Grandchild" means a grandchild related to a person by (A) blood, (B) marriage, (C) adoption by a child of the grandparent, or (D) foster care by a child of the grandparent;</p> <p>(8) "Grandparent" means a grandparent related to a person by (A) blood, (B) marriage, (C) adoption of a minor child by a child of the grandparent, or (D) foster care by a child of the grandparent;</p> <p>(10) "Parent" means a biological parent, foster parent, adoptive parent, stepparent, parent-in-law or legal guardian of an eligible employee or an eligible employee's spouse, an individual standing in loco parentis to an eligible employee, or an individual who stood in loco parentis to the eligible employee when the employee was a child;</p> <p>(11) "Person" means one or more individuals, partnerships, associations, corporations, business trusts, legal representatives or organized groups of persons;</p> <p>(14) "Sibling" means a brother or sister related to a person by (A) blood, (B) marriage, (C)</p>

		<p>adoption by a parent of the person, or (D) foster care placement;</p> <p>(15) "Son or daughter" means a biological, adopted or foster child, stepchild, legal ward, or, in the alternative, a child of a person standing in loco parentis, or an individual to whom the employee stood in loco parentis when the individual was a child; and</p> <p>(16) "Spouse" means a person to whom one is legally married.</p>
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