

Topic	Document (P&P, Policy Filing Guidance, Checklist)	Line Number (or Page Number)	Question/Request	Authority Response	Suggestion Taken and Requires Change (Y/N)?	tech vs subst
Accruals - Other Income	Policy Filing Guidance	10	Concerned that language that "When the earned or accrued paid leave is less than the Covered Employee's regular pay, such that the Employee utilizes such paid leave to supplement the benefits received under the policy, such day or days shall count against the Employee's maximum allotment of income replacement benefits in a 12-month period." will allow employers to force employees to receive CTPL benefits simultaneously with employer-provided benefits when the employee may want to take them consecutively	We cannot prevent situations where an employee could be required to take their employer-funded benefits at the same time as their CT PL benefits. When that happens, we need to be able to account for it against the CT PL weekly allotment. Also, it is very likely to be the case that the benefits under CT PL will be less than the employees' full wages. We cannot establish a policy that dissuades employers from doing that or that gives such employees a huge windfall by saying when they are in that situation, the CT PL benefits don't count against their weekly allotment.	N	S
Accruals - Other Income	Checklist	Page 7	Statutes allow it to be used as a supplement during leave. We think you mean if the leave is used as a substitute, rather than a supplement. This section differs from the draft filing guidance.	When the accrued time completely replaces or substitutes for paid leave benefits, such time shall not count against the maximum allowance of paid leave. If the accrued time supplements and is paid along side paid leave benefits (even reduced paid leave benefits), such time shall count against the maximum allowance of paid leave. We can re-word the checklist to make	Y	T

Accruals - Other Income	P&P Policy Filing Guidance Checklist	801 339 Page 7	Requirement to use accruals is made by Employer, therefore request that the private plan not reflect that requirement.	<p>While the Authority agrees that it is within the power of the Employer to decide whether employees must utilize accruals, the private plan should reflect that choice (in the same way it reflects other options that an Employer may elect with respect to private paid leave coverage).</p> <p>As the private plan document is meant to assist employees in understanding their rights and obligations under the paid leave program, it makes sense to include the information within the document.</p>	Y	T
Accruals - Other Income	P&P Policy Filing Guidance Checklist	861 412 Page 9	Statement is very broad in guidelines	<p>We can make the following modification: <u>"Under the CT Paid Leave Act and policies, Covered Employees may receive other income for the same period of time that they are receiving paid leave compensation. In order to avoid a Covered Employee receiving greater than 100% of their regular rate of compensation, the Weekly Benefit Amount payable under the plan may be reduced by the amount of wages or wage replacement that a Covered Employee on leave receives for that period from the Employer."</u></p>	Y	T

Accruals - Other Income	P&P Policy Filing Guidance	801 341, 400 Page 7	Indicate that the employee is only entitled to retain two weeks of accrued time if the leave is subject to Conn. Gen. Stat. §31-51kk et seq.	Agree with the change	Y	T
Accruals -Other income	P&P Policy Filing Guidance	872, 880 423, 431	To help clarify we recommend adding "due to the same leave reason for the same period of time..."	The Authority does not believe that the leave reason must match between the paid leave request and the other income. In fact, they often would not match. PTO/Vacation pay may not have a reason or the reason may not match, but they still should not be used to allow an employee to receive more than 100% of their regular rate of compensation. Similar analysis for government programs. And for Unemployment Insurance, in particular, the benefit would not be paid for the same reason.	N	S
Capitalization of Covered	Checklist	Page 4	Covered Employees is capitalized in some places and not others.	These should all be fixed by now.	N	T
Contact information for DOL	P&P Policy Filing Guidance	1050 638	Request information on how to contact DOL for appeal	The Authority will provide the contact information and process for filing appeal, when available. The policy document need not include the specific information.	N	T
Deadlines	P&P	264	Update timeframes for approval of private plan vs. effective date of the coverage	We were using the older version that we shared with IAC. The master copy has already been updated to say that January 1 effective dates must be approved by December 1.	N - already updated in master copy	T

Deadlines	P&P	85, 185	Extend timeline to file self insured plan document	We anticipate providing at least 30 days between the publications of the private plan policies/sample of a self insured plan document and the date that the document must be filed with the Authority. The deadline will likely be December 10th or 15th, based on the board meeting on November 10th.	Y	T
Former employees	P&P Policy Filing Guidance Checklist	818, 823 359, 363 Page 8	Request that former employees are no longer covered under the private plan when they become covered under another state's mandated paid leave program or with an employer in a separate state.	The statute does not distinguish between former employees who obtain similar coverage in another state. The definition of Covered Employee allows anyone who was employed in the prior 12 weeks, regardless of their status of coverage in a similar program. Therefore, we would be required to continue to covered them. In any event, they would not be eligible to receive benefits under both programs for the same period of time. It is a question of actual benefit payment, rather than eligibility for benefits.	N	S

<p>Notation indicating version</p>	<p>Checklist</p>	<p>Page 1</p>	<p>Please confirm that this information is the same as what is being asked in the seventh bullet point from the top, which reads “a form number/form series/other identifier that indicates the contract version that is filed with CID, preferably at the bottom right or bottom left of the first page”.</p>	<p>The form number should be essentially static – reflecting the document that was sent to the CID.</p> <p>This item in the checklist was meant to capture any modifications that may occur to the document post-issuance (which may or may not require a vote, based on the materiality). Particularly when the filed contract allows variability, and an update remains within the variability, the document should distinguish between the new version and the older one.</p> <p>Carriers have leeway on how it operates:</p> <ul style="list-style-type: none"> - The first document can be “v1”, with subsequent forms “v2”, “v3”, etc. - Can use the date that the specific document took effect, assuming the prior version didn’t also take effect on that date - Can say “1.0”, “2.0” - Can say version “A”, followed by “B”, “C”, etc 	<p>N</p>	<p>T</p>
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Notice	Policy Filing Guidance	12	Allowing the Carrier/Employer to require 30 days' notice for foreseeable claims seems too long & carriers shouldn't be able to deny a claim due to lack of notice because a carrier doesn't need to worry about filling in for the employee's absence.	We opted to follow the FMLA 30 day notice for foreseeable leaves to keep deadlines simple for employees who will need to get & provide med certs (etc) to both the employer and us. We also want to encourage applicants with a foreseeable need to apply early so we can get everything resolved before they go out on leave. The language refers to 30 days before they want to receive benefits, instead of 30 days before leave begins to address situations when a person doesn't know right away that they will need benefits.	N	S
Notice of Changes in plan	Checklist	Page 3	There should be an exception for conforming to change in law, or when an employer is the one to request a voluntary amendment. Carriers do not initiate amendments (unless required by change in law).	There is already an exception for changes in the CT Paid Leave laws. Notice would not be required if the Employer requests a change, as they are already aware of the change. Nevertheless, when there are changes to the plan, the Employer should be made aware of the specific changes.	N	S
Payment of benefits	P&P	851	Request additional 15 calendar days from the date of leave in order to pay benefits under the circumstances where an employee has received prior approval of paid leave, more than 15 days before the leave date.	Since the Employer/Carrier has already pre-approved the paid leave request, it does not seem necessary for an additional 15 calendar days to pass before benefits are paid. The highlighted phrase assumes the Employer/Carrier is aware already.	N	S

Payment of benefits	Policy Filing Guidance	11	15 days seems like a really long time frame to pay a claim, especially given that carriers get 5 days to approve or deny the claim.	We came to 15 days because we needed to allow for (1) the possibility of delays caused by holidays; (2) the fact that with intermittent and reduced schedule leaves, it may be necessary to get verification of the actual hours not worked before it is possible to issue the checks; and (3) it is pretty standard practice to issue the benefits on the same day of the week every week.	N	S
Plan termination	P&P	505	Due to Intermittent leave rules, this may not be possible. Without being able to breakdown time to a unit smaller than a week, this may not be able to be properly calculated. We recommend that this read "time used per claimant (note increments of time)" and that "in weeks" be removed.	It is acceptable, and expected, for carriers/employers to utilize decimals or fractions in order to report the number of weeks. Essentially, they may take the number of hours of paid leave used in a week, and divide that by the number of hours in the employee's regular work week, in order to determine the utilization in weeks. (This is consistent with federal FMLA regulations)	N	S

Plan termination	P&P	746	<p>The language in the self-insured plan document should match the insured policy, with respect to when the original carrier continues paying the claim.</p> <p>In addition, should be limited to 12 month continuation from the termination date.</p>	<p>Agree with comment. We can change the document to match the insured transition rules.</p> <p>However, every leave should be refiled within 12 months. All approved leaves terminate at the end of the 12 month period. Leaves should be refiled after that point. It is not a recertification, nor an extension. It's a new leave request.</p>	Y	T
Plan year	P&P Policy Filing Guidance		specify that they can adopt a separate calendar method for benefits associated with military caregiver leave	We will make that change	Y	T
Prior Earnings	P&P Policy Filing Guidance Checklist	Page 34 375 Page 8	Recommend using "while working with a Connecticut Employer in the highest earning quarter..."	Private plans are allowed to only consider earnings from the specific employer who has the private plan. They need not factor in the earnings the covered employee had prior to employment with the employer - but they can do so if they choose to.	Y - can clarify options	S
Reconsideration - Appeal	P&P Policy Filing Guidance	1043 632	Request to not use "appeal" when referring to carrier/employers internal process to reconsider the decision.	<p>We can remove the reference to "internal appeal process", and simply say "internal process". And ensure there is consistency across documents.</p> <p>Most of other references have already been updated to "reconsideration."</p>	Y	T

Reconsideration - Appeal	P&P	N/A	Request that all employers with a private plan provide a contact person for the purposes of appeals process. May be with the Employer or with the Carrier/TPA.	Agree with requirement. We can add to the P&P Document.	Y	T
Reconsideration - Appeal	P&P	Page 37	This suggests that the employee must request reconsideration and receive a decision prior to filing an appeal with the DOL. This is inconsistent with our understanding of the Policy Filing Guidance.	The Authority can modify the language to indicate that an employee has the right to appeal without requesting reconsideration. "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."	Y	T
Reconsideration - Appeal	P&P	1044	The draft policy doesn't say that the preliminary determination must have this info about the decision becoming final if reconsideration isn't requested, or that the preliminary should give CTDOL appeal information. Can the policy be updated to specify the appeal rights advisement (and 21-day deadline) must be included in the preliminary determination?	The denial letter will provide details around the process for reconsideration as well as process for filing an appeal. As well as 21 day deadline for filing. We can add that as a requirement within the policy guidance.	Y	T
Reimbursement	Policy Filing Guidance	351, 393, 418	Request to allow employers to pay regular wages to employees, and have paid leave plan reimburse employers all or a portion of those wages.	We appreciate the feedback, but do not believe that the statute allows such a plan design.	N	S

Reports	P&P	580	<p>Private plans will not be able to provide report by April 1 that reflects the first quarter of leave payments, recommend moving to May 1 deadling.</p> <p>Also, private plans would like details on the reporting requirements, and the specific manner and form they will take.</p>	<p>Authority agrees with the request to move the deadline to May 1st.</p> <p>We will provide a sample/template shortly, with opportunity for comment from the industry.</p>	Y	T
Wages for employees with less than two calendar quarters of earnings	P&P Policy Filing Guidance	833 378	<p>It is our understanding that it is permissible for private plans to calculate the benefits on a pro-rata basis using the number of weeks for which wages are available (i.e. they have been employed by the employer less than the base period), instead of 26.</p>	<p>The authority agrees that private plans may utilize a pro-rata determination for employees who have worked for less than the base period.</p>	N - No change needed	T