Approved Insights

	YTD 2022 thru 11/30/22	YTD 2023 thru 11/30/23	Cumulative since 1/1/22
Payments Released	388,144	519,252	948,161
Unique Employees	40,763	55,754	89,759
Total Days Paid	2,283,241	2,939,211	5,458,974
Total Request for Funds	\$219,400,498	\$303,712,133	\$570,409,313

Of benefits paid for leaves of a week or longer since Inception:

41.63% were paid the max weekly benefit

40.50% were paid between the min and max

17.87% were paid below the minimum

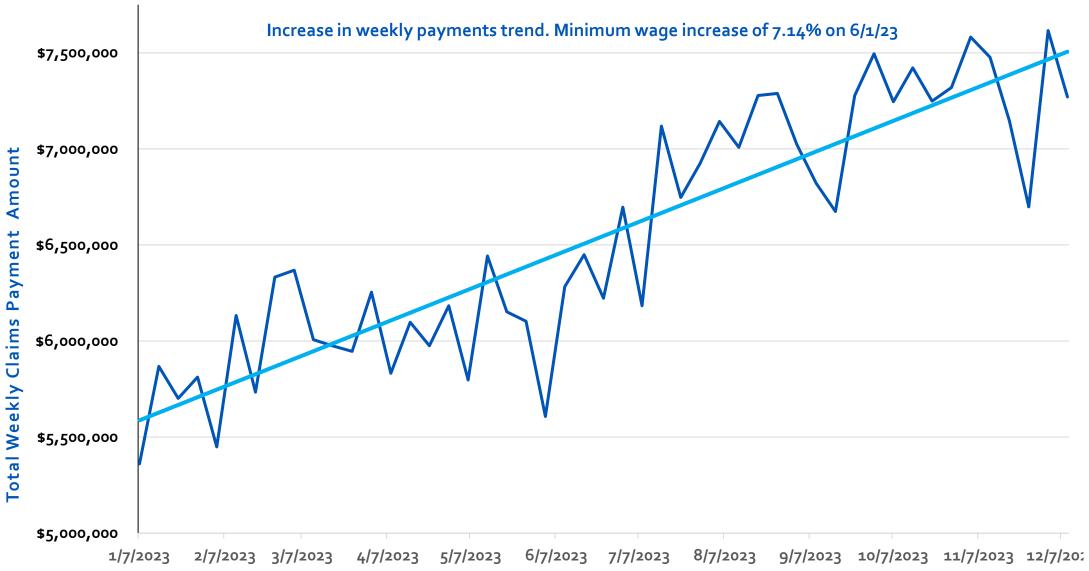
Average Daily Amount

***\$**103.99

*New max \$900 as cases with >=June 1, 2023, start dates are paid



2023 Weekly Claim Payments Trend





	November 7 th	December 13 th
Total Number of Expiring Plans:	230	230
Confirmed Intent	104	185
Approved New Application	80	145
Confirmed Returning to Public Program	20	35
New Application Submitted – Pending	3	4
Closed Businesses	1	1
Remaining	126	45
Extension Granted for New Application no later than 12/29	N/A	15
Believe may be closed/merged/acquired	N/A	13
Intend to Return (but have not officially provided form)	N/A	7
Still no response to any of our contact	N/A	10



Community Affiliation Request Form Connecticut Paid Leave



This form should be used for all Courtesy Affiliation Requests on a fiscal year cycle early on-boarding for future Board Members. These affiliations are to be used to identify potential advocates and community ambassadors.

Date of Request:		New	Update
Board Member I	<u>Details</u>		
Name (First &Last):		
Do you wish to shar	re your affiliations? Yes	No	
Affiliation Detai	ls		
Organization:		Ino y:	
Type of Affiliation:	Select R		
Start Date:		End Date:	
			(if pi June 30 of cur Y)
Organization:		Industry:	
Type of Affiliation:	Select Role	Website:	
Start Date:		End Date:	
			(no later than June 30 of current FY)
Organization:		Industry:	
Type of Affiliation:	Select Role	Website:	
Start Date:		End Date:	
			(no later than June 30 of current FY)



Board of Directors New Member Contact Form

*Indicates required field

Personal Informat	<u>on</u>			
*First & Last Name:				
Street Address:				
*City, State, Zip:				
Home Phone:	*Cell Phone:			
*Em address				
th M h & Day:				
orkpla	ation			
*Company:	*City, State:			
*Role:	Work Phone:			
Web Address:				
*Email:				
Assistant Name:	Asst Phone:			
Assistant Email:				
*Preferred Methods of Communication *Best Number to Reach You:				
"Desi Number to K	cacii 10u:			





