



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

The purpose of this checklist is to assist insurance carriers and the Connecticut Insurance Department ("CID") in the approval of private plan policy forms ("Forms"). It is expected that carriers will indicate the page in which their Forms comply with the requirement noted and submit this checklist at the time that they file the private plan Forms. If the requirement is not included in the Forms, then the carrier may indicate "N/A" and provide an explanation as to why it was not included. However, the CID shall have the right to disapprove of Forms which do not comply with the CT Paid Family Leave Act and policies promulgated by the CT Paid Family and Medical Leave Insurance Authority.

Provision	Specific Requirement	Page(s) Where Located
First Page(s) and Notices		
Policy Details	<p>The Forms include the following:</p> <ul style="list-style-type: none"> the type of coverage provided (e.g. "Connecticut Paid Family and Medical Leave Insurance") the name and address of Insurance Carrier ("Carrier"); the Policyholder's name; the term of the Policy Coverage (the "Policy"), including the effective date and renewal date (if applicable) for the Policy; all renewal rights (e.g. whether the Policy is renewable or non-renewable, and whether renewal is guaranteed); the signature of at least one officer of the Carrier; a form number/form series/other identifier that indicates the contract version that is filed with the CID, preferably at the bottom right or bottom left of the first page; a unique policy number for the employer; and a notation indicating the version of the Policy document in effect. 	
Notice – Intent and Conflicts with Law	<p>The Forms include a statement that the Policy is intended to cover paid leave benefits that comply with the Connecticut Paid Family and Medical Leave Insurance Authority ("CT Paid Leave Authority" or "Authority") standards. The provisions of this Policy must conform with the requirements of Conn. Gen. Stat. §§ 31-49e through 31-49t and the policies promulgated by the CT Paid Leave Authority (hereinafter respectively referred to as "the CT Paid Leave Act and policies"). If any provisions of the Forms do not conform to the requirements of the CT Paid Leave Act and policies, then the Carrier is required to administer paid benefits consistent with the CT Paid Leave Act and policies. If there are any conflicts between the Forms and the CT Paid Leave Act and policies, the CT Paid Leave Act and policies will be the controlling requirements, unless the provisions of the Forms are more advantageous to the Covered Employee in which case the Forms terms as to those more advantageous provisions shall prevail.</p>	

Provision	Specific Requirement	Page(s) Where Located
Notice – Amendments and Clarification in Law	The Forms include a notice acknowledging that if there are any changes, amendments, or regulatory clarifications to the provisions of the CT Paid Leave Act and policies, then the Policy will be administered consistent with the relevant changes, amendments, or clarifications and all claims practices will be updated to be in compliance with the new requirements.	
Notice – Termination and Non-renewals	The Forms provide the following information concerning notification of the termination of a Policy: If the Carrier elects to terminate a Policy for any reason other than non-payment of premium, it must provide at least 90 days' notice to the Employer and to the CT Paid Leave Authority prior to terminating a Policy. If a Carrier terminates for non-payment of premium, notice must be provided to the Employer and the CT Paid Leave Authority no greater than 3 business days following termination, unless the Policy is reinstated prior to that date. If a Carrier elects to non-renew a Policy, it must provide at least 120 days' notice to the Employer and to CT Paid Leave Authority prior to non-renewing a Policy.	
Notice – Requirement for Coverage Upon Termination/Non-renewal	The Forms include a notice of termination or nonrenewal explaining that if an Employer's Policy is terminated during the term of a CT Paid Leave Authority-approved exemption period, and the Employer does not obtain approval from the CT Paid Leave Authority to provide private plan coverage from another source (either its own self-insured private plan or another Carrier's fully insured private plan) the Employer (a) may be required to remit contributions for its entire payroll retroactive to the later of either January 1, 2021 or the start date of the Employer's approved exemption (b) may be required to repay to the CT Paid Leave Trust Fund ("Trust Fund") the cost of total amount of benefits paid to Covered Employees who received benefits from the Trust Fund, and (c) may be subject to additional interest and penalties established by the CT Paid Leave Authority for not maintaining a private plan.	
Notice – Employee Rights Retained	The Forms include a notice indicating that an employee covered under the Policy retains all rights under Conn. Gen. Stat. §§ 31-51kk to 31-51qq, inclusive.	
Notice – Employee Contributions	The Forms include the following information: if the Employer requires contributions toward premiums from Covered Employees, this amount cannot exceed the maximum employee contribution percentage nor the Social Security contribution and benefit base as described in the CT Paid Leave Act and policies. This maximum contribution amount is subject to an annual adjustment by the CT Paid Leave Authority as specified in C.G.S. §31-49g(b). The amount of wages withheld or diverted from employees for contributions shall not be increased, except on an anniversary of the effective date of private plan or within thirty days after the Authority adjusts the contribution rate.	

Provision	Specific Requirement	Page(s) Where Located
Premium Payment		
Calculation of Premium	The Forms explain how the Carrier calculates premium, and the manner in which the employer is expected to remit premium payments.	
Grace Period for Nonpayment of Premium	<p>The Forms include a Grace Period provision which provides:</p> <ul style="list-style-type: none"> • A Grace Period that is no shorter than 31 days from the date premium is owed. Premium shall be owed no sooner than the last day of the period for which premium provides coverage; • The Policy will remain in force during the Grace Period; • Carriers will provide notice to the Employer and to the CT Paid Leave Authority no later than 3 business days following termination for non-payment, unless the Policy is reinstated prior to that date; and • Carriers' right to seek payment of pro rata premium for the period of time that the coverage remained in force. 	
Notice of New Rates	For coverage that is renewable, there is a provision that indicates notice of new rates will be provided no less than 90 days prior to the renewal date. Such notice is not required if there is no change in premium rates at renewal.	
Amendments to Policy		
Amendments Generally	If the Carrier allows amendments, there is a section that explains how and when there may be amendments to a Policy.	
Amendments Shall Require Vote and Approval	<p>If the Carrier allows amendments:</p> <ul style="list-style-type: none"> • Notice to Employer will be given prior to effective date of amendment; and • When required by CT Paid Leave Act and policies, a new vote of employees and new request for approval from the CT Paid Leave Authority will be required. <p>Such notice and vote need not be provided if amendment is required due to change in the CT Paid Leave Act and policies.</p>	

Provision	Specific Requirement	Page(s) Where Located
Denial May Result in Lack of Necessary Coverage	The Employer must also be informed that if any amendments are not consistent with the CT Paid Leave Act and policies, the CT Paid Leave Authority may deny or may withdraw the approval of a private plan exemption. If an exemption is withdrawn, the Employer shall be required to remit contributions for its entire payroll retroactive to the later of January 1, 2021 or the start date of the Employer's approved exemption and the Employer may be required to repay to the Trust Fund the cost of total amount of benefits paid to Covered Employees who received benefits from the Trust Fund and that it may be subject to additional interest and penalties established by the CT Paid Leave Authority for not maintaining a private plan.	
Termination / Reinstatement		
Termination and Notice Procedures	There is a provision or provisions which explain when a Carrier can terminate a Policy. Such provision states that the Employer will receive a notice explaining the reasons why the Policy is being terminated. The provision(s) should identify the Carrier's termination notification procedures and how the Carrier will provide notice of the final termination of the Policy.	
Termination by Carrier during First Twelve Months	Carrier-initiated termination during the first 12 months that coverage is in force shall only be allowed if the Employer fails to fulfill their obligations under the policy, including failure to pay premiums (subject to the Grace Period provision)	
Termination Notice to Employer and CT Paid Leave Authority	<p>Notice of Termination must be provided by Carrier to both Employer and the CT Paid Leave Authority</p> <p>Carriers must give such notice:</p> <ul style="list-style-type: none"> • at least 90 days prior to termination for any reason other than non-payment of premium; • at least 120 days prior to non-renewal; and • no later than 3 business days following termination for non-payment of premiums. 	
Reinstatement (if applicable)	<p>If the Carrier allows for the reinstatement of a terminated Policy after the Employer was notified of termination, the Carrier should fully describe:</p> <ul style="list-style-type: none"> • the applicable reinstatement provisions; • that the Carrier will notify the CT Paid Leave Authority if it agrees to reinstate the Policy; and • that reinstatement shall be without any gap in coverage. 	

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Records		
Employer Records	<p>The Forms include a provision that outlines the Employer responsibilities under the CT Paid Leave Authority requiring the Employer to keep a record of the essential details of the private insurance coverage that applies to Covered Employees, which may include wage or payment history if the Covered Employee's wages are used to determine coverage eligibility, the benefit amount and/or premium amount.</p> <p>This section may require that the Employer furnish the required information to the Carrier within a reasonable time period.</p>	
Employee Right to Review	The Forms indicate that Covered Employees shall either be given a copy of the Forms or have the right to examine the Forms upon request, at a reasonable time and location.	
Eligibility for Coverage		
Coverage Effective Date	The Forms include a provision which indicates when coverage begins for the Employer.	
Employee Effective Dates	<p>The Forms include a provision or provisions which indicate when coverage is effective for employees. The provision(s) describe:</p> <ul style="list-style-type: none"> • Who is eligible on the Policy Effective Date; • How new hires and newly eligible employees will become eligible; and • (If applicable) If the Policy covers more than the statutorily required Covered Employees groups, the description of additional Covered Employees 	
Coverage Termination	The Forms indicate when coverage under the Policy ends for employees. This provision may indicate different results depending on the cause of coverage termination (e.g. the Policy terminates or is not renewed, the Policy transitions to another insurance Carrier, or the termination of employment). However, the terms of this provision must provide coverage at least as generous as the minimum requirements of the CT Paid Family Leave Act and policies.	

Provision	Specific Requirement	Page(s) Where Located
Benefits		
Duration of Benefits	<p>The Forms include a provision or provision(s) which indicate:</p> <ul style="list-style-type: none"> • The maximum duration of benefits for approved leaves; • An additional 2 weeks which may be used for incapacitation during a pregnancy; • Up to 12 days may be used for family violence and/or sexual assault leave; and • What method of determining the 12-month period the Policy is using (e.g. calendar year, rolling 12-month period measured backward from first day of leave, etc.): <ul style="list-style-type: none"> ○ The method should match for all leaves, with two optional exceptions – military caregiver may use the 12-month period measured forward from the first day of paid leave, and leave due to family violence or sexual assault may be measured based on the calendar year. 	
Definition of Work Week	The Forms explain that the Carrier calculates the Covered Employee's work week in accordance with the section 31-51qq-16 of the Regulations of State Agencies, as may be amended from time to time by the Connecticut Department of Labor regarding the calculation of a variable work week.	
No Waiting Period	The Forms do not impose any waiting period before benefits become payable.	<i>No page needed, simply confirm that not included</i> <hr/>
How Benefit Payments Start	<p>The Forms include a provision which indicates the reasons why benefits will be payable. The provision may incorporate by reference the CT Paid Leave Act and policies, or specifically indicate the reasons for leave. However, if the specific reasons are listed in the Forms, they must be no less generous than the minimum benefits required by the law, and must include all leave reasons:</p> <ul style="list-style-type: none"> • Birth, adoption, or placement of child for foster care; • Serious Health Condition of Employee; • Care for Family Member's Serious Health Condition; • Employee serving as organ or bone marrow donor; • Qualified exigency tied to family member's active duty military service; • Military caregiver leave; and • Family violence or sexual assault suffered by employee. 	

Provision	Specific Requirement	Page(s) Where Located
Benefit Payment Frequency	<p>The Forms include a provision which indicates the frequency of benefit payments. The standard period of time is weekly.</p> <p>For Intermittent or Reduced Leaves, the Carrier may impose a minimum payment amount for a weekly benefit, only as long as the payments are made no less frequently than twice per month.</p> <p>Unless the approved leave is less than or equal to the payment frequency duration, benefits cannot be paid in a lump sum.</p>	
When Payments End	<p>The Forms include a provision stating when benefit payments will end. Such provision indicates the following reasons:</p> <ul style="list-style-type: none"> • The Employee is no longer eligible for family or medical leave; • The Employee no longer meets the requirements to be eligible for a qualifying leave; and • The Employee has completed the maximum allowable duration of leave. 	
Effect of Termination on Benefit Payment	<p>The Forms include a provision which indicates that termination of the Policy will have no impact on eligibility for benefits under any approved leaves that began while the Policy was in force (whether Block, Intermittent, or Reduced Leaves), including any approved extensions for the same leave regardless of whether the Policy was in force at time of extension.</p> <p>Following termination of the Policy, benefits may terminate if:</p> <ul style="list-style-type: none"> • A new medical certification is required due to the expiration of the previously submitted certification; or • 12 months have passed from the date paid leave benefits were initially provided for that leave. 	

Provision	Specific Requirement	Page(s) Where Located
Availability of Reduced or Intermittent Leave	<p>The Forms include a provision that indicates the availability of Reduced or Intermittent Leaves, according to Conn. Gen. Stat. §§31-51kk et seq.</p> <p>The following minimum rules must apply to requests for Intermittent and Reduced Leaves (Carriers are able to provide benefits that are more generous than the minimum):</p> <ul style="list-style-type: none"> • For leave to bond with a Child during the first 12 months after the Child's birth, Adoption, or Foster Care placement, income replacement compensation may be provided on an Intermittent or Reduced Leave schedule only if the Employer and the Covered Employee mutually agree. In the absence of explicit direction from the Employer, the Carrier may assume that there is such agreement upon receipt of the claim request from the Employee. When needed, the Carrier will validate that agreement has been reached with the Employer as a condition of paying benefits; • For leave to care for a Family Member's Serious Health Condition or to care for a Family Member who is a Covered Service Member, income replacement compensation may be provided on an Intermittent or Reduced leave schedule. The Carrier may require that it receive from the Health Care Provider, a certification that the intermittent leave schedule is medically necessary as a condition of coverage. If the Carrier requires this Health Care Provider certification, this must be stated in the Forms; • For leave due to a Qualifying Exigency arising out of a Family Member's active duty or impending call to active duty in the Armed Forces, the Forms must indicate that income replacement compensation may be provided on an Intermittent or Reduced Leave schedule; and • For leave due to the Covered Employee's own Serious Health Condition, including acting as an organ/bone marrow donor, income replacement compensation may be provided on an Intermittent or Reduced Leave schedule. The Carrier may require that it receive from the Health Care Provider a certification that the Intermittent Leave or Reduced Leave schedule is medically necessary as a condition of coverage. If the Carrier requires this Health Care Provider certification, this must be stated in the Forms. 	

Provision	Specific Requirement	Page(s) Where Located
Extensions of Initially Approved Leaves	<p>The Forms include a provision which indicates the ability of a Covered Employee who is on currently on approved leave to request an extension of the initial approval period.</p> <p>If there is a specific period of time prior to the end of the original approved leave that notice must be provided to the Carrier, such period of time cannot be greater than 14 calendar days prior to the date the original approved leave was due to expire. And if a specific period is identified, there must be an exception for late notice if the Covered Employee can show good cause.</p> <p>The provision may request that the employee provide:</p> <ul style="list-style-type: none"> • The reason for the extension; • The requested duration of the extended leave; • The date on which the Covered Employee provided notice of the request for the extension; and • A newly completed or updated health care certification or supporting document consistent with the provisions applicable to the rights of employers as set forth in Conn. Gen. Stat. 31-51mm. <p>The Carrier shall notify the employer not more than 5 business days following receipt of completed request for extension.</p> <p>The Carrier may request that the employer, within 5 business days from the date of such notice, provide to the Carrier all relevant information or records related to the request for leave.</p>	

Provision	Specific Requirement	Page(s) Where Located
Use of Employer-Provided Sick or other Paid Leave Time	<p>The Forms include a provision that indicates if employees are required to use sick time, other accrued paid leave or other paid time off during a requested leave.</p> <p>If an employer requires an employee to utilize such time:</p> <ul style="list-style-type: none"> • For leaves taken pursuant to Conn. Gen. Stat. §§ 31-51kk et seq., the employee must be able to retain no less than two weeks of such time; • The Forms indicate whether such time (other than the two weeks) must be exhausted prior to initiating a paid leave claim under the Policy or whether it is paid concurrently with the paid leave claim; • If the accrued time must be exhausted prior to initiating a claim, then such payments shall not reduce the maximum amount of income-replacement benefits the employee may receive under the Policy; and • If the accrued time is used concurrently with and supplements paid leave under the Policy, the income replacement benefits under the Policy may reduce the Covered Employee's maximum allotment of income replacement benefits in a 12-month period 	
Former Employees	<p>The Forms include a provision which indicates that coverage for former employees shall be extended.</p> <p>For Covered persons who have been separated from an Employer for any reason within the 12 weeks prior to the first date of a requested leave:</p> <ul style="list-style-type: none"> • If the covered person remains unemployed or otherwise not covered by another CT paid leave program on the date that a requested leave begins, the Covered Employee may submit an application for benefits with their former Employer; and • If an individual submitting an application for benefits identifies themselves as a former Employee, the Employer, or Carrier may inquire as to whether the individual has obtained Connecticut paid leave coverage with another employer or is receiving unemployment insurance benefits. An affirmative answer to any of these questions may be grounds for denial of a claim. 	

Provision	Specific Requirement	Page(s) Where Located
Calculation of Benefit Amounts	<p>The Forms include a provision or provisions which indicate how benefit amounts will be calculated. Such provision(s) indicates how benefits are calculated for a full week of block leave, the manner in which benefit amounts may be reduced for other income, and how benefits are calculated for Reduced/Intermittent Leaves or when a leave does not span an entire work week.</p> <p>Benefits must be equal to or greater than the benefits that would have been paid if the Covered Employee was participating in the state plan.</p> <p>The Carrier shall explain in the Forms that the Employer will be required to submit all wage information to the Carrier, and how it will obtain this information if not readily available from the Employer.</p>	
Claim Payment	<p>The Forms include a provision or provisions which set forth the timing and manner of benefit payments to Covered Employees.</p> <p>Benefits should be paid to Covered Employees only. Benefits cannot be assigned unless such assignment is required by operation of law, such as child support.</p> <p>Benefits that are owed but unpaid at time of death shall be paid to the employee's estate.</p> <p>Except in the case of self-employed individuals or sole proprietors who are both employee and employer, benefits are not allowed to be paid to the employer.</p>	
Time Payment of Claims	<p>The Carrier agrees that it will comply with the time periods and other requirements related to processing and payment of claims that are set forth in the CT Paid Leave Act and policies.</p> <p>The Forms include a provision that claim payments to a Covered Employee are to be paid not more than 15 calendar days after approving an application, unless that determination occurs more than 15 calendar days before the onset of leave or the employee meets the eligibility requirements, in which case the Carrier shall commence payment of leave benefits as soon as leave or eligibility begins.</p> <p>For each request for payment associated with Intermittent Leave, the Carrier may verify the leave taken prior to issuing a payment.</p>	

Provision	Specific Requirement	Page(s) Where Located
Other Income while on Leave	<p>The Forms have a provision which indicates income which shall offset the paid leave benefits.</p> <p>Carriers shall not impose additional offsets /reductions but Carrier policies may elect to include any or all of the reductions available under the CT Paid Leave Act and policies. 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 may be reduced by the amount of wages or wage replacement that a Covered Employee on family or medical leave receives for that period from the Employer.</p> <p>The Forms may indicate that it does not reduce benefits as the result of other income. However, two restrictions will continue to apply:</p> <ol style="list-style-type: none"> 1. Total compensation received by the employee under the Policy and other employer-provided employment benefits cannot exceed such employee's regular rate of compensation; and 2. Employees shall not receive benefits under the Policy concurrently with Unemployment Insurance, Workers Compensation, or any other federal or state program that provides wage replacement, except to the extent permitted by Conn. Gen. Stat. § 31-49g(g) as amended by section 2 of Public Act 24-5. 	
Exclusions	<p>The Forms do not have any exclusions that are not specifically listed in the CT Paid Leave Act and policies.</p> <p>It is permissible for the Forms to list as an exclusion the requirement that Covered Employees shall not receive benefits under the Policy concurrently with Unemployment, Workers Compensation, or any other federal or state program that provides wage replacement (except compensation provided by the Office of Victim Services).</p>	

Provision	Specific Requirement	Page(s) Where Located
Claims Process		
Claim Provisions	<p>The Forms contain provisions which clearly explain how claims are administered. In particular, the Forms indicate:</p> <ul style="list-style-type: none"> • The manner in which Covered Employees shall initiate claims for paid leave benefits; • The time period prior to which the Covered Employee must notify the Carrier of an intent to file a claim. Such time period: <ul style="list-style-type: none"> ○ shall not be greater than the maximum period allowed by statute prior to the date that the employee seeks to begin receiving paid leave benefits: <ul style="list-style-type: none"> ▪ 7 calendar days for leaves related to family violence or sexual assault; and ▪ 30 calendar days for all other leave reasons; ○ must allow an exception for circumstances beyond the reasonable control of a Covered Employee. In this case, the Carrier may require that the notice be given as soon as practicable. • If Carrier requires notice be sent to the employer, whether claims will be delayed or denied if such notice is not provided; • If the Forms require that in the case of medical leave when planning medical treatment, the Covered Employee must consult the Employer to schedule treatment that will not unduly disrupt the Employer's operations, there should be a provision which indicates as such. And in that case, the Carrier may contact the Employer within five days of a claim to collect information relevant to the claim; and • That decisions on a claim for paid benefits will be made within 5 business days of receipt of a complete application, including complete and sufficient certifications, if required. <p>The Carrier and the Employer shall not impose requirements related to notice of the need for leave or the filing of a claim for benefits that are inconsistent with notice provisions in the CT Paid Leave Act and policies.</p> <p>The Carrier shall explain that the individual may be required to provide consent to the Carrier to share information with the Employer and with the health care provider in order to process the claim.</p>	

Provision	Specific Requirement	Page(s) Where Located
Certification and Documentation Requests - Employees	<p>The Forms include a section that indicates the types of certification and documentation that the Carrier may request from employees who submit a claim for benefits, evidencing that the leave is for a qualifying reason.</p> <p>The Carrier shall not include certification or other proof requirements in the Forms that exceed those permitted to employers under Conn. Gen. Stat. § 31-51mm and the related regulations promulgated by the Connecticut Department of Labor. Neither the Employer nor Carrier shall require the Covered Employee to submit additional evidence unless it is specifically authorized in the CT Paid Leave Act and policies.</p> <p>The Carrier may describe the information that it will require, with the statement that if there is a conflict between (1) the Forms terms and (2) the certification and documentation that employers may require pursuant to Conn. Gen. Stat. § 31-51mm and the related regulations, or pursuant to the CT Paid Leave Act and policies, the terms of the latter statutes, regulations or CT Paid Leave Act policies prevail.</p> <p>The CT Paid Leave Act and policies have identified the category of certification and documentation that may be requested based on the type of leave:</p> <ul style="list-style-type: none"> • Certification of Serious Health Condition, including pregnancy and organ/bone marrow donor: <ul style="list-style-type: none"> ○ Covered Employee's Own Serious Health Condition ○ Care for Family Member with a Serious Health Condition • Bond with Newborn Child; • Placement of Child for Adoption or Foster Care; • Qualifying Exigency arising out of Family Member on Active Duty/Impending Active Duty; • Care for Family Member who is a covered Service Member; and • Family Violence or Sexual Assault suffered by the employee. 	
Certification and Documentation Requests - Employers	<p>The Forms include a provision or provisions which indicate the Carrier's right to request information from the Employer in order to accurately administer requests for paid leave benefits. The Forms may indicate the types of information that the Carrier intends to request. Such information should be provided no less than 10 days from date of request.</p>	

Provision	Specific Requirement	Page(s) Where Located
Information that Employer may Request from Carrier	The Forms include a provision which indicates an employer's right to request information from the Carrier, including information about prior leaves taken by employees and former employees. Employers are further entitled to any information from the Carrier which is necessary in order for the employer to comply with the CT Paid Leave Act and policies.	
Overpayments	The Forms include a provision which indicates how a Carrier intends to handle overpayments or use subrogation.	
Claim Denials	<p>The Forms include a provision which indicates the information which shall be provided to the employee if a request for leave benefits is denied. At a minimum, the information should include:</p> <ul style="list-style-type: none"> • The specific reason for the denial; • The specific law or section of the Forms that caused the denial; • What documentation was relied on for the denial; • What documentation can be provided, if any, to reconsider the denial; and • Reference to the reconsideration, appeal process and timeframes. 	
Reconsideration and Appeals	<p>The Forms include a provision or provisions which indicate the process for claims reconsideration for denials or other adverse determination. Such provision(s) indicate:</p> <ul style="list-style-type: none"> • The right to and process for reconsideration to the Carrier: <ul style="list-style-type: none"> ○ Such reconsideration must be allowed no less than 10 calendar days from notice of determination; and ○ It also must allow a continuation beyond the 10 calendar days if the employee is reasonably prevented from filing a reconsideration within the timeframe. • If the reconsideration results in a denial, the right to and process for filing an appeal with the Connecticut Department of Labor: <ul style="list-style-type: none"> ○ Such notice must be provided in writing; and ○ The Carrier and employer will be required to furnish to the CT Dept. of Labor all documentation within 10 business days of a request from the CT Dept. of Labor in connection with such appeal. 	
Definitions		
Definitions	If the Forms include definitions, such definitions must not be any more restrictive than those required under the CT Paid Leave Act and policies, including Conn. Gen. Stat. §§ 31-49e and 31-51kk.	