



# Connecticut Paid Leave

**Toolkit for Health Care Providers**



Updated Spring 2026

# About CT Paid Leave

## What is CT Paid Leave?

CT Paid Leave is a state program that provides income replacement benefits to eligible Connecticut workers, allowing them to take the time they need away from work for qualifying health or family reasons.

CT Paid Leave promotes healthy, vibrant and inclusive communities and workplaces by supporting workers and their families during life's most important moments.

Note: CT Paid Leave provides **income replacement**. It does not provide job protected leave. For more information on how CT Paid Leave and CT FMLA (job protected leave) work together, see the appendix of this toolkit.

## What is the CT Paid Leave Authority?

The Connecticut Paid Leave Authority ("Authority") is a quasi-public state agency that administers the CT Paid Leave program.

The CT Paid Leave Authority is governed by a Board of Directors appointed by the Governor, constitutional officers and legislative leadership.

## How to Use this Toolkit:

Use this toolkit to better understand CT Paid Leave and your role as a health care provider in **educating patients and their caregivers** about the program and how to access paid family and medical leave benefits.

The purpose of this toolkit is to provide assistance to you in talking to your patients about CT Paid Leave. For more information about your role as an employer, visit CT Paid Leave's [employer resources](#).

For the most up to date information about CT Paid Leave, visit [ctpaidleave.org](http://ctpaidleave.org)

# Your role as a health care provider

## Who is considered a health care provider?

Under the CT Paid Leave Act and CT FMLA (Conn. Gen. Stat. §31-51kk(9)), health care provider includes:

- A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices;
- 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;
- An advanced practice registered nurse, nurse practitioner, nurse midwife or clinical social worker authorized to practice by the state in which such person practices and performs within the scope of the authorized practice;
- Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts;
- 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;
- A health care provider 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
- Such other health care provider as the Labor Commissioner determines, performing within the scope of the authorized practice.

## What is your role as a health care provider?

- Complete the Certification for a Serious Health Condition Form for workers who need to take CT Paid Leave for their own serious health condition and the Certification for Care of a Family Member with a Serious Health Condition for their caregivers. **By law, you cannot charge a patient to complete CT Paid Leave forms.**
- Display information about CT Paid Leave in a manner that is accessible to patients and their caregivers, such as a waiting area or visiting room. See the appendix for a printable flyer.
- Talk to your patients and/or their caregivers about what they need in terms of leave from work and what makes sense for them in their situation.
- Educate patients, their family members and caregivers and your staff that CT Paid Leave may be an option when they need it.

# What is a Serious Health Condition?

**CT Paid Leave provides income replacement to eligible workers experiencing a serious health condition. A serious health condition requires both incapacity and treatment by a health care provider and may be a physical or psychological condition. This includes:**

**Inpatient care:** An overnight stay in a hospital, hospice or residential medical care facility. This includes any period of incapacity or any treatment in connection with the overnight stay.

*Example: heart attack that results in overnight stay in the hospital*

**Incapacity and Treatment:** A period of incapacity of more than 3 consecutive full calendar days and any subsequent treatment or period of incapacity relating to the same condition that also involves:

- Two or more in-person visits to a health care provider for treatment within 30 days of the first days of incapacity, or
- At least one in-person visit to a health care provider for treatment which results in a regimen of continuing treatment under the supervision of a health care provider.

*Example: broken limb that incapacitates the person for 3+ days, followed by regular visits to the healthcare provider for a period of time while healing takes place*

**Pregnancy:** Any period of incapacity due to pregnancy, including prenatal appointments.

*Example: attending prenatal appointments*

**Chronic Conditions Requiring Treatments:** Any period of incapacity due to treatment for a chronic serious health condition that requires periodic visits for treatment by a health care provider at least twice per year and recurs over an extended period of time.

*Example: chronic migraines, Lupus, etc.*

**Permanent/Long-Term Conditions:** A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective but requires the continuing supervision of a health care provider.

*Example: terminal stages of cancer, Alzheimer's, etc.*

**Multiple Treatments (non-chronic conditions):** Restorative surgery after an accident or injury; or a condition that would likely result in a period of incapacity of more than 3 consecutive full calendar days without treatment.

*Example: Reconstructive shoulder or knee surgery, recovery from pneumonia or another severe illness*

## **Serious health condition DOES NOT include:**

Being exposed to or diagnosed with illnesses such as the flu, COVID-19, etc. If there is no actual treatment from a health care provider, then it does not meet the legal definition of a serious health condition.



*Scan for more info on  
serious health conditions  
and CT Paid Leave*

# Length and Types of Leave

## Length of Leave:

**12**  
weeks

Workers who are eligible for benefits and are experiencing one of the qualifying reasons for leave are entitled to up to **twelve (12)** weeks of paid leave benefits in a 12-month period.

In the event a worker experiences a serious health condition resulting in incapacitation that occurs during a pregnancy, they may qualify for an **additional two (2) weeks** of CT Paid Leave benefits.

**Twelve (12) days** of benefits are also available to victims of sexual assault or family violence for reasons outlined in the CT Family Violence Leave Act, such as obtaining services, relocating or attending a court date.

## What is "incapacity during pregnancy"?

A person who is pregnant may be entitled to the additional two weeks of CT Paid Leave benefits if their medical provider certifies they have a serious health condition resulting in incapacitation during pregnancy. These two additional weeks may be used for routine prenatal care and appointments, pregnancy complications, or any other serious health condition that occurs during the pregnancy. The two additional weeks of CT Paid Leave cannot be used after childbirth.

## Types of Leave:

### Continuous Leave

Leave completely away from work taken in one consecutive block of time. For example, a person who has heart surgery could take 6 consecutive or continuous weeks of CT Paid Leave.

### Intermittent Leave

Leave taken in separate blocks of time, usually in hourly or daily increments. For example, a person whose spouse needs to receive dialysis treatment applies for intermittent caregiver leave to take them to their appointments.

### Reduced Schedule Leave

Leave that reduces an employee's usual number of working hours per workweek, or hours per workday. For example, if a person works Monday-Friday from 8 am - 5 pm and their child was diagnosed with cancer, they may reduce their schedule to Tuesday and Thursday during the duration of their child's treatment in order to take them to appointments and provide care at home.

## Remember: your role as a health care provider

As a healthcare provider, you are responsible for completing patients' Certification for a Serious Health Condition Form, which includes indicating the duration and frequency of leave the patient's circumstance requires.

# Guide to Completing CT Paid Leave Medical Forms

The following pages include a job aid to assist healthcare providers in completing the Certification for a Serious Health Condition and Certification for Care of a Family Member with a Serious Health Condition forms for patients and their caregivers.

## How to use this job aid:

- Annotations are provided to assist you in filling out certain fields
- If there are any additional questions about how to fill out the form, please reach out to the Authority using the [Contact Us](#) feature at [ctpaidleave.org](http://ctpaidleave.org)

# Certification for a Serious Health Condition Form

## Job Aid for Healthcare Providers

Each CT Paid Leave claim for a serious health condition requires the claimant's healthcare provider to complete the Certification for a Serious Health Condition form. This form is designed to ask healthcare providers specific questions to validate the patient's serious health condition. The following document is a resource to assist health care providers in completing this form.

### 1 Applicant Information

This section is to be completed by the patient/applicant. Certain information, such as case number, will be pre-filled.

### 2 Health Care Provider Information

Provide your information as the patient's health care provider. Include your business address, type of practice/specialty, and license number and state.

### 3 Form Instructions

Complete all relevant sections of the form. Limit your response to the medical conditions for which the employee is seeking CT Paid Leave.

Answers should be your best estimate based upon our medical knowledge, experience and examination of the patient.

Please complete Part A **and** Part B of the form. Missing or incomplete information may result in denial of the claim.

### 4 Part A: Patient Medical Information

Part A of the form is intended to simplify the process for determining if an individual has a serious health condition, as defined by the law.

Each subpart of that definition is listed in Part A with questions designed to identify if the individual meets one or more of those subparts.

Please answer the questions related to the subpart or subparts that most closely matches your patient's condition.

### 5 Inpatient Care

An overnight stay in a hospital, hospice or residential medical care facility. This includes any period of incapacity or any treatment in connection with the overnight stay.

Elective surgery is considered a serious health condition if an overnight stay in the hospital is required.

Connecticut Paid Leave

## Certification for Serious Health Condition



Administrative Office PO Box 84077 Columbus GA 31908-4077		Phone: (877) 499-8606 Fax: (888) 485-0973 Email: <a href="mailto:CTPL@Aflac.com">CTPL@Aflac.com</a>	
<b>Applicant Information</b> 1			
First Name:	Last Name:	Case Number:	
Last 4 Digits of SSN:		Date of Birth:	
Address:	City:	State:	Zip Code:
Cell Number:	Phone Number:	Work Number:	
<b>Health Care Provider Information</b> 2			
Health Care Provider's Name:			
Health Care Provider's Business Address:			
City:	State:	Zip Code:	
Type of Practice/Medical Specialty:			
Certificate license number and state:			
Telephone:	Fax:	Email:	
<b>Form Instructions for the Health Care Provider</b> 3			
Please provide your contact information, complete all relevant parts of this section, and sign the form. Your patient has requested leave under Connecticut Paid Leave (CT PL).			
Limit your response to the medical condition(s) for which the employee is seeking CT Paid Leave. Your answers should be your best estimate based upon your medical knowledge, experience, and examination of the patient. After completing Part A, complete Part B to provide information about the amount of leave needed. Note: For CT PL purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, as defined in 29 C.F.R. § 1635.3(b).			
<b>Part A: Patient Medical Information</b> (to Be completed by Health Care Provider) 4			
Below are a list of definitions outlining the areas that are considered a serious health condition for the purposes of CTPL with area to provide supporting details. Select all that apply and provide as much detail as possible.			
<b>1. Inpatient Care</b> 5			
<ul style="list-style-type: none"> <li>An overnight stay in a hospital, hospice, or residential medical care facility.</li> <li>Inpatient care included any period of incapacity or any subsequent treatment in connection with the overnight stay.</li> </ul>			
Inpatient Care: The patient <input type="checkbox"/> has been / <input type="checkbox"/> is expected to be admitted for an overnight stay in a hospital, hospice or residential medical care facility on the following dates: _____			

CTPL-0004 (06-2025)

**Throughout the form, please include specific dates of when the patient was or is expected to be admitted, incapacitated, or seen for appointments.**

Connecticut Paid Leave - Certification for Serious Health Condition

**6 Continuing Treatment by a Health Care Provider**

*Incapacity plus treatment:*

This means a period of incapacity of more than three consecutive, full calendar days, and any subsequent period of treatment of incapacity relating to the same condition.

Subsequent treatment must involve either two or more in-person or telemedicine visits within 30 days of the first day of incapacity, with the first visit within 7 days of the first day of incapacity; or at least one in-person or telemedicine visit within 7 days of the first day of incapacity, which results in a regimen of continuing treatment.

Indicate specific start and end dates of incapacitation here, as well as when the patient was/will be seen for treatment. Provide specific medical facts related to the condition that demonstrate that it requires continuing treatment.

For example: patient breaks their leg and needs surgery, which incapacitates them from March 5 to March 9 (4 days). They then need to attend follow up visits for 3 months while their leg heals and will be seen on March 20, April 18 and May 23.

*Details on continuing treatment:* Provide information on continuing treatment, including whether medication was prescribed and if follow-up appointments are necessary.

Applicant First Name:	Applicant Last Name:	Case Number:
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**2. Continuing Treatment by a Health Care Provider 6**

**Incapacity Plus Treatment:** A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment of period of incapacity relating to the same condition, that also involves either:

- Two or more in-person or telemedicine visits to a health care provider for the treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or,
- At least one in-person or telemedicine visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health care provider might prescribe a course of prescription medication or therapy requiring special equipment.

**Incapacity plus Treatment:** The patient  has been /  is expected to be incapacitated for more than three consecutive, full calendar days from \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy).

The patient  was /  will be seen on the following date(s): \_\_\_\_\_

**Medical facts:**  
Briefly describe other appropriate medical facts related to the condition(s) that demonstrate that your patient has a condition that requires Continuing Treatment by a Health Care Provider as defined above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details on continuing treatment:**  
Was medication, other than over-the counter medication prescribed?  Yes  No

Is it medically necessary for the patient to attend follow-up appointments for evaluation and or treatment because of the medical condition?  Yes  No

If yes to either, please describe and provide dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Pregnancy 7**

- Any period of incapacity due to pregnancy or for prenatal care.
  - Pregnancy: The condition is pregnancy.
    - Expected Due Date /  Actual Delivery Date: \_\_\_\_\_ (mm/dd/yyyy)

If you advise(d) your patient to stop working prior to the expected or actual delivery date:

- What date do/did you advise your patient to stop working? \_\_\_\_\_ (mm/dd/yyyy)
- If the start of the leave is earlier than 4 weeks prior to the due date, explain medical circumstances for such time off.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7 Pregnancy**

This includes any period of incapacity due to pregnancy.

Include expected due date or, if completing the form after birth, include the actual delivery date.

A patient may be entitled to 2 additional weeks of CT Paid Leave if you certify they have a serious health condition that results in incapacitation during pregnancy.

These additional 2 weeks can be used for routine prenatal care and appointments, pregnancy complications, or any other serious health condition that occurs during the pregnancy.

Connecticut Paid Leave - Certification for Serious Health Condition

Applicant First Name:	Applicant Last Name:	Case Number:
<b>4. Chronic Conditions <span style="float: right;">8</span></b>		
<ul style="list-style-type: none"> <li>• Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse or physician's assistant supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.                     <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Chronic Condition:</b> It is medically necessary for the patient to receive treatment from a health care provider for this condition at least twice per year. Please provide the dates of the last two appointments and the next scheduled appointment:                          Last two appointments: _____ (mm/dd/yyyy), and _____ (mm/dd/yyyy)                          Next scheduled appointment: _____ (mm/dd/yyyy)</li> </ul> </li> </ul> <p><b>Medical facts:</b> Briefly describe other appropriate medical facts related to the condition(s) that demonstrate that your patient has a chronic condition as defined above:                      _____                      _____</p>		
<b>5. Permanent or Long-term Conditions <span style="float: right;">9</span></b>		
<ul style="list-style-type: none"> <li>• A period which is permanent or long-term due to condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.                     <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Permanent or Long-Term Conditions:</b> Due to the condition, incapacity is permanent or long-term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).</li> </ul> </li> </ul> <p><b>Medical facts:</b> Briefly describe other appropriate medical facts related to the condition(s) that demonstrate that your patient has a Permanent or Long-Term condition as defined above:                      _____                      _____</p>		
<b>6. Condition Requiring Multiple Treatments <span style="float: right;">10</span></b>		
<ul style="list-style-type: none"> <li>• A condition requiring restorative surgery after an accident or other injury, or a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.                     <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Conditions requiring Multiple Treatments:</b> Due to the condition, it is medically necessary for the patient to receive multiple treatments.</li> </ul> </li> </ul> <p><b>Medical facts:</b> Briefly describe other appropriate medical facts related to the condition(s) and the necessary treatment required:                      _____                      _____</p>		
<b>7. Organ or Bone Marrow <span style="float: right;">11</span></b>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Organ or Bone Marrow Donor:</b> The patient is serving as an organ or bone marrow donor</li> </ul>		

CTPL-0004 (06-2025)

## 8 Chronic Conditions

This includes any period of incapacity due to treatment for a chronic serious health condition.

A chronic serious health condition requires visits to a health care provider related to the condition at least twice a year and recurs over an extended period of time.

A chronic condition may be episodic rather than a continuing period of incapacity.

Include dates of patient's last two appointments and next scheduled appointment. If no next appointment is scheduled, the condition may still qualify as chronic if there have been at least two appointments in the preceding twelve months.

Provide information related to the condition that demonstrate it is a chronic condition.

For example: patient has lupus and experiences occasional flare ups and seeks treatment at least twice a year.

## 9 Permanent or Long-term conditions

This includes conditions for which treatment may not be effective but requires the continuing supervision of a health care provider.

Provide information related to the condition that demonstrate it is a permanent or long term condition.

For example: patient has Alzheimer's or terminal cancer.

## 10 Condition requiring multiple treatments

This includes a condition that would likely result in a period of incapacity of more than 3 consecutive full calendar days without treatment.

Describe the patient's condition and the necessary treatment required.

For example: patient needs reconstructive knee surgery after an accident; or patient is recovering from a serious illness like pneumonia.

## 11 Organ or bone marrow donation

The patient is serving as an organ or bone marrow donor.

If the patient is an organ or bone marrow donor, please also complete part 1 (inpatient care) to provide dates of hospitalization related to the procedure and/or part 2 (continuing treatment) with the expected dates of incapacity.

**12 None of the above**

If the above options do not explain the nature of the patient's condition, describe it here.

**13 Part B: Patient leave requirements**

Indicate what kind of leave the patient requires.

Consult with the patient about the leave type, (continuous, reduced schedule or intermittent), and frequency and duration you are recommending versus the leave type, frequency and duration they have requested to ensure they understand the time period you are certifying for a serious health condition.

***Make sure to include specific start and end dates, even if there is a possibility these dates will change. It is fine to use an estimate.***

For reduced schedule leave, include the number of hours the patient will need time off from work.

For intermittent leave for a patient who needs leave for an episodic flare up of a condition, include the specific frequency and duration of leave that is needed.

If intermittent leave is necessary for planned medical leave treatment, include the dates of treatment that are planned.

Connecticut Paid Leave - Certification for Serious Health Condition

Applicant First Name:		Applicant Last Name:		Case Number:
<b>8. None of the Above</b> <span style="float: right;">12</span>				
None of the above explains the nature of the patient's condition, please explain:				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<b>Part B: Patient Leave Requirements (to be completed by Health Care Provider)</b> <span style="float: right;">13</span>				
<i>Please complete all sections that apply.</i>				
1. Continuous	<input type="checkbox"/> The applicant <i>needed / will need</i> to be absent from work on a continuous basis due to their medical condition, including the need for treatment and recovery. Start Date: <input type="text"/> End Date: <input type="text"/> (mm/dd/yyyy)			
2. Reduced Schedule	<input type="checkbox"/> The applicant <i>needed / will need</i> to work a part-time/reduced schedule due to their condition, including the need for treatment and recovery.  If checked, please estimate the number of hours per week the patient will need time off from work: <input type="text"/> Hour(s) per week  Start Date: <input type="text"/> End Date: <input type="text"/> (mm/dd/yyyy)			
3. Intermittent	<input type="checkbox"/> The applicant <i>needed / will need</i> to be out of work on an intermittent basis (periodically), including any episodes of incapacity (i.e. episodic flare-ups).  Start Date: <input type="text"/> End Date: <input type="text"/> (mm/dd/yyyy)  If checked, please indicate the intermittent frequency and duration required for the patient to be out of work over the next 6 months: Frequency: <input type="text"/> time(s) every <input type="text"/> week(s) OR <input type="text"/> time(s) every <input type="text"/> month(s)  Duration: <input type="text"/> hour(s) per episode OR <input type="text"/> day(s) per episode If intermittent leave is necessary for planned medical treatments (scheduled medical visits), such as: psychotherapy, prenatal appointments, please list those dates: <input type="text"/> <input type="text"/> <input type="text"/>			
Under penalties of perjury, I declare that to the best of my knowledge and belief, the information contained herein is true, correct, and complete. Any false statements or other failure to provide truthful, accurate, and complete information may result in monetary and other penalties as well as the possibility of criminal prosecution.				
Health Care Provider Signature & Credentials <span style="float: right;">14</span>				Date
<input type="text"/>				<input type="text"/>

CTPL-0004 (06-2025)

\* Claims administered by Continental American Insurance Company (CAIC).

**14 Health Care Provider Signature & Credentials**

Add your signature and your medical credentials here. If the form is not signed, it cannot be processed.

# Certification for Care of a Family Member with a Serious Health Condition Form

Connecticut Paid Leave

Certification for Care of a Family Member  
with a Serious Health Condition



Administrative Office PO Box 84077 Columbus GA 31908-4077		Phone: (877) 499-8606 Fax: (888) 485-0973 Email: <a href="mailto:CTPL@aflac.com">CTPL@aflac.com</a>	
<b>Applicant Information</b>			
First Name:		Last Name:	Case Number:
Last 4 Digits of SSN:		Date of Birth:	
Address:		City:	State:
Cell Number:		Phone Number:	Work Number:
<b>Who is the Paid Leave for?</b>			
The Family Member is the Applicant's:			
<input type="checkbox"/> Spouse	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Spouse's grandchild	
<input type="checkbox"/> Sibling	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild's spouse	
<input type="checkbox"/> Sibling-in-law	<input type="checkbox"/> Spouse's grandparent	<input type="checkbox"/> Parent	
<input type="checkbox"/> Stepsibling	<input type="checkbox"/> Grandparent's spouse	<input type="checkbox"/> Parent-in-law	
<input type="checkbox"/> Child	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Stepparent	
<input type="checkbox"/> Person related by blood or affinity whose relationship with the applicant is the equivalent to one of the listed relationships			
<b>Family Member's Information</b>			
First Name:		Last Name:	Date of Birth:
Address:		City:	State:
City:		State:	Zip Code:
<b>Family Member's Health Care Provider Information</b>			
Health Care Provider's Name:			
Health Care Provider's Business Address:			
City:		State:	Zip Code:
Type of Practice/Medical Specialty:			
Certificate license number and state:			
Telephone:	Fax:	Email:	
<b>Form Instructions for the Health Care Provider</b>			
Please provide your contact information, complete all relevant parts of this Section, and sign the form. The applicant has requested paid leave benefits under Connecticut Paid Leave (CT PL) to serve as a caregiver for your patient.			
Limit your response to the medical condition(s) for which the applicant is seeking CT Paid Leave to serve as a caregiver. Your answers should be your <b>best estimate</b> based upon your medical knowledge, experience, and examination of the patient. <b>After completing Part A, complete Part B to provide information about the amount of leave needed.</b> Note: For CT PL purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the applicant's family members, as defined in 29 C.F.R. § 1635.3(b).			

\* Claims administered by Continental American Insurance Company (CAIC).

Page 1 of 5

The Certification for Care of a Family Member with a Serious Health Condition form is required of all caregiver leave claims.

This form is similar to the Certification for a Serious Health Condition form.

The patient's caregiver/family member is responsible for completing the Applicant Information, who the Paid Leave is for, and Family Member's Information sections.

The family member's health care provider is responsible for completing the remainder of the form.

Use the Certification of a Serious Health Condition form job aid on the previous pages to complete Part A (medical information) and Part B (caregiver leave requirements).

Part B should identify the type of leave and duration the patient's family member needs in order to provide care for the patient.

## Additional Tips for Completing CT Paid Leave Forms

- Include specific **start and end dates** on the patient's leave. It is fine to use an estimate. Do not put the leave end date as "TBD, indeterminate, unsure", etc. This will result in a denial of the claim.
- Each form will have the applicant's case number pre-filled. It is important to use their specific form so that it is correlated to their case. You may return the form to the patient or directly to Aflac via fax or email.
- Consult with your patient/caregiver about what kind of leave you think they need to take (continuous, intermittent, reduced schedule) and make sure it aligns with their understanding/expectations. When completing forms for caregiver leave, the time needed should be indicative of what the caregiver requires to provide support for the patient.
- You may not charge the patient to fill out their Certification for a Serious Health Condition Form (per Connecticut General Statute §31-49r). We will also accept the standard FMLA serious health condition form in lieu of the CT Paid Leave Certification for a Serious Health Condition Form.

# Talking to your patients about CT Paid Leave

## Elevator Pitch How to talk about CT Paid Leave with your patients...

### In 30 Seconds:

- If you need time off from work to recover from or care for a family member with a serious health condition, you may want to look into CT Paid Leave.
- CT Paid Leave is a state program that provides income replacement benefits to eligible workers who need to take time away from work to care for themselves or a loved one.
- Most workers, with some exceptions, work for a covered employer under CT Paid Leave and are already contributing to the program.
- When you need to take time off for any of the qualifying reasons, you can apply to CT Paid Leave to receive a portion of your income while you're out.
- You can file a claim online by visiting [ctpaidleave.org](http://ctpaidleave.org) or via phone. As your healthcare provider, my role is to complete the Certification of a Serious Health Condition form that will be provided to you once you begin your application.

### In 1 Minute:

- If you need time off from work to recover from or care for a family member with a serious health condition, you may want to look into CT Paid Leave.
- CT Paid Leave is a state program that provides income replacement benefits to eligible workers who need to take time away from work to care for themselves or a loved one.
- Most workers, with some exceptions, work for a covered employer under CT Paid Leave and are already contributing to the program.
- When you need to take time off for any of the qualifying reasons, you can apply to CT Paid Leave to receive a portion of your income while you're out.
- When you apply, CT Paid Leave asks for three pieces of information: your ID, employment verification form to help them determine your eligibility and benefit amount, and documents that support your leave reason, such as a Certification for a Serious Health Condition form to be completed by me, your doctor. You can file a claim online or via phone.



Use CT Paid Leave's [Resource Page](#) or scan for [FAQs](#) to help answer questions while you are talking to your patients.

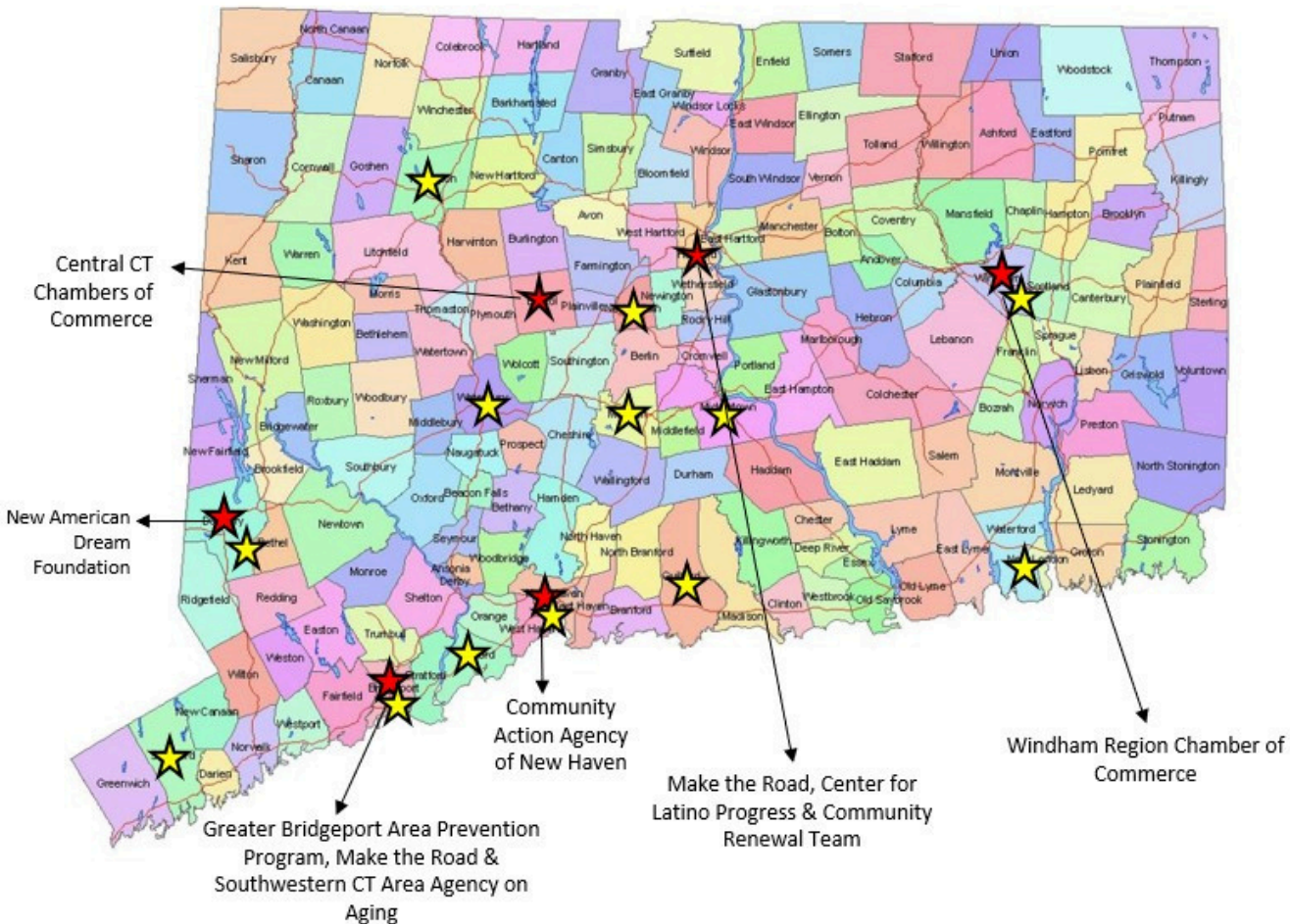
# Application Assistance

The CT Paid Leave Authority's Community Education Coordinator (CEC) Initiative provides direct application assistance to communities across the state.

Community Education Coordinators are non-profits, community organizations and service providers that provide culturally sensitive and language specific support to workers who may face barriers to accessing CT Paid Leave benefits.

All of CT Paid Leave's Community Education Coordinators provide application assistance, either in-person or over the phone. See below for a map of current CECs and [click here](#) for contact information of each organization.

## Current Community Education Coordinators (CECs)



Scan for up to date information about the CEC initiative



## Printable Poster

The following page is a poster with information about CT Paid Leave. Effective 10/1/24, health care providers are required to display this poster in a manner that is accessible to patients and their caregivers.

Ways to display this poster include (but are not limited to): bulletin board(s) in a waiting area; visiting rooms; bathrooms; or in folders/packets with information distributed to patients, etc.

The poster is also available in Spanish.



# Connecticut Paid Leave

**DO YOU  
NEED TIME  
TO CARE?**

**CT Paid  
Leave  
is here to  
help.**

CT Paid Leave provides money to eligible workers who need to take unpaid time off from work.

## **WHEN CAN YOU USE CT PAID LEAVE?**



Caring for your own or a family member's serious health condition



Pregnancy and bonding with a new child



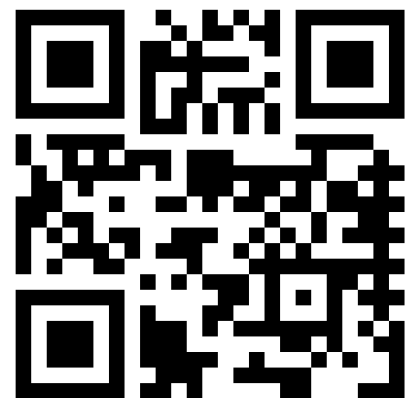
Dealing with family violence or sexual assault



Addressing situations related to a family member's active military service

**Learn more:  
[ctpaidleave.org](http://ctpaidleave.org)**

**SCAN HERE**





# Connecticut Paid Leave

**¿NECESITAS  
TIEMPO PARA  
CUIDAR?**

**CT Paid  
Leave  
puede  
ayudar.**

CT Paid Leave proporciona dinero a los trabajadores elegibles que necesitan ausentarse del trabajo sin pago.

## **¿CUÁNDO SE PUEDE RECIBIR CT PAID LEAVE?**



Cuidar su propia condición de salud grave o la de un miembro de su familia



Embarazo o vínculo con un nuevo hijo



Abordar circunstancias resultantes de violencia familiar o agresión sexual



Abordar situaciones relacionadas con el servicio militar activo de un miembro de la familia

**Aprende más:  
[ctpaidleave.org](http://ctpaidleave.org)**

**Escanear aquí**



# Appendix

The following pages include additional information about CT Paid Leave.

# CT Paid Leave vs. CT FMLA



Scan to learn more about CT Paid Leave and CT FMLA

CT Paid Leave and the CT Family and Medical Leave Act (CT FMLA) are two separate laws that provide support to eligible workers who need time away from work to care for themselves or a loved one. Depending on the circumstance, one or both of these laws may apply. While the Authority is focused on CT Paid Leave, it's important to understand both laws and what is available to workers.

Overview	CT Paid Leave	CT FMLA
Background	CT Paid Leave was created by the CT Paid Leave Act, which was signed into law in 2019 and took effect in January 2022.	CT FMLA stands for the CT Family and Medical Leave Act. There is a federal FMLA and a CT FMLA. Both laws have been around since the 1990s.*
The Basics	CT Paid Leave provides <b>income replacement</b> during certain qualifying family and health reasons.	FMLA provides <b>job-protection</b> while a worker takes leave for certain qualifying family and health reasons.
Administered by	CT Paid Leave is administered by the CT Paid Leave Authority, a quasi-public agency of the State of Connecticut.	FMLA is implemented by employers and regulated by federal and state Departments of Labor.
Coverage	Applies to most businesses with 1 or more workers in CT.	Applies to most businesses with 1 or more workers in CT.
Eligibility	Eligibility is based on a minimum earnings requirement and employment status.	Workers are eligible for CT FMLA after 3 months of consecutive employment before the leave.

\*For more information on CT FMLA, [click here](#) or scan the QR above. For more information about federal FMLA, [click here](#).

# The Basics: Who's Covered?

## Who is Covered?

- Almost all employers who have one or more people working in CT
- Sole proprietors who choose to opt-in (see page 10 for more information)
- "Public school operators" with respect to employees whose positions **do not require** certification under Chapter 166
- Non-public elementary or secondary schools with respect to employees whose positions **do not require** certification under Chapter 166

## Who is NOT Covered?

- The federal government
- The state of Connecticut, except as to its "**covered public employees**"\*
- Municipalities, unless they have "**covered public employees**"\*
- Railroads
- Employees of "public school operators" and non-public elementary and secondary schools whose positions **require** certification under Chapter 166 (unless such employees are covered by a collective bargaining unit that has negotiated to participate)

### Are CT residents who work out of state covered by CT Paid Leave?

Only employees who work in CT can participate in CT Paid Leave. If an employer is paying unemployment insurance for an employee to the CT Department of Labor, that is evidence the employee works in Connecticut.

This means if a person lives in CT but works in New York, they likely cannot participate in our program but should ask their employer what they may have access to through New York's paid leave law.

### Other non-covered workers:

- Interstate truck drivers who work in CT but live in another state and thus don't pay income tax in CT
- Spouses of active-duty military members who have opted to continue to pay their taxes in their home state instead of where they are currently deployed

Scan for more information regarding coverage & eligibility.



# The Basics: Covered Public Employees

## Who is a “covered public employee”?

- Non-unionized employees of the State of Connecticut;
- Unionized employees of the State of Connecticut who collectively bargain to be included in the program;
- Employees of municipalities (union and nonunion) IF the unionized employees of the municipality collectively bargain to be included in the program
- Employees of public school operators who work in positions that require certification under Chapter 166 IF their unionized employees collectively bargain to participate

## CT Paid Leave & Collective Bargaining:

If employees of a public sector union who are not covered by CT Paid Leave are interested in participating in the program, the union must collectively bargain for participation. The CT Paid Leave Act does not impose any requirements on or make any changes to the collective bargaining process that must be followed by the union and the applicable employer.

There is no deadline by which a public sector union must negotiate for participation in the CT Paid Leave Program; however, a union can only join the program on a **prospective** basis.

*Scan here for more information on  
CT Paid Leave and collective  
bargaining*



# The Basics: Eligibility



Scan for more info on eligibility.

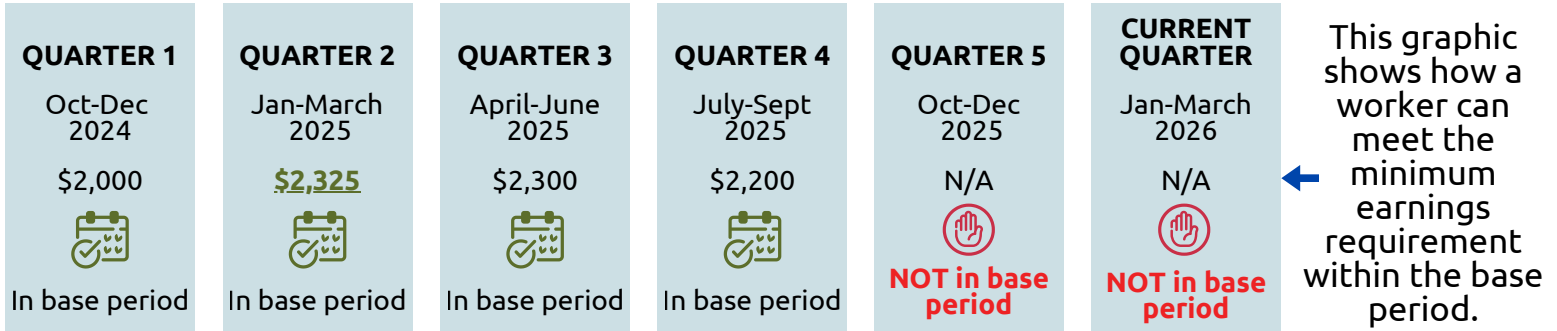
## How is CT Paid Leave eligibility determined?

1

Workers must be (a) currently employed by a covered employer; (b) employed with a covered employer in CT at some point in the 12 weeks before the need for benefits begins; OR (c) a sole-proprietor or self-employed individual who opted-in to the CT Paid Leave program.

2

Workers must have earned **at least \$2,325** in the highest earning quarter of the first 4 of the 5 most recently completed quarters to be eligible for CT Paid Leave benefits.



[Click here](#) or scan the QR above to take CT Paid Leave's benefits eligibility questionnaire

## What wages count toward CT Paid Leave eligibility?

Wages from multiple employers may be combined. Seasonal, part time, or per diem workers may be eligible if they meet the minimum earning and employment requirements.

Wages may include salary or hourly pay, vacation pay, holiday pay, tips, commissions, severance pay, and the cash value of any "in-kind" payments.

## Are undocumented workers eligible for CT Paid Leave?

CT Paid Leave does not ask about immigration status; however, to be eligible, a worker must have earnings reported in the DOL database (or work for an employer that does not report to DOL) and the worker must be able to provide acceptable proof of identity, such as a driver's license or other form of identity from the [Application Document Checklist](#).

**REMEMBER!**  
CT Paid Leave makes the eligibility determination, not the employer.

# The Basics: Qualifying Reasons



## Medical Leave

For treatment of one's own serious health condition. This includes serving as an organ or bone marrow donor and pregnancy/childbirth.



## Bonding Leave

To bond with a newborn(s) or newly placed child, or for the time needed to process adoption or foster care placement. Bonding leave applies to both parents and can be used anytime during the 12 months after the birth/placement.



## Caregiver Leave

To provide physical or psychological care or comfort to a family member experiencing their own serious health condition. This includes taking the family member to appointments for their serious health condition.



## Military Caregiver Leave

To care for a family member in the military who has experienced a serious injury or illness that occurred in the line of active duty in the Armed Forces.



## Qualifying Exigency Leave

To engage in certain activities arising from the fact that a spouse, child, or parent on active duty has been notified of an impending call or order to active duty or service on active duty in the Armed Services.



## Safe Leave

Up to **12 days** of CT Paid Leave benefits and job-protected time off for a worker who is a victim of family violence or sexual assault to seek medical care or counseling; obtain services from a victim services organization; relocate; or participate in any civil or criminal proceeding.

# How to Apply: Overview

1

Notify

Worker notifies their employer that they will be applying for CT Paid Leave. Workers should also talk to their employer about FMLA.

2

Apply

Worker begins an application at [ctpaidleave.org](http://ctpaidleave.org) or by calling CT Paid Leave's claims administrator at **(877) 499-8606**.

3

Submit All Documents

Workers will receive notification of what documents are needed for their case to be complete and ready for review. Requirements include identity verification, employment verification, and documents to support the leave reason.

4

Receive Decision

If approved, worker will receive benefits via direct deposit or debit card. If denied, they can file a reconsideration with CT Paid Leave or file an appeal with the CT DOL.

5

Receive CT Paid Leave Benefits

Payments are issued weekly. Worker must notify CT Paid Leave if circumstances change, such as they need more time or if they return to work sooner than anticipated.

# Filing a Claim: Supporting Documents by Claim Reason



Scan to view the  
Application Document  
Checklist

**In addition to an ID and employment verification form, workers must submit documents that support their specific reason for leave:**

<b>Reason for Leave</b>	<b>Required Supporting Document(s)</b>
Serious health condition	Certification for Serious Health Condition
Bonding (childbirth)	Bonding Statement and CT Paid Leave documentation of parental relationship, copy of hospital discharge document or copy of the child's birth certificate
Bonding (foster care or adoption)	Bonding Statement and copy of adoption papers/court documents that includes the child's date of birth; or copy of child's foster care papers/court document that includes child's date of birth and date(s) of placement
Caring for a family member	Certification for Care of a Family Member with a Serious Health Condition and Statement of Family Relationship form
Military caregiver	Certification for Serious Injury or Illness of a Current Service Member for Military Caregiver Leave. CT Paid Leave will also accept: fully completed FMLA medical documentation (form WH-385), copy of an Invitational Travel Authorization (ITA) or copy of an Invitational Travel Order (ITO)
Qualifying exigency	Certification for Military Leave for Qualifying Exigency and supporting documentation such as copy of orders or letters of impending activation from the family member's officer or copy of documentation validating the specific activity for which leave is being taken
Safe leave	Safe Leave Statement signed by the worker and one of the listed third party individuals, or Safe Leave Statement signed by the worker and a police report or court record.