[INSTRUCTIONS TO EMPLOYERS

Employers shall provide employees a written description of the proposed private plan in plain language (“plain language guide”) at least two weeks in advance of the vote. For purposes of this requirement, “plain language” shall be defined as reasonably capable of being understood by the recipients of the document.

The plain language guide shall include the information in the template below. An employer may add other information the employer wishes to provide to the employees about the plan, such as information about additional benefits and examples, provided such additional information is accurate, complete and non-coercive.

Italicized text in the template indicates language that must be modified by the employer prior to providing to employees. Braces { } denote language that should be replaced or modified to fit the private plan design. Brackets [ ] denote additional instructions to the employer when completing the plain language guide.

Failure to provide the plain language guide with complete and accurate information can lead to a denial of the private plan, requiring the employer to conduct another vote of the Connecticut Employee population and reapply for the private plan.]

PLAIN LANGUAGE GUIDE

INTRODUCTION

*An Act Concerning Paid Family and Medical Leave* creates the Paid Family & Medical Leave Insurance Program to provide wage replacement benefits to eligible employees who need to take leave from work for reasons allowed under the Connecticut Family and Medical Leave Act (CT FMLA) or the family violence/sexual assault leave law, specifically:

* Because of their own serious health condition (Including pregnancy, organ or bone marrow donation);
* To care for a family member with a serious health condition;
* To bond with a newborn baby, newly adopted child or newly placed foster child;
* To address specific issues associated with a parent, spouse, or child’s active duty in the military
* To care for a family member who became ill or was injured in the course of duty while on active duty in the military;
* To address specified needs associated with family violence and/or sexual assault.

The CT Paid Family & Medical Leave Insurance Program is run by the CT Paid Leave Authority and is funded by contributions of ½ of 1% of the wages of employees working in Connecticut. Effective January 1, 2022, employees may apply to the CT Paid Leave Authority for wage replacement benefits.

As an alternative to the CT Paid Family & Medical Leave Insurance Program, an employer can apply to the CT Paid Leave Authority for permission to offer its employees a private plan.

For a private plan to be approved, it must provide employees with all of the same rights, protections and benefits that are provided to employees under the Connecticut Paid Family & Medical Leave Insurance Program and comply with the requirements established by the Connecticut Paid Leave Authority. An employee’s rights under the CT FMLA and the family violence/sexual assault leave law are the same, whether or not the employee receives income replacement benefits through the Paid Family & Medical Leave Insurance Program or through an employer-provided private plan.

In order to apply for permission to offer a private plan, the employer must show that a majority of its employees working Connecticut voted to approve the proposed private plan.

You are receiving this information because your employer wants to apply to the CT Paid Leave Authority for permission to offer its employees a private plan.

EXPLANATION OF THE PRIVATE PLAN

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| --- | --- |
| What does this Plan do? | The plan is a/an {*Employer*}-sponsored benefit plan that provides compensation to eligible employees who take leave from work for a “qualifying reason,” as defined below.  {*Employer*} is offering this Plan is as an alternative to the publicly administered Connecticut Paid Family & Medical Leave Insurance Program.  {*Employer}* certifies that this Plan gives its employees all of the same rights, protections and benefits provided to employees under the CT Paid Family & Medical Leave Insurance program.  *[If applicable, please use the following section to list out how the plan is better than the minimum CT PFML core benefits.]*  {*Employer also certifies that this Plan provides the following rights, protections or benefits that are greater than those required by CT law:*   * *}* |
| Who is covered by this Plan? | All employees of *{Employer}* working in Connecticut are covered by this Plan   * The plan is **not** limited to certain segments of the *{Employer’s}* workforce   The plan covers future employees, not just employees who were working for {*Employer*} at the time of the vote.  The plan covers former employees of {*Employer*} for up to 12 weeks from the date they separated from *{Employer}* or until they are eligible for coverage from the CT Paid Leave Authority or another private plan approved by the CT Paid Leave Authority, whichever comes first   * Former employees are covered no matter why they left *{Employer}.* |
| What are the benefits provided under this plan? | An eligible employee who is unable to work because of one of the “qualifying reasons” listed below, will receive income replacement benefits from the plan to replace the lost wages.  The Connecticut Paid Family and Medical Leave plan benefit calculation is:   * If your base weekly earnings are less than or equal to the Connecticut minimum wage multiplied by forty, the weekly compensation offered to you will be 95% of your base weekly earnings. * If you earned more than that amount, your weekly compensation will also include 60% of the amount of your base weekly earnings that exceed the Connecticut minimum wage multiplied by forty. Base weekly earnings are determined from the first 4 of the last 5 quarters. * The total weekly compensation shall not exceed an amount equal to 60 times the Connecticut minimum wage.   *[The employer may provide illustrative examples.]*  [*If the plan provides income replacement benefits at higher levels than the minimum requirements, the employer may modify the above section accordingly. Under no circumstances can the employer provide income replacement benefits at a lower calculation.*]  [*The employer must note whether accruals are required to be used or not required to be used. If the employer does not provide any paid time off to its employees, it may omit the following language:*]  {*The Employer requires}{The Employer does not require*} you to use employer-provided accruals to supplement the income replacement benefits provided under this plan.   * The combined total of income replacement benefits and employer-provided accruals cannot exceed 100% of the employee’s wages. * You have the right to retain at least two weeks employer-provided accruals instead of using them during your leave. |
| Does this plan provide me with job-protected leave if I need time away from work? | An employee’s rights to job protection under state and federal law are the same, whether the employee receives income replacement benefits through the Paid Family & Medical Leave Insurance Program or through an employer-provided private plan. While the plan itself does not provide job protection, in most cases, employees receiving income replacement benefits under this law will also be entitled to job protection under a separate law called the CT FMLA. For more information about the CT FMLA, please consult the Connecticut Department of Labor. |
| Who is an “eligible employee” to receive income replacement benefits under this Plan? | *[The plan may waive this earnings requirement, and replace with language that provides eligibility that is more generous than the minimum requirements]*  Any employee of {*Employer*} who is:   * Working in Connecticut; or * Worked in Connecticut in the prior 12 weeks; * and has earned at least $2,325 while working with *{Employer}* in the highest earning quarter in the first 4 of the past 5 quarters is eligible to receive income replacement benefits from the plan |
| What are the “qualifying reasons” that I can receive income replacement benefits? | If you meet the eligibility requirements, you can receive income replacement benefits if you need to take time off from work for any of the following reasons:   * To care for yourself because of your own serious health condition, including pregnancy and organ or bone marrow donation * To care for a family member with a serious health condition   + “Family member” means your parent, spouse, son, daughter, sibling, grandparent, grandchild, or individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships. * To bond with a newborn child, newly adopted child or newly placed foster child * To address specific issues associated with a parent, spouse or child’s active duty in the military; * To care for a family member who became ill or was injured on active duty in the military; * To address specified needs associated with family violence and/or sexual assault. |
| What is the maximum amount of time I can receive income replacement benefits? | *[If the plan provides income replacement benefits for a longer period of time, the employer may modify this section accordingly. Under no circumstances can the employer limit income replacement benefits to a shorter period of time.]*  The plan will provide up to 12 weeks of income replacement benefits within a 12-month period for the reasons listed above, with the following exceptions:   * The plan provides for 2 additional weeks of income replacement benefits for a serious health condition resulting in incapacitation that occurs during a pregnancy. * An employee can receive income replacement benefits for a maximum of 12 days out of the 12 weeks if the reason for leave is to address specific needs associated with family violence and/or sexual assault.   *[The intended method to calculate the 12-month period must be explained here:]*  The private plan will use the following method in determining the 12-month period:   * *{12-month period measured backward from date of leave}* * *{12-month period measured forward from first date of leave}* * *{Calendar year}* * *{Any fixed 12 month period; (e.g. fiscal year: mm/dd – mm/dd, or individual employee date of hire & yearly anniversary date)}* |
| Do I have to be out of work for a certain amount of time before I can receive income replacement benefits under the plan? | No. There is no waiting period. An eligible employee may receive income replacement benefits under this plan on the first day the employee is unable to work because of one of the “qualifying reasons” listed above. |
| Can I receive income replacement benefits for absences of less than a full week? | Yes. The plan provides income replacement benefits to employees who need to take time off from work for periods of time that are less than a full week.  Benefits can be received on a pro-rated basis for absences that are less than a full day.  Under the CT FMLA, there are rules regarding when an employee can take job-protected leave for less than a full week. This plan does not change those rules. |
| Do I have to pay for these benefits? | *[The employer will need to answer this question based upon the plan it has retained. However, the employee cannot be required to contribute more than 1/2 of 1% deducted from their wages up to the defined Social Security wage base (using the same calculations for determining total wages as are used to calculate FICA), to coincide with each pay cycle.]*  *[Default response for employers following the statutory scheme:]*  Employees contribute ½ of 1% up to the defined Social Security contribution and benefit base to pay for this plan. |
| How will I apply for income replacement benefits? | *[The employer will need to answer this question based upon the plan it has retained. At a minimum, the answer must include contact information for filing a claim or requesting information about the plan]* |
| What is a “serious health condition” | For the purpose of determining if you are entitled to income replacement benefits because of your own serious health condition or to care for a family member with a serious health condition, “serious health condition” means an illness, injury, impairment, or physical or mental condition that involves (A) inpatient care in a hospital, hospice, nursing home or residential medical care facility; or (B) continuing treatment, including outpatient treatment, by a health care provider. |
| Who counts as a health care provider | In order to qualify for income replacement benefits because you need to take time away from work because of your own serious health condition or to care for a family member with a serious health condition, you may need to provide medical documentation from a health care provider.  The plan shall accept any of the following as a “health care provider”:   * 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; * A 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 as defined above 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. |
| Can I have income taxes deducted from any benefits I receive? | Yes, if you request to have income taxes deducted from the income replacement benefits you receive, the amount specified shall be deducted and withheld in a manner consistent with state law. |
| My spouse and I work for the same employer. Will we have to share income replacement benefits? | No. Spouses working for the same employer are each entitled to compensation under this plan; they do not have to share the number of weeks of compensation. (It should be noted, however, that under the federal FMLA and state FMLA, employers may require spouses who work for the same employer to share their job-protected leave entitlements.) |
| Who is the claims administrator? | [*Identify the claims administrator based on the type of private plan utilized*]  [*If Self-insured by Employer:*] {*Employer name and contact info*}  [*If Self-insured with a TPA:*] {*TPA name and contact info*}  [*If Fully Insured by Carrier:*] {*Carrier name and contact info*} |
| What rights do I have if I am denied income replacement benefits? | You are entitled to request a reconsideration of any denial of benefits to *{the plan administrator}*. 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. |
| Whom at my employer may I contact if I have questions about this plan? | *[The employer must complete this section based on its specific situation. The employer must provide employees with information on whom they should contact for more information and how to contact them.]* |