**CT PFML Employee Voting Communication Email Sample Language**

INSTRUCTIONS TO EMPLOYERS

* The following copy is a template provided as guidance for employers to use to notify employees about voting for CT PFML Private Plans. The content includes information to communicate to employees about payroll deductions and the private plan voting process.
* The copy will be provided to employers in a word document (not branded by The Hartford) as an editable resource for employers to use/customize as appropriate. This will give them the opportunity to update as needed and to put into their own branding layout.
* Reminder, at least 2 weeks prior to the vote, employers are required to provide employees the *CT PFML Plain Language Guide* and either a *Self-Insured Declaration Document* or a *Declaration of Insurance* (Fully Insured plans) during the interim process until the CT Insurance Department provides guidance on policy/plan documents.
* Please note the variable content in the highlighted text as examples of some, *but not all*, of the information that should be edited and customized by employers.

The Connecticut Paid Family and Medical Leave (CT PFML) Insurance Act requires employers with employees working in the state to provide Paid Family and Medical Leave coverage beginning January 1, 2022. The State’s program funding to support the CT PFML program will come in the form of employee payroll deductions beginning January 1, 2021 (one-half of one percent of wages up to the Social Security contribution and benefit base).

**[Insert employer payroll deduction details, if applicable. Including employee contribution information, consistent with your proposed private plan.]**

**[Example:** However, if we receive approval from our employees and the State for a private plan we want you to know that **[Employer]** will not begin taking deductions from your paycheck until next year, saving an entire year of deductions to your paycheck. We also can never charge you more than the State plan**.]**

**[Example:** However, if we receive approval from our employees and the State for a private plan we want you to know that **[Employer]** will not be taking deductions from your paycheck and **[Employer]** will pay for your benefits**.]**

**CT PFML to be offered through [Employer Name] private plan requires a vote from employees.**  
  
CT PFML benefits can be offered through either the state’s program or a private plan that is the same as, or more generous than, the state run program. [Employer Name] intends to offer a private plan, which will provide a streamlined employee experience when applying for and receiving CT PFML benefits. Before we can offer a private plan, the state requires a majority of our Connecticut employees to vote in favor of it.

**When can I vote?**  
  
On [Insert Date], you will receive [an email or other communication] **asking you to vote**. [Insert employee voting details] [Employer Name] can move forward with a private plan if more than 50 percent of employees working in Connecticut vote “yes.”  
  
*[Employer Name] is required to share the CT PFML Plain Language Guide and [a Self-Insured Declaration Document/a Declaration of Insurance document] with you.*  
  
If you have any questions about CT PFML, please email [insert contact information].