***PLEASE NOTE:*** *The following Instructions to Employers and Plain Language Guide have been provided by the Connecticut Paid Family and Medical Leave Insurance Authority (Authority) on* [*CTPaidLeave.org*](https://ctpaidleave.my.salesforce.com/sfc/p/#t00000004XRe/a/t000000188zt/uW_qfHegI0qhvZ8c5DOaF39SBJToI889iwJ9l7nT3d4)*. The content, as copied below in an editable format, had been provided only in PDF format (see*  [*Private Plan Policy Resource*](https://ctpaidleave.my.salesforce.com/sfc/p/#t00000004XRe/a/t000000188zt/uW_qfHegI0qhvZ8c5DOaF39SBJToI889iwJ9l7nT3d4)*) and is offered to employers as a resource in creating a Plain Language Guide to inform employees as noted in the below Instructions from the Authority. The Hartford is not responsible for the content.*

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 may be modified by the employer.

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 leave law, specifically:

* Because of their own serious health condition;
* 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 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 specific issues associated with a parent, spouse, or child’s active duty in the military
* To address specified needs associated with family violence.

The CT Paid Family & Medical Leave Insurance Program is run by the CT Paid Leave Authority and is funded by contributions of 1/2 of 1% of the wages of employees working in Connecticut. Starting on 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 its 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 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 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. {*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 | All employees of *{Employer}* working in Connecticut are covered by this |
| Plan? | 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 hired by a new employer, whichever comes first |
|  | * Former employees are covered no matter why they left |
|  | *{Employer}* |
| What are the benefits | An eligible employee who is unable to work because of one of the |
| provided under this plan? | “qualifying reasons” listed below, will receive income replacement benefits from the Plan to replace the lost wages. |
|  | The weekly compensation offered to you shall be equal to ninety-five per cent of your base weekly earnings (capped at the Social Security contribution base, *currently $137,700*) up to an amount equal to forty times the Connecticut minimum wage. If you earn more than that amount, then you shall receive additional benefits equal up to sixty per cent of your base weekly earnings.  In all circumstances, the total weekly compensation shall not exceed an  amount equal to sixty times the Connecticut minimum wage.  {*The employer may provide illustrative examples.}*  *{If the plan provides income replacement benefits at higher levels, the employer may modify this section accordingly. Under no circumstances can the employer provide lower income replacement benefits.}*  *{The Employer requires or 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 of their employer-provided accruals instead of using them during your leave. |

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| 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? | Any employee of {the employer} who is working in Connecticut and has earned at least $2325 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 |

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| What is the maximum amount of time I can receive income replacement benefits? | 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 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 *{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 provide income replacement benefits for a shorter period of time.}* |
| 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) and done so through payroll deduction, to coincide with each pay cycle.}*  *Default response for employers following the statutory scheme:* Employees contribute 1/2 of 1% up to the defined Social Security wage base to pay for this plan. |

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| How will I apply for income replacement benefits? | Send claims submissions to:  **The Hartford**  **Claims Center**  **P.O. Box 14303**  **Lexington, KY 40512-4303**  **Fax:** 1-866-411-5613  For claims-related questions, call the Claims Center at **1-800-549-6514**, Monday–Friday, 8am-8pm ET. Please have The Hartford CT PFML policy number and the claimant’s Social Security number available when you call. |
| 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. |

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| 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 the federal FMLA and state FMLA do require spouses who work for the same employer to share their job-protected leave entitlements.) |
| What rights do I have if I am denied income replacement benefits? | You are entitled to appeal any denial of benefits to *{the plan administrator}* If you are not satisfied with the results of that appeal, you may file an appeal with the Connecticut Department of Labor. |
| Who 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 who to contact for more information and how to contact them.}* |