Paid Family and Medical Leave (CT PFML)

CT Paid Family and Medical Leave (CT PFML) Basics

Is my employer required to offer PFML benefits to employees?

Likely yes. Currently, private employers that employ one or more individuals are required to offer the new paid family and medical leave. Those who are self-employed or are sole proprietors are also eligible to opt-in to the program.

Is my employer required to use the state-run paid leave program?

No, while private employers with one or more employee are required to offer PFML, they may choose to apply for an exemption if they want to offer the same benefits or better to all employees through private insurance or a self-funded program.

How is the program funded?

The state-run program is 100% funded by employee contributions*. Private plans can be funded by both employee and employer contributions. Annual employee contributions are capped at the same rate as the state program which is 0.5% up to the social security cap. For 2022, that is \$147,000 x 0.5% = \$735.

CT PFML			
No more than 0.5% per week up to cap			
Max Annual Contribution: \$735			
0.5% up to the Social Security (SS) cap: \$147,000			

^{*}Payroll deduction must start day one of employment.

How does my employer calculate PFML premium amounts due for each employee in 2022?

Wages x 0.5% = PFML payroll deduction. When the **cumulative total** of the employee's contributions** reaches **\$735** for the 2022 calendar year, the payroll deductions stop.

Employee Taxes	Employee A	Employee B	Employee C	Employee D
Annual Salary	\$45,000	\$75,000	\$147,000	\$180,000
Contribution Rate for 2022	0.5%	0.5%	0.5%	0.5%
Total Annual Premium	\$225	\$375	\$735	\$735
Weekly Payroll Deduction	\$4.33	\$7.21	\$14.13	\$14.13

^{**}The state will collect the contributions quarterly bases in arrears. Private plans contributions can be aligned to billing frequency of other coverages.

CT PFML Benefit Details

Who is eligible for coverage?

All employees working for a covered employer are eligible for benefit.

CT PFML

An employee*** is covered if they:

- Work for a covered employer in the state of CT. The worker does not need to reside in Connecticut to be eligible.
- Earn \$2,325 or more in during the employee's highest earning quarter within the first four of the five most recently completed quarters.
- Currently employed or was employed in the previous 12 weeks before the Leave.
- Are self-employed or a sole proprietor and a CT resident who has enrolled in the program.

What are the state benefits and what life events can they be used for?

Eligible workers can receive wage replacement benefits for the below qualifying events, but no job protection****:











Paid Medical Leave	Safe Leave		Paid Family Leave	
Own Serious Health Employee's own medical need including organ or bone marrow donations and pregnancy	Family Violence When a covered employee is impacted by family violence	Child Bonding Including newborn, adoption, and foster care placement	Family Caregiver When a covered family member or covered service member has a serious health condition	Military Exigency When a covered family member is called to active service oversees
Benefit Duration				
Up to 12 weeks in a 12-month period				

Up to 12 weeks in a 12-month period.

Extra 2 weeks if employee is incapacitated during a pregnancy. 12 days if an employee has been victim of violence in a 12-month period.

No waiting period.

^{***}Individual employees are not allowed to opt out of the program.

^{****}Job protection under a separate law called the CT FMLA should run concurrent with PFML when applicable.

How much of a benefit may I receive?

Benefits are paid as a percentage of employee's average weekly wage.

Maximum weekly benefit cap at 60 times the CT minimum wage				
Benefit calculation				
For wages less than 40 times the CT minimum wage: • 95% of a worker's average weekly wage up to an amount equal to 40 times the CT fair minimum wage	For wages greater than 40 times the CT minimum wage: • 95% of a worker's average weekly wage up to an amount equal to 40 times the CT fair minimum wage + • 60% of a worker's average weekly wage above an amount equal to 40 times the CT fair minimum wage			
40 times the CT minimum wage:	60 times the CT minimum wage:			
1/2022 - 6/2022 = \$520	1/2022 - 6/2022 = \$780			
7/2022 – 7/2022 =\$560	7/2022 – 7/2022 =\$840			
The benefit amount will adjust as the minimum wage increases.				

Leave Request Process

How do I file for benefits?

1 Notify employer	2 Apply for benefits	3 Submit supporting documentation	4 Stay connected until return to work
 At least 30 days prior if leave is foreseeable or as soon as the employee can if unforeseeable 7 calendar days for leaves related to family violence 	 Contact claim administrator within 30 days prior or within 30 days after leave starts MetLife can accept claims via web, telephone, or paper claim. The method is dependent on your employer's coverage plan 	 Proof may be required before the claim decision can be made MetLife will make a claim decision within 15 calendar days of receiving all information (or the first day of leave, whichever is later) 	Employer and MetLife will need to have the employee's anticipated return to work date scheduled or an intermittent leave plan on file to efficiently manage the claim

Coordination with Other Benefits

CT PFML, CT FMLA, and the Federal FMLA can be taken at the same time and should be taken at the same time when applicable.

Can I qualify for more than one benefit?

Employees may qualify for more than one benefit based on the leave reason. Some common events are listed below:

Leave reason	CT PFML		Federal	Company	Other
	CT PML	CT PFL	FMLA		
Employee has complications due to pregnancy	Yes	No	Yes	STD	
Employee has a serious health condition requiring multiple days/weeks/ months away from work (including acting as a	Yes	No	Yes	STD-continuous or reduced leave schedules with partial disability No intermittent	
bone/organ donor)				leave	
Employee is injured at work	No	No	Yes	No	Workers Comp
Employee is bonding with newborn or fostering or adopting a child	No	Yes	Yes	Maybe (Parental/Bonding leave)	
Employee needs to care for a parent, child, spouse with a serious health condition	No	Yes	Yes	Sick leave, PTO	
Employee needs to care for other family members: grandparent, sibling, grandchild, or affinity family member with a serious health condition	No	Yes	No	Sick leave, PTO	
Employee is impacted by family violence (medical or non-medical reason)	Yes	No	Yes- if medical No-if non- medical	PTO Sick leave if medical	
Former employee receiving unemployment (less than 12 weeks post termination) has a qualifying event	No	No	No	No	Unemployment
Former employee not working and not on unemployment (less than 12 weeks post termination) has a qualifying event	Yes	Yes	No	No	

If my employer has a private plan for parental leave that pays 100% salary for a designated number of weeks how would MetLife coordinate the private plan with the CT PFML benefit?

CT PFML is a wage replacement benefit. If the employee is not losing wages, the PFML benefits may begin after the company paid leave ends. As part of our benefit coordination process, MetLife's claims team will reach out to you to coordinate dates of the company leave that directly overlap with the state leave (i.e., Company's parental leave and PFL-Child Bonding).

If I take a private plan benefit at a different time, can my company be reimbursed benefits?

No. Per the state law, the CT PFML benefits cannot be reimbursed to the employer.

What proof or supporting documentation is needed to support a claim?

For one's own serious health condition (when you are sick or hurt and cannot work for an extended period of time):

- Certification of a Serious Health Condition form filled out by the claimant and their healthcare provider. It can take two weeks or more for the doctor's office to process this paperwork, so the claimant should be sure to submit it to them as soon as possible: or
- A doctor's note or Attending Physician Statement (APS). Please make sure it includes the same information as the Certification of Serious Health Condition form.

For child bonding for a newborn:

- · A copy of the child's Birth Certificate, or
- · A statement from the child's health care provider stating child's date of birth, or
- A statement from the mother's health care provider stating child's date of birth.

For child bonding for adoption or foster care placement:

- · A copy of court documents finalizing the adoption; or
- · Documentation from the child's healthcare provider; or
- Foster/adoption agency paperwork containing adoption or placement.
- Please note: If the claimant is not the parent named in the court documents, they may also be asked to provide proof verifying the relationship to the parent in locos named in the court documentation, such as, but not limited to, marriage certificate, civil union, or domestic partnership documentation.

For Leave to care for a family member with a serious health condition, including medical events related to pregnancy or childbirth, the claimant must provide ONE of the following:

- Certification of a Serious Health Condition form filled out by the claimant and their healthcare provider. It can take two weeks or more for the doctor's office to process this paperwork, so the claimant should be sure to submit it to them as soon as possible, or
- A doctor's note. or Attending Physician Statement (APS). Please make sure it includes the same information as the Certification of Serious Health Condition form.
- Please note: In some cases, a statement confirming the relationship between the covered employee and the family member may also be requested.

For qualifying military exigency needs, claimants will need to verify their family member's service with one of the following:

- Covered family member's active-duty orders, or
- · Letter from the military unit documenting impending call or order to covered duty, or
- · Documentation of military leave signed by the approval authority for the military member's rest and recuperation.
- If leave is requested to meet with a third party, such as a school official, counselor, or attorney, the claimant must provide documentation of the meeting that includes:
- The name, address, and contact information of the individual or entity with whom they are meeting
- · A description of the meeting

For caring for a family member who is a covered service member:

- Certification of a Serious Health Condition form filled out by service member's healthcare provider. It can take two
 weeks or more for the doctor's office to process this paperwork, so the claimant should be sure to submit it to them
 as soon as possible, or
- A doctor's note. or Attending Physician Statement (APS). Please make sure it includes the same information as the Certification of Serious Health Condition form.
- An alternative form of certification can be Invitational Travel Order (ITO), or Invitational Travel Authorization (ITA) issued by the Department of Defense to any family member to join an injured or ill service member at his or her bedside.
- Please note: In some cases, a statement confirming the relationship between the covered employee and the family member may also be requested.

Claims Processing

What happens if I am out on STD or approved absence starting in 2021, which extends into 2022?

If STD, the employee may be eligible for Paid Medical Leave days beginning January 1, 2022. Claimants are encouraged to discuss the new CT PML with their STD claim specialist.

If FMLA or CT FMLA, the employee may be eligible for paid leave beginning January 1, 2022 as these leaves should run concurrently when applicable.

Can CT PFML be taken intermittently or on a reduced leave schedule?

Yes, CT PFML may be taken intermittently or on a reduced leave schedule, depending on the qualifying event. You may need proof of need for intermittent leave.

Can I be out on maternity leave in the fall of 2021 wait until 2022 to take CT PFL-child bonding to get the paid benefits?

Yes, under CT PFML law, covered employees can take PFML for bonding with a new child at any time within the first 12 months of the child's birth, adoption, or foster care placement.

Why does the law say the employee must give a 30-day advance notice of foreseeable leave?

The 30-day advance notice requirement is for the employee to alert their supervisor/employer that they will be absent. This may help with staffing and identify back up training to cover while the employee is out for an extended period of time. There is no requirement for the insurance claim to be submitted early.

What if a claim is denied?

If a claim has been denied, the claimant may reach out to MetLife to have the claim reconsidered, especially if you have new information to support your claim. If, after a second review and the claim is still denied, you may file an appeal with the state. The denial letter will provide the appeal filing instructions.

Who is a covered family member?

Family member means 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.

General Tax Questions

Are benefits taxable?

Yes

Are taxes automatically withheld from benefits?

PFL: No. Taxes will not automatically be withheld from benefits, but employees can request voluntary tax withholding. You simply need to submit a W-4S tax form to the claims team and taxes can be withheld.

PML: Yes. Medical leaves are treated similar to disability income, and taxes are automatically withheld from benefits.

How do employers report payroll contribution?

Employers should report employee contributions on Form W-2 using Box 14 – State disability insurance taxes withheld. The first W-2 reporting that will need to include this will be for the 2021 calendar year.

Resources



Need more information? Visit:

The MetLife PFML <u>website</u> regarding state mandated benefits. For CT State PFML resources <u>click here</u>.

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