

## [Connecticut Paid Leave Plan]<sup>1</sup>

Company information (name, address)

**Plan Effective Date:** [January 1, 2022]

**[Plan last modified on:** [January 1, 2023]]<sup>2</sup>

### Notices

This plan is intended to cover paid leave benefits that comply with the Connecticut Paid Family and Medical Leave Insurance Authority ("CT Paid Leave Authority" or "Authority") standards. The provisions of this Plan must conform with the requirements of sections 31-49e through 31-49t of the Connecticut General Statutes and the policies promulgated by the CT Paid Leave Authority (hereinafter respectively referred to as "the CT Paid Leave Act and policies"). If any Plan provisions do not conform to the requirements of the CT Paid Leave Act and policies, then the Employer is required to administer paid benefits consistent with the CT Paid Leave Act and policies. If there are any conflicts between the plan and the CT Paid Leave Act and policies, the CT Paid Leave Act and policies will be the controlling requirements, unless the plan provisions are more advantageous to the Covered Employee in which case the plan terms as to those more advantageous provisions will prevail.

If there are any changes, amendments, or regulatory clarifications to the provisions of the CT Paid Leave Act and policies then the plan will be administered consistent with the relevant changes, amendments, or clarifications and all claims practices will be updated to be in compliance with the new requirements. The plan should be reviewed and updated at least annually to comply with any changes, amendments or clarifications.

An employee covered under the plan shall retain all rights under Conn. Gen. Stat. §§ 31-51kk to 31-51qq, inclusive.

Contributions from Covered Employees cannot exceed the maximum employee contributions as described in the CT Paid Leave Act and policies. This maximum contribution percentage is subject to an annual adjustment by the CT Paid Leave Authority as specified in Conn. Gen. Stat. §31-49g(b). The amount of wages withheld or diverted from employees for contributions shall not be increased, except on an anniversary of the effective date of private plan or within thirty days after the state adjusts the contribution rate.

### Records

The Employer is required to keep a record of the essential details of this self-insured plan that applies to Covered Employees, which may include wage or payment history if the Covered Employee's wages are used to determine the benefit amount and/or premium amount. The Employer is to keep a record of all details of the plan, including records relating to its Claims Administrator, if any, for a minimum period of three years after termination of the plan. The Employer shall furnish these records to the CT Paid Leave Authority upon request.

**Covered Employee Right to Review Policy:** Covered Employees shall either be given a copy of this plan or have the right to examine this plan upon request, at a reasonable time and location.

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<sup>1</sup> May be replaced with "Connecticut Paid Family and Medical Leave Plan". "Plan" may also be replaced with "Program."

<sup>2</sup> In the event the Employer modifies the private plan after the effective date, the plan document can include an indication of an effective date for that new version. NOTE: If any proposed modifications constitute a material change as defined by the CT Paid Leave Authority, the employer must submit a new application, following a new employee vote, and receive approval from the CT Paid Leave Authority before implementing the new version.

**Covered Employees:** This private plan covers all employees working in Connecticut for the Employer.

Coverage begins on the date that an employee meets the definition of a Covered Employee. Coverage shall continue for any former employees for 12 weeks following termination, unless they become covered under a separate Connecticut paid leave plan with another employer.

*Covered Employee* means an employee who:

- [has earned not less than \$2,325 in the employee's highest earning calendar quarter during the Base Period; and]<sup>3</sup>
- is presently employed by the Employer or has been employed by the Employer at any time within the previous 12 weeks.

**Cost to Employees:** [Employees are not required to contribute toward the cost of the private plan.][Employees must contribute [0.5%]<sup>4</sup> of their wages, up to the Social Security contribution and benefit base, toward the cost of the private plan.]<sup>5</sup>

**Leaves that Qualify for Compensation:** Paid leave compensation shall be available for any of the following reasons:

- Due to a serious health condition of the Covered Employee, including pregnancy and serving as an organ or bone marrow donor;
- Upon the birth of a child of the Covered Employee;
- Upon the placement of a child with the Covered Employee for adoption or foster care;
- In order to care for a Family Member with a serious health condition;
- Due to a qualifying exigency arising from the fact that the Covered Employee's spouse, child or parent is on active duty or has been notified of an impending call or order to active duty in the United States armed forces;
- In order to care for the Covered Employee's spouse, child, parent, or next of kin, who is a current member of the armed forces and who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status or is on the temporary disability retired list for a serious injury or illness incurred in the line of duty;
- Due to the Covered Employee being the victim of family violence

**Paid Leave Compensation Start Date:**

There is no waiting period before compensation is payable for a qualifying leave. Benefits are available on the first day of leave. Benefits are payable to the Covered Employee on a weekly basis.

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<sup>3</sup> Employers may waive the requirement that an employee have received \$2,325 during the base period, may reduce the amount required, or may factor in earnings after the Base Period. However, in no event should the amount required to be earned exceed \$2,325.

<sup>4</sup> The percentage of wages may be reduced by the Employer. In the event the Authority reduces the contribution level under the CT Paid Leave public program, the contribution percentage under private plans must not exceed that new contribution percentage.

<sup>5</sup> Employers may elect to waive any contribution requirements for employees, or may include contribution requirements as long as the requirements do not exceed the contribution requirements under the CT Paid Leave public program.

[Covered Employees are required to utilize their sick time or other paid time off prior to receiving any paid leave benefits under this plan. However, Covered Employees are allowed to retain up to two weeks of such accrual benefits when leave is taken pursuant to Conn. Gen. Stat. §§ 31-51kk et seq.]<sup>6</sup>

**Paid Leave Compensation Duration:**

Paid Leave Compensation is available for a maximum of 12 weeks in a 12-month period. However, an additional 2 weeks of paid leave compensation is available for a serious health condition that occurs during a pregnancy. In addition, a maximum of 12 total days of paid leave compensation may be paid in a single calendar year for leave due to the Covered Employee being the victim of family violence.

The 12-month Period is determined based on [each calendar year][the 12-months beginning on [January 1]<sup>7</sup>][the 12-month period measured forward from the employee's first day of leave][a rolling 12-month period measured backward from the employee's first day of leave] [with the exception of benefits relating to military caregiver leaves, which are measured based on a 12-month period measured forward from the employee's first day of leave]<sup>8</sup>.

Paid leave compensation shall terminate when the Covered Employee is no longer eligible for paid family or medical leave, no longer has a qualifying reason for leave, or has completed the maximum payment period under the plan.

Termination of the plan will have no impact on eligibility for benefits under any approved leaves that began while the plan was in force (whether block, intermittent, or reduced leaves), including any approved extensions for the same leave regardless of whether or not the plan was in force at time of extension.

**Paid Leave Compensation Calculation:**

Weekly Paid Leave Compensation will be calculated using the following formula:

1. [The Covered Employee's Base Weekly Earnings, up to an amount equal to 40 times the Connecticut Minimum Fair Wage, multiplied by 95%; plus
2. The Covered Employee's Base Weekly Earnings, if any, which exceed 40 times the Connecticut Minimum Fair Wage, multiplied by 60%.]<sup>9</sup>

[However, in no event will the Weekly Paid Leave Compensation exceed 60 times the Connecticut Minimum Fair Wage.]<sup>10</sup>

If compensation is requested for a leave that is less than a full week, such compensation shall be pro-rated.

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<sup>6</sup> If the Employer does not require employees to utilize accruals prior to paid leave compensation being payable, this paragraph may be removed.

<sup>7</sup> "January 1" may be changed to any other date, or may reflect a separate employment event, e.g. "the date of hire".

<sup>8</sup> One of the four options for calculating the 12-month period must be chosen by the Employer. The Employer may choose a combination such that one or two of the leaves uses a unique measurement method, only as follows:

- measure forward is used only for military caregiver leave; and/or
- calendar year is used for leave due to family violence;

while one of the other methods is used for all other types of leave.

<sup>9</sup> Employers may elect to provide a greater benefit than the amount paid under the public program, as long as no employee would receive a lower calculation than the public program.

<sup>10</sup> Employers may waive or increase the maximum allowable paid leave compensation amount.

Covered Employees are allowed to receive other income from Employer-provided benefit programs concurrently with paid leave compensation. However, in no event may an employee receive more than 100% of their regular rate of compensation when paid leave benefits are combined with other such income.

Covered Employees are not allowed to receive benefits under the paid leave plan at the same time as benefits under:

- the Connecticut Unemployment program;
- Connecticut Worker's Compensation program;
- And other state or federal program that provides wage replacement

Income shall be deemed to be received concurrently with paid leave benefits if it is payable due to the same period of time that the Covered Employee is receiving paid leave benefits.

#### **Intermittent Leave or Reduced Leave Schedule:**

Intermittent leave shall be taken in increments consistent with the established policy the Employer uses to account for use of leave under the CT Family and Medical Leave Act, Conn. Gen. Stat. §31-51kk et seq and CT Family Violence Leave Act, Conn. Gen. Stat. §31-51ss.

- [For leave to bond with a Child during the first twelve months after the Child's birth, Adoption, or Foster Care placement, paid leave compensation may be provided on an intermittent or reduced leave schedule only if the Employer and the Covered Employee mutually agree.
- For leave to care for a Family Member's Serious Health Condition or to care for a Family Member who is a Covered Service Member, paid leave compensation may be provided on an intermittent or reduced leave schedule, if needed. [The employee must provide a certification from Health Care Provider that the intermittent leave schedule is medically necessary as a condition of coverage.]<sup>11</sup>
- For leave due to Family violence suffered by employee or a Qualifying Exigency arising out of a Family Member's active duty or impending call to active duty in the Armed Forces, paid leave compensation may be provided on an intermittent or reduced leave schedule.
- For leave due to the Covered Employee's own Serious Health Condition, including acting as an organ/bone marrow donor, paid leave compensation may be provided on an intermittent or reduced leave schedule, if needed. The employee must provide a certification from a Health Care Provider that the intermittent leave or reduced leave schedule is medically necessary as a condition of coverage.]<sup>12</sup><sup>13</sup>

#### **Extension of Paid Leave Benefits:**

The Covered Employee may submit a request for extension of paid family or medical leave beyond the initial approved duration.

[The Covered Employee must provide notice to the Employer requesting an extension of leave at least [14 calendar days]<sup>14</sup> prior to the date of expiration of the original approved leave, unless there is good cause for the delay.]<sup>15</sup>

An extension of leave must include the following information:

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<sup>11</sup> This sentence may be deleted if Employer does not require such specific certification.

<sup>12</sup> This sentence may be deleted if Employer does not require such specific certification.

<sup>13</sup> The four bulleted items reflect the minimum requirements for intermittent or reduced leave allowance. If an Employer allows all leave reason to utilize block, reduced or intermittent leaves, then the entire section may be replaced with a statement providing such options.

<sup>14</sup> The notice period may be reduced to a duration lower than 14 calendar days.

<sup>15</sup> Sentence may be deleted if no advance notice of extension request is required.

- The reason for the extension;
- The requested duration of the extended leave;
- The date on which the Covered Employee provided notice of the request for the extension; and
- A newly completed or updated health care certification or supporting document consistent with the provisions applicable to the rights of employers as set forth in Conn. Gen. Stat. 31-51mm.

#### **Claim Provisions:**

A Covered Employee requesting paid leave compensation may contact [HR Department at (555) 555-5555]<sup>16</sup>.

[When a request for paid leave compensation is foreseeable, the Covered Employee shall provide notice to the Employer no less than 7 calendar days prior to a request for leave related to family violence or 30 calendar days for leave for any other reason. If the request is not reasonably foreseeable or if the Covered Employee has good cause for failure to provide sufficient notice, such notice requirement shall be waived.]<sup>17</sup>

[Covered Employees may be required to consent to the sharing of information among the Employer, carrier, and health care provider.]<sup>18</sup>

Upon receipt of a completed request for paid leave compensation, the Employer will provide a decision within 5 business days. If such request is incomplete, the Employer shall notify the Covered Employee within 5 business days.

Paid leave benefits will be paid no later than 15 calendar days after approval of request, unless that determination occurs more than 15 calendar days before the onset of leave or the employee meets the eligibility requirements, in which case the Employer shall commence payment of leave benefits as soon as leave or eligibility begins.

Compensation that is owed, but unpaid, at the time that a Covered Employee dies shall be payable to the Covered Employee's estate.

#### **Certifications and Documentation Requests**

Covered Employees are not required to include certification or other proof requirements that exceed those permitted to employers under section 31-51mm of the Connecticut General Statutes and regulations promulgated by the Connecticut Department of Labor relating to such section. No additional evidence unless it is specifically authorized in the CT Paid Leave Act and policies.

The following documentation is required based on the reason for the leave. If there is a conflict between the plan terms and the certification and documentation required pursuant to Section 31-51mm of the Connecticut General Statutes and related regulations, or pursuant to the CT Paid Leave Act and policies, the terms of the latter statutes, regulations or CT Paid Leave Act policies prevail.

##### Certification of Serious Health Condition

#### **For Medical Leave for the Individual's own Serious Health Condition:**

The following certification from a health care provider that includes:

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<sup>16</sup> Employer may indicate the specific contact information for filing request for paid leave compensation. If the Employer utilizes a Third Party Administrator, the contact information for the TPA should be provided here.

<sup>17</sup> Employer may elect to waive advance notice requirements or may reduce the amount of advanced notice required.

<sup>18</sup> If the Employer is not utilizing a carrier or TPA, this sentence may be removed.

- a statement that the Covered Employee has a serious health condition, including that they are an organ or bone marrow donor;
- the date on which the serious health condition commenced;
- the probable duration of the serious health condition;
- a certification by the health care provider that the Covered Employee is incapacitated from work due to the serious health condition, including due to organ or bone marrow donation;
- information regarding the need for intermittent leave or reduced leave schedule, including a statement that such leave or schedule is medically necessary where the claim for benefits is for leave on an intermittent or reduced leave schedule and an estimate of the frequency and duration of leave needed; and
- other such information that is permitted to be obtained pursuant to Section 31-51 mm of the Connecticut General Statutes and related regulations.

**For Leave to Care for Family Member with a Serious Health Condition:**

The following certification from a health care provider that includes:

- The name and address of the Family Member;
- A statement that the Family Member has a Serious Health Condition;
- The date on which the Family Member's Serious Health Condition commenced;
- The probable duration of the Family Member's Serious Health Condition;
- A statement that the Covered Employee is needed to care for the Family Member; and
- An estimate regarding the frequency and anticipated duration of time that the Covered Employee is needed to care for the Family Member;
- other such information that is permitted to be obtained pursuant to Section 31-51 mm of the Connecticut General Statutes and related regulations.

The Covered Employee may also be required to provide:

- A statement confirming the relationship between the Covered Employee and the Family Member; and
- Information that proves to the satisfaction of the Employer the identity of the Family Member.

**For Leave to bond with a newborn Child:**

The following documentation:

- The Child's birth certificate; or
- A statement from the Child's Health Care Provider stating the Child's birth date; or
- A statement from the Health Care Provider of the person who gave birth stating the Child's birth date.

Covered Employees may also be require other such information that is permitted to be obtained pursuant to Section 31-51 mm of the Connecticut General Statutes and related regulations.

**For Leave for Placement of a Child for Adoption or Foster Care:**

The following documentation:

- A certification from the child's health care provider or from an adoption or foster care agency involved in the placement or the Connecticut Department of Children and Families that confirms the placement and the date of placement and other such information that is permitted to be obtained pursuant to Section 31-51 mm of the Connecticut General Statutes and related regulations.

- Written notice of any change of status as an adoptive or foster parent while an application for benefits is pending or while the Covered Employee is receiving benefits. In this instance, the Covered Employee, within five business days of such change in status, may be required to provide written notice of the change to the Employer.

**For Leave for a Qualifying Exigency arising out a Family Member is on Active Military Duty or Has Been Notified of an Impending Call or Order to Active Duty in the Armed Forces:**

The following documentation:

- A copy of the Family Member's active duty order, a letter of impending activation from the Family Member's commanding officer, or other documentation in circumstances where, for good cause shown, the Covered Employee is unable to produce the active duty orders or letter of impending activation;
- A statement of the family relationship between the Covered Service Member and the Covered Employee requesting benefits;
- Information from the Covered Employee that proves the identity of the Family Member;
- The name and address of the Family Member being cared for;
- The dates or period of time for which leave is requested, including frequency and duration of leave;
- A description of the reason for qualifying exigency;
- Any available written documentation which supports the need for leave (e.g., a document confirming the service member's Rest and Recuperation leave; a document confirming an appointment with a third party, copy of a bill for services for handling legal or financial affairs, etc.);
- If leave is needed to meet with a third party (e.g., childcare, financial advisor, military event, etc.), the name, address and contact of the individual/organization and a written description of the meeting;
- Other such information that is permitted to be obtained pursuant to Section 31-51 mm of the Connecticut General Statutes and related regulations.

**Family Leave to Care for a Family Member who is a Covered Service Member:**

Certification from the covered service member's health care provider that includes:

- The date on which the Covered Service Member's Serious Health Condition commenced;
- The probable duration of the Serious Health Condition;
- A statement that the Covered Employee is needed to care for the Family Member;
- An estimate of the amount of time the Covered Employee will be needed to care for the Covered Service Member;
- An attestation by the Covered Service Member's Health Care Provider and the Covered Individual that the Serious Health Condition is arises from the Covered Service Member's active duty in military service;
- A statement of the family relationship between the Covered Service Member and the Covered Employee ;
- Information from the Covered Employee that proves to the satisfaction of the Carrier the identity of the Family Member;
- The name and address of the Family Member being cared for; and
- Other such information that is permitted to be obtained pursuant to Section 31-51 mm of the Connecticut General Statutes and related regulations.

The Employer must accept as an alternative form of certification an 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. An ITO or an ITA constitutes automatic certification of military status and serious health condition.

- The Employer must accept the ITO or ITA as complete and sufficient certification of the need for leave, even if the Covered Employee's own name is not on it.
- The Employer may require proof of a covered family relationship between the Covered Employee and service member.

If the Covered Employee needs leave beyond the expiration date of the ITO or ITA, the plan may require certification of status via normal procedures.

#### **Denial of Paid Leave Requests:**

In the event a paid leave request is denied, the employee will be provided in writing (or electronically, if the Covered Employee consents):

- The specific reason for the denial;
- The specific law or section of the policy that caused the denial;
- What documentation was relied on for the denial;
- What documentation can be provided, if any, to reconsider the denial;
- The right to request reconsideration, if applicable; and
- The right to seek appeal of the decision with the Connecticut Department of Labor ("CT DOL") and the process to file the appeal. Such appeal must be filed within 21 days of the final decision.

Upon notice of a preliminary determination that the Employer will deny a claim or make an adverse determination, the Covered Employee may request reconsideration of the determination via the plan's internal appeal process before the Covered Employee exercises the right to appeal a denial of the claim to Connecticut Department of Labor ("CT DOL"). Such reconsideration must be submitted within ten calendar days from the receipt of notice of the preliminary determination.

The reconsideration process shall extend the ten-calendar day filing period where an individual establishes to the satisfaction of the Employer that circumstances beyond the individual's control prevented the filing of a request for reconsideration within the prescribed filing period.

If the request for reconsideration is denied, such denial must advise the Covered Employee in writing (or electronically, if the Covered Employee consents) that the Covered Employee may appeal to the CT DOL and provide direction as to how the appeal may be filed.

The Employer shall furnish the CT DOL all documentation requested by the CT DOL in accordance with CT DOL regulations.

#### **Definitions:**

This plan uses the same definitions as the CT Paid Leave Act and policies. [The following definitions are included for ease of understanding. If there are any conflicts between the definitions below and the CT Paid Leave Act and policies, the CT Paid Leave Act and policies will be the controlling definitions, unless the plan definitions are more generous to employees.]<sup>19</sup>

*Base Period* means the first four of the five most recently completed calendar quarters.

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<sup>19</sup> This sentence and the subsequent definitions may be removed by the Employer.



*Base Weekly Earnings* means an amount equal to one twenty-sixth, rounded to the next lower dollar, of a covered employee's total wages from the Employer earned during the two quarters of the Covered Employee's Base Period in which such earnings were highest.

*Employer* means [ABC Company, Inc.]<sup>20</sup>

*Family Member* means:

- With respect to leave to care for a Family Member with a serious health condition, the Covered Employee's spouse, sibling, son or daughter, grandparent, grandchild or parent, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships;
- With respect to leave for a qualifying exigency arising out of active military duty, notification of impending call or order to active duty, the Covered Employee's spouse, son, daughter or parent;
- With respect to leave to care for a Family Member who is a covered service member, the Covered Employee's spouse, son or daughter, parent or next of kin.

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<sup>20</sup> The plan should indicate the Employer's legal name.