

PAID FAMILY & MEDICAL LEAVE INSURANCE AUTHORITY
POLICY & PROCEDURES FOR AN EMPLOYER TO
APPLY TO USE A PRIVATE PLAN TO MEET ITS OBLIGATIONS UNDER THE
CONNECTICUT PAID LEAVE PROGRAM

I. DEFINITION OF A PRIVATE PLAN

In accordance with Section 31-49o of the Connecticut General Statutes, an employer may apply to use a private plan to meet its obligations under sections 31-49e to 31-49t of the Connecticut General Statutes, commonly known as the Connecticut Paid Leave Act.

A private plan may consist of **either** of the following:

- An insurance policy, the forms of which shall have been approved by the Insurance Commissioner (hereinafter referred to as the CID) and be issued by an insurer approved by the CID
- A self-insured plan

A. Form of an Insurance Policy

As set forth in the July 6, 2020 [NOTICE TO ALL INSURANCE COMPANIES AUTHORIZED TO CONDUCT BUSINESS IN CONNECTICUT CONCERNING PAID FAMILY AND MEDICAL LEAVE INSURANCE](#) (hereinafter referred to as the “Notice”), the CID considers a Carrier-issued Declaration of Insurance as acceptable proof of family and medical leave coverage consistent with the Authority standards provided that:

- Carriers use the appropriate Declaration of Insurance that is included in the attached Appendix A to this Notice;
- Carriers develop and submit to the CID a paid family and medical policy form filing consistent with those Authority standards that will be identified in a forthcoming Policy Filing Guidance Notice to be issued by the CID; and
- Carriers submit a paid family and medical leave insurance policy form filing within 60 days following the CID’s issuance of a forthcoming Policy Filing Guidance Notice defining the contents of an acceptable paid family and medical leave insurance policy.

Accordingly, there shall be an interim period during which a CID-approved Declaration of Insurance qualifies as “an insurance policy, the forms of which have been approved by the CID” and shall be accepted as such by the CT Paid Leave Authority as part of the application. The Interim Period shall be from July 6, 2020, through the 60th day from the date the CID issues a Policy Filing Guidance notice defining the contents of an acceptable paid family and medical leave insurance policy. After the Interim Period ends, (in other words, on or after the 61st day from the date the CID issues a Policy Filing Guidance Notice defining the contents of an acceptable paid family and medical leave insurance policy), only policies in a form consistent with such Policy Filing Guidance and approved by the CID (hereinafter, an “approved insurance policy”) shall be accepted by the CT Paid Leave Authority during the private plan application

process. The CT Paid Leave Authority shall accept only Declarations of Insurance and insurance policies issued by insurance companies that have received a rating of A or better from AM Best.

B. Self-Insured Plan

As an alternative to obtaining an insurance policy, an employer can apply for approval to comply with its obligations under the CT Paid Leave Act through a self-insured plan. As part of that application, the employer shall attest that it will provide self-insured coverage to the Employer's covered individuals for benefits in accordance with the CT Paid Leave Act; that its self-insured plan will comply with all requirements established by the CT Paid Leave Authority; and that it has sufficient financial resources to pay claims and provide adequate benefits claims administration to assure that employees have access to benefits as they would if they participated in the public plan.

During the Interim Period (as defined above), the CT Paid Leave Authority will accept as an Employer's self-insured plan a Self-Insurance Declaration Document that conforms with the template attached as Exhibit A to this Policy. As part of the Self-Insurance Declaration Document, the employer shall acknowledge that it shall amend its self-insured plan document to conform to the requirements of a Self-Insurance Plan Filing Guidance Notice that will be issued by the CT Paid Leave Authority and provide a copy of that amended document to the CT Paid Leave Authority.

After the Interim Period is over, only self-insured plan documents that conform to the requirements of the Self-Insurance Plan Filing Guidance Notice issued by the CT Paid Leave Authority in connection with insured plans (hereinafter, a "self-insured plan document") will be accepted by the CT Paid Leave Authority.

In order for a self-insured plan to be approved, the employer shall furnish also a bond running to the CT Paid Leave Trust Fund with a surety company authorized to transact business in the state as surety in an amount equal to the estimated total yearly contributions that would otherwise be owed by the employer's employees to the CT Paid Leave Trust Fund. The CT Paid Leave Authority shall accept only surety bonds that have been issued by surety companies that have received a rating of A or better from AM Best.

II. VOTING REQUIREMENTS

Section 31-49o of the Connecticut General Statutes mandates that the CT Paid Leave Authority cannot approve a private plan unless it has been approved by a majority vote of the employer's employees. Accordingly, the employer shall hold the vote on the plan **before** submitting its application to the CT Paid Leave Authority.

"A majority vote of the employer's employees" means that at least 50% + 1 of the total number of employees working in Connecticut for the employer voted in favor the plan. It does **not** mean at least 50% + 1 of the number of employees who participated in the vote.

Requirements for the employee vote:

- A. All employees working in Connecticut on the employer's payroll as of the date or time period of the vote, including full-time, part-time and probationary employees, as well as any regular employees who are on a paid or unpaid leaves of absence (such as vacation, medical, military, educational, disciplinary, etc.) on the day of the vote, shall be afforded the opportunity to vote.
- B. At least two weeks before the vote commences, the employer shall provide the employees with a copy of the approved insurance policy or self-insured plan document (or, during the interim period only, the CID-approved Declaration of Insurance including the Appendices required by the July 6, 2020 Notice or the Self Insured Declaration Document); a plain language guide describing the plan that includes, at a minimum, the information contained in the Plain Language Template attached as Exhibit B to this policy; and instructions about the voting process.
- C. The employer may provide additional information about the proposed private plan, including but not limited to information about any benefits provided that exceed the statutory requirements.
- D. The employer shall not coerce or threaten the employees in any way in connection with the vote. Evidence that the employer engaged in any coercive or threatening behavior shall be grounds for the CT Paid Leave Authority to deny or revoke the private plan approval.
- E. The method of distribution of such documents and information shall be at least as efficient and effective as the manner by which the employer distributes other legally required work-related postings, such as wage & hour, sexual harassment prevention, and workers' compensation information and other benefit information, such as pension/401k summary plan descriptions, open enrollment materials.
- F. The employer shall ensure that the documents and information are accessible to employees who are on leave.
- G. The employer shall ensure that the documents and information comply with federal and state requirements regarding disability accessibility and language accessibility.
- H. The method of voting shall be accessible to employees who are on leave.
- I. The method of voting shall comply with federal and state requirements regarding disability accessibility and language accessibility.
- J. The question presented to the employees for the vote shall be: Do you approve the company's private plan to provide benefits required by the CT Paid Family and Medical Leave Insurance Act? Yes or No.
 - a. There shall be no other form of question posted for voting on the private plan.
- K. The method of voting shall be anonymous and shall be capable of independent, after-the-fact verification.
 - a. The CT Paid Leave Authority strongly recommends that employers utilize electronic and/or on-line tools for voting provided the employer assures that all employees have access to such tools.

III. PROVISIONAL APPROVAL FOR A PRIVATE PLAN

During the Interim Period, any approval of an application for approval of a private plan submitted on the basis of a Declaration of Insurance or a Self-Insurance Declaration Document shall be provisional.

After the Interim Period ends, the employer shall supplement its application with an approved insurance policy or the self-insured plan document. The supplemented application will be approved unless the CT Paid Leave Authority determines that the approved insurance policy differs materially from the Declaration of Insurance or the approved self-insurance plan document differs materially from the Self-Insurance Declaration Document or the CT Paid Leave Authority determines that the employer's updated application should be denied for one or more of the reasons listed in section IV.

The CT Paid Leave Authority will revoke the provisional approval if the employer fails to update its application with an approved insurance policy or an approved self-insured plan document, as applicable, within the time period specified by the CID or CT Paid Leave Authority.

An employer that has received provisional approval for its private plan from the CT Paid Leave Authority is exempted from the obligation to remit contributions, unless the employer fails to update its application as required or the CT Paid Leave Authority denies the employer's updated application for one or more of the reasons listed in section IV.

If the CT Paid Leave Authority revokes the provisional approval or if, for any other reason, an employer that has received provisional approval does not have an approved insurance policy or approved self-insurance plan in force on January 1, 2022, the employer will be responsible for all contributions owed to the CT Paid Leave Authority pursuant to Conn. Gen. Stat. § 31-49g, retroactive to January 1, 2021. The employer is prohibited from collecting retroactive contributions from covered employees to satisfy this requirement.

IV. GROUNDS FOR DENIAL OR REVOCATION OF APPROVAL FOR A PRIVATE PLAN

The CT Paid Leave Authority may deny or withdraw approval for a private plan if the CT Paid Leave Authority determines that the employer has:

- A. Threatened or coerced employees in connection with the private plan vote;
- B. Failed to pay benefits;
- C. Failed to pay benefits timely and in a manner consistent with the public plan;
- D. Failed to maintain an adequate security deposit as required by the CID; misused private plan funds;
- E. Failed to submit reports as required;
- F. Provided materially false information to the CT Paid Leave Authority of the CID or failed to comply with sections 31-49e to 31-49t, inclusive of the Connecticut General Statutes or
- G. Has directed its insurer or Third-Party Administrator to engage in such actions.

The CT Paid Leave Authority shall draft procedures for determining if the denial or revocation of approval of a private plan is appropriate that it shall follow upon receipt of information that any of the above-listed events has occurred. Such procedures shall include, at a minimum, notice to the employer and the insurer or Third-Party Administrator, if applicable, and an opportunity for the employer, insurer or Third-Party Administrator to provide a response.

Pursuant to Section 31-49o, the CT Paid Leave Authority may deny applications for a private plan option if it determines based upon actuarial principles that the solvency of the Trust may be jeopardized. The CT Paid Leave Authority shall draft a policy identifying the factors it will consider and the procedures it will follow in order to make such a determination.

V. APPLICATION PROCEDURE

1. Employer (hereinafter, all references to “employer” shall include the employer’s authorized representative) registers with the CT Paid Leave Authority on its portal, ctpaidleave.org, providing or verifying employer’s name, address, contact information, industry code and total number of employees working in Connecticut.
2. Employer completes the CT Paid Leave Authority’s application for a private plan:
 - a. Employer specifies whether the plan is in the form of self-insurance or provides for insurance.
 - b. Employer provides the CT Paid Leave Authority with a copy of the plain language guide provided to its employees and one of the following:
 - The Declaration of Insurance (during the Interim Period only);
 - The approved insurance policy
 - The Self-Insurance Declaration Document (during the Interim Period only); or
 - The approved self-insured plan document
 - c. The CT Paid Leave Authority will verify with CID that the CID has approved the form of the Declaration of Insurance or the insurance policy.
 - d. If the Employer is applying on the basis of a self-insured plan, it shall furnish the required surety bond in an amount equal to the estimated total yearly contributions that would otherwise be owed by its employees as part of its application.
 - e. Employer shall attest that the plan has been approved by a majority vote of its employees working in Connecticut and that the vote complied with the CT Paid Leave Authority requirements.
 - f. Employer shall report on the application the total number of employees employed by the Employer who are working in Connecticut, the total number of employees who voted and the numbers of votes for and against the plan.

- a. Each employer that has been approved for a self-insured plan shall be required to update its surety bond on a yearly basis.

EXHIBIT A

SELF-INSURANCE DECLARATION DOCUMENT

SELF-INSURANCE DECLARATION

The purpose of this declaration is to provide documentation of a self-insured plan commencing on or before January 1, 2022 to support a request for private plan exemption from the Paid Family and Medical Leave Insurance Authority (Authority) for the provision of paid leave benefits under Conn. Gen. Stat. § 31-49o.

1. Employer's Name, Address, and Contact:

- a. [name of employer]
- b. [address]
- c. Contact:
 - i. [name]
 - ii. [email address]
 - iii. [phone number]

2. The employer acknowledges that it is required to amend its self-insured plan document to conform to the requirements of a Self-Insurance Plan Filing Guidance Notice that will be issued by the CT Paid Leave Authority and to provide a copy of that amended document to the CT Paid Leave Authority.

3. The Administrator of the self-insured plan will be

- a. [name of employer or third-party administrator]
- b. [address]
- c. Contact:
 - i. [name]
 - ii. [email address]
 - iii. [phone number]
- d. TPA Contract Number if applicable: [insert]

4. Certification by Employer

The Employer certifies that it will provide self-insured coverage to the Employer's covered individuals for benefits under CT PFML Law.

The Employer certifies that has sufficient financial resources to pay claims and adequate benefits claims administration to assure that employees have access to benefits as they would if they participated in the public plan.

The Employer understands and agrees that a self-insured plan document must be filed with the CT Paid Leave Authority within 60 days following issuance of the Self Insured Plan Filing Guidance Notice that identifies the standards and provisions that a PFML policy must contain to be consistent with the Authority standards for an acceptable CT PFML self-insured plan document.

The Employer certifies that the self-insured plan document that is filed will comply with all requirements of the CT PFML Law including but not limited to the self-insured plan requirements listed below.

The Employer agrees that it will furnish a surety bond to the CT Paid Leave Authority in an amount and form required by the Ct Paid Leave Authority

5. Acknowledgement by Employer

The Employer acknowledges and understands that if this self-insured plan document is not in force on January 1, 2022, the employer will be responsible for contributions pursuant to Conn. Gen. Stat. § 31-49g, retroactive to January 1, 2021, and furthermore, the Employer may not collect retroactive contributions from covered employees to satisfy this requirement.

[Employer]

By its duly authorized representative,

[Name]

[Title]

[Date]

Self-Insured Plan Requirements

Requirement	Statute Section	Relevant Language
<p>The private plan shall meet all criteria defined in Section 31-49o(a)(1).</p>	<p>Sec. 31-49o(a)(1)</p>	<p>Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must (A) confer all of the same rights, protections and benefits provided to employees under said sections, including by providing (i) at least the same number of weeks of benefits; (ii) at least the same level of wage replacement for each of those weeks; and (iii) benefits in each circumstance specified in subdivision (2) of subsection (a) of section 31-51ll or in subsection (i) of said section or section 31-51ss; (B) impose no additional conditions or restriction on the use of family or medical leave beyond those explicitly authorized by said sections or by regulations issued pursuant to sections 31-49f to 31-49t or to section 31-51qq; (C) cost employees no more than the premium charged to employees under the state program; (D) provide coverage for all employees throughout their period of employment; (E) provide for the inclusion of future</p>

		<p>employees; (F) not result in a substantial selection of risks adverse to the Family and Medical Leave Insurance Trust or otherwise significantly endanger the solvency of the fund; (G) have been approved by a majority vote of the employer's employees; and (H) meet any additional requirements established by the authority.</p>
<p>If a private plan is offered through self-insurance, the employer shall issue a bond running to the state with a surety company authorized to do business in the State of Connecticut as surety in an amount required by the department.</p> <p>If a private plan is insured, the forms of the policy shall be approved by Insurance Commissioner and issued by an insurer approved to issue such insurance in the State of Connecticut.</p>	<p>Sec. 31-49o(a)(2)</p>	<p>Sec. 31-49o(a)(2) In order to be approved as meeting an employer's obligations under sections 1 to 16, inclusive, of this act, a private plan shall also comply with the following provisions: (A) If the private plan is in the form of self-insurance, the employer shall furnish a bond running to the state, with a surety company authorized to transact business in the state as surety, in such form as may be approved by the authority and in such amount as may be required by the department; and (B) if the plan provides for insurance, the forms of the policy shall have been approved by the Insurance Commissioner and be issued by an approved insurer.</p>
<p>Plan shall provide coverage for all employees working in Connecticut throughout their period of employment</p>	<p>Sec. 31-49o(a)(1)(D)</p>	<p>Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which</p>

		<p>the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must (D) provide coverage for all employees throughout their period of employment</p>
<p>Plan shall provide for inclusion of future employees</p>	<p>Sec 31-49o(a)(1)(E)</p>	<p>Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must ... (E) provide for the inclusion of future employees;</p>
<p>Plan shall provide for coverage of any former employee who had been employed by an employer for 12 weeks from the date of separation or until the individual is employed by a new employer, whichever comes first.</p>	<p>Sec. 31-49o(a)(1)(A) & (F) Sec 31-49e(4)(B) Sec 31-49e(2) Sec 31-49e(16)</p>	<p>Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must (A) confer all of the same rights, protections and benefits</p>

		<p>provided to employees under said sections, including by providing (i) at least the same number of weeks of benefits; (ii) at least the same level of wage replacement for each of those weeks; and (iii) benefits in each circumstance specified in subdivision (2) of subsection (a) of section 31-51ll or in subsection (i) of said section or section 31-51ss; (F) not result in a substantial selection of risks adverse to the Family and Medical Leave Insurance Trust or otherwise significantly endanger the solvency of the fund;.</p> <p>Sec 31-49e(2) “Base period” means the first four of the five most recently completed quarters;</p> <p>Sec. 31-49e(16) “Subject earnings” means total wages, as defined in subsection (b) of section 31-222 and self-employment income as defined in 26 USC 1402(b), as amended from time to time, that shall not exceed the Social Security contribution and benefit base, as determined pursuant to 42 USC 430, as amended from time to time, provided self-employment income shall be included only if the recipient has enrolled in the program pursuant to section 31-49m.</p>
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<p>The entity offering the private plan shall be an “employer” as defined in the statute in Sec. 31-49e(8) and Sec. 31-51kk(4)</p>	<p>Sec. 31-49e(8) Sec. 31-51kk(4)</p>	<p>"Employer" means a person engaged in any activity, enterprise or business who employs one or more employees, and includes any person who acts, directly or indirectly, in the interest of an employer to any of the employees of such employer and any successor in interest of an employer. "Employer" does not mean the federal government, the state or a municipality, a local or regional board of education or a nonpublic elementary or secondary school, except that the state, a municipal employer or local or regional board of education is an employer with respect to each of its covered public employees;</p>
<p>Plan shall define “employee” as it is defined in the statute in Sec 31-49e(7) and Sec. 31-51kk(3)</p>	<p>Sec. 31-49e(7) Sec 31-51kk(3)</p>	<p>"Employee" means an individual engaged in service to an employer in this state in the business of the employer;</p>
<p>Plan shall define “employ”, as defined in the statute in in Sec 31-49e(6) and Sec. 31-51kk(2)</p>	<p>Sec. 31-49e(6) Sec. 31-51kk(2)</p>	<p>"Employ" means to allow or permit to work;</p>
<p>Plan shall define “health care provider” as defined in the statute in Sec. 31-49e(13) and Sec. 31-55kk(9)</p>	<p>Sec. 31-49e(13) Sec. 31-51kk(9)</p>	<p>Sec. 31-49e(13) "Health care provider" has the same meaning as provided in section 31-51kk of the general statutes;</p> <p>Sec. 31-51kk(9)"Health care provider" means (A) a doctor of medicine or osteopathy who is authorized to practice</p>

		<p>medicine or surgery by the state in which the doctor practices; (B) 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; (C) 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; (D) Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; (E) 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; (F) a health care provider as defined in subparagraphs (A) to (E), inclusive, of this subdivision 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 (G) such other health care provider as the Labor Commissioner determines, performing within the scope of the</p>
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		authorized practice. The commissioner may utilize any determinations made pursuant to chapter 568;
Plan shall define “person” as defined in the statute in Sec. 31-49e(14) and Sec. 31-51kk(11)	Sec. 31-49e(14) Sec 31-51kk(11)	"Person" means one or more individuals, partnerships, associations, corporations, limited liability companies, business trusts, legal representatives or any organized group of persons;
Plan shall define “employment benefits” as all benefits provided or made available by an employer, as listed in the statute in Sec. 31-51kk(5)	Sec. 31-51kk(5)	Sec. 31-51kk(5) "Employment benefits" means all benefits provided or made available to employees by an employer, including group life insurance, health insurance, disability insurance, sick leave, annual leave, educational benefits and pensions, regardless of whether such benefits are provided by practice or written policy of an employer or through an "employee benefit plan", as defined in Section 1002(3) of Title 29 of the United States Code;
Plan shall cover serious health conditions and shall define “serious health condition” as defined in the statute in Sec 31-49e(15) and Sec 31-51kk(13)	Sec. 31-49e(15) Sec. 31-51kk(13)	Sec. 31-49e(15)"Serious health condition" has the same meaning as provided in section 31-51kk of the general statutes Sec. 31-51kk(13) “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;
<p>Plan shall offer paid family and medical leave compensation for the same duration and under the same conditions as the Paid Family and Medical Leave Insurance Authority, pursuant to the statute</p>	<p>Sec. 31-49o(a)(1)(a) Sec. 31-49g(a)</p>	<p>Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must (A) confer all of the same rights, protections and benefits provided to employees under said sections, including by providing (i) at least the same number of weeks of benefits; (ii) at least the same level of wage replacement for each of those weeks; and (iii) benefits in each circumstance specified in subdivision (2) of subsection (a) of section 31-51ll or in subsection (i) of said section or section 31-51ss;.</p> <p>Sec.31-49g(a) The Paid Family and Medical Leave Insurance Authority shall establish and administer the Paid Family and Medical Leave Insurance Program to provide up to twelve weeks of family and medical leave compensation to covered employees during any twelve-</p>

		<p>month period, as well as two additional weeks of compensation to a covered employee for a serious health condition resulting in incapacitation that occurs during a pregnancy.</p>
<p>Plan shall not require employees to contribute to the private plan an amount that exceeds the percentage of their subject earnings for that employer in amounts and in a manner defined by the statute.</p> <p>Plan shall provide that the employer incurs the obligation to make contributions on January 1, 2021, however, the Plan may determine the manner, form and frequency by which the employer transmits the contributions to the Plan</p>	<p>Sec. 31-49o(a)(1)(C)</p> <p>Sec. 31-49g(b)(1)</p> <p>Sec. 31-49g(b)(3)</p>	<p>Sec. 31-49o. (a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must ... (C) cost employees no more than the premium charged to employees under the state program; (</p> <p>Sec. 31-49g(b) (1) Beginning on January 1, 2021, but not later than February 1, 2021, each employee and each self-employed individual or sole proprietor who has enrolled in the program pursuant to section 9 of this act shall contribute a percentage of his or her subject earnings that shall not exceed the Social Security contribution and benefit base, as determined pursuant to 42 USC 430, as amended from time to time, to the Family and Medical Leave Insurance Trust Fund.</p>

		<p>Such percentage shall be established by the authority, provided that the percentage shall not exceed one-half of one per cent;</p> <p>Sec. 31-49g(b)(3) Each employer making payment of any wages to an employee shall deduct and withhold from such wages for each payroll period a contribution computed in such manner as to result, so far as practicable, in withholding from the employee's wages during each calendar year an amount substantially equivalent to the contribution reasonably estimated to be due from the employee under this subsection with respect to the amount of such wages during the calendar year.</p>
<p>Plan shall provide leave and benefits to covered employees for at least twelve weeks in any twelve-month period taken for conditions defined in subdivision (2) of subsection (a) of section 31-51ll, as amended by Public Act 19-25, or subsection (i) of said section or section 31-51ss of the general statutes, as well as for at least two additional weeks for a serious health condition resulting in incapacitation that occurs during pregnancy;</p>	<p>Sec. 31-49o(a)(1)(A) Sec. 31-49g(c)(1)</p>	<p>Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must (A) confer all of the same rights, protections and benefits provided to employees under</p>

<p>Plan may determine how to calculate the 12-month period provided that it shall utilize one of the four methods set forth in Sec. 31-51ll(a)(1) in doing so.</p> <p>Plan shall provide that the obligation to make benefit payments is incurred no later than January 1, 2022.</p>		<p>said sections, including by providing (i) at least the same number of weeks of benefits; (ii) at least the same level of wage replacement for each of those weeks; and (iii) benefits in each circumstance specified in subdivision (2) of subsection (a) of section 31-51ll or in subsection (i) of said section or section 31-51ss;</p> <p>Sec. 31-49g(c)(1) Beginning on January 1, 2022, but not later than February 1, 2022, covered employees shall receive compensation under this section for up to twelve weeks of leave in any twelve-month period taken for one or more of the reasons listed in subdivision (2) of subsection (a) of section 31-51ll of the general statutes, as amended by this act, or subsection (i) of said section or section 31-51ss of the general statutes, as well as for two additional weeks for a serious health condition resulting in incapacitation that occurs during a pregnancy</p> <p>Sec. 31-51ll(a)(1) Subject to section 31-51mm, an eligible employee shall be entitled to a total of twelve workweeks of leave during any twelve-month period, such twelve-month period to be determined utilizing any one of the following methods: (A)</p>
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		<p>A calendar year; (B) any fixed twelve-month period, such as a fiscal year or a twelve-month period measured forward from an employee's first date of employment; (C) a twelve-month period measured forward from an employee's first day of leave taken under sections 31-51kk to 31-51qq, inclusive; or (D) a rolling twelve-month period measured backward from an employee's first day of leave taken under sections 31-51kk to 31-51qq, inclusive. Such employee may take up to two additional weeks of leave during such twelve-month period for a serious health condition resulting in incapacitation that occurs during a pregnancy.</p>
<p>Plan shall offer compensation in an amount no less than the amounts defined in the statutes in Section 31-49g(c)(2), provided that the employee's compensation shall be based upon the employee's base weekly earnings for that employer</p>	<p>Sec. 31-49g(c)(2)</p>	<p>Sec. 31-49g(c)(2) The weekly compensation offered to covered employees shall be equal to ninety-five per cent of the covered employee's base weekly earnings up to an amount equal to forty times the minimum fair wage, as defined in section 31-58 of the general statutes, and sixty per cent of that covered employee's base weekly earnings above an amount equal to forty times the minimum fair wage, except that the total weekly compensation shall not exceed an amount equal to sixty times the minimum fair</p>

		wage. Compensation shall be available on a prorated basis.
Plan shall provide a covered employee with the option to have income tax withheld from their paid family and medical leave compensation and withheld in a manner consistent with state law.	Sec. 31-49g(c)(4)	Sec. 31-49g(c)(4) If a covered worker elects to have income tax deducted and withheld from his or her compensation, the amount specified shall be deducted and withheld in a manner consistent with state law.
Plan shall comply with Sec. 31-49g(d) regarding compensation for two spouses employed by the same employer.	Sec. 31-49g(d)	(d) Notwithstanding subsection (g) of section 31-51ll of the general statutes, two spouses employed by the same employer shall each be eligible for up to twelve weeks of compensation under this section in any twelve-month period. Such eligibility for compensation shall not increase their eligibility for job protected leave beyond the number of weeks specified in said subsection;
Plan shall comply with statutory and regulatory requirements regarding the availability of intermittent and reduced schedule leave.	Sec. 31-49g(e) Sec. 31-51ll(a) through (c)	Sec. 31-49g(e) A covered employee may receive compensation under this section for nonconsecutive hours of leave. Sec. 31-51ll a)(1) Subject to section 31-51mm, an eligible employee shall be entitled to a total of twelve workweeks of leave during any twelve-month period, such twelve-month period ... (2) Leave under this subsection may be taken for one or more of the following reasons: (A) Upon the birth of a son or daughter of the employee;

		<p>(B) Upon the placement of a son or daughter with the employee for adoption or foster care; (C) In order to care for a family member of the employee, if such family member has a serious health condition; (D) Because of a serious health condition of the employee; (E) In order to serve as an organ or bone marrow donor; or (F) Because of any qualifying exigency, as determined in regulations adopted by the United States Secretary of Labor, arising out of the fact that the spouse, son, daughter or parent of the employee is on active duty, or has been notified of an impending call or order to active duty, in the armed forces, as defined in subsection (a) of section 27-103.</p> <p>(b) Entitlement to leave under subparagraph (A) or (B) of subdivision (2) of subsection (a) of this section may accrue prior to the birth or placement of a son or daughter when such leave is required because of such impending birth or placement.</p> <p>(c) (1) Leave under subparagraph (A) or (B) of subdivision (2) of subsection (a) of this section for the birth or placement of a son or daughter may not be taken by an employee intermittently or on a reduced leave schedule unless the employee and the employer agree otherwise. Subject to subdivision (2) of this subsection concerning an alternative position, subdivision</p>
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		<p>(2) of subsection (f) of this section concerning the duties of the employee and subdivision (5) of subsection (b) of section 31-51mm concerning sufficient certification, leave under subparagraph (C) or (D) of subdivision (2) of subsection (a) or under subsection (i) of this section for a serious health condition may be taken intermittently or on a reduced leave schedule when medically necessary. The taking of leave intermittently or on a reduced leave schedule pursuant to this subsection shall not result in a reduction of the total amount of leave to which the employee is entitled under subsection (a) of this section beyond the amount of leave actually taken.</p> <p>(2) If an employee requests intermittent leave or leave on a reduced leave schedule under subparagraph (C), (D) or (E) of subdivision (2) of subsection (a) or under subsection (i) of this section that is foreseeable based on planned medical treatment, the employer may require the employee to transfer temporarily to an available alternative position offered by the employer for which the employee is qualified and that (A) has equivalent pay and benefits, and (B) better accommodates recurring periods of leave than the regular employment position of the employee, provided the exercise of this authority shall not conflict with any provision of a collective bargaining agreement between such</p>
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		<p>employer and a labor organization which is the collective bargaining representative of the unit of which the employee is a part.</p>
<p>Plan shall allow for a covered employee to receive benefits concurrent with any other employer-provided employment benefit, but the compensation shall not exceed the employee's regular rate of compensation</p>	<p>Sec. 31-49g(f) 3</p>	<p>Sec. 31-49g(f) A covered employee may receive compensation under this section concurrently with any employer-provided employment benefits, provided the total compensation of such covered employee during such period of leave shall not exceed such covered employee's regular rate of compensation.</p>
<p>Plan shall not allow covered employee to receive benefits concurrent with Workers Compensation or Unemployment benefits</p>	<p>Sec. 31-49g(g)</p>	<p>Sec. 31-49g(g) No covered employee shall receive compensation under this section concurrently with compensation under chapter 567 or 568 of the general statutes or any other state or federal program that provides wage replacement.</p>
<p>Employer shall agree to sign an acknowledgment that approval for its plan may be withdrawn for violating the terms and conditions of the statute, including but not limited to those conditions listed in the Section (Sec. 11 (b))</p>	<p>Sec. 11 (b)</p>	<p>(b) Approval for a private plan granted under subsection (a) of this section may be withdrawn when terms or conditions of the plan have been violated. Causes for plan termination include, but shall not be limited to, the following: (1) Failure to pay benefits; (2) failure to pay benefits timely and in a manner consistent with the public plan; (3) failure to maintain an adequate security deposit as described in subdivision (2) of subsection (a) of this section; (4) misuse of private plan</p>

		funds; (5) failure to submit reports as required; or (6) failure to comply with sections 1 to 16, inclusive, of this act.
Employee contributions shall not be increased except on the anniversary of the effective date of the private plan or within thirty days of after the state adjusts the contribution rate.	Sec. 31-49o(c)	Sec. 31-490(c) Notwithstanding subsection (b) of section 3 of this act, employees enrolled in an approved private plan shall not contribute a percentage of their earnings to the Family and Medical Leave Trust Fund. Notwithstanding section 31-71e of the general statutes, an employer may withhold or divert up to the portion of an employee's wages that corresponds to the contribution rate established pursuant to subsection (b) of section 3 of this act for the purpose of administering an approved private plan. The amount of wages withheld or diverted for such purpose shall not be increased, except on the anniversary of the effective date of the private plan or within thirty days after the state adjusts the contribution rate.
Plan shall include language that informs the employee that they retain all rights outlined in sections 31-51kk to 31-51qq, inclusive	Sec. 31-49o(d)	Sec. 31-49o(d) An employee covered by a private plan approved under this section shall retain all applicable rights under sections 31-51kk to 31-51qq, inclusive, of the general statutes, as amended by this act.
Plan shall provide for an appeals process that the employee shall utilize before	Sec. 31-49o(a)(1)(H) Sec. 31-490(e)	Sec. 31-49o(a)(1) Employers may apply to the authority for approval to meet their

<p>exercising the right of appeal pursuant to Sec. 31-49p and shall include language that acknowledges that a denial of family or medical leave benefits by a private plan is subject to administrative appeal and appeal to the Superior Court.</p>	<p>Sec. 31-49p</p>	<p>obligations under sections 31-49e to 31-49t, inclusive, through a private plan, which the authority shall evaluate in coordination with the Insurance Department, as appropriate. To be approved as meeting an employer's obligations under sections 31-49e to 31-49t, inclusive, a private plan must ... (H) meet any additional requirements established by the authority.</p> <p>Sec. 31-49o(e) A denial of family or medical leave benefits by a private plan shall be subject to administrative appeal and appeal to the Superior Court as provided by section 31-49p.</p> <p>Sec. 31-49p Any covered employee aggrieved by a denial of compensation under the Family and Medical Leave Insurance Program or any person aggrieved by the imposition of a penalty imposed pursuant to section 31-49r may file a complaint with the Labor Commissioner. Upon receipt of any such complaint, the commissioner shall hold a hearing. After the hearing, the commissioner shall send each party a written copy of the commissioner's decision. The commissioner may award the covered employee or person all appropriate relief, including any compensation or benefits to which the employee otherwise</p>
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		<p>would have been eligible if such denial had not occurred. Any party aggrieved by the decision of the commissioner may appeal the decision to the Superior Court in accordance with the provisions of chapter 54.</p>
<p>Plan shall define “family member”, “grandchild”, “grandparent”, “parent”, “person”, “sibling”, “son or daughter” and “spouse” in a manner identical to the statute</p>	<p>Sec. 31-51kk (6), (7), (8), (10), (11), (14), (15), (16)</p>	<p>Sec. 31-51kk(6) "Family member" means a 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; (7) "Grandchild" means a grandchild related to a person by (A) blood, (B) marriage, (C) adoption by a child of the grandparent, or (D) foster care by a child of the grandparent; (8) "Grandparent" means a grandparent related to a person by (A) blood, (B) marriage, (C) adoption of a minor child by a child of the grandparent, or (D) foster care by a child of the grandparent; (10) "Parent" means a biological parent, foster parent, adoptive parent, stepparent, parent-in-law or legal guardian of an eligible employee or an eligible employee's spouse, an individual standing in loco parentis to an eligible employee, or an individual who stood in loco parentis to the</p>

		<p>eligible employee when the employee was a child;</p> <p>(11) "Person" means one or more individuals, partnerships, associations, corporations, business trusts, legal representatives or organized groups of persons;</p> <p>(14) "Sibling" means a brother or sister related to a person by (A) blood, (B) marriage, (C) adoption by a parent of the person, or (D) foster care placement;</p> <p>(15) "Son or daughter" means a biological, adopted or foster child, stepchild, legal ward, or, in the alternative, a child of a person standing in loco parentis, or an individual to whom the employee stood in loco parentis when the individual was a child; and</p> <p>(16) "Spouse" means a person to whom one is legally married.</p>
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EXHIBIT B

PLAIN LANGUAGE GUIDE TEMPLATE

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 ½ 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

<p>What does this Plan do?</p>	<p>The Plan is an <i>{Employer}</i>-sponsored benefit plan that provides compensation to eligible employees who take leave from work for a “qualifying reason,” as defined below. <i>{Employer}</i> is offering this Plan as an alternative to the publicly administered Connecticut Paid Family & Medical Leave Insurance Program. <i>{Employer}</i> 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. <i>{Employer also certifies that this Plan provides the following rights, protections or benefits that are greater than those required by CT law: }</i></p>
<p>Who is covered by this Plan?</p>	<p>All employees of <i>{Employer}</i> working in Connecticut are covered by this Plan</p> <ul style="list-style-type: none"> • The plan is not limited to certain segments of the <i>{Employer’s}</i> workforce <p>The Plan covers future employees, not just employees who were working for <i>{Employer}</i> at the time of the vote.</p> <p>The Plan covers former employees of <i>{Employer}</i> for up to 12 weeks from the date they separated from <i>{employer}</i> or until they are hired by a new employer, whichever comes first</p> <ul style="list-style-type: none"> • Former employees are covered no matter why they left <i>{Employer}</i>
<p>What are the benefits provided under this plan?</p>	<p>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.</p> <p>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, <i>currently \$137,700</i>) up to an amount equal to forty times the Connecticut minimum wage. If you earn more than that</p>

	<p>amount, then you shall receive additional benefits equal up to sixty per cent of your base weekly earnings.</p> <p>In all circumstances, the total weekly compensation shall not exceed an amount equal to sixty times the Connecticut minimum wage. <i>{The employer may provide illustrative examples.}</i></p> <p><i>{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 benefits⁹.}</i></p> <p><i>{The Employer requires or does not require}</i> you to use employer-provided accruals to supplement the income replacement benefits provided under this plan.</p> <ul style="list-style-type: none"> • 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.
<p>Does this plan provide me with job-protected leave if I need time away from work?</p>	<p>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.</p>
<p>Who is an “eligible employee” to receive income replacement benefits under this Plan?</p>	<p>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</p>
<p>What are the “qualifying reasons” that I can receive income replacement benefits?</p>	<p>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:</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ “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

	<p>those family relationships.</p> <ul style="list-style-type: none"> • 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.
<p>What is the maximum amount of time I can receive income replacement benefits?</p>	<p>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:</p> <ul style="list-style-type: none"> • 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 <p><i>{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.}</i></p>
<p>Do I have to be out of work for a certain amount of time before I can receive income replacement benefits under the plan?</p>	<p>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.</p>
<p>Can I receive income replacement benefits for absences of less than a full week?</p>	<p>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.</p> <p>Benefits can be received on a pro-rated basis for absences that are less than a full day.</p> <p>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.</p>
<p>Do I have to pay for these benefits?</p>	<p><i>{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.}</i></p>

	<p><i>Default response for employers following the statutory scheme:</i> Employees contribute ½ of 1% up to the defined Social Security wage base to pay for this plan.</p>
<p>How will I apply for income replacement benefits?</p>	<p><i>{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}</i></p>
<p>What is a “serious health condition”</p>	<p>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.</p>
<p>Who counts as a health care provider</p>	<p>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.</p> <p>The plan shall accept any of the following as a “health care provider”:</p> <ul style="list-style-type: none"> • 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

	<p>in accordance with the laws and regulations of that country; or</p> <ul style="list-style-type: none"> • 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 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 <i>{the plan administrator}</i> 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?	<i>{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.}</i>