



Connecticut Campaign for

# PAID FAMILY LEAVE

## **Paid Family and Medical Leave is Coming to Connecticut!**

### ***Frequently Asked Questions***

#### ***Why can I take paid family and medical leave?***

Workers can take paid family and medical leave to recover from a serious health condition; welcome a new child by birth, adoption, or foster care placement; provide care to a family member with a serious illness; serve as an organ or bone marrow donor; or to care for an injured service member. (lines 902-916)

#### ***How is the program funded?***

Paid family and medical leave is entirely employee funded by small payroll deductions. Workers will contribute up to 0.5% of their weekly earnings up to the same taxable income as social security (about \$132,000). Research from the Institute for Women's Policy Research indicates this program (both paid leave compensation and the administrative costs) is self-sustaining and does not require annual appropriation from the state budget. (lines 242-250)

#### ***How many weeks of leave can I take?***

Eligible workers can take up to 12 weeks of leave in a 12 month period, plus an extra 2 weeks if they experience pregnancy complications. (line 238)

#### ***How much of my weekly earnings will I receive while out on leave?***

Workers will receive 95% of their weekly earnings up to 40 times the minimum wage; plus 60% of earnings above 40 times the minimum wage. The total weekly compensation will be capped at 60 times the minimum wage. By 2022 (when benefits will begin), the minimum wage in Connecticut will be \$14 per hour. That means, a worker earning minimum wage will receive \$532 per week. A worker earning \$22 per hour will receive about \$725 per week. (lines 314-322)

#### ***Who is covered by paid family and medical leave?***

All workers who work for an employer of one or more can take paid family and medical leave. State employees not covered by a collective bargaining agreement (CBA) will automatically be included in the program. State employees covered by a CBA can bargain to be included in the program. Municipal employees not covered by a CBA are included based on the decision of the local bargaining unit. (lines 16-39; lines 43-51)

#### ***How do I become eligible for paid family and medical leave?***

Workers must earn at least \$2325 in the highest earning quarter within the base period (four of the five most recently completed quarters). Earnings can be with one or multiple employers. (lines 16-22)

#### ***Are men eligible for paid family and medical leave?***

Yes, absolutely. People of any sex or gender identity are eligible for leave.

#### ***What constitutes a "serious health condition"?***

Serious health condition means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, nursing home or residential medical care facility; or continuing treatment, including outpatient treatment, by a healthcare provider. (lines 867-871)

***Can I take paid leave if I'm unemployed?***

Workers must be currently employed or have been employed within the previous 12 weeks. (lines 16-22)

***Can I take paid leave if I'm self-employed?***

Self-employed workers may enroll in the program for an initial period of three years. After the initial 3 year period, self-employed workers will be automatically re-enrolled yearly in the program for one year at a time unless they opt-out. (lines 600-614)

***Is my job protected while I am out on paid family and medical leave?***

Yes. All workers taking leave are eligible for job protection (regardless of the size of their employer) after working at their employer for 3 months. (lines 800-805)

***What family members are covered by paid family and medical leave?***

Workers can take leave to care for a spouse, child of any age, sibling, grandchild, grandparent, and any other individual related by blood or affinity whose close association with the employee is the equivalent of those family relationships. (lines 825-828)

***What if my employer already offers paid leave?***

Employers who offer a paid family and medical leave benefit equal to or better than the state's plan may apply for approval to meet their obligations through a private plan. Private plans must provide all of the same rights, protections and benefits provided to employees as the state plan, including at least the same number of weeks of benefits, at least the same level of wage replacement for each of those weeks and benefits in each circumstance for needing to take leave. Private plans must also be approved by a majority of the employer's employees, cost employees no more than the state premium (which will not exceed 0.5%), and provide coverage for all employees throughout their period of employment. (lines 646-706)

***How does paid leave interact with other benefits (PTO, vacation, sick days, etc.)?***

Employers may require workers or workers may elect to use any accrued paid vacation, personal leave or family leave before taking paid family and medical leave. Workers must retain at least two weeks of such leave for other purposes. (lines 965-967)

***Can I take leave intermittently?***

Yes, workers can take nonconsecutive hours of leave. An employee may take leave intermittently or on a reduced leave schedule for a serious health condition or to care for an ill family member and must agree with their employer to take leave intermittently for the birth or placement of a child. If an employee takes leave intermittently based on planned medical treatment, their employer may transfer the employee temporarily to an available alternative position that offers equivalent pay and benefits and better accommodates recurring periods of leave. (lines 921-948)

***How does the program protect against fraud?***

Employers may request medical certification issued by the healthcare provider of the employee or family member of the employee. If there are doubts about the validity, the employer may require additional information by a different health care provider, at the employer's expense. If the second opinion differs from the first, the employer may request a third certification at their expense, with a health care provider designated or approved jointly by the employer and employee. Any person who makes a false statement or misrepresentation may be disqualified from the program for two years and pay a penalty. If compensation is

paid as a result of misrepresentation by a healthcare provider, that healthcare provider will also pay a penalty. (lines 735-759)

***Who will administer paid family and medical leave?***

Legislation creates the Paid Family and Medical Leave Insurance Authority, a quasi-public agency, to administer paid family and medical leave. The Authority's Board of Directors will consist of 13 voting members, including the Labor Commissioner, Secretary of OPM, Commissioner of Administrative Services, Commissioner of Economic and Community Development, and appointments by House and Senate leadership. The State Comptroller and State Treasurer will serve as non-voting members of the Board. (lines 73-234 of LCO 9302; amended in Budget Implementer - Section 132-134)

***What functions of the program will be administered by the state?***

The Department of Revenue Services (DRS) will collect payroll deductions, which will then go to a fund administered by the State Treasurer. The Department of Labor will write regulations and handle the appeals process. Other functions of the program, such as marketing and advertising, website development, database development, and initial claims processing may be contracted to an outside vendor. (lines 466-520; amended in Budget Implementer - Section 132-134)

***What happens if the fund becomes insolvent?***

According to the Institute for Women's Policy Research and evidence from other states, the program will remain solvent. If employee contributions are the maximum percentage allowed (0.5%) and the Authority determines that employee contributions are not sufficient to ensure solvency of the program, the Authority will reduce the benefit for covered employees by the minimum amount necessary. (lines 323-328)

***When will I be able to take paid family and medical leave?***

Workers will begin to pay into the program in January 2021. Workers will be eligible to receive benefits beginning in January 2022. (line 242, line 251)

***Why do I have to pay into the program a year before I'm able to use it?***

There must be a one-year waiting period to collect payroll deductions in order for the fund to be solvent before it begins to pay out benefits. This model is similar to programs successfully implemented in other states. When social security began, deductions were collected for several years before people were able to receive benefits.

***If I don't use paid leave, can I get reimbursed for my contributions?***

No. The program operates much like an insurance fund. You may not ever need to use the program, but it will be there when you need it. In the meantime, contributions go toward those who need paid leave that year, and toward the administration of the program.