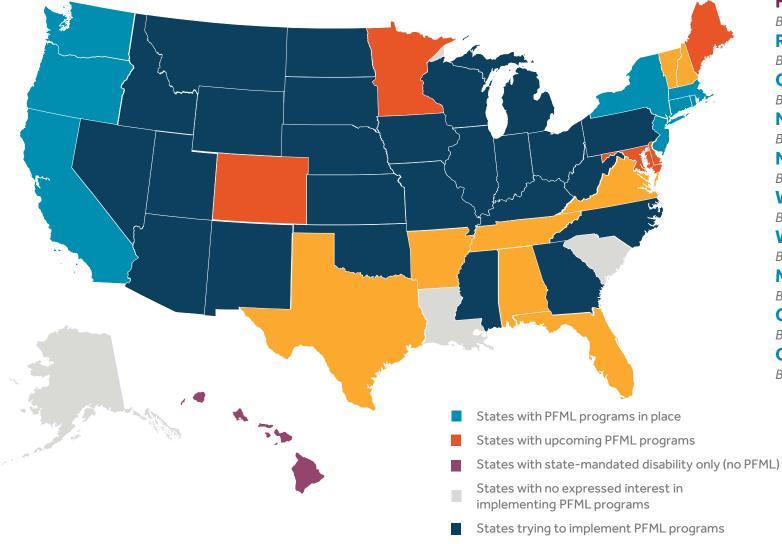
## Growth in state paid family and medical leave laws

Employers are looking for help to navigate new regulations



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States allowing Vol PFML programs and/or riders to disability policies

Hawaii\* Benefits began 1969 (TDI only) **Rhode Island** Benefits began 1942(TDI) 2014 (TCI) California Benefits began 1946 (SDI) 2004 (PFL) **New York\*** Benefits began 1949(DBL) 2018(PFL) **New Jersey\*** Benefits began 1948 (TDB) 2009 (FLI) Washington Benefits began 1/1/20 Washington, D.C. Benefits began 7/1/20 Massachusetts\* Benefits began 1/1/21 Connecticut\* Benefits began 1/1/22 **Oregon\*** 

Benefits began 9/3/23

Colorado\* Benefits begin 1/1/24 Maryland Benefits begin 1/1/26 Delaware Benefits begin 1/1/26

Minnesota Benefits begin 1/1/26 Maine Benefits begin 5/1/26 New Hampshire Benefits began 1/1/23 Vermont Benefits began 7/1/23\*\* Virginia Enacted 4/7/22, effective 7/1/22

Arkansas Enacted 02/17/23

Tennessee Effective 01/01/24

Florida

Enacted 05/25/23

Alabama

Enacted 05/4/23, effective 8/1/23 Texas

Enacted 06/12/23

\*Guardian offers private plan product

\*\*Coverage for Vermont state employees is effective July 2023. In 2024, private and non-State Public employers will have the option to enroll.

## What types of leaves do we administer?

- Short Term & Long Term Disability
- Family Medical Leave Act (FMLA) Federal and State leaves
  - Military: Uniformed Services Employment and Reemployment Rights Act (USERRA)
  - o Jury Duty
  - o Company leaves
- State Mandated leaves (NY PFL and NY DBL, NJ TDB, MA PFML, CT PFML, OR PFML, (CO PFML 1-1-24)
- Comprehensive ADA services

<sup>1</sup> 2021 Guardian Absence Management Activity Index & Study

" Eight in ten employers (82%) report that keeping up with changes to federal and state leave laws is a challenge."

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## New Jersey

Family Leave Insurance (FLI) & Temporary Disability Benefits (TDB)

#### Leave types covered & duration

Maximum length of paid family leave	<ul> <li>Bonding -12 weeks</li> <li>Care of family member – 12 weeks</li> <li>Individual or family member being victim of domestic or sexual violence – 12 weeks</li> </ul>
Max length of paid medical leave	<b>26</b> weeks
Combined maximum length of paid leave	N/A

#### **Covered family member**

- Child
- Parent / Parent of Spouse/DP
- Spouse / DP
- Grandparent

- Grandchild
- Sibling
- Individual related by blood
- Person equivalent to a family relationship



#### **Special rules**

- Definition of family member includes "any individual with a close association with employee, equivalent to a family relationship"
- Intermittent leave allowed

#### **Employee eligibility**

• EEs who worked 20 calendar weeks of covered NJ employment earning at least \$240 or more each week, or must have earnings of \$12,000 or more in such employment during the base year, per week during the 52 weeks preceding claim

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## New Jersey

Family Leave Insurance (FLI) & Temporary Disability Benefits (TDB)

Benefit amount	
Waiting period	FLI: None TDB: 7 calendar days (if disability extends beyond 3 consecutive weeks, EE is paid for those 7 days); None, for organ or bone marrow donations
Wage replacement percentage	Up to 85%
Benefit percentage	85% of average weekly salary to a max of 70% of state's AWW
Maximum weekly benefit	\$1,025/week

## FundingEmployee<br/>Maximum<br/>Contribution<br/>Rate• FLI - 0.06% of EE's wages up to annual taxable<br/>wage cap<br/>• TDB - 0.00% of EE's wages up to annual wage cap; ER<br/>rate variesEE/ER funding• FLI is 100% EE funded<br/>• TDB is jointly funded (EE pays percentage of taxable<br/>wages, as dictated by NJ, ER pays balance)Special rules• ERs can choose to pay some or all of EE premium

#### **Private plan option**

- Private plans are allowed
- Guardian offering? YES; TDB only

#### Timing

- TDB implemented in 1948
- FLI implemented in 2009

#### **Employer participation**

All private and public employers covered by the NJ Unemployment Compensation Law that have eligible employees working in NJ, with the exception of some government ERs

## New York

Paid Family Leave (PFL) & Disability Benefits Law (DBL)

#### Leave types covered & duration

Maximum length of paid family leave	Bonding – <b>12</b> weeks Care of family member – <b>12</b> weeks Qualifying military exigency – <b>12</b> weeks
Max length of paid medical leave	<b>26</b> weeks
Combined maximum length of paid leave	26 weeks

#### **Covered family member**

- Child
- Parent / Parent of Spouse/DP
- Spouse / DP

- Grandparent
- Grandchild
- Sibling



#### Special rules

- Intermittent leave allowed
- Leave for PFL
   is job-protected

#### **Employee eligibility**

#### DBL:

- Full-time employees: eligible after completing 4 consecutive weeks of NY employment, unless eligibility was previously satisfied.
- Part-time employees: eligible on the 25th day of regular NY employment, unless eligibility was previously satisfied.

 Leave for DBL is not more protected than under FMLA or NY PFL

#### PFL:

- Employees who work 20 or more hours per week: eligible after 26 consecutive weeks of employment.
- Employees who work less than 20 hours per week: eligible after completing 175 workdays (doesn't need to be consecutive

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## New York

## Paid Family Leave (PFL) & Disability Benefits Law (DBL)

Benefit amount	
Waiting period	PFL: None DBL:7 calendar days
Wage replacement percentage	Up to 67%
<b>Benefit percentage</b>	<ul> <li>PFL: 67% of average weekly salary, up to weekly maximum</li> <li>DBL: 50% of employee's average weekly wage, up to weekly maximum</li> </ul>
Maximum weekly benefit	<ul><li>PFL: \$1,131.08/week</li><li>DBL: \$170/week</li></ul>

Funding	
Contributions	<ul> <li>PFL – 0.455% of employee's wages up to annualized statewide AWW; \$399.43 annual maximum</li> <li>DBL - 0.50 of 1% of wages up to 60 cents per week</li> </ul>
EE/ER funding	<ul> <li>PFL is 100% EE funded</li> <li>DBL is jointly funded (EE pays percentage of wages, ER pays balance)</li> </ul>
Special rules	• ERs can choose to pay some or all of EE premium

#### Private plan option

- Private plans are allowed
- Guardian offering? YES

#### Timing

- DBL implemented in 1949
- PFL program implemented in 2018

#### **Employer participation**

- All private ERs with one or more eligible EEs working in NY.
- Self-employed and certain public ERs (other than the state government) can voluntarily opt in

## MAPFML 2023 overview

#### **Benefit amount**

Waiting period	7 Calendar days
Wage replacement percentage	Individuals earning <\$80k will receive equal to or higher wage replacement percentage than under a typical STD plan (60%)
Benefit percentage	<ul> <li>The first 50% of an employee's AWW* equal or less than 50% of the SAWW is paid at 80%</li> </ul>
	• The portion of AWW above 50% of <b>SAWW</b> is paid at 50%
Maximum weekly benefit	<b>\$1,129.82</b> ; Adjusted to 64% of state AWW; no more than 80% income replaced

#### **Covered family member**

- Child (incl. step-child)
- Parent / Parent of Spouse/Domestic Partner
- Spouse / Domestic Partner

- Grandparent
- Grandchild
- Sibling



#### Effective 1/1/23:

- Maximum weekly benefit went from \$1,084.31/week to \$1,129.82/week
- SAWW went from \$1,694.24 to \$1,765.34

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## MA PFML 2023 overview

#### Leave types covered & duration key

Maximum length of paid family leave	Bonding - <b>12</b> weeks Care of Family Member – <b>12</b> weeks Qualifying Military Exigency – <b>12</b> weeks Care of Service Member - <b>26</b> weeks
Max length of paid medical leave	20 weeks
Combined maximum length of paid leave	26 weeks

## FundingContributions Deduction = 0.63% of wages capped at SSA base wage limit 0.52% of wages is for PML 0.11% of wages is for PFL EE/ER funding May be shared between employer & employee Family leave may be 100% employee paid Medical leave may be up to 40% employee paid Special rules Employers with < 25 MA EEs are not required to pay the employer portion</li>

#### Effective 1/1/22:

- The employee contribution rate is reducing from 0.68% of an employee's eligible wages (2022) to 0.63% (2023).
- The SSA base wage limit was at \$160,200 for 2023 and is subject to change annually

## CT PFML overview

#### Leave types covered & duration

Maximum length of paid family leave	Bonding - <b>12</b> weeks Care of Family Member – <b>12</b> weeks Qualifying Military Exigency – <b>12</b> weeks Organ & bone marrow donation - <b>12</b> weeks Family violence issues – <b>12</b> days
Max length of paid medical leave	<b>12</b> weeks (+2 weeks if incapacitated due to pregnancy complications)
Combined maximum length of paid leave	<b>12</b> weeks (+2 weeks if incapacitated due to pregnancy complications)
Intermittent leave allowed	Yes

#### **Covered family member**

- Child
- Parent / Parent of Spouse/DP
- Spouse / DP
- Grandparent

- Grandchild
- Sibling
- Person with close association equivalent to those family members

#### **Employer participation**

- All employers with at least 1 employee must provide coverage to employees working in Connecticut
- Mandatory participation

#### **Employee eligibility**

- Employed 3 months prior to leave request
- Earned \$2,325 in 1 of the last 5 quarters prior to coverage
- No minimum hour's requirement
- Former EEs covered (12 weeks post-term)

## CT PFML overview

Benefit amount	
Elimination period	0 days (benefits start day 1)
Wage replacement percentage	Up to 95%
Benefit percentage	<ul> <li>95% of earnings replaced up to 40 times the state minimum wage</li> </ul>
	<ul> <li>60% of earnings over 40 times the state minimum wage</li> </ul>
Maximum weekly benefit	60 times the state minimum wage

Funding	
Contributions	Deduction = 0.50% of wages
EE/ER funding	100% EE funded

#### Private plan option

- Read the CT PFML Private Plan Requirements (ctpaidleave.org)
- Host the employee vote
- File your private plan application with the state including your completed Declaration of Insurance (ctpaidleave.org)

## OR PFMLI overview

#### Leave types covered & duration

Maximum length of paid family leave	Bonding - <b>12</b> weeks Care of family member – <b>12</b> weeks Support for adopting/fostering A child - <b>12</b> weeks Family violence issues – <b>12</b> weeks
Max length of paid	<b>12</b> weeks
medical leave	(+2 weeks if pregnancy related complications)
Combined maximum	<b>14</b> weeks
length of paid leave	(+2 weeks if pregnancy related complications)
Intermittent leave allowed	Yes

#### **Covered family member**

- Child
- Parent / Parent of Spouse/DP
- Spouse / DP
- Grandparent

#### • Grandchild

- Sibling
- Person with close association equivalent to those family members

#### **Employer participation**

- All employers with at least 1 employee must provide coverage to employees working in OR
- Mandatory participation

#### **Employee eligibility**

- Employees who work in OR
- Must make \$1,000 or more per year

#### **Special Rules**

Oregon already has a Paid Sick and Safe Leave law in place – the new PFML law expressly states that the law will stay in place – OR will need to determine how the two laws work together and which program pays first

### OR PFML overview

**Benefit** amount

Benefit amount	
<b>Elimination period</b>	None
Wage replacement percentage	Up to 100%
Benefit percentage	<ul> <li>100% of earnings replaced if EE makes 65% or less of state AWW</li> <li>If EE makes more than 65% of state AWW, EE gets 65% of state AWW + 50% of the EE's AWW (that exceeds 65% of state AWW)</li> </ul>
Maximum weekly benefit	120% of state AWW

Funding	
Contributions	1.00% of wages up to a taxable wage base of \$132,900 subject to change annually
EE/ER funding	Split contributions – 40% ER, 60% EE
Special rules	<ul> <li>Employers can choose to pay some or all the employee premium</li> </ul>
	<ul> <li>Under the state plan, employers with less than 25 employees do not need to pay the employer share of the premiums</li> </ul>

#### Private plan option

- Private plans are allowed
- Premium collection starts 1/1/23
- Benefit payments start 9/3/23

## CO PFML overview

#### Leave types covered & duration

Maximum length of paid family leave	Bonding - <b>12</b> weeks Care of family member – <b>12</b> weeks Military exigency - <b>12</b> weeks Family violence issues – <b>12</b> weeks
Max length of paid	<b>12</b> weeks
medical leave	(+4 weeks if pregnancy related complications)
Combined maximum	<b>16</b> weeks
length of paid leave	(+4 weeks if pregnancy related complications)
Intermittent leave allowed	Yes

#### **Covered family member**

- Child
- Parent / Parent of spouse/DP
- Spouse / DP
- Grandparent
- Grandchild

#### Sibling

 Person with close association equivalent to those family members

#### **Employer participation**

- All employers with at least 1 employee must provide coverage to employees working in CO
- Mandatory participation

#### **Employee eligibility**

- Employees who work in CO
- Must make \$2,500 in wages that are subject to PFML contribution.

## CO PFML overview

Bene	fit amo	unt

<b>Elimination period</b>	TBD	
Wage replacement percentage	Up to 90%	
Benefit percentage	<ul> <li>90% of earnings replaced up to 50% of AWW, plus</li> <li>50% of wages that exceed the AWW</li> </ul>	
Maximum weekly benefit	\$1,100 (2024) 90% of state average weekly wage (2025 and thereafter)	

# FundingContributions0.9% of employee's wages up to the Social<br/>Security Wage Base (the rate is statutorily<br/>capped at 1.20%)EE/ER funding50/50 ER/EE splitSpecial rules• ERs can choose to pay some or all the<br/>premium<br/>• ERs with less than 10 CO EEs are exempt<br/>from ER premium

#### **Private plan option**

- Private plans are allowed
- Premium collection starts 1/1/23
- Benefit payments start 1/1/24