# 2018 Statutory Disability Insurance Matrix by State

**Effective January 1, 2018**

*(Changes Are In Red)*

<table>
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<tr>
<th>STATE</th>
<th>Coverage Provided</th>
<th>Taxable Wage Base &amp; Contribution Rate</th>
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</tr>
</thead>
</table>
| CALIFORNIA | State administered State Disability Insurance (SDI) Plan or Self Insured Plan, which must exceed State Plan benefits in at least one provision. | Voluntary Plan / SDI (rates include PFL)  
Annual Taxable Wage Base: **$114,967**  
Employee Contribution Rate: **1.0%**  
Maximum Annual Employee Contribution: **$1,149.67**  
Employer Contribution Rate: Optional  
*(May elect to pay all or part of employee amount.)* | Seven (7) day Waiting Period;  
Benefits begin on the eighth (8th) Consecutive Day of Disability  
The one-week waiting period for PFL Claims is eliminated but remains for Disability Claims.  
If PFL claim immediately follows a pregnancy-related disability, no waiting period will be required  
**CA RELAPSE PERIOD**  
Same or related cause or condition separated by not more than 60 days is considered one continuous period of disability | As a result of AB908, there are two major changes to the VDI/PFL Programs:  
Wage replacement rate increases from 55% to:  
**60% or 70%**  
- Sixty percent 60%: For individuals who earn one-third or more of the State’s Average Quarterly Wage  
- Seventy percent 70%: For individuals who earn less than one-third of the State’s Average Quarterly Wage  
**State Average Quarterly Wage (SAQW): $5,229.96**  
**State Average Weekly Wage (SAWW): $1,206.92** | Maximum Weekly Benefit: **$1,216**  
Maximum Annual DI Benefit: **$63,232**  
Minimum Weekly Benefit: **$50**  
Maximum Annual PFL Benefit: **$7,296** | Maximum Duration of Benefit Period for:  
DISABILITY  
Fifty-two (52) Weeks  
PAID FAMILY LEAVE  
Six (6) weeks in a Twelve (12) Month Period |

Voluntary Plan Group  
EDD Disability Insurance  
c/o State Personnel Board  
801 Capitol Mall,  
4th Floor, MIC 29-A  
Sacramento, CA 95814  
(T) 916-654-0453  
(NEW Fax 01/08/16)  
(F) 916-319-1438  
Website: [www.edd.ca.gov](http://www.edd.ca.gov)
# 2018 Statutory Disability Insurance Matrix by State

**(Effective January 1, 2018)**

*(Changes Are In Red)*

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<tr>
<td><strong>CALIFORNIA:</strong></td>
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<tr>
<td><strong>San Francisco – Paid Parental Leave Ordinance (PPLO)</strong></td>
<td>San Francisco Employers with 20 or more Employees (EE) are required to provide SF Paid Parental Leave (SF PPL) supplemental compensation to EE's who are also receiving California Paid Family Leave (CA PFL) for purposes of bonding with a newborn, newly adopted child, or foster child. <strong>Note:</strong> EE must first apply and be approved for CA PFL with CA Employment Development Department (EDD) before SF PPL can be paid. <strong>Covered Employees are:</strong> 1. EE's who began employment w/covered Employer at least 180 days prior to the start of the leave period. 2. EE's who performs at least eight (8) hours of work per week for the covered Employer in San Francisco. 3. EE's who work at least 40% of whose total weekly hours worked for the Employer in San Francisco. 4. EE's who are eligible to receive CA PFL benefits for the purpose of bonding with a newborn, newly adopted child, or foster child.</td>
<td>No EE contributions are required. SF PPL is fully funded by the San Francisco covered Employers. Employers can withhold funds for retirement and health insurance premiums from the SF PPL supplemental compensation payments.</td>
<td>For all SF PPL claims effective 1/1/18 or thereafter - No Waiting Period is required.</td>
<td>SF covered Employers are required to provide Supplemental Compensation in an amount such that the CA PFL benefits plus the SF PPL benefits equals 100% of the EE's gross weekly wage subject to a maximum weekly amount.</td>
<td>SF PPL requires no minimum benefit. Maximum Weekly Benefit includes: CA PFL (60/70%): Maximum weekly rate: $1,216 SF PPL (30/40%): Maximum weekly rate: $811 Total (100%) combined between CA PFL &amp; SF PPL: Maximum weekly total benefit: $2,027</td>
<td>Six (6) weeks in a Twelve (12) Month Period</td>
</tr>
</tbody>
</table>

City Hall, Room 430
1 Dr Carlton B. Goodlett Place
San Francisco, CA 94102

Telephone: 415-554-4190

E-mail: pplo@sfgov.org


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<tr>
<td>Hawaii</td>
<td>Hawaii does not administer a State Plan, but requires a minimum Temporary Disability Insurance (TDI) Plan which may be: Insured, Self-Insured, or an approved collective bargaining agreement that provides sick leave &amp; disability benefits.</td>
<td>Maximum Weekly Wage Base: $1,068.62</td>
<td>Seven (7) day Waiting Period; Benefits begin on the eighth (8th) Consecutive Day of Disability</td>
<td>58% of average weekly earnings If an employee’s average weekly wage is less than $26, the weekly benefit amount is equal to the average weekly wage but not more than $14. If it is $26 or more, the weekly benefit amount is 58% of the average weekly wage rounded to the next higher dollar up to a maximum of $620. Benefits payable for less than one week will be paid in increments of 1/5th of the weekly benefit.</td>
<td>Maximum Weekly Benefit: $620</td>
<td>Maximum Annual Benefit: $16,120</td>
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<tr>
<td></td>
<td></td>
<td>Employee Contribution Rate: .5%</td>
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<tr>
<td>NEW JERSEY</td>
<td>State administered State Temporary Disability Insurance (TDI) Plan, an Insured Plan, or a Self-Insured Plan which must at least equal the provisions of the State Plan.</td>
<td>Annual Taxable Wage Base: $33,700</td>
<td>Seven (7) day waiting period; Benefits begin on the eighth (8th) Consecutive Day of Disability OR (on the first (1st) Day if Disability lasts longer than (21) days)</td>
<td>66 2/3% of average weekly wage Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit Eligible employees must have earned at least $169.00/wk. for twenty (20) calendar weeks (&quot;base weeks&quot;) during the 52 weeks (&quot;base year&quot;), ($8,500/Base Year) to receive benefits under the State Plan.</td>
<td>Maximum Weekly Benefit: $637 Maximum Annual DI Benefit: $16,562 Minimum Weekly Benefit: N/A &quot;NJ does not have a Minimum weekly benefit&quot;</td>
<td>Maximum Duration of Benefit Period for: DISABILITY Twenty-six (26) weeks or the period necessary for benefits to equal 1/3 of total wages in base year whichever is the lesser.</td>
</tr>
</tbody>
</table>
### NEW JERSEY

**FAMILY CARE LEAVE**  
*(Separate Application is Required)*

STATE OF NEW JERSEY  
Division of Temporary Disability Insurance  
PO Box 387  
Trenton, NJ 08625-0387  
(609) 292-7060  
Website: www.nj.gov/labor  
http://lwd.dol.state.nj/labor/tdi/tdiindex.html

State administered State Temporary Disability Insurance (TDI) Plan, an Insured Plan, or a Self-Insured Plan which must at least equal the provisions of the State Plan.

Employment covered under the New Jersey Unemployment Compensation Law, including state and local government employment, is also covered for Family Leave Insurance.

New Jersey’s Family Leave Insurance does not guarantee job protection.

<table>
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</thead>
</table>
| **NEW JERSEY** | State administered State Temporary Disability Insurance (TDI) Plan, an Insured Plan, or a Self-Insured Plan which must at least equal the provisions of the State Plan. Employment covered under the New Jersey Unemployment Compensation Law, including state and local government employment, is also covered for Family Leave Insurance. New Jersey’s Family Leave Insurance does not guarantee job protection. | **Annual Taxable Wage Base: $33,700**  
**Employee FLI Contribution Rate: 0.09%**  
**Maximum Annual Employee Contribution: $30.33**  
**Employer Contribution Rate: 0%** | Seven (7) day waiting period;  
No benefits payable for this week.  
If a FLI claim immediately follows a disability claim, no waiting period will be required.  
If a FLI claim filed immediately after follows a pregnancy-related disability, no waiting period will be required | Family Leave Insurance provides a monetary benefit, not a leave entitlement  
If claim filed immediately after employee recovers from her pregnancy related disability, she will be paid at the same weekly benefit amount as she was paid for her pregnancy related disability claim  
Eligible employees must have earned at least $169.00/wk. for twenty (20) calendar weeks (“base weeks”) during the 52 weeks (“base year”), $8,500/Base Year) to receive benefits under the State Plan.  
Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit. | **Maximum Weekly Benefit: $637**  
**Maximum Annual FLI Benefit: $3,822**  
**Minimum Weekly Benefit: “NJ does not have a Minimum weekly benefit”** | Maximum Duration of Benefit Period for:  
FAMILY CARE LEAVE  
Bonding / Care For:  
- Six (6) consecutive weeks;  
- intermittent weeks, or  
- 42 intermittent days during a 12-month period beginning with the first date of the claim.  
Benefit entitlement may be reduced by 14 days if claimant fails to provide 30 days’ notice to employer prior to the leave. |
# NEW YORK

**DISABILITY BENEFIT**

Workers' Compensation Board  
328 State Street  
Schenectady, NY 12305-2318

Disability Benefits Offices  
Tel: (800) 353-3092  

Written Inquiries s/b sent to:  
Disability Benefits Bureau  
Workers’ Compensation Board  
100 Broadway-Menands  
Albany, NY 12241  
Tel: (866) 750-5157  

Website:  
[www.wcb.ny.gov](http://www.wcb.ny.gov)

## Coverage Provided

State Disability Benefits Law (DBL)  
- NY State Insurance Fund (NYSIF) which is an *insurance company* that operates only in NY,  
- An Insurance Carrier  
- A Self-Insured Plan meeting minimum state requirements.  

**NY DOES NOT HAVE A STATE PLAN OPTION**

## Taxable Wage Base & Contribution Rate

- **Weekly Taxable Wage Base:** $120  
- **Employee Contribution Rate:** 0.5%  
- **Maximum Weekly Employee Contribution:** $0.60  
- **Employer Contribution Rate:** *Pays balance of plan costs not covered by Employee Contributions*

## Waiting Period

- **Seven (7) day Waiting Period;**  
- **Benefits begin on the eighth (8th) consecutive day of disability.**

## Weekly Statutory Benefit Rate

- **50% of average weekly wage base on previous 8 weeks earnings**  
- Benefits payable for less than one week will be paid in increments of the weekly benefit divided by the number of the EE’s normal work days per week.

## Maximum Weekly Benefit

- **Maximum Weekly Benefit: $170**  
- **Effective May 1, 1989**

## Maximum Annual Benefit

- **Maximum Annual Benefit: $4,420**

## Minimum Weekly Benefit

- **Minimum Weekly Benefit:**  
  If earnings are equal to or less than $20 per week the benefit to equal 100% of earnings

## Maximum Duration of Benefit Period

- **Maximum Duration of Benefit Period for: DISABILITY**  
  - Twenty-six (26) weeks during 52 consecutive weeks
## 2018 Statutory Disability Insurance Matrix by State

**Effective January 1, 2018**

(Changes Are In Red)

### NEW YORK PAID FAMILY LEAVE

Starts January 1, 2018 and benefits will increase over the next four years

- **Workers' Compensation Board**
  - 328 State Street
  - Schenectady, NY 12305-2318

- **Disability Benefits Offices**
  - Tel: (800) 353-3092

- Written Inquiries s/b sent to:
  - Disability Benefits Bureau
  - Workers' Compensation Board
  - 100 Broadway-Menands
  - Albany, NY 12241
  - Tel: (866) 750-5157

- **PFL website:**

### NYPFL Coverage Provided

- **NYPFL PROVIDES JOB PROTECTION**
  - ER's have the option to:
    - Insure the benefit with NYSIF
    - Insure with a carrier or,
    - Self-insure NYPFL if they are currently self-insured for NYDBL

- Who will be covered:
  - Full-time EE’s will be eligible for coverage after 26 consecutive weeks of covered NY Employment.
  - Part-time EE’s working less than 5 days per week will be eligible after 175 work days of covered NY Employment.

### NYPFL Taxable Wage Base & Contribution Rate

- The maximum Employee NYPFL Contribution % is:
  - 0.126% of the EE’
  - average weekly wage
  - (capped at NY’s current NYAWW of $1,305.92 = $67,907.84 per year)

- 2018 Maximum EE Contribution will be:
  - $1.65 per week or $85.56 per year.

- Employers may underwrite the cost of the NYPFL benefit. Proof of PFL coverage will still be required.

### NYPFL Waiting Period

- There is NO “Waiting Period”

### NYPFL Weekly Statutory Benefit Rate

- Payable % of EE’s average weekly wage (AWW) To the Maximum % of 
  - NY Average Weekly Wage (NYSAWW)
  - 2018 = 50%
  - 2019 = 55%
  - 2020 = 60%
  - 2021 = 67%

- Benefits payable for less than one week will be paid in increments of the weekly benefit divided by the number of the EE’s normal work days per week.

### NYPFL Minimum & Maximum Weekly Benefit Amount

- Maximum Weekly Benefit is based on 2016 **NYSAWW** of $1,305.92:
  - 2018 = $653
  - 2019 = $718
  - 2020 = $784
  - 2021 = $875

- **NY DOL releases updated NYSAWW every March 31**

### NYPFL Maximum Duration of Benefit Period

- Max length for DBL & PFL benefits combined cannot exceed 26 weeks in a consecutive 52-week period

- Minimum Weekly Benefit: $100 or the employee’s actual weekly wage if $100 or less.
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<td><strong>PUERTO RICO</strong></td>
<td>Public Temporary Disability Insurance (TDI) Plan or a “private” Insured or Self-Insured Plan with benefits equal to at least the public plan benefits.</td>
<td><strong>Annual Taxable Wage Base: $9,000</strong></td>
<td>On the eighth (8th) consecutive day of Disability; or first day of hospitalization</td>
<td>65% of weekly earnings. Paid from schedule based on total wages received in Base year. Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit. Additional benefits for death/dismemberment</td>
<td>Maximum Weekly Benefit: $113</td>
<td>Maximum Duration of Benefit Period for:</td>
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<td></td>
<td><strong>Employee Contribution Rate: (see below)</strong></td>
<td></td>
<td></td>
<td>Maximum Annual Benefit: $2,936</td>
<td>DISABILITY Twenty-six (26) weeks during 52 consecutive weeks</td>
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<tr>
<td></td>
<td></td>
<td><strong>Maximum Annual Employee Contribution: $54.00</strong></td>
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<td></td>
<td>Maximum Weekly Benefit: $55 for Agricultural workers</td>
<td>Minimum Weekly Benefit: $12.</td>
</tr>
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</tr>
<tr>
<td>RHODE ISLAND</td>
<td>State administered State Temporary Disability Insurance (TDI) only.</td>
<td>As of 01/01/18</td>
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<tr>
<td>Temporary Disability</td>
<td>Insured or Self-Insured Plans are NOT allowed.</td>
<td>Annual Taxable Wage Base: $69,300</td>
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<td>Effective July 1, 2012:</td>
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</tr>
<tr>
<td>TDI</td>
<td>TDI provides benefit payments to insured RI workers for weeks of unemployment</td>
<td>Employee Contribution Rate: 1.1%</td>
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<td>No Waiting Period.</td>
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<td></td>
<td>caused by temporary disability or injury.</td>
<td>(of the 1st $69,300)</td>
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<td></td>
<td>Maximum Annual Employee Contribution:</td>
<td>$762.30</td>
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<td>TDI benefits are not subject to Federal or State income taxes.</td>
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<td>No G-1099 form will be issued.</td>
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<td></td>
<td>TDI withholdings from your earnings are deductible for Federal income tax</td>
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<td>reporting purposes.</td>
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<td>Eligible employees must have earned at least $12,120 in base period wages, or</td>
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<td>$2,020 in one of the base period quarters and total base period wages of at least</td>
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<td>1.5 times the highest quarter earnings, and total base period earnings of at</td>
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<td>least $4,040.</td>
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<td>Worked for subject Employer &amp; have medically certified disability.</td>
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<td>Maximum Weekly Benefit Up to 5 Dependents:</td>
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<td>$1,121</td>
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<td>Maximum Annual Benefit Up to 5 Dependents:</td>
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<td>$33,630</td>
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<td>Minimum Weekly Benefit: $94</td>
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<td>Maximum Dependents Allowance: Greater of $10 per dependent or 7% of the Weekly</td>
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<td></td>
<td>Benefit Rate</td>
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<td></td>
<td>DISABILITY Thirty (30) weeks in any Benefit Year</td>
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<td>RHODE ISLAND</td>
<td>State administered State Temporary Caregiver Insurance (TCI) only.</td>
<td>As of 01/01/18</td>
<td></td>
<td>TCI provides a monetary benefit, not a leave entitlement.</td>
<td>After: 07/02/17</td>
<td>Maximum Duration of Benefit Period for:</td>
</tr>
<tr>
<td></td>
<td>Wage replacement benefits to workers who take time away from work to care for a seriously ill child, spouse, domestic partner, parent, parent-in-law or grandparent or to bond with a newborn child, adopted child, or foster child.</td>
<td>Annual Taxable Wage Base: $69,300</td>
<td></td>
<td>Monetary eligibility is determined the same as for TDI benefits. Claimant must have worked in RI and paid into the TDI fund.</td>
<td>Maximum Weekly Benefit: $831</td>
<td>TCI Four (4) Weeks during a Benefit Year Period (52 weeks) (Will reduce the max. weeks of TDI)</td>
</tr>
<tr>
<td></td>
<td>Bonding claims may be requested only during the first 12 months or parenting. Proof of a parent-child relationship is required.</td>
<td>Employee Contribution Rate: 1.1% (of the 1st $69,300)</td>
<td></td>
<td>4.62% of total highest quarter wages in base period.</td>
<td>Maximum Annual Benefit: $3,324</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Applicants are responsible for obtaining the required medical documents from the Qualified Healthcare provider of the seriously ill family member/care recipient.</td>
<td>Maximum Annual Employee Contribution: $762.30</td>
<td></td>
<td>Eligible employees must have earned at least $12,120 in base period wages, or $2,020 in one of the base period quarters and total base period wages of at least 1.5 times the highest quarter earnings, and total base period earnings of at least $4,040.</td>
<td>Maximum Weekly Benefit Up to 5 Dependents: $1,121</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TCI benefits are subject to Federal and State income taxes. Claimant will receive a General Form (G-1099) at the end of the year indicating the amount received in benefits, which will also be reported to the IRS.</td>
<td></td>
<td>He/she must have worked for subject Employer &amp; have provided information required on Application for Benefits Form (TDI-1).</td>
<td>Maximum Annual Benefit Up to 5 Dependents: $4,484</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If the EE is currently receiving TDI benefits, he/she must be released by the Medical Provider as “fully recuperated” prior to submitting an application for TCI for bonding or caregiving benefit payments.</td>
<td></td>
<td>Minimum Weekly Benefit: $94</td>
<td>Maximum Dependents Allowance: Greater of $10 per dependent or 7% of the Weekly Benefit Rate</td>
<td></td>
</tr>
</tbody>
</table>

Temporary Caregiver Insurance Program (TCI)

Effective 01.05.14

Temporary Disability Insurance Division
P.O. Box 20100,
Cranston RI 02920-0941
Tel: 401-462-8420
Fax: 401-462-8466

Websites:
www.dlt.state.ri.us

For Benefit Applications:
Call (401) 462-8420 choose Option 1
or apply online at:
www.dlt.ri.gov/tdi

As of 01/01/18

Annual Taxable Wage Base: $69,300

Employee Contribution Rate: 1.1% (of the 1st $69,300)

Maximum Annual Employee Contribution: $762.30

Maximum Weekly Benefit: $831

Maximum Annual Benefit: $3,324

Maximum Weekly Benefit Up to 5 Dependents: $1,121

Maximum Annual Benefit Up to 5 Dependents: $4,484

Minimum Weekly Benefit: $94