

2019 Statutory Disability Insurance Matrix by State Effective January 1, 2019
(Changes Are In Red)

STATE	Coverage Provided	Taxable Wage Base & Contribution Rate	Waiting Period	Weekly Statutory Benefit Rate	Minimum & Maximum Weekly Benefit Amount	Maximum Duration of Benefit Period
<p>CALIFORNIA</p> <p>Disability & Paid Family Leave</p> <p>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</p> <p>(NEW Fax 01/08/16) (F) 916-319-1438</p> <p>Website: www.edd.ca.gov</p>	<p>State administered State Disability Insurance (SDI) Plan or Self Insured Plan, which must exceed State Plan benefits in at least one provision.</p>	<p>Voluntary Plan / SDI <i>(rates include PFL)</i></p> <p>Annual Taxable Wage Base: \$118,371</p> <p>Employee Contribution Rate: 1.0%</p> <p>Maximum Annual Employee Contribution: \$1,183.71</p> <p>Employer Contribution Rate: Optional <i>(May elect to pay all or part of employee amount.)</i></p>	<p>Seven (7) day Waiting Period;</p> <p>Benefits begin on the eighth (8th) Consecutive Day of Disability</p> <p>The one-week waiting period for PFL Claims is eliminated but remains for Disability Claims.</p> <p>If PFL claim immediately follows a pregnancy-related disability, no waiting period will be required</p> <p>CA RELAPSE PERIOD</p> <p>Same or related cause or condition separated by not more than (60) days is considered one continuous period of disability</p>	<p>Wage replacement rate: (60% or 70%)</p> <ul style="list-style-type: none"> 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 <p>State Average Quarterly Wage (SAQW) = SAWW rate x 13: \$16,156.14</p> <p>State Average Weekly Wage (SAWW): \$1,242.78</p> <p>Benefits payable for less than one week will be paid in increments of 1/7 of the weekly benefit.</p>	<p>Maximum Weekly Benefit: \$1,252</p> <p>Maximum Annual DI Benefit: \$65,104</p> <p>Minimum Weekly Benefit: \$50</p> <p>Maximum Annual PFL Benefit: \$7,512</p>	<p>Maximum Duration of Benefit Period for:</p> <p>DISABILITY Fifty-two (52) Weeks</p> <p>PAID FAMILY LEAVE Six (6) weeks in a Twelve (12) Month Period</p>

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<p>CALIFORNIA:</p> <p>San Francisco – Paid Parental Leave Ordinance (PPLO)</p> <p>The Office of Labor Standards Enforcement (OLSE)</p> <p>City Hall, Room 430 1 Dr Carlton B. Goodlett Place San Francisco, CA 94102</p> <p>Telephone: 415-554-4190</p> <p>E-mail: pplo@sfgov.org</p> <p>Website overview of SF PPL; http://sfgov.org/olse/paid-parental-leave-ordinance</p> <p>Website for SF PPL Calculation Instructions; http://sfgov.org/olse/paid-parental-leave-calculations</p>	<p>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.</p> <p>Note: EE must first apply and be approved for CA PFL with CA Employment Development Department (EDD) before SF PPL can be paid.</p> <p>Covered Employees are:</p> <ol style="list-style-type: none"> EE's who began employment w/covered Employer at least 180 days prior to the start of the leave period. EE's who performs at least eight (8) hours of work per week for the covered Employer in San Francisco. EE's who work at least 40% of whose total weekly hours worked for the Employer in San Francisco. EE's who are eligible to receive CA PFL benefits for the purpose of bonding with a newborn, newly adopted child, or foster child. 	<p>No EE contributions are required. SF PPL is fully funded by the San Francisco covered Employers.</p> <p>Employers can withhold funds for retirement and health insurance premiums from the SF PPL supplemental compensation payments.</p>	<p>For all SF PPL claims effective 1/1/18 or thereafter - No Waiting Period is required.</p>	<p>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.</p>	<p>SF PPL requires no minimum benefit.</p> <p>Maximum Weekly Benefit includes:</p> <p>CA PFL (60/70%): Maximum weekly rate: \$1,252</p> <p>SF PPL (30/40%): Maximum weekly rate: \$835</p> <p>Total (100%) combined between CA PFL & SF PPL: Maximum weekly total benefit: \$2,087</p>	<p>Maximum Duration of Benefits for SF PPL:</p> <p>Six (6) weeks in a Twelve (12) Month Period</p>

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<p>HAWAII</p> <p>Dept. of Labor & Industrial Relations Disability Compensation Div. P. O. Box 3769 830 Punchbowl St., Rm. 210 Honolulu, HI 96812-3769</p> <p>(T) 808-596-9188 (T) 808-586-9198 (T) 808-586-9186</p> <p>Website: http://hawaii.gov/labor/dcd/abouttdi.shtml</p>	<p>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 & disability benefits.</p>	<p>Maximum Weekly Wage Base: \$1,088.08</p> <p>Employee Contribution Rate: .5%</p> <p>Maximum Weekly Employee Contribution: \$5.44</p> <p>Employer Contribution Rate: At least one-half (1/2) of plan costs, plus any additional costs not chargeable to employee.</p>	<p>Seven (7) day Waiting Period;</p> <p>Benefits begin on the eighth (8th) Consecutive Day of Disability</p> <p>HI RELAPSE PERIOD</p> <p>Same or related cause or condition separated by not more than 2 weeks is considered one continuous period of disability</p>	<p>58% of average weekly earnings</p> <p>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 \$632.</p> <p>Benefits payable for less than one week will be paid in increments of 1/5th of the weekly benefit.</p>	<p>Maximum Weekly Benefit: \$632</p> <p>Maximum Annual Benefit: \$16,432</p> <p>Minimum Weekly Benefit: \$14</p>	<p>Maximum Duration of Benefit Period for:</p> <p>DISABILITY Twenty-six (26) weeks</p>

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<p>NEW JERSEY</p> <p>DISABILITY BENEFIT</p> <p>Bureau of Private Plan Disability Benefits P.O. Box 957; Trenton, NJ 08625-0957 (T) 609-292-6135 (F) 609-292-2537</p> <p>Website: http://lwd.dol.state.nj.us/labor http://lwd.dol.state.nj.us/labor/tdi/tdiindex.html</p> <p>or</p> <p>www.nj.gov/labor Go to Benefits for general information about the Temporary Disability Benefits Program</p>	<p>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.</p>	<p>Annual Taxable Wage Base: \$34,400</p> <p>Employee DI Contribution Rate: 0.17%</p> <p>Maximum Annual Employee Contribution: \$58.48</p> <p>Employer Contribution Rate: 0.1% to 0.75%</p>	<p>Seven (7) day waiting period;</p> <p>Benefits begin on the eighth (8th) Consecutive Day of Disability</p> <p>OR</p> <p>(on the first (1st) Day if Disability lasts longer than (21) days)</p> <p>NJ TDI RELAPSE PERIOD</p> <p>Same or related cause or condition separated by not more than 14 days is considered one continuous period of disability</p>	<p>66 2/3% of average weekly wage</p> <p>Eligible employees must have earned at least \$172.00/wk. for twenty (20) calendar weeks ("base weeks") during the 52 weeks ("base year"), (\$8,600/Base Year) to receive benefits under the State Plan.</p> <p>Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit</p>	<p>Maximum Weekly Benefit: \$650</p> <p>Maximum Annual DI Benefit: \$16,900</p> <p>Minimum Weekly Benefit: N/A</p> <p><i>"NJ does not have a Minimum weekly benefit"</i></p>	<p>Maximum Duration of Benefit Period for:</p> <p>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.</p>

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<p>NEW JERSEY</p> <p>FAMILY CARE LEAVE <i>(Separate Application is Required)</i></p> <p>STATE OF NEW JERSEY Division of Temporary Disability Insurance PO Box 387 Trenton, NJ 08625-0387 (609) 292-7060</p> <p>Website: www.nj.gov/labor http://lwd.dol.state.nj/labor/tdi/tdiindex.html</p>	<p>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.</p> <p>Employment covered under the New Jersey Unemployment Compensation Law, including state and local government employment, is also covered for Family Leave Insurance.</p> <p>New Jersey's Family Leave Insurance does not guarantee job protection.</p>	<p>Annual Taxable Wage Base: \$34,400</p> <p>Employee FLI Contribution Rate: 0.08% Maximum Annual Employee Contribution: \$27.52</p> <p>Employer Contribution Rate: 0%</p>	<p>Seven (7) day waiting period;</p> <p>No benefits payable for this week.</p> <p>If a FLI claim immediately follows a disability claim, no waiting period will be required.</p> <p>If a FLI claim filed immediately after follows a pregnancy-related disability, no waiting period will be required</p>	<p>Family Leave Insurance provides a monetary benefit, not a leave entitlement</p> <p>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</p> <p>Eligible employees must have earned at least \$172/wk. for twenty (20) calendar weeks ("base weeks") during the 52 weeks ("base year"), \$8,600/Base Year) to receive benefits under the State Plan.</p> <p>Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit.</p>	<p>Maximum Weekly Benefit: \$650</p> <p>Maximum Annual FLI Benefit: \$3,900</p> <p>Minimum Weekly Benefit: "NJ does not have a Minimum weekly benefit"</p>	<p>Maximum Duration of Benefit Period for:</p> <p>FAMILY CARE LEAVE</p> <p>Bonding / Care For Family Member:</p> <ul style="list-style-type: none"> • Six (6) consecutive weeks; • intermittent weeks, or • 42 intermittent days during a 12-month period beginning with the first date of the claim. <p>Benefit entitlement may be reduced by 14 days if claimant fails to provide 30 days' notice to employer prior to the leave.</p>

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<p>NEW YORK</p> <p>DISABILITY BENEFIT</p> <p>Workers' Compensation Board 328 State Street Schenectady, NY 12305-2318</p> <p>Disability Benefits Offices Tel: (800) 353-3092</p> <p>Written Inquiries s/b sent to: Disability Benefits Bureau Workers' Compensation Board 100 Broadway-Menands Albany, NY 12241 Tel: (866) 750-5157</p> <p>Website: www.wcb.ny.gov</p>	<p>State Disability Benefits Law (DBL)</p> <ul style="list-style-type: none"> 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. <p>NY DOES NOT HAVE A STATE PLAN OPTION</p>	<p>Weekly Taxable Wage Base: \$120</p> <p>Employee Contribution Rate: 0.5%</p> <p>Maximum Weekly Employee Contribution: \$0.60</p> <p>Employer Contribution Rate: Pays balance of plan costs not covered by Employee Contributions</p> <p>Benefits are subject to FICA Tax.</p>	<p>Seven (7) day Waiting Period;</p> <p>No benefits payable for this week</p> <p>Benefits begin on the eighth (8th) consecutive day of disability.</p> <p>NY DBL RELAPSE PERIOD</p> <p>Same or related cause or condition separated by not more than 3 months is considered one continuous period of disability</p>	<p>50% of average weekly wage base on previous 8 weeks earnings</p> <p>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.</p>	<p>Maximum Weekly Benefit: \$170 Effective May 1, 1989</p> <p>Maximum Annual Benefit: \$4,420</p> <p>Minimum Weekly Benefit: If earnings are equal to or less than \$20 per week the benefit to equal 100% of earnings</p>	<p>Maximum Duration of Benefit Period for:</p> <p>DISABILITY Twenty-six (26) weeks during 52 consecutive weeks</p>

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STATE	NYPFL Coverage Provided	NYPFL Taxable Wage Base & Contribution Rate	NYPFL Waiting Period	NYPFL Weekly Statutory Benefit Rate	NYPFL Minimum & Maximum Weekly Benefit Amount	NYPFL Maximum Duration of Benefit Period
<p>NEW YORK</p> <p>PAID FAMILY LEAVE</p> <p>Starts January 1, 2018 and benefits will increase over the next four years</p> <p>Workers' Compensation Board 328 State Street Schenectady, NY 12305-2318</p> <p>Disability Benefits Offices Tel: (800) 353-3092</p> <p>Written Inquiries s/b sent to: Disability Benefits Bureau Workers' Compensation Board 100 Broadway-Menands Albany, NY 12241 Tel: (866) 750-5157</p> <p>PFL website:</p> <p>www.ny.gov/programs/new-york-state-paid-family-leave</p>	<p>NYPFL PROVIDES JOB PROTECTION</p> <p>ER's have the option to:</p> <ul style="list-style-type: none"> • Insure the benefit with NYSIF • Insure with a carrier or, self-insure NYPFL if they are currently self-insured for NYDBL <p>Who will be covered:</p> <ul style="list-style-type: none"> • 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. 	<p>The maximum Employee NYPFL Contribution % is:</p> <p>0.153% of the EE's average weekly wage</p> <p>(capped at NY's current NYAWW of \$1,357.11 = \$70,569.72 per year)</p> <p>2019 Maximum EE Contribution will be: \$107.97 per year.</p> <p>Employers may underwrite the cost of the NYPFL benefit. Proof of PFL coverage will still be required.</p>	<p>There is NO "Waiting Period"</p> <p>Benefits begin on the first (1st) day of the qualified leave event.</p> <p>EE must use Full day increments to qualify for PFL benefits. Partial days are not paid.</p>	<p>Payable % of EE's average weekly wage (AWW) To the Maximum % of NY Average Weekly Wage (NYSAWW)</p> <p>2018 = 50% 2019 = 55% 2020 = 60% 2021 = 67%</p> <p>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.</p>	<p>Maximum Weekly Benefit is based on 2018 **NYSAWW of \$1,357.11:</p> <p>2018 = \$653 2019 = \$746.41 2020 = TBD 2021 = TBD</p> <p>**NY DOL releases updated NYSAWW every March 31st</p> <p>Minimum Weekly Benefit: \$100 or the employee's actual weekly wage if \$100 or less.</p>	<p>Maximum Leave Durations: 2018 = 8 weeks 2019 = 10 weeks 2020 = 10 weeks 2021 = 12 weeks</p> <p>Max length for DBL & PFL benefits combined cannot exceed 26 weeks in a consecutive 52-week period</p>

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<p>PUERTO RICO</p> <p>Department of Labor and Human Resources Unemployment Insurance Div 505 Ave. Munoz Rivera San Juan, PR 00918 - 3514 P.O. Box 195540 San Juan, PR 00919-554 797-625-7900</p> <p>787-754-5824 call this number if going out on disability in Puerto Rico (Spanish Only)</p> <p>www.trabajo.pr.gov</p>	<p>Public Temporary Disability Insurance (TDI) Plan or a "private" Insured or Self-Insured Plan with benefits equal to at least the public plan benefits.</p> <p>The Disability Benefits act requires that the application be filed no later than (3) months following the beginning of the disability.</p>	<p>Annual Taxable Wage Base: \$9,000</p> <p>Employee Contribution Rate: (see below)</p> <p>Maximum Annual Employee Contribution: \$54.00</p> <p>Employer Contribution Rate: shared</p> <p>(i.e., 0.2% Employee + 0.4% Employer, or 0.3% Employee + 0.3% Employer).</p>	<p>On the eighth (8th) consecutive day of Disability; or first day of hospitalization</p>	<p>65% of weekly earnings. Paid from schedule based on total wages received in Base year.</p> <p>Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit.</p> <p>Additional benefits for death/dismemberment</p>	<p>Maximum Weekly Benefit: \$113</p> <p>Maximum Annual Benefit: \$2,936</p> <p>Maximum Weekly Benefit: \$55 for Agricultural workers</p> <p>Minimum Weekly Benefit: \$12.</p>	<p>Maximum Duration of Benefit Period for:</p> <p>DISABILITY Twenty-six (26) weeks during 52 consecutive weeks</p>

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<p align="center">RHODE ISLAND</p> <p>Temporary Disability (TDI)</p> <p>Temporary Disability Insurance Division P.O. Box 20100 Cranston RI 02920-0941 Tel: 401-462-8420 Fax: 401-462-8466</p> <p>Websites: www.dlt.state.ri.us www.dlt.ri.gov/tdi</p> <p>Note: Annual Changes are done in July.</p> <p>For Benefit Applications: Call (401) 462-8420 choose Option 1 or apply online at: www.dlt.ri.gov/tdi</p>	<p>State administered State Temporary Disability Insurance (TDI) only.</p> <p>Insured or Self-Insured Plans are NOT allowed.</p> <p>TDI provides benefit payments to insured RI workers for weeks of unemployment caused by temporary disability or injury.</p>	<p>As of 01/01/19</p> <p>Annual Taxable Wage Base: \$71,000</p> <p>Employee Contribution Rate: 1.1% (of the 1st \$71,000)</p> <p>Maximum Annual Employee Contribution: \$781.00</p> <p>TDI benefits <u>are not</u> subject to Federal or State income taxes. No G-1099 form will be issued.</p> <p>TDI withholdings from your earnings are deductible for Federal income tax reporting purposes.</p>	<p>Effective July 1, 2012: No Waiting Period.</p> <p>Must be unemployed for at least 7 days due to non-job related illness or injury</p>	<p>4.62% of total highest quarter wages in base period.</p> <p>Earnings include overtime, vacation, sick leave pay, bonuses, and commissions and exclude Holiday pay if no services were performed.</p> <p>Eligible employees must have earned at least \$12,600 in base period wages, or \$2,100 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 \$4,200.</p> <p>Worked for subject Employer & have medically certified disability.</p> <p>Benefits payable for less than one week will be paid in increments of 1/5th of the weekly benefit</p>	<p>After 07/02/18:</p> <p>Maximum Weekly Benefit: \$852</p> <p>Maximum Annual Benefit: \$25,560</p> <p>Maximum Weekly Benefit Up to 5 Dependents: \$1,150</p> <p>Maximum Annual Benefit Up to 5 Dependents: \$34,500</p> <p>Minimum Weekly Benefit: \$98</p> <p>Maximum Dependents Allowance: Greater of \$10 per dependent or 7% of the Weekly Benefit Rate (up to 5 depts.)</p>	<p>Maximum Duration of Benefit Period for:</p> <p>DISABILITY Thirty (30) weeks in any Benefit Year</p>

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<p>RHODE ISLAND</p> <p>Temporary Caregiver Insurance Program (TCI) Effective 01.05.14</p> <p>Temporary Disability Insurance Division P.O. Box 20100, Cranston RI 02920-0941 Tel: 401-462-8420 Fax: 401-462-8466</p> <p>Websites: www.dlt.state.ri.us</p> <p>For Benefit Applications: Call (401) 462-8420 choose Option 1 or apply online at: www.dlt.ri.gov/tdi</p>	<p>State administered State Temporary Caregiver Insurance (TCI) only.</p> <p>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.</p> <p>Bonding claims may be requested only during the first 12 months or parenting. Proof of a parent-child relationship is required.</p> <p>Applicants are responsible for obtaining the required medical documents from the Qualified Healthcare provider of the seriously ill family member/care recipient.</p>	<p>As of 01/01/19</p> <p>Annual Taxable Wage Base: \$71,000</p> <p>Employee Contribution Rate: 1.1% (of the 1st \$71,000)</p> <p>Maximum Annual Employee Contribution: \$781.00</p> <p>TCI benefits <u>are</u> 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.</p>	<p>Must be out of work for 7 consecutive days but benefits can be paid from day one.</p> <p>EE is required to provide the employer with 30-day notice, in writing, unless there are "unforeseeable circumstances"</p> <p>The EE must apply for TCI benefits during the first thirty (30) days after the first day of leave is taken for reasons of Bonding or Caregiver.</p> <p><i>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.</i></p>	<p>TCI provides a monetary benefit, not a leave entitlement.</p> <p>Monetary eligibility is determined the same as for TDI benefits. Claimant must have worked in RI and paid into the TDI fund.</p> <p>4.62% of total highest quarter wages in base period.</p> <p>Eligible employees must have earned at least \$12,600 in base period wages, or \$2,100 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 \$4,200.</p> <p>He/she must have worked for subject Employer & have provided information required on Application for Benefits Form (TDI-1).</p>	<p>After: 07/02/18</p> <p>Maximum Weekly Benefit: \$852</p> <p>Maximum Annual Benefit: \$3,408</p> <p>Maximum Weekly Benefit Up to 5 Dependents: \$1,150</p> <p>Maximum Annual Benefit Up to 5 Dependents: \$4,600</p> <p>Minimum Weekly Benefit: \$98</p> <p>Maximum Dependents Allowance: Greater of \$10 per dependent or 7% of the Weekly Benefit Rate</p>	<p>Maximum Duration of Benefit Period for:</p> <p>TCI Four (4) Weeks during a Benefit Year Period (52 weeks) <i>(Will reduce the max. weeks of TDI)</i></p>

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STATE	Coverage Provided	Taxable Wage Base & Contribution Rate	Waiting Period	Weekly Statutory Benefit Rate	Minimum & Maximum Weekly Benefit Amount	Maximum Duration of Benefit Period
<p>Washington</p> <p>Paid Family & Medical Leave (WAPFML) Effective 01.01.20</p> <p>General Contact Information for the WA Employment Security Department:</p> <p>Mailing address: P.O. Box 9046 Olympia, WA 98507</p> <p>Street address: 212 Maple Park Ave. SE Olympia, WA 98501-2347</p> <p>Ph# 360-902-9500 Customer Center Team: Ph# 833-717-2273</p> <p>Websites: https://esd.wa.gov www.paidleave.wa.gov</p> <p>Starting in 2020, an EE will be able to set up a customer account with the Employment Security Department to apply for and manage their claim.</p>	<p>State administered or a Voluntary Plan which must at least equal the provisions of the State Plan.</p> <p>Wage replacement benefits to workers who take time away from work for their own serious medical condition or to care for a seriously ill child, grandchild, spouse, domestic partner, parent (step), grandparent (in-law), or sibling (step) or to bond with a newborn child, adopted child, or foster child. Also for time to prepare for a family member's pre- and post-deployment activities, as well as time for childcare issues related to a family member's military deployment.</p>	<p>As of 01/01/19</p> <p>Annual Taxable Wage Base: \$132,900</p> <p>Employee Contribution Rate: 0.4% of EE's wages, minus tips. (Premium withholdings are capped at the Social Security cap, which is updated annually. It is \$132,900 for 2019)</p> <p>The premium rate for family leave benefits shall be equal to 1/3 of the total premium rate.</p> <p>The premium rate for medical leave benefits shall be equal to 2/3 of the total premium rate.</p> <p>Calculation for State Plan only, Voluntary Plan will use different method: Employers who choose to withhold premiums from their employees may withhold up to 63.33% of the total premium. The Employer is responsible for paying the other 37.667%.</p> <p>Maximum Annual Employee Contribution: \$531.60</p>	<p>Must be out of work for (7) consecutive days. However, there is no waiting period required for leave for the birth or placement of a child.</p> <p>EE is required to provide the employer with 30-day notice, in writing, unless there are "unforeseeable circumstances"</p> <p>EE is eligible for family and medical leave benefits after working for at least 820 hours in employment during the first four of the last five completed calendar quarters starting from the day EE takes the leave.</p> <p>EE must use a minimum of (8) consecutive hour increments to qualify for benefits.</p> <p>Relapse Period: Successive periods of family & medical leave caused by the same or related injury or sickness are deemed a single period of leave only if separated by less than (4) months.</p>	<p>WAPFML provides a monetary benefit.</p> <p>Monetary eligibility is determined the same for medical and family benefits. Claimant must work in WA and pay into the PFML fund.</p> <p>EE's earning less than 1/2 State AWW(average weekly wage) will receive a benefit rate at 90% of AWW</p> <p>EE's earning more than 1/2 State AWW will receive a benefit rate that is the sum of:</p> <ol style="list-style-type: none"> 1. 90% of AWW up to 50% of State AWW and 2. 50% of EE's AWW that is greater than 50% of the State AWW 	<p>Effective: 01/01/20</p> <p>Maximum Weekly Benefit: \$1,000</p> <p>Maximum Annual Benefit: \$12,000</p> <p>Minimum Weekly Benefit: \$100</p>	<p>Maximum Duration of Benefit Period for:</p> <p>WAPFML Twelve (12) Weeks during a Benefit Year Period (52 weeks)</p> <p>However, may be up to 12 weeks of family or medical leave, plus 2 weeks if leave results from pregnancy complications. or Up to 16 weeks in combination of family & medical leave, plus 2 weeks if leave results from pregnancy complications.</p>

2019 Statutory Disability Insurance Matrix by State Effective January 1, 2019
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