## 2020 Statutory Disability Insurance Matrix by State
### Effective January 1, 2020
(Changes Are In Red)

<table>
<thead>
<tr>
<th>STATE</th>
<th>Coverage Provided</th>
<th>Taxable Wage Base &amp; Contribution Rate</th>
<th>Waiting Period</th>
<th>Weekly Statutory Benefit Rate</th>
<th>Minimum &amp; Maximum Weekly Benefit Amount</th>
<th>Maximum Duration of Benefit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CALIFORNIA</strong></td>
<td>State administered State Disability Insurance (SDI) Plan or Self Insured Plan, which must exceed State Plan benefits in at least one provision.</td>
<td>Voluntary Plan / SDI (rates include PFL)</td>
<td>Disability: Seven (7) day Waiting Period; Benefits begin on the eighth (8th) Consecutive Day of Disability</td>
<td>Wage replacement rate: (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</td>
<td>Maximum Weekly Benefit: $1,300</td>
<td>Maximum Duration of Benefit Period for: DISABILITY Fifty-two (52) Weeks</td>
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<tr>
<td></td>
<td>PFL provides up to (6) weeks of benefits to EE’s who take time off to care for a family member with a serious health condition or to bond with a minor child within (1) year of the birth or placement of the child in connection with foster care or adoption. Effective 7/1/20 this period increases from 6 to 8 weeks of benefits.</td>
<td>Annual Taxable Wage Base: $122,909</td>
<td>Plastic: No waiting period</td>
<td><em>COVID-19</em>: Waives the one-week waiting period for EE’s who are disabled as a result of COVID-19.</td>
<td>Maximum Annual DI Benefit: $67,600</td>
<td>PAID FAMILY LEAVE Six (6) weeks in a Twelve (12) Month Period for all claims with an effective start date of 1/1/20 through 6/30/20</td>
</tr>
<tr>
<td></td>
<td>Qualifying family members include: child spouse parent parent-in-law grandparent grandchild sibling domestic partner</td>
<td>Employee Contribution Rate: 1.0%</td>
<td>State Average Quarterly Wage (SAQW) = SAWW rate x 13: $17,225</td>
<td>State Average Weekly Wage (SAWW): $1,325</td>
<td>Minimum Weekly Benefit: $50</td>
<td><em>Effective 7/1/20</em> For claims with an effective start date of 7/1/20 or thereafter the Paid Family Leave Maximum Duration will increase to: Eight (8) weeks of benefits in a twelve (12) month period.</td>
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<tr>
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<td>Maximum Annual Employee Contribution: $1,229.09</td>
<td>Maximum Annual PFL Benefit for all claims with an effective start date of 1/1/20 – 6/30/20: $7,800 ($1300 x 6)</td>
<td>Benefits payable for less than one week will be paid in increments of 1/7 of the weekly benefit.</td>
<td>Maximum Annual PFL Benefit: $10,400 ($1300 x 8)</td>
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<td>Employer Contribution Rate: Optional (May elect to pay all or part of employee amount.)</td>
<td>PFL: No waiting period</td>
<td>State Average Quarterly Wage (SAQW) = SAWW rate x 13: $17,225</td>
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<td>CA RELAPSE PERIOD</td>
<td>State Average Weekly Wage (SAWW): $1,325</td>
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<td>Same or related cause or condition separated by not more than (60) days is considered one continuous period of disability</td>
<td>Benefits payable for less than one week will be paid in increments of 1/7 of the weekly benefit.</td>
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<td>PFL may be taken intermittently</td>
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</tbody>
</table>

**Disability & Paid Family Leave**
Voluntary Plan Group EDD Disability Insurance c/o State Personnel Board 801 Capitol Mall, 4th Floor, MIC 29-A Sacramento, CA 95814

Disability dept. contact: ph# 800-480-3287
PFL dept. contact: ph# is 877-238-4373
(NEW Fax 01/08/16) (F) 916-319-1438

Website: [www.edd.ca.gov](http://www.edd.ca.gov)
### 2020 Statutory Disability Insurance Matrix by State

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<tr>
<td><strong>San Francisco – Paid Parental Leave Ordinance (PPLO)</strong></td>
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<td>The Office of Labor Standards Enforcement (OLSE)</td>
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<tr>
<td>City Hall, Room 430</td>
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<tr>
<td>1 Dr Carlton B. Goodlett Place</td>
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<tr>
<td>San Francisco, CA 94102</td>
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<tr>
<td>Telephone: 415-554-4190</td>
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<tr>
<td>E-mail: <a href="mailto:pplo@sfgov.org">pplo@sfgov.org</a></td>
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<tr>
<td>San Francisco Paid Parental Leave Calculator:</td>
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</tr>
<tr>
<td><strong>San Francisco Employers</strong> 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.</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. 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: $1,300 SF PPL (30/40%): Maximum weekly rate: $867 Total (100%) combined between CA PFL &amp; SF PPL: Maximum weekly total benefit: $2,167</td>
<td>Six (6) weeks in a Twelve (12) Month Period through 6/30/20</td>
<td></td>
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</tr>
<tr>
<td><strong>Covered Employees are:</strong></td>
<td>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>
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</tbody>
</table>

*Effective 7/1/20 For claims with an effective start date of 7/1/20 or thereafter the Paid Parental Leave Ordinance Maximum Duration will increase to: Eight (8) weeks of benefits.*
## Connecticut Paid Family and Medical Leave (CT PFML)

**Effective 1/1/2022**

- Insured and self-insured private plans permitted
- Wage replacement benefits to EE’s who take time away from work for:
  1. Care for a family member with a SHC.
  2. Bond w/new child during first 12 months after birth, adoption or foster care placement.
  3. EE’s own injury, illness or pregnancy.
  4. Military Exigency
  5. Serve as an organ donor.
  6. Address issues related to domestic violence if they are a victim or a family member who is victim of violence

**Qualifying family members:**
- spouse or domestic partner
- Child
- Parent or parent of spouse or domestic partner
- Grandparent
- Grandchild
- Sibling
- Individual related to EE by blood or affinity whose close association is equivalent to a family relationship

### Taxable Wage Base & Contribution Rate

- **Employee Contribution Rate:** 0.5% of EE’s wages
- **Funding begins 1/1/21**
- **Annual Taxable Wage Base:** TBD

#### Employee Contribution Rate:
- Initially funded by employee payroll tax
- Wage replacement benefits to EE’s who take time away from work for:
  1. Care for a family member with a SHC.
  2. Bond w/new child during first 12 months after birth, adoption or foster care placement.
  3. EE’s own injury, illness or pregnancy.
  4. Military Exigency
  5. Serve as an organ donor.
  6. Address issues related to domestic violence if they are a victim or a family member who is victim of violence

#### Qualifying family members:
- spouse or domestic partner
- Child
- Parent or parent of spouse or domestic partner
- Grandparent
- Grandchild
- Sibling
- Individual related to EE by blood or affinity whose close association is equivalent to a family relationship

### Weekly Statutory Benefit Rate

- **Wage replacement rate:**
  - Up to 95% of employee’s base weekly earnings
  - Up to 40 times the Connecticut minimum wage, and 60% of the employee’s base weekly earnings above 40 times the Connecticut minimum wage

### Minimum & Maximum Weekly Benefit Amount

- **Maximum Weekly Benefit:**
  - Approximately $780/week in 2022 and $900 in 2023 (60x’s the minimum wage)

### Maximum Duration of Benefit Period

- **Maximum Duration of Benefits for CT PFML in a Twelve (12) Month Period:**
  - Twelve (12) weeks
  - Two (2) additional weeks allowed if medical leave is needed for pregnancy related disability for a combined annual maximum of Fourteen (14) weeks
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<tr>
<td><strong>District of Columbia</strong></td>
<td>State administered</td>
<td>No EE contributions are required.</td>
<td>Must be out of work for (7) consecutive days.</td>
<td>DC PFL provides a monetary benefit.</td>
<td>Effective: 07/01/20</td>
<td>Maximum Duration of Benefit Period</td>
</tr>
<tr>
<td>Paid Family &amp; Medical Leave</td>
<td>Insured Self-Insured Plans are NOT allowed.</td>
<td>DC PFL is fully funded by the DC covered Employers.</td>
<td>Only one (1) waiting period is required within a 52 week period regardless of the number of qualifying events</td>
<td>Paid-leave benefits are calculated based on an eligible individual’s average weekly wage; the total wages in covered employment earned during the highest 4 out of 5 quarters (the base period) immediately preceding a qualifying event, divided by 52.</td>
<td>Maximum Weekly Benefit: $1,000</td>
<td>(DC PFL) is fully funded by the DC covered Employers.</td>
</tr>
<tr>
<td>Effective 7/1/20</td>
<td>Wage replacement benefits to EE’s who take time away from work for the following:</td>
<td>Effective 7/1/19: PFL is funded by a 0.62% payroll tax, paid by covered Employer on the wages of each of its covered EE’s. PFL tax is collected quarterly.</td>
<td>EE is eligible to receive DC PFL while working part-time.</td>
<td>Monetary eligibility is determined the same for medical and family benefits. EE’s are eligible if they work for a covered employer &amp; spend more than 50% of his/her work time for that employer in DC; or whose employment for the covered employer is based in the District and who regularly spends a substantial amount of his or her work time for that covered employer in the District and not more than 50% of his or her work in another jurisdiction.</td>
<td>Minimum Annual Benefit: shall be based on the type of leave(s) taken by the EE within the same 52 week period.</td>
<td>Maximum Annual Benefit: shall be based on the type of leave(s) taken by the EE within the same 52 week period.</td>
</tr>
<tr>
<td>(DC PFL)</td>
<td>• EE’s own serious health condition.</td>
<td>• Use earnings in highest 4 of last 5 quarters.</td>
<td>• DC PFL provides a monetary benefit.</td>
<td>• Divide by 52.</td>
<td>Minimum Weekly Benefit: “DC does not have a Minimum weekly benefit”</td>
<td>Minimum Weekly Benefit: “DC does not have a Minimum weekly benefit”</td>
</tr>
<tr>
<td>General Contact Information</td>
<td>• Care of a family member w/a serious health condition.</td>
<td>• If less than $900, multiply by 0.9</td>
<td>Paid-leave benefits are calculated based on an eligible individual’s average weekly wage; the total wages in covered employment earned during the highest 4 out of 5 quarters (the base period) immediately preceding a qualifying event, divided by 52.</td>
<td>• If more than $900, subtract $900 and multiply by 0.5, then add $810</td>
<td>Benefit payments are paid every two weeks on a set schedule.</td>
<td>Benefit payments are paid every two weeks on a set schedule.</td>
</tr>
<tr>
<td>for the Department of</td>
<td>• Bond w/a newborn, adopted, or foster child or placement of a child into their</td>
<td>• Weekly benefit cannot be more than $1,000.</td>
<td>EE may be eligible to receive paid-leave benefits while working part-time, provided that the part-time work does not occur during the regular hours for which the leave is being taken.</td>
<td>Following the receipt of a claim for paid-leave benefits, the Office of Paid Family Leave will issue a determination to the EE within 10 business days.</td>
<td>Leave may be taken intermittently in 1 day increments.</td>
<td>Leave may be taken intermittently in 1 day increments.</td>
</tr>
<tr>
<td>Employment Services (DOES)</td>
<td>household that they legally assume &amp; discharge parental responsibility over.</td>
<td>10 day ER notice required when leave is foreseeable.</td>
<td>Cannot submit claim before leave event occurs.</td>
<td>10 day ER notice required when leave is foreseeable.</td>
<td>Claim Year begins on Sunday of the week the FDA occurs.</td>
<td>Claim Year begins on Sunday of the week the FDA occurs.</td>
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<tr>
<td>Office of Paid Family Leave</td>
<td>Qualifying Family Members:</td>
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<tr>
<td>4058 Minnesota Avenue, NE,</td>
<td>• Biological, adopted, foster, or step child (including a child of a domestic</td>
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<td>Suite 3700 Washington, DC 20019</td>
<td>partner); a legal ward; or someone that a worker acts as parent to;</td>
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<td>Ph# 202-899-3700 Email:</td>
<td>• Biological, foster, or adopted parent, a parent-in-law, a stepparent, a legal</td>
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<td><a href="mailto:does.opfl@dc.gov">does.opfl@dc.gov</a></td>
<td>guardian, or other person who acted as a parent to the worker when the worker</td>
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<td>Websites: <a href="https://does.dc.gov">https://does.dc.gov</a></td>
<td>was a child;</td>
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<td>/page/district-columbia-paid-family-leave</td>
<td>• A domestic partner or spouse;</td>
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<td><a href="https://dcpaidfamilyleave.dc.gov">https://dcpaidfamilyleave.dc.gov</a></td>
<td>• A grandparent; or</td>
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<td>Resources:</td>
<td>• A sibling.</td>
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<td><a href="https://dcpaidfamilyleave.dc.gov/resources/">https://dcpaidfamilyleave.dc.gov/resources/</a></td>
<td>Job Protection:</td>
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<td>Employers and EE’s will use</td>
<td>The DC PFL does not provide job protection above &amp; beyond that provided under</td>
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<td>an online portal to interact</td>
<td>FMLA and/or the DC FMLA</td>
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<td>with OPFL and receive</td>
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<td>information.</td>
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<tr>
<td><strong>HAWAII</strong></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: $1,119.44</td>
<td>Seven (7) day Waiting Period;</td>
<td>58% of average weekly earnings</td>
<td>Maximum Weekly Benefit: $650</td>
<td>DISABILITY Twenty-six (26) weeks</td>
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<tr>
<td></td>
<td>Employee Contribution Rate: .5%</td>
<td>Maximum Weekly Employee Contribution: $5.60</td>
<td>Benefits begin on the eighth (8th) Consecutive Day of Disability</td>
<td>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 $650. Benefits payable for less than one week will be paid in increments of 1/5th of the weekly benefit.</td>
<td>Maximum Annual Benefit: $16,900</td>
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<td>Employer Contribution Rate: At least one-half (1/2) of plan costs, plus any additional costs not chargeable to employee.</td>
<td>HI RELAPSE PERIOD</td>
<td>Same or related cause or condition separated by not more than 2 weeks is considered one continuous period of disability</td>
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<td>Minimum Weekly Benefit: $14</td>
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Website: [http://hawaii.gov/labor/dcd/abouttdi.shtml](http://hawaii.gov/labor/dcd/abouttdi.shtml)
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| **Massachusetts** | State administered, Insured or a Private Self Insured Plan which may include Medical Leave only, Family Leave only, or both Medical and Family Leave which must be equal to or better than the provisions of the State Plan. Wage replacement benefits to EE's who take time away from work for the following:  
 EE’s own serious health condition (SHC).  
 Care for a family member with a SHC.  
 Bond w/new child during first 12 months after birth, adoption or foster care placement.  
 Military Exigency: Care for a family member’s exigency leave pre- and post-deployment activities  
 Military Caregiver: Care for a family member who is a service-member injured in the line of duty. Qualifying family members:  
 Spouse  
 Domestic partner  
 Children (including foster)  
 Children in loco parentis  
 Parent (including foster)  
 Parent-in-law  
 Stepparent/child  
 Person standing in loco parentis  
 Grandparent  
 Sibling (including step)  
 Grandchildren | **Annual Taxable Wage Base:** $132,900 for 2019.  
 **Employee Contribution Rate:** 0.75% of EE's wages (Premium withholdings are capped at the Social Security cap, which is updated annually, $132,900 for 2019. It is increasing to $137,700 for 2020)  
 EE premium rate for family leave benefits is 100% of the total family leave contribution required for an individual.  
 EE premium rate for medical leave benefits is 40% of the total medical leave contribution required for an individual. | Must be out of work for (7) consecutive days. The initial waiting period will count against total period of leave in a benefit year.  
 No waiting period if Bonding leave immediately follows the maternity medical leave.  
 EE is required to provide the employer with 30-day notice, in writing, unless there are “unforeseeable circumstances”  
 EE is eligible for family and medical leave benefits after they have approximately 15 weeks or more of earnings & have earned at least $4,700 in the 12 month period before they apply for benefits. | **MA PFML provides a monetary benefit.**  
 Monetary eligibility is determined the same for medical and family benefits. Claimant must work in MA and pay into the PFML fund.  
 Maximum benefit is calculated annually based on 64% of SAWW  
 Weekly benefits will be calculated as follows:  
 80% of the portion of the employee’s AWW that is equal to or less than 50% of the SAWW  
 50% of the portion of the employee’s AWW that is greater than 50% of the SAWW | **Effective:** 01/01/21  
 **Maximum Weekly Benefit:** $850 | **Maximum Duration of Benefit Period during a benefit year period (52 weeks) for:**  
 EE’s Own Medical Leave: Twenty (20) Weeks  
 Paid Family Leave for Bonding, Care of a family member, Military Exigency Leave: Twelve (12) Weeks  
 Military Caregiver Leave: Up to twenty six (26) weeks | Max length for combined Medical & Paid Family Leave benefits cannot exceed 26 weeks in a consecutive 52-week period. |
### 2020 Statutory Disability Insurance Matrix by State (Effective January 1, 2020)

**NEW JERSEY**

**DISABILITY BENEFIT**

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.

**Effective 5/20/20:** For claims with an effective start date of 5/20/20 & thereafter: Job protection is provided to an Employee during “a period of disability” resulting from the donation of any organ or bone marrow.

**Definition of a “serious health condition” under the TDI and FLI programs to allow employees to qualify for benefits if they need to take time off from work during a public health emergency because they are diagnosed with, or suspected of exposure to, a communicable disease or they need to take care of a family member diagnosed with, or suspected of exposure to, a communicable disease.**

**Coverage Provided**

- 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.

**Taxable Wage Base & Contribution Rate**

- **Annual Taxable Wage Base:** $134,900
- **Employee DI Contribution Rate:** 0.26%
- **Maximum Annual Employee Contribution:** $350.74
- **Employer Contribution Rate:** 0.1% to 0.75%

**Waiting Period**

- 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)
- **No (7) day waiting period for COVID-19 claims (effective 3/25/20)**

**Weekly Statutory Benefit Rate**

- **Effective 1/1/20 through 6/30/20:**
  - 66 2/3% of average weekly wage
- **Effective 7/1/20:**
  - Benefits for NJ TDI increases to 85% of weekly wage
  - Maximum of 70 percent of Statewide Average Weekly Wage (maximum using current SAWW is $860/week)

**Maximum & Maximum Weekly Benefit Amount**

- **Maximum Weekly Benefit for claims with an effective start date of 1/1/20 through 6/30/20:**
  - $667
- **Effective 7/1/20:**
  - For claims with an effective start date of 7/1/20 or thereafter the Maximum Weekly Benefit increases to:
  - $881

**Minimum Duration of Benefit Period**

- **Maximum Annual DI Benefit for claims with an effective start date of 1/1/20 – 6/30/20:**
  - $17,342
- **Minimum Weekly Benefit:**
  - N/A

**TDI and FLI programs to allow employees to qualify for benefits if they need to take time off from work during a public health emergency because they are diagnosed with, or suspected of exposure to, a communicable disease or they need to take care of a family member diagnosed with, or suspected of exposure to, a communicable disease.**

**Change for COVID-19 claims (effective 3/25/20):**

- No (7) day waiting period

**Statewide Average Weekly Wage (SAWW):**

- Current SAWW is $860/week
- Eligible EE’s must have earned at least $200/wk. for twenty (20) calendar weeks (“base weeks”) during the 52 weeks ("base year"), ($10,000/Base Year) to receive benefits under the State Plan.

**Base Year:**

- The period of time within which the required wages must be earned by the EE in order to establish a valid claim.
- The regular base year, established by the first day of disability, is the period consisting of the first four of the last five completed quarters preceding the first day of disability.

**Max duration of partial disability:**

- Maximum duration of partial disability is (8) weeks but cannot be extended to more than (12) weeks with medical support.

**Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit.**

**Disability Benefits Program**

- Website: http://lwd.dol.state.nj.us/labor
- http://lwd.dol.state.nj.us/labor/tdi/tdiindex.html

or

www.nj.gov/labor

Go to Benefits for general information about the Temporary Disability Benefits Program

<table>
<thead>
<tr>
<th>STATE</th>
<th>Coverage Provided</th>
<th>Taxable Wage Base &amp; Contribution Rate</th>
<th>Waiting Period</th>
<th>Weekly Statutory Benefit Rate</th>
<th>Minimum &amp; Maximum Weekly Benefit Amount</th>
<th>Maximum Duration of Benefit Period</th>
</tr>
</thead>
<tbody>
<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: $134,900</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>Effective 1/1/20 through 6/30/20: 66 2/3% of average weekly wage</td>
<td>Effective 7/1/20: Benefits for NJ TDI increases to 85% of weekly wage to maximum of 70 percent of Statewide Average Weekly Wage (maximum using current SAWW is $860/week)</td>
<td>Maximum Weekly Benefit for claims with an effective start date of 1/1/20 through 6/30/20: $667</td>
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<tr>
<td></td>
<td></td>
<td>Employee DI Contribution Rate: 0.26%</td>
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<td>*Effective 7/1/20: Benefits for NJ TDI increases to 85% of weekly wage to maximum of 70 percent of Statewide Average Weekly Wage (maximum using current SAWW is $860/week)</td>
<td></td>
<td>*Effective 7/1/20: Maximum Weekly Benefit increases to: $881</td>
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<tr>
<td></td>
<td></td>
<td>Maximum Annual Employee Contribution: $350.74</td>
<td>No (7) day waiting period for COVID-19 claims (effective 3/25/20)</td>
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<td>Employer Contribution Rate: 0.1% to 0.75%</td>
<td>Effective 5/20/20: For claims with an effective start date of 5/20/20 &amp; thereafter: Waiting period is waived for Employee’s on disability for the donation of any organ or bone marrow will have benefits payable during the first seven days.</td>
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<td>NJ TDI RELAPSE PERIOD</td>
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<td>Same or related cause or condition separated by not more than 14 days is considered one continuous period of disability</td>
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<td>*Effective 6/17/20 Partial Disability: ER has to agree. EE must be totally disabled &amp; then released to RTW. Benefits prorated based on disability earnings.</td>
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<td>Max duration of partial disability is (8) weeks but cannot be extended to more than (12) weeks with medical support.</td>
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</tbody>
</table>

**TDI and FLI programs to allow employees to qualify for benefits if they need to take time off from work during a public health emergency because they are diagnosed with, or suspected of exposure to, a communicable disease or they need to take care of a family member diagnosed with, or suspected of exposure to, a communicable disease.**

**Change for COVID-19 claims (effective 3/25/20):**

- No (7) day waiting period
### 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://www.nj.gov/labor)

http://lwd.dol.state.nj.us/labor/tdi/tdiindex.html

State administered State Family Care Leave Insurance (FLI) 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.

Anti-retaliatory measures enacted 2/19/19

EE may provide continuous or intermittent care for following leave types:

- Care of a family member with a SHC
- Bond with a newborn, newly adopted or foster child.

Qualifying family members:

Spouse, domestic partner, child, parent, siblings, grandparents, grandchildren, parents-in-law and the equivalent of a family member.

Allows employees to receive NJ FLI for care of eligible family members who are victims of domestic and sexual violence.

#### Coverage Provided

- State administered State Family Care Leave Insurance (FLI) 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.
- Anti-retaliatory measures enacted 2/19/19

#### Taxable Wage Base & Contribution Rate

- **Annual Taxable Wage Base:** $134,900
- **Employee FLI Contribution Rate:** 0.16%
- **Maximum Annual Employee Contribution:** $215.84
- **Employer Contribution Rate:** 0%

#### Waiting Period

- **Effective 2/19/19:**
  - No waiting period
  - Benefit entitlement may be reduced by 14 days if claimant fails to provide 30 days’ notice to employer prior to the leave.

#### Weekly Statutory Benefit Rate

- Family Leave Insurance provides a monetary benefit
- 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 $200/wk. for twenty (20) calendar weeks ("base weeks") during the 52 weeks ("base year"), $10,000/Base Year) to receive benefits under the State Plan.

**Base Year** is the period of time within which the required wages must be earned by the EE in order to establish a valid claim. The regular base year, established by the first day of disability, is the period consisting of the first four of the last five completed quarters preceding the first day of disability.

Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit.

*Effective 7/1/20:* Benefits for NJ FLI increases to 85% of weekly wage to maximum of 70% of Statewide Average Weekly Wage (maximum using current SAWW is $860/week)

#### Minimum & Maximum Weekly Benefit Amount

- **Maximum Weekly Benefit** for claims with an effective start date of 1/1/20 through 6/30/20: $667
  - *Effective 7/1/20* For claims with an effective start date of 7/1/20 or thereafter the Maximum Weekly Benefit increases to: $881

- **Maximum Annual FLI Benefit for claims with an effective start date of 1/1/20 – 6/30/20:**
  - $4,002
  - *For claims with an effective start date of 7/1/20 the Maximum Annual FLI Benefit is:
  - $7,048

- **Minimum Weekly Benefit:**
  - “NJ does not have a Minimum weekly benefit”

#### Maximum Duration of Benefit Period

- **FAMILY CARE LEAVE**
  - Bonding / Care For Family Member for claims with an effective start date of 1/1/20 through 6/30/20:
    - Six (6) consecutive weeks; or
    - 42 intermittent days during a 12-month period beginning with the first date of the claim.
  - *For claims with an effective start date of 7/1/20:
    - Twelve (12) consecutive weeks; or
    - 56 intermittent days during a 12-month period beginning with the first date of the claim.

- Effective 2/19/19:
  - Care for a family member who is a victim of domestic or sexual violence: 20 days per year
# 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)

- **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**

**Weekly 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

Benefits are subject to FICA Tax.

**Waiting Period**

- Seven (7) day Waiting Period;
- No benefits payable for this week
- Benefits begin on the eighth (8th) consecutive day of disability.

**NY DBL Relapse Period**

- Same or related cause or condition separated by not more than 3 months is considered one continuous period 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.

**Minimum & Maximum Weekly Benefit Amount**

- **Maximum Weekly Benefit**: $170
  - Effective May 1, 1989
- **Maximum Annual Benefit**: $4,420

Benefits payable if earnings are equal to or less than $20 per week the benefit to equal 100% of earnings

**Maximum Duration of Benefit Period for:**

- **Disability**: Twenty-six (26) weeks during 52 consecutive weeks
<table>
<thead>
<tr>
<th>STATE</th>
<th>NYPFL Coverage Provided</th>
<th>NYPFL Taxable Wage Base &amp; Contribution Rate</th>
<th>NYPFL Waiting Period</th>
<th>NYPFL Weekly Statutory Benefit Rate</th>
<th>NYPFL Minimum &amp; Maximum Weekly Benefit Amount</th>
<th>NYPFL Maximum Duration of Benefit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW YORK</strong></td>
<td>PAID FAMILY LEAVE</td>
<td><strong>NYPFL PROVIDES JOB PROTECTION</strong>&lt;br&gt;ER’s have the option to:&lt;br&gt;• Insure the benefit with NYSIF&lt;br&gt;• Insure with a carrier or, &lt;br&gt;self-insure NYPFL if they are currently self-insured for NYDBL&lt;br&gt;Who will be covered:&lt;br&gt;• Full-time EE’s will be eligible for coverage after 26 consecutive weeks of covered NY Employment.&lt;br&gt;• Part-time EE’s working less than 5 days per week will be eligible after 175 work days of covered NY Employment.&lt;br&gt;EE may provide care for a family member with a SHC or bond with a newborn, adopted child or foster child.&lt;br&gt;Qualifying family members:&lt;br&gt;Spouse&lt;br&gt;Domestic Partner&lt;br&gt;Child&lt;br&gt;Parent&lt;br&gt;Parent-in-law&lt;br&gt;Grandparent&lt;br&gt;Grandchild</td>
<td>The maximum Employee NYPFL Contribution % is:&lt;br&gt;0.27% of the EE’s average weekly wage (capped at NY’s current NYAWW of $1,401.17 = $72,860.84 per year)&lt;br&gt;2020 Maximum EE Contribution will be: $196.72 per year.</td>
<td>There is No “Waiting Period”&lt;br&gt;Benefits begin on the first (1st) day of the qualified leave event.&lt;br&gt;EE must use Full day increments to qualify for PFL benefits. Partial days are not paid.&lt;br&gt;<strong>NY PFL RELAPSE PERIOD</strong>&lt;br&gt;Same or related cause or condition separated by not more than 3 months is considered one continuous period of disability</td>
<td>Payable % of EE’s average weekly wage (AWW) To the Maximum % of NY Average Weekly Wage (NYSAWW)&lt;br&gt;2018 = 50%&lt;br&gt;2019 = 55%&lt;br&gt;2020 = 60%&lt;br&gt;2021 = 67%&lt;br&gt;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.</td>
<td>**Maximum Weekly Benefit is based on 2019 <strong>NYSAWW of $1,401.17:</strong>&lt;br&gt;2018 = $652.96&lt;br&gt;2019 = $746.41&lt;br&gt;2020 = $840.70&lt;br&gt;2021 = TBD&lt;br&gt;<strong>NY DOL releases updated NYSAWW every March 31st</strong>&lt;br&gt;Minimum Weekly Benefit: $100 or the employee’s actual weekly wage if $100 or less.</td>
</tr>
</tbody>
</table>
# 2020 Statutory Disability Insurance Matrix by State

Effective January 1, 2020

(Changes Are In Red)

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<tr>
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<tbody>
<tr>
<td>NEW YORK</td>
<td>Self-Quarantine/Isolation: Any leave taken by an EE from work when an EE is subject to quarantine.</td>
<td>For leave taken for Self: ER’s with 10 or fewer EE’s &amp; net income less than $1 million will provide EE:  • Job protection for duration of quarantine order.  • Access to PFL &amp; DBL benefits for period of quarantine. ER’s with 11-99 EE’s &amp; net income greater than $1 million will provide EE:  • Five days paid sick leave  • Job protection for duration of quarantine order.  • Access to PFL &amp; DBL benefits for period of quarantine. ER’s with 100 or more EE’s will provide EE:  • At least 14 days paid sick leave  • Job protection for duration of quarantine order.</td>
<td>No “Waiting Period” Benefits begin on the first (1st) day of the qualified leave event.</td>
<td>EE must exhaust all sick leave pay in order to qualify for leave for Self. Payable % of EE’s average weekly wage (AWW) Mandatory or precautionary order of quarantine or isolation is sufficient proof of disability and family leave. Does not apply if employee is physically able to work through remote access or other similar means and is asymptomatic or has not yet been diagnosed with any medical condition</td>
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</tbody>
</table>

- Emergency COVID-19 - Paid NY Disability Benefit Leave and Paid Family Leave: Announced on 3/19/20 effective immediately: Includes EE who were already on leave as of the effective date.

Links to COVID-19 info:  
[https://paidfamilyleave.ny.gov/COVID19](https://paidfamilyleave.ny.gov/COVID19)  
[http://www.ny.gov/COVIDpaysickleave](http://www.ny.gov/COVIDpaysickleave)  

- Maximum Leave Durations during 52 consecutive weeks:  
  - NY DBL = 26 weeks  
  - NY PFL 2020 = 10 weeks  

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

- Intermittent leave is allowed:
  Example – quarantine care for a child is split between parents.
<table>
<thead>
<tr>
<th>STATE</th>
<th>Coverage Provided</th>
<th>Taxable Wage Base &amp; Contribution Rate</th>
<th>Waiting Period</th>
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<th>Maximum Duration of Benefit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oregon</td>
<td>State administered or Employers permitted to provide “Equivalent Plans”</td>
<td>State premium collection begins on 1/1/22</td>
<td>No Waiting Period</td>
<td>Oregon PFML provides a monetary benefit.</td>
<td>Maximum Weekly Benefit: TBD</td>
<td>Maximum Duration of Benefit Period (52 weeks):</td>
</tr>
<tr>
<td><strong>Paid Family &amp; Medical Leave (OR PFML)</strong></td>
<td>Job Protection is provided</td>
<td>Cost shared by Employer and Employee</td>
<td>Increments of leave: Benefits can be claimed for leave in increments that are equivalent to one work day or one work week (to be further defined in regulations). If a covered individual takes leave in increments that are equivalent to one work day, benefits may be claimed for leave that occurs in nonconsecutive periods of leave that, when combined, provide the minimum benefit amount. Benefit amounts must be:</td>
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<td>Who will be covered: Oregon Employees</td>
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<td>Maximum Annual Benefit: TBD</td>
<td>Up to twelve (12) weeks for any combination of Medical Leave Family Leave Bonding Safe Leave</td>
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<tr>
<td></td>
<td>Leave types:</td>
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<td>Maximum Weekly Benefit: TBD</td>
<td>Two (2) additional weeks available for limitations related to pregnancy, childbirth, or a related medical condition</td>
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<td>• Employee’s own serious health condition</td>
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<td>Minimum Weekly Benefit: TBD</td>
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<td>• Care of a seriously ill family member</td>
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<td>• New child bonding within 12 months of birth or placement</td>
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<td>• Safe Leave - covers victims of domestic violence</td>
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<td></td>
<td><strong>Qualifying family members:</strong></td>
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<tr>
<td></td>
<td>Spouse</td>
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<td>Domestic Partner</td>
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<td>Child</td>
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<td>Parent</td>
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<td>Grandparent</td>
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<td>Grandchild</td>
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<td>Sibling</td>
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<td>Any individual related by blood or affinity whose close relationship is the equivalent of a family relationship</td>
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<td>Note: The OFLA covers the non-serious health condition of a child, but the OR PFML program does not.</td>
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<td>STATE</td>
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<tr>
<td>PUERTO RICO</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. The Disability Benefits Law requires that the application be filed no later than (2) months following the beginning of the disability.</td>
<td>Annual Taxable Wage Base: <strong>$9,000</strong>&lt;br&gt;Employee Contribution Rate: (see below)&lt;br&gt;Maximum Annual Employee Contribution: <strong>$54.00</strong>&lt;br&gt;Employer Contribution Rate: shared (i.e., 0.2% Employee + 0.4% Employer, or 0.3% Employee + 0.3% Employer).</td>
<td>On the eighth (8th) consecutive day of Disability; or first day of hospitalization PR TDI RELAPSE PERIOD</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: <strong>$113</strong>&lt;br&gt;Maximum Annual Benefit: <strong>$2,936</strong>&lt;br&gt;Maximum Weekly Benefit: <strong>$55</strong> for Agricultural workers&lt;br&gt;Minimum Weekly Benefit: <strong>$12</strong>.</td>
<td>DISABILITY Twenty-six (26) weeks during 52 consecutive weeks</td>
</tr>
</tbody>
</table>

Department of Labor and Human Resources Unemployment Insurance Division<br>Edificio Prudencio Rivera Martínez, Piso 10 505 Ave. Munoz Rivera San Juan, PR 00918-3514

Or

Department of Labor and Human Resources Unemployment Insurance Division<br>P.O. Box 195540 San Juan, PR 00919-5540

787-625-7900

787-754-5353

**787-754-5824** call this number if going out on disability in Puerto Rico (Spanish Only)

www.trabajo.pr.gov
# 2020 Statutory Disability Insurance Matrix by State

**Effective January 1, 2020**

(Changes Are In Red)

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<td><strong>RHODE ISLAND</strong></td>
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<tr>
<td><strong>Temporary Disability (TDI)</strong></td>
<td>State administered State Temporary Disability Insurance (TDI) only. Initially Insured or Self-Insured Plans are NOT allowed. TDI provides benefit payments to insured RI workers for weeks of unemployment caused by temporary disability or injury. Claims must be filed within 90 days of the 1st week out of work due to Disability.</td>
<td><strong>As of 01/01/20</strong></td>
<td>Effective July 1, 2012: <strong>No Waiting Period</strong></td>
<td>4.62% of total highest quarter wages in base period. Earnings include overtime, vacation, sick leave pay, bonuses, and commissions and exclude Holiday pay if no services were performed. 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. Worked for subject Employer &amp; have medically certified disability.</td>
<td><strong>After 07/01/19:</strong> Maximum Weekly Benefit: $867 Maximum Annual Benefit: $26,010 Maximum Weekly Benefit Up to 5 Dependents: $1,170 Maximum Annual Benefit Up to 5 Dependents: $35,100 Minimum Weekly Benefit: $98 Maximum Dependents Allowance: Greater of $10 per dependent or 7% of the Weekly Benefit Rate (up to 5 deps.)</td>
<td>Maximum Duration of Benefit Period for: <strong>DISABILITY</strong> Thirty (30) weeks in any Benefit Year</td>
</tr>
<tr>
<td><strong>Note:</strong> Annual Changes are done in July. For Benefit Applications: Call (401) 462-8420 or apply online at: <a href="http://www.dlt.state.ri.us">www.dlt.state.ri.us</a> <a href="http://www.dlt.ri.gov/tdi">www.dlt.ri.gov/tdi</a></td>
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</table>

**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](http://www.dlt.state.ri.us) [www.dlt.ri.gov/tdi](http://www.dlt.ri.gov/tdi)

TDI benefits are not subject to Federal or State income taxes. No G-1099 form will be issued.

TDI withholdings from your earnings are deductible for Federal income tax reporting purposes.

For COVID-19 related claims, DLT will waive the seven-day minimum amount of time that EE must be out of work to qualify for TDI benefits.
### Rhode Island

**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](http://www.dlt.state.ri.us)

**Coverage Provided:**
- State administered State Temporary Caregiver Insurance (TCI) only.

Wage replacement benefits to EE’s 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.

Bonding claims may be requested only during the first 12 months or parenting. Proof of a parent-child relationship is required.

Applicants are responsible for obtaining the required medical documents from the Qualified Healthcare provider of the seriously ill family member/care recipient.

**Taxable Wage Base & Contribution Rate:**
- As of 01/01/20
  - Annual Taxable Wage Base: **$72,300**
  - Employee Contribution Rate: **1.3%** (of the 1st $72,300)
  - Maximum Annual Employee Contribution: **$939.90**

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.

**Waiting Period:**
- Must be out of work for 7 consecutive days but benefits can be paid from day one.

For COVID-19 related claims, DLT will waive the seven-day minimum amount of time that EE must be out of work to qualify for TCI benefits.

EE is required to provide the employer with 30-day notice, in writing, unless there are “unforeseeable circumstances”

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.

*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.*

**Weekly Statutory Benefit Rate**
- TCI provides a monetary benefit, not a leave entitlement.
- Monetary eligibility is determined the same as for TDI benefits. Claimant must have worked in RI and paid into the TDI fund. 4.62% of total highest quarter wages in base period.

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.

He/she must have worked for subject Employer & have provided information required on Application for Benefits Form (TDI-1).

**Minimum & Maximum Weekly Benefit Amount**
- After: 07/01/19
  - Maximum Weekly Benefit: **$867**
  - Maximum Annual Benefit: **$3,468**
  - Maximum Weekly Benefit Up to 5 Dependents: **$1,170**
  - Maximum Annual Benefit Up to 5 Dependents: **$4,680**
  - Minimum Weekly Benefit: **$98**
  - Maximum Dependents Allowance: Greater of $10 per dependent or 7% of the Weekly Benefit Rate

**Duration of Benefit Period**
- TCI Four (4) Weeks during a Benefit Year Period (52 weeks) (Will reduce the max. weeks of TDI)
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<th>STATE</th>
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<th>Taxable Wage Base &amp; Contribution Rate</th>
<th>Waiting Period</th>
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<td>Washington</td>
<td>State administered or a Voluntary Plan which must at least equal the provisions of the State Plan. VP may just cover medical leave, just family leave or both. Provides wage replacement benefits &amp; job protection for EE’s who take time away from work for: • EE’s own SHC • Care for a family member with a SHC. • Exigency Leave allows 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. Qualifying family members: 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, son-in-law and daughter-in-law. EE is required to provide the employer with 30-day notice, in writing, unless there are “unforeseeable circumstances”</td>
<td>Annual Taxable Wage Base for 2019: $132,900 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 and will increase to $137,700 in 2020) The premium rate for family leave benefits shall be equal to 1/3 of the total premium rate. The premium rate for medical leave benefits shall be equal to 2/3 of the total premium rate. 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 36.67%. Maximum Annual Employee Contribution: $531.60</td>
<td>A waiting period is the first (7) consecutive calendar days beginning w/the Sunday of the 1st day of leave. EE will satisfy WP requirement if they take at least (8) consecutive hours of leave during the 1st week of the EE’s claim. No waiting period required for Family Leave related to birth, adoption or placement of a child And effective June 11, 2020 leave because of any qualifying exigency. Only one (1) waiting period is required per claim year regardless of the number of qualifying events. 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. EE must use a minimum of (8) consecutive hour increments to qualify for benefits. Relapse Period thru 6/10/20: Successive periods of family &amp; 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. Effective June 11, 2020: Relapse Period requirement is removed.</td>
<td>WAPFML provides a monetary benefit. Monetary eligibility is determined the same for medical and family benefits. EE’s must work in WA and pay into the PFML fund. • If EE earns equal to or less than 1/2 State AWW (average weekly wage) EE will receive a benefit rate at 90% of AWW rounded down to nearest dollar. • If EE earns more than ½ State AWW will receive a benefit rate that is the sum of: 1. 90% of 1/2 of the State AWW; and 2. 50% of the difference of the EE’s AWW and ½ of the State AWW. Benefits will be paid as calculated to the cent rather than rounding down.</td>
<td>Effective: 01/01/20 Maximum Benefit is based on 2018 WA Average Annual Wage of $65,301/52 wks = $1,255 (2018 AWW): Maximum Weekly Benefit: $1,000 Maximum Annual Benefit: shall be based on the type of leave(s) taken by the EE within the same 52 week period. Minimum Weekly Benefit: $100</td>
<td>Maximum Duration of Benefit Period for a Claim Year (52 weeks): Medical Leave: Up to 12 weeks (14 if leave is needed for incapacity due to pregnancy-related condition) Family Leave: Up to 12 weeks Combined Medical &amp; Family Leave: Up to 16 weeks (18 weeks if leave is needed for incapacity due to pregnancy-related condition)</td>
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Changes are in red.