

2020 Statutory Disability Insurance Matrix by State Effective January 1, 2020
(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</p> <p>Disability dept. contact: ph# 800-480-3287</p> <p>PFL dept. contact: ph# is 877-238-4373</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>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.</p> <p>Qualifying family members include:</p> <p>child spouse parent parent-in-law grandparent grandchild sibling domestic partner</p>	<p>Voluntary Plan / SDI (rates include PFL)</p> <p>Annual Taxable Wage Base: \$122,909</p> <p>Employee Contribution Rate: 1.0%</p> <p>Maximum Annual Employee Contribution: \$1,229.09</p> <p>Employer Contribution Rate: Optional (May elect to pay all or part of employee amount.)</p>	<p>Disability: Seven (7) day Waiting Period; Benefits begin on the eighth (8th) Consecutive Day of Disability</p> <p>PFL: No waiting period</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>PFL may be taken intermittently</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: \$17,225</p> <p>State Average Weekly Wage (SAWW): \$1,325</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: \$1,300</p> <p>Maximum Annual DI Benefit: \$67,600</p> <p>Minimum Weekly Benefit: \$50</p> <p>Maximum Annual PFL Benefit for all claims with an effective start date of 1/1/20 – 6/30/20: \$7,800</p> <p>*Effective 7/1/20* For all claims with an effective start date of 7/1/20 or thereafter the Maximum Annual PFL Benefit is increased to: \$10,400</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 for all claims with an effective start date of 1/1/20 through 6/30/20</p> <p>*Effective 7/1/20* For claims with an effective start date of 7/1/20 or thereafter the Paid Family Leave Maximum Duration will increase to:</p> <p>Eight (8) weeks of benefits 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. See Forms and Documents - San Francisco Paid Parental Leave Calculator; 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: \$1,300</p> <p>SF PPL (30/40%): Maximum weekly rate: \$867</p> <p>Total (100%) combined between CA PFL & SF PPL: Maximum weekly total benefit: \$2,167</p>	<p>Maximum Duration of Benefits for SF PPL:</p> <p>Six (6) weeks in a Twelve (12) Month Period through 6/30/20</p> <p>*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:</p> <p>Eight (8) weeks of benefits.</p>

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<p>Connecticut:</p> <p>Connecticut Paid Family and Medical Leave (CT PFML)</p> <p>Effective 1/1/2022</p>	<p>Insured and self-insured private plans permitted</p> <p>Wage replacement benefits to EE's who take time away from work for:</p> <ol style="list-style-type: none"> Care for a family member with a SHC. Bond w/new child during first 12 months after birth, adoption or foster care placement. EE's own injury, illness or pregnancy. Military Exigency Serve as an organ donor. Address issues related to domestic violence if they are a victim or a family member who is victim of violence <p>Qualifying family members:</p> <ul style="list-style-type: none"> 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 	<p>Fully funded by employee payroll tax</p> <p>Funding begins 1/1/21</p> <p>Annual Taxable Wage Base: TBD</p> <p>Employee Contribution Rate: 0.5% of EE's wages (Premium withholdings are capped at the Social Security cap, which is updated annually. It is \$137,700 for 2020)</p>	<p>No Waiting Period is required.</p> <p>1 day intermittent leave permitted for care of a seriously ill family member or to serve as organ or bone marrow donor</p> <p>Employer must agree to intermittent leave for bonding/ placement</p> <p>EE is required to provide the employer with 30-day notice or as soon as practicable if unforeseeable</p>	<p>Wage replacement rate:</p> <p>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</p> <p>Overall benefit maximum of 60 times the Connecticut minimum wage (approximately \$780/week in 2022)</p>	<p>Maximum Weekly Benefit:</p> <p>Approximately \$780/week in 2022 and \$900 in 2023 (60x's the minimum wage)</p>	<p>Maximum Duration of Benefits for CT PFML in a Twelve (12) Month Period:</p> <p>Twelve (12) weeks</p> <p>Two (2) additional weeks allowed if medical leave is needed for pregnancy related disability for a combined annual maximum of Fourteen (14) weeks</p>

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<p>District of Columbia</p> <p>Paid Family & Medical Leave Effective 7/1/20 (DC PFL)</p> <p>General Contact Information for the Department of Employment Services (DOES) - Office of Paid Family Leave (OPFL):</p> <p>Mailing address: Office of Paid Family Leave 4058 Minnesota Avenue, NE, Suite 3700 Washington, DC 20019</p> <p>Ph# 202-899-3700 Email: does.opfl@dc.gov</p> <p>Websites: https://does.dc.gov/page/district-columbia-paid-family-leave https://dcpaidfamilyleave.dc.gov</p> <p>Employers and EE's will use an online portal to interact with OPFL and receive information.</p>	<p>State administered</p> <p>Insured Self-Insured Plans are NOT allowed.</p> <p>Wage replacement benefits to EE's who take time away from work for the following:</p> <ul style="list-style-type: none"> • EE's own serious health condition. • Care of a family member w/a serious health condition. • Bond w/a newborn, adopted, or foster child or placement of a child into their household that they legally assume & discharge parental responsibility over. <p>Qualifying Family Members:</p> <ul style="list-style-type: none"> • Biological, adopted, foster, or step child (including a child of a domestic partner); a legal ward; or someone that a worker acts as parent to; • Biological, foster, or adopted parent, a parent-in-law, a stepparent, a legal guardian, or other person who acted as a parent to the worker when the worker was a child; • A domestic partner or spouse; • A grandparent; or • A sibling. <p>Job Protection: The DC PFL does not provide job protection above & beyond that provided under FMLA and/or the DC FMLA</p>	<p>No EE contributions are required. DC PFL is fully funded by the DC covered Employers.</p> <p>Effective 4/1/19: 0.62% of annual salary employer payroll tax</p>	<p>Must be out of work for (7) consecutive days.</p> <p>Only one (1) waiting period is required within a 52 week period regardless of the number of qualifying events</p> <p>EE is eligible to receive DC PFL while working part-time.</p> <p>Monetary eligibility is determined the same for medical and family benefits. EE's are eligible if they work for a covered employer & 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.</p>	<p>DC PFL provides a monetary benefit.</p> <ul style="list-style-type: none"> • If EE's AWW is equal to or less than 150% of the District's Minimum Wage (DCMW) multiplied by 40, the EE's weekly benefit is 90% of the EE's AWW, or • If EE's AWW is greater than 150% of the DCMW multiplied by 40, the EE's weekly benefit is the sum of: 90% of 150% of DCMW multiplied by 40; and 50% of the amount by which the EE's AWW exceeds 150% of the DCMW multiplied by 40. <p>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.</p>	<p>Effective: 07/01/20</p> <p>Maximum Weekly Benefit: \$1,000</p> <p>Maximum Annual Benefit: shall be based on the type of leave(s) taken by the EE within the same 52 week period.</p> <p>Minimum Weekly Benefit: "DC does not have a Minimum weekly benefit"</p>	<p>Maximum Duration of Benefit Period during a Benefit Year Period (52 weeks):</p> <p>Medical Leave (EE's own SHC): Two (2) weeks</p> <p>Family Leave: Six (6) weeks</p> <p>Parental Leave: Eight (8) weeks</p> <p>Allows EE's to take up to a maximum of eight (8) weeks of paid leave within a 52 week period</p> <p>Leave may be taken intermittently in 1 day increments.</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: \$1,119.44</p> <p>Employee Contribution Rate: .5%</p> <p>Maximum Weekly Employee Contribution: \$5.60</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 \$650.</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: \$650</p> <p>Maximum Annual Benefit: \$16,900</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>Massachusetts</p> <p>Paid Family & Medical Leave (MA PFML) Effective 01/01/21</p> <p>* Phase 1 begins: 01/01/21 EE may take PFML benefits to bond w/a new child.</p> <p>Care for a family member who is a covered service member of armed forces.</p> <p>Care for EE's own SHC.</p> <p>* Phase 2 begins: 07/01.21 EE may take PFL to care for a family member w/a SHC.</p> <p>General Contact Information for the MA Department of Family and Medical Leave:</p> <p>Mailing address: One Ashburton Place - Floor 21 Boston, MA 02108</p> <p>Ph#: 617-626-6565</p> <p>Websites: www.mass.gov www.mass.gov/orgs/department-of-family-and-medical-leave</p>	<p>State administered or a Private 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.</p> <p>Wage replacement benefits to EE's who take time away from work for the following:</p> <ul style="list-style-type: none"> 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. <p>Qualifying family members:</p> <p>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</p>	<p>Annual Taxable Wage Base: \$132,900 for 2019.</p> <p>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)</p> <p>EE premium rate for family leave benefits is 100% of the total family leave contribution required for an individual.</p> <p>EE premium rate for medical leave benefits is 40% of the total medical leave contribution required for an individual.</p>	<p>Must be out of work for (7) consecutive days. The initial waiting period will count against total period of leave in a benefit year.</p> <p>No waiting period if Bonding leave immediately follows the maternity medical leave.</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 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.</p> <p>Relapse Period: Any extension of a claim will be limited to any period of paid family or medical leave the employee remains eligible for in the benefit year.</p>	<p>MA PFML provides a monetary benefit.</p> <p>Monetary eligibility is determined the same for medical and family benefits. Claimant must work in MA and pay into the PFML fund.</p> <p>Maximum benefit is calculated annually based on 64% of SAWW</p> <p>Weekly benefits will be calculated as follows:</p> <ul style="list-style-type: none"> 80% of the portion of the employee's AWW that is equal to or less than 50% of the SAWW <p>50% of the portion of the employee's AWW that is greater than 50% of the SAWW</p>	<p>Effective: 01/01/21</p> <p>Maximum Weekly Benefit: \$850</p>	<p>Maximum Duration of Benefit Period during a benefit year period (52 weeks) for:</p> <p>EE's Own Medical Leave: Twenty (20) Weeks</p> <p>Paid Family Leave for Bonding, Care of a family member, Military Exigency Leave: Twelve (12) Weeks</p> <p>Military Caregiver Leave: Up to twenty six (26) weeks</p> <p>Max length for combined Medical & Paid Family Leave benefits cannot exceed 26 weeks in a consecutive 52-week period.</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: \$134,900</p> <p>Employee DI Contribution Rate: 0.26%</p> <p>Maximum Annual Employee Contribution: \$350.74</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>*Effective 6/17/20 Partial Disability:</p> <ul style="list-style-type: none"> •ER has to agree. •EE must be totally disabled & then released to RTW •Benefits prorated based on disability earnings. •Max duration of partial disability is (8) weeks but cannot be extended to more than (12) weeks. 	<p>Effective 1/1/20 through 6/30/20: 66 2/3% of average weekly wage</p> <p>*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)</p> <p>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.</p> <p>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.</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 for claims with an effective start date of 1/1/20 through 6/30/20: \$667</p> <p>*Effective 7/1/20* For claims with an effective start date of 7/1/20 or thereafter the Maximum Weekly Benefit increases to: \$881</p> <p>Maximum Annual DI Benefit for claims with an effective start date of 1/1/20 – 6/30/20: \$17,342</p> <p>*Effective 7/1/20* For claims with an effective start date of 7/1/20 Max Annual DI Benefit increases to: \$22,906</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 (Separate Application is Required)</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</p> <p>http://lwd.dol.state.nj.gov/tdi/tdiindex.html</p>	<p>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.</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>Anti-retaliatory measures enacted 2/19/19</p> <p>EE may provide continuous or intermittent care for following leave types:</p> <ul style="list-style-type: none"> Care of a family member with a SHC Bond with a newborn, newly adopted or foster child. <p>Qualifying family members:</p> <p>Spouse, domestic partner, child, parent, siblings, grandparents, grandchildren, parents-in-law and the equivalent of a family member.</p> <p>Allows employees to receive NJ FLI for care of eligible family members who are victims of domestic and sexual violence.</p>	<p>Annual Taxable Wage Base: \$134,900</p> <p>Employee FLI Contribution Rate: 0.16%</p> <p>Maximum Annual Employee Contribution: \$215.84</p> <p>Employer Contribution Rate: 0%</p>	<p>Effective 2/19/19:</p> <p>No waiting period</p> <p>Benefit entitlement may be reduced by 14 days if claimant fails to provide 30 days' notice to employer prior to the leave.</p>	<p>Family Leave Insurance provides a monetary benefit</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 \$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.</p> <p>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.</p> <p>Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit.</p> <p>*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)</p>	<p>Maximum Weekly Benefit for claims with an effective start date of 1/1/20 through 6/30/20: \$667</p> <p>*Effective 7/1/20* For claims with an effective start date of 7/1/20 or thereafter the Maximum Weekly Benefit increases to: \$881</p> <p>Maximum Annual FLI Benefit for claims with an effective start date of 1/1/20 – 6/30/20: \$4,002</p> <p>*For claims with an effective start date of 7/1/20 the Maximum Annual FLI Benefit is: \$7,048</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 for claims with an effective start date of 1/1/20 through 6/30/20::</p> <ul style="list-style-type: none"> Six (6) consecutive weeks; or 42 intermittent days during a 12-month period beginning with the first date of the claim. <p>*For claims with an effective start date of 7/1/20:</p> <ul style="list-style-type: none"> Twelve (12) consecutive weeks; or 56 intermittent days during a 12-month period beginning with the first date of the claim. <p>Effective 2/19/19:</p> <p>Care for a family member who is a victim of domestic or sexual violence:</p> <p>20 days per year</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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<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>EE may provide care for a family member with a SHC or bond with a newborn, adopted child or foster child.</p> <p>Qualifying family members:</p> <p>Spouse Domestic Partner Child Parent Parent-in-law Grandparent Grandchild</p>	<p>The maximum Employee NYPFL Contribution % is:</p> <p>0.27% of the EE's average weekly wage</p> <p>(capped at NY's current NYAWW of \$1,401.17 = \$72,860.84 per year)</p> <p>2020 Maximum EE Contribution will be: \$196.72 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>NY PFL 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>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 2019 **NYSAWW of \$1,401.17:</p> <p>2018 = \$652.96 2019 = \$746.41 2020 = \$840.70 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:</p> <p>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>

2020 Statutory Disability Insurance Matrix by State Effective January 1, 2020
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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>Oregon</p> <p>Paid Family & Medical Leave (OR PFML)</p> <p>* Effective 01/01/23</p> <p>Oregon Employment Department 875 Union St. NE Salem, OR 97311</p> <p>OR PFML website: www.oregon.gov/Employment/PFML/Pages/default.aspx</p> <p>Contact for questions and comments regarding PFML: paidfamilyandmedicalleave@oregon.gov</p>	<p>State administered or Employers permitted to provide "Equivalent Plans"</p> <p>Job Protection is provided</p> <p>Who will be covered: Oregon Employees</p> <p>Leave types:</p> <ul style="list-style-type: none"> Employee's own serious health condition Care of a seriously ill family member New child bonding within 12 months of birth or placement Safe Leave -covers victims of domestic violence <p>Qualifying family members:</p> <p>Spouse Domestic Partner Child Parent Grandparent Grandchild Sibling Any individual related by blood or affinity whose close relationship is the equivalent of a family relationship</p> <p>Note: The OFLA covers the non-serious health condition of a child, but the OR PFML program does not.</p>	<p>State premium collection begins on 1/1/22</p> <p>Cost shared by Employee and Employer</p> <p>Program Funding: TBD, not to exceed 1% of EE wages, up to Social Security Taxable Wage Base. Shared by the employer (40%) and employee (60%)</p>	<p>No Waiting Period</p> <p>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:</p> <ul style="list-style-type: none"> Prorated to increments that are equivalent to one work day Paid in increments that are equivalent to one work week 	<p>Oregon PFML provides a monetary benefit.</p> <p>Maximum benefit is calculated annually based on % of SAWW</p> <p>Weekly benefits will be calculated as follows:</p> <ul style="list-style-type: none"> If the employee's average weekly wage (AWW) is equal to or less than 65% of the state's AWW, the employee's weekly benefit amount will be 100% of their AWW. If the employee's AWW is greater than 65% of the state's AWW, their weekly benefit amount is the sum of 65% of the state's AWW and 50% of the employee's AWW that is greater than 65% of the state's AWW. 	<p>Maximum Weekly Benefit: TBD</p> <p>Maximum Annual Benefit: TBD</p> <p>Maximum Weekly Benefit: TBD</p> <p>Minimum Weekly Benefit: TBD</p>	<p>Maximum Duration of Benefit Period (52 weeks):</p> <p>Up to twelve (12) weeks for any combination of Medical Leave Family Leave Bonding Safe Leave</p> <p>Two (2) additional weeks available for limitations related to pregnancy, childbirth, or a related medical condition</p>

2020 Statutory Disability Insurance Matrix by State Effective January 1, 2020
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<p>PUERTO RICO</p> <p>Department of Labor and Human Resources Unemployment Insurance Division Edificio Prudencio Rivera Martínez, Piso 10 505 Ave. Munoz Rivera San Juan, PR 00918-3514</p> <p>Or</p> <p>Department of Labor and Human Resources Unemployment Insurance Division P.O. Box 195540 San Juan, PR 00919-5540</p> <p>787-625-7900</p> <p>787-754-5353</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 Law requires that the application be filed no later than (2) 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>PR TDI RELAPSE PERIOD</p> <p>Same or related cause or condition separated by not more than (90) days is considered one continuous period of disability</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>

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

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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>Claims must be filed within 90 days of the 1st week out of work due to Disability.</p>	<p>As of 01/01/20</p> <p>Annual Taxable Wage Base: \$72,300</p> <p>Employee Contribution Rate: 1.3% (of the 1st \$72,300)</p> <p>Maximum Annual Employee Contribution: \$939.90</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 07/01/19:</p> <p>Maximum Weekly Benefit: \$867</p> <p>Maximum Annual Benefit: \$26,010</p> <p>Maximum Weekly Benefit Up to 5 Dependents: \$1,170</p> <p>Maximum Annual Benefit Up to 5 Dependents: \$35,100</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 deps.)</p>	<p>Maximum Duration of Benefit Period for:</p> <p>DISABILITY Thirty (30) weeks in any Benefit Year</p>

2020 Statutory Disability Insurance Matrix by State Effective January 1, 2020
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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 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.</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 01/01/20</p> <p>Annual Taxable Wage Base: \$72,300</p> <p>Employee Contribution Rate: 1.3% (of the 1st \$72,300)</p> <p>Maximum Annual Employee Contribution: \$939.90</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: 07/01/19</p> <p>Maximum Weekly Benefit: \$867</p> <p>Maximum Annual Benefit: \$3,468</p> <p>Maximum Weekly Benefit Up to 5 Dependents: \$1,170</p> <p>Maximum Annual Benefit Up to 5 Dependents: \$4,680</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>

2020 Statutory Disability Insurance Matrix by State Effective January 1, 2020
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<p align="center">Washington</p> <p>Paid Family & Medical Leave (WAPFML) Effective 01.01.20</p> <p>Employment Security Department Washington State Paid Family and Medical Leave Care Center PO Box 19020 Olympia, WA 98507-0020</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. VP may just cover medical leave, just family leave or both.</p> <p>Provides wage replacement benefits & job protection for EE's who take time away from work for:</p> <ul style="list-style-type: none"> 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. <p>Qualifying family members:</p> <p>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.</p> <p>EE is required to provide the employer with 30-day notice, in writing, unless there are "unforeseeable circumstances"</p>	<p>Annual Taxable Wage Base for 2019: \$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 and will increase to \$137,700 in 2020)</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>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.</p> <p>Only one (1) waiting period is required per claim year regardless of the number of qualifying events.</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. EE's must work in WA and pay into the PFML fund.</p> <ul style="list-style-type: none"> 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: <ol style="list-style-type: none"> 90% of AWW of 1/2 of the State AWW; and 50% of the difference of the EE's AWW and ½ of the State AWW. <p>Benefits will be paid as calculated to the cent rather than rounding down.</p>	<p>Effective: 01/01/20</p> <p>Benefit Maximum is based on 2018 WA Average Annual Wage of \$65,301/52 wks = \$1,255 (2018 AWW):</p> <p>Maximum Weekly Benefit: \$1,000</p> <p>Maximum Annual Benefit: shall be based on the type of leave(s) taken by the EE within the same 52 week period.</p> <p>Minimum Weekly Benefit: \$100</p>	<p>Maximum Duration of Benefit Period for a Claim Year (52 weeks):</p> <p>Medical Leave: Up to 12 weeks (14 if leave is needed for incapacity due to pregnancy-related condition)</p> <p>Family Leave: Up to 12 weeks</p> <p>Combined Medical & Family Leave: Up to 16 weeks (18 if leave is needed for incapacity due to pregnancy-related condition)</p>

2020 Statutory Disability Insurance Matrix by State Effective January 1, 2020
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