

MEMO TO: PFL - State Paid Family Leave Claimants (SDF)

FROM: Personnel Department

SUBJECT: Processing PFL (SDF) Claim Form

In order to help with rapid processing of your PFL (SDF) claim, please read this memo carefully and follow directions listed below:

General Information

- PFL (SDF) benefits begin on the eighth day of a disability of a covered family member or bonding with employee's new child, the new child of a spouse or domestic partner, or to bond with a newly placed foster or adopted child.
- Claim forms for PFL (SDF) are available from your department payroll clerk, your doctor's office, or the Employment Development Department.
- The claim form has four parts: Statement of Claimant (employee), Bonding Certification (if applicable), Statement of Care Recipient (eligible family member), and Doctor's Certification (eligible family member's physician). Application must be filled in completely or benefit payments may be delayed.

Completing the Claim Form

Claimants should pay particular attention to questions #A9 and #A21 on the PFL (SDF) Claim Form.

Questions #A9

Give complete information as illustrated in the example below:

<u>Employer's Business Name:</u>	Stanislaus County
<u>Employer's Business Address:</u>	Your Department Name Your Department Address Attention: Payroll Clerk

Response to State inquiries will be more quickly processed if they are directed to the appropriate person initially.

In addition to applying for SDF you must apply for Family Medical Leave. While on FMLA you are required to supplement SDF benefits with any accrued leave benefits.

There are several advantages to supplementing PFL (SDF) benefits with accrued sick, vacation, holiday or comp. time:

- 1) A claimant receives a full paycheck (through a combination of accrued time usage and PFL (SDF) payments) if employee had sufficient accrued time available.
- 2) Claimant continues to accrue sick, vacation and holiday time at the normal rate.
- 3) County sponsored premiums for employee medical, dental and vision benefits are paid by the County as long as the employee continues on FMLA and or paid leave of absence.

Question #A21

Please note this question reads, "Has or will your employer continue your pay by means of sick leave, pension, gift or other means?"

Claimants wishing to supplement PFL (SDF) with accrued time should mark "Yes" and write - "supplement PFL (SDF) only" in space by this question.

Claimants' marking "Yes" alone will have their claims denied by PFL (SDF), as this answer implies that there will be no wage loss.

Claimants' marking "No" will receive PFL (SDF) benefit payments alone once FMLA exhausts. The County will not use any accrued time such as sick leave, vacation, holiday or comp. and will not pay for medical, dental and vision insurance premiums.

Do you wish to request that your department head approve supplementing PFL (SDF) benefits with any or all time accrued? (Indicate below)

_____ Yes

_____ No

If you mark "Yes your accrued benefits will be used in the following order unless otherwise specified - sick leave, comp. time, vacation, holiday.

Signature

Date

Department

This form should be given to your department payroll clerk. Your signature above indicates that you have read this form, as well as notified your payroll clerk, about your desire to supplement PFL (SDF) benefits. Your payroll clerk will be able to protect your coverage under this plan and provide necessary information to the State.

There are several advantages to supplementing PFL (SDF) benefits with accrued sick, vacation, holiday or comp. time:

- 1) Claimant receives a full paycheck (through a combination of accrued time usage and PFL (SDF) payments) if employee has sufficient accrued time available.
- 2) Claimant continues to accrue sick, vacation and holiday time at the normal rate.
- 3) County sponsored premiums for employee medical, dental and vision benefits are paid by the County as long as the employee continues on FMLA and or paid leave of absence.
- 4) Disability payments are non-taxable.
- 5) If an employee has not attained the 5th step of his/her classification, the review date will be extended by the amount of time that the employee is on an unpaid leave, if the unpaid leave is over half a month. This also applies to vacation accruals, if the employee is not at the highest vacation accrual rate.

MEMO TO: _____
Department Payroll

DATE: _____

FROM: _____
Employee

SUBJECT: WAIVER OF PFL (SDF) BENEFITS

I have read the above advantages of filing for State Paid Family Leave and I hereby waive my right to apply for PFL (SDF) coverage for the following period:

_____ through _____

Employee Signature

PFL (SDF)

- PFL (SDF) pays by calendar days (7 days a week)
- Disability begins on the 8th day of the disability. Full sick time will be used for the work time missed within the first 7 days.

Information Supplied by Employee to Department Payroll Clerk:

- A sick slip with date of disability. (Date of return can be filled in later.)
- Medical certification with date of disability
- A signed PFL (SDF) Request Form indicating the desire to supplement PFL (SDF) payments with accrued benefit time (sick, vacation, comp., holiday). (See advantages to filing.)
- If employee declines to supplement PFL (SDF) payments with accrued benefit time, a waiver must be signed indicating that his/her benefits have been explained to them and they waive the right to file. (See attached sample.)
- Copies of PFL (SDF) check stubs must be sent to payroll clerk as soon as they are received.
- Any changes to date of disability.

Coordinating Benefits:

- Employees who return to work on a part-time basis (e.g., 4.5 hrs/day) will be paid for actual hours worked only. Coordination of benefits will not continue.
- When an employee exhausts all allowable benefit time, the department needs to be notified so that the employee can be put on an unpaid LOA and notified of the medical, dental and vision insurance obligation. The premium is payable by the 1st pay date following the pay period in which the employee exhausts his/her accrued benefits time.