



SELF-INSURED PAID FAMILY LEAVE Standard Operating Procedure

Amended Effective January 1, 2015

Certain classified employees (not covered by SDI, which has its own Paid Family Leave Benefit) at City College of San Francisco are eligible for the Self-Insured Paid Family Leave.

I. Definitions

- A. “Calendar quarter” means a period of three consecutive months commencing with the first day of January, April, July, or October.
- B. “Care provider” means the family member who is providing the required care or bonding.
- C. “Care recipient” means either the family member as defined in these definitions, who is receiving care for a serious health condition, or the child with whom the claimant is bonding.
- D. “Care recipient period” means all periods of Family Leave that an employee takes within a 12-month period to care for the same care recipient.
- E. “Child” means a biological, adopted, or foster son or daughter, a stepson, a stepdaughter, a legal ward, a son or daughter of a domestic partner, or the person to whom the employee stands in loco parentis. This definition of a child is applicable regardless of age or dependency status.
- F. “Disability benefit period,” for purposes of Family Leave Benefits, means the period of unemployment beginning with the first day an employee establishes a valid claim for Family Leave to care for a seriously ill family member, or to bond with a new minor child during the first year after the birth or placement of the child in connection with foster care or adoption.

Periods of Family Leave for the same care recipient within a 12-month period will be considered one disability benefit period.

Periods of disability for pregnancy and periods of Family Leave for bonding associated with the birth of that child will be considered one disability benefit period.

- G. “Domestic partner” has the same meaning as defined in Section 297 of the California Family Code.
- H. “Employer” means the City College of San Francisco District .

- I. “Family Leave” means either of the following:
 - 1. Leave to bond with a new minor child within the first year of the child’s birth or placement in connection with foster care or adoption.
 - 2. Leave to care for a child, parent, spouse, or domestic partner who has a serious health condition.
- J. “Family member” means child, parent, spouse, or domestic partner as defined in these definitions.
- K. “Paid Family Leave” or “PFL” means the program that provides up to six weeks of wage replacement to workers who take time off to care for a seriously ill child, spouse, parent, registered domestic partner, or to bond with a new child.
- L. “Parent” means a biological, foster, or adoptive parent, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child. This term does not include a parent-in-law.
- M. “Plan” means the benefit payment plan described in this document.
- N. “Physician” includes physicians and surgeons holding an M.D. or D.O. degree, psychologists, optometrists, dentists, podiatrists, and chiropractic practitioners licensed by California state law and within the scope of their practice as defined by California state law. “Psychologist” means a licensed psychologist with a doctoral degree in psychology, or a doctoral degree deemed equivalent for licensure by the Board of Psychology pursuant to Section 2914 of the Business and Professions Code, and who either has at least two years of clinical experience in a recognized health setting or has met the standards of the National Register of the Health Service Providers in Psychology.
- O. “Practitioner” means a person duly licensed or certified in California acting within the scope of his or her license or certification who is a dentist, podiatrist, or as to normal pregnancy or childbirth, a midwife, nurse midwife, or nurse practitioner.
- P. “Serious health condition” means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or supervision by a health care provider, as defined in Section 12945.2 of the California Government Code.
- Q. “Spouse” means a partner to a lawful marriage.
- R. “State Plan” means the benefits payable from the State Disability Fund pursuant to Part 2 of Division 1 of the California Unemployment Insurance Code (CUIC).
- S. “Termination of the employer-employee relationship” means that employment ceases with no mutual expectation or intention to continue the employment relationship. Reasons for termination of the employer-employee relationship include, but are not limited to, separation, dismissal, resignation, and retirement.

- T. "12-month period" means the 365 consecutive days that begin with the first day an employee first establishes a valid claim for Family Leave Benefit
- U. "Weekly Wages" means the employee's annual salary divided by the number of work days scheduled annually times five (5).

II. Coverage

A. Eligibility

Certain classified employees (not covered by SDI, which has its own Paid Family Leave Benefit) at City College of San Francisco are eligible for the Self-Insured Paid Family Leave.

B. Effective Date of Coverage

An individual in a covered class of employment on the effective date of this Plan is immediately eligible for coverage. New employees in a covered class will become eligible on the date of employment.

C. Termination of Family Leave Benefit Coverage

1. Family Leave Benefit coverage may be terminated prior to the commencement of a period of Family Leave by any one of the following conditions:
 - a. Termination of the plan by the EMPLOYER.
 - b. At midnight of the date of termination of the Employer/employee relationship.
 - c. Unpaid leave of absence or layoff (with no definite return to work date given by the Employer) if it extends to 15 full days before the period of Family Leave benefit commences. Note: A layoff, with no definite return to work date, shall be considered a termination of the Employer/employee relationship.
2. Family Leave Benefit coverage shall not be terminated under any of the following conditions:
 - a. When a covered employee receives "Wages," from the employer during a leave of absence or layoff. Coverage shall not be terminated until 15 full days after the last day for which wages were paid before the period of Family Leave commences. Exception: This shall not apply where the Employer-employee relationship has been terminated.

The plan is not liable for a Family Leave Benefit claim that was not established before the 15th full day of an unpaid leave of absence or layoff.

- b. When a covered employee begins a period of Family Leave after leaving work due to a trade dispute. Coverage shall not be terminated as long as the trade dispute is in active progress.
- c. When a covered employee becomes disabled due to pregnancy and begins a period of Family Leave to bond with that child. Coverage shall not be terminated at any time during the disability benefit period.

III. Contributions

Employees covered under the Plan shall make contributions to the Plan in an amount equal to the contribution rate established by the City College of San Francisco District. Employees will be notified of the Plan contribution rate for the next year no later than December 31st of each year.

IV. Eligibility for Benefits

A. Family Leave Benefit Waiting Period

1. For each benefit period, the claimant will serve a seven (7) -day, non-payable waiting period. Paid Family Leave benefits will begin on the eighth (8th) day of Family Leave
2. Periods of Family Leave for the same care recipient within a 12-month period are considered one disability benefit period and, therefore, require only one waiting period.
3. Periods of disability for pregnancy and periods of Paid Family Leave for bonding associated with the birth of that child are considered one disability benefit period for the mother and, therefore, require only one waiting period.

B. Family Leave Benefit Determination

1. A covered employee may be eligible for benefits if he or she is unable to perform his or her regular or customary work because he or she is providing care to a seriously ill family member or bonding with a new minor child. Family Leave Benefit for bonding claims is limited to the first year after the birth, adoption, or foster care placement of the child.

a. Providing Care to a Seriously Ill Family Member

The medical eligibility of the serious health condition of the family member that warrants the care of the employee must be established by a certificate from a physician or practitioner. The information provided must be within the physician's knowledge and must be based on a

physical examination and documented medical history of the family member.

The claim must contain all of the following information:

1) Care Provider Certification

- a) The claimant's legal name, social security number, date of birth, gender, mailing address, last day worked, reason why he or she is no longer working at his or her last job, and occupation.
- b) The date upon which he or she requests benefits to begin.
- c) The claimant's relationship to the care recipient.
- d) The care recipient's legal name.
- e) A statement attesting to whether any other family member is ready, willing, able, and available to provide care for the same period of time in a day.

2) Care Recipient Certification

- a) The care recipient's legal name, social security number, if issued, (absence of the social security number will not disqualify the claimant), date of birth, gender, and residence address.
- b) The care recipient's signature authorizing the treating physician or practitioner to release the care recipient's protected health information to the employer and the claimant.

3) Medical Certification

- a) The name and date of birth of the care recipient.
- b) A diagnosis and diagnostic code prescribed in the International Classification of Diseases, or where no diagnosis has been obtained, a detailed statement of symptoms.
- c) The date, if known, on which the condition of the care recipient commenced.
- d) The probable duration of the care recipient's condition.
- e) An estimate of the amount of time that the care provider is needed to care for the care recipient.
- f) A statement that the care recipient's serious health condition warrants the participation of the claimant to provide care for the care recipient. "Warrants the participation of the employee"

includes, but is not limited to, providing psychological comfort and arranging “third party” care for the care recipient, as well as directly providing or participating in medical care.

- g) A statement regarding whether disclosure of the physician’s or practitioner’s certificate would be medically or psychologically detrimental to the care recipient.
- h) The physician’s or practitioner’s name, address, license number, and signature.

If a family member in good faith adheres to the teachings of a bona fide church, sect, denomination, or organization, and depends entirely upon prayer or spiritual means for healing, the family member’s serious health condition may be supported by a certificate from a duly authorized and accredited practitioner of such church, sect, denomination, or organization. Such certificate must contain a certification of the care recipient’s serious health condition that warrants the care of the employee and the estimated duration of the serious health condition.

b. Bonding with a New Minor Child

Family Leave Benefit eligibility for bonding is limited to the first year after the birth, adoption, or foster care placement of the child.

A covered employee may be eligible for Family Leave benefits if he or she files a claim and supporting documentation that provides satisfactory evidence of the birth, adoption, or foster care placement of the child and that verifies the relationship of the claimant to the child. The supporting documentation must contain the following:

- 1) The new child’s relationship to the claimant, legal name, date of birth, gender, residence address, and, if available, social security number. Absence of the social security number shall not disqualify the claimant.
- 2) The date of foster care or adoption placement of the new minor child with the claimant.
- 3) The claimant’s signature.
- 4) For maternal, paternal, or registered domestic partners, any of the following documents are acceptable to verify the child’s birth:
 - a) A photocopy of the child’s certified birth certificate.
 - b) A photocopy of the completed hospital or birthing center documents attesting to the birth of the child.

- c) A letter from the birthing center's or hospital's Director of Medical Records or his or her designate containing the child's full name, gender, and date of birth, the full name of the mother, full name of the father, if known, or registered domestic partner, and a dated signature of the treating physician, practitioner, midwife, or Director of Medical Records.
 - d) For paternal non-spouse bonding claims, where the individual is not named on a document listed above, a photocopy of California Department of Child Support Services form *Declaration of Paternity*, CS-909, revision 5/02 or its subsequent revision.
- 5) Verification of the adoption of a child, which includes a photocopy of any of the following documents:
- a) Department of Social Services form *Notice of Placement*, AD-907, revision 6/01, or its subsequent revision.
 - b) Department of Social Services form *Independent Adoption Placement Agreement*, AD-924, revision 7/02, or its subsequent revision.
 - c) A conformed copy of a court order of placement for adoption issued within the United States.
 - d) The child's passport clearly showing an Immigration and Naturalization Services (INS) stamp I-551.
 - e) The child's adoption certificate from a foreign country's competent local authority with a notarized English translation.
- 6) Verification of foster care placement, which includes any of the following documents:
- a) A photocopy of the Department of Social Services form *Approval of Paid Family Leave giver Home*, SOC-815, revision 11/02, or its subsequent revision.
 - b) A statement on letterhead from the county Department of Social Services or equivalent government entity stating all of the following:
 - (1) The child's full name, gender, date of birth, and social security number, if issued. (Absence of the social security number shall not disqualify the claimant.)
 - (2) The resident address where the child is placed.
 - (3) The date of foster care placement, including the length of the placement if duration has been established.

- (4) The full name(s) of the person(s) with whom the foster care placement is made, including such person's social security account number(s), if available.
- (5) The residence address; date of birth; and the social worker's dated signature, typewritten name, and direct telephone number.

V. Family Leave Benefit Continued and Re-established Claims

A. Continued Claims

A Family Leave Benefit continued claim is a claim for the same care recipient within the same 12-month period, subsequent to the first or re-established claim where there is no interruption of the period for which benefits are claimed. A continued claim does not require a waiting period.

B. Family Leave Benefit Re-established Claims

A Family Leave BENEFIT re-established claim is a claim filed subsequent to a first claim within the same 12-month period. A re-established claim occurs when there is one of the following:

1. An interruption of the period for which benefits are claimed for the same care recipient, for which a new waiting period is not required, or
2. Benefits are claimed for a new care recipient, for which a new waiting period is required.

VI. Benefit Reduction Under this Plan

Benefits payable under this Plan shall be offset with any Paid Family Leave benefits the employee receives under any State Disability Plan.

VII. Exclusions

1. An employee who is entitled to leave under the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) must establish his or her Family Leave Family Leave Benefit claim concurrent with leave taken under those laws.
2. No Family Leave benefits are payable under the following conditions:
 - a. For any period for which the employee is eligible for unemployment insurance in this or any other state or the federal government.
 - b. For any days for which the employee receives wages. However, wages plus benefits may be paid in an amount which does not exceed the employee's regular weekly wage, exclusive of overtime, immediately prior to the commencement of the Paid Family Leave.

“Weekly Wages” includes paid time off (or any non-specific leave provided by the employer) if it is used for purposes of Paid Family Leave.

- c. For any period for which benefits are payable under a workers’ compensation or employer liability law of this or any other state, or for the federal government, for temporary disability in an amount equal to or in excess of the Family Leave weekly benefit amount for this Plan.

Note: Family Leave benefits are payable for any difference between the Family Leave weekly benefit amount and the temporary disability weekly benefit amount.

- 1) An employee may supplement a vocational rehabilitation maintenance allowance with permanent disability advances to receive benefits equal to his or her temporary disability amount. In such cases, Family Leave benefits are payable for any difference between the combined total workers’ compensation benefit and the Family Leave weekly benefit amount.
- 2) An employee who chooses not to draw available permanent disability advances to supplement vocational rehabilitation maintenance allowance up to the temporary disability rate is not eligible for Family Leave benefits.
- 3) If permanent disability advances are not available, Family Leave benefits may be paid for the difference between the maintenance allowance and the Family Leave weekly benefit amount.

Note: Permanent disability advances alone (i.e., not paid as a supplement to a maintenance allowance) are not in conflict with Family Leave benefits.

- d. For any period for which benefits are payable under a disability insurance act of this state or any other state, or any company plan established in lieu of a state plan.
- e. For the same period of time in a day for which another family member is ready, willing, able, and available to provide the required care.

VIII. Weekly and Maximum Benefit Amounts

A. Weekly Benefit Amount

The weekly benefit amount will be equal to 55% of Weekly Wages up to the maximum benefit that is announced by the Employment Development Department, State of California, for the year in which the period of Family Leave commences. Except that Paid Family Leave taken by the biological mother of the New Child shall be paid using the Employee’s Wages that were the basis for computing the pregnancy disability claim.

For each day of a period of Paid Family Leave that is less than a full week, one-seventh (1/7th) of the weekly benefit amount will be paid.

B. Maximum Benefit Amount

The maximum benefit duration is 6 weeks within a 12 month period.

IX. Redirection of Benefits

An eligible claimant may choose to redirect a portion of his or her weekly benefit to cover all or part of the cost of employee-paid benefits. If so, the claimant must designate in writing, on a form available from the employer, the weekly amount to be redirected. This redirection may be initiated at the time the claimant applies for Plan benefits or at any time while receiving Plan benefits. The claimant may terminate or change the terms of the redirection of benefits at any time while receiving Plan benefits.

X. Overpayments

The claimant will be required to repay any overpayment from the Plan. The employer will make reasonable arrangements with the claimant or his or her legal representative(s) for the repayment to the Plan, including but not limited to the reduction of future benefits under the Plan or the reduction of future pay from the employer.

XI. Appeals

A. Appeal of Denial of Family Leave Benefits

1. Represented employees will be provided with the normal and customary grievance process identified in their collective bargaining agreement.
2. Unrepresented employees' first recourse should be directed to the Director of Human Resources.
The final and determinative recourse should be directed to the Vice Chancellor of Finance and Administration.

B. Payment of Benefits Pending Appeal

Benefits will not be paid until a claim has been approved. If a claim is initially denied and subsequently approved during an appeal process, retroactive benefits will be paid upon approval.

XII. Claims

To claim benefits under this Plan, telephone the Claims Administrator at (800) 444-9995. A claim must be filed no later than the 45th compensable day of Family Leave, but an extension will be granted for showing of good cause for late filing.

XIII. Other Requirements

A. Withdrawal of Plan

1. This Plan will continue in effect for a period of one year from the effective date and continuously thereafter, subject to approval of the Employer. Termination will be effective only on the anniversary of the effective date of the Plan.

XIV. Compliance

The employer guarantees that no employee will be excluded or restricted from this Plan due to age, sex, income, or pre-existing health condition.