What is FMLA: The Family and Medical Leave Act of 1993 (FMLA) is a federal law requiring covered employers to provide employees job-protected and unpaid leave for qualified medical and family reasons. Qualified medical and family reasons include: personal or family illness, family military leave, pregnancy, adoption, or the foster care placement of a child.

What is STD: Short-term disability (STD) insurance pays a percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period due to sickness or injury (excluding on-the-job injuries, which are covered by workers' compensation insurance).

What is PFL: Employers are to provide job protected paid leave under NY Paid Family Leave (PFL) to eligible employees as part of the state's already-existing temporary disability insurance program for qualified medical or family reasons which include: family military leave, birth of a child, family illness, adoption or the foster care placement of a child. (Not for personal illness or injury.)
Let’s determine which is for you....

You have a situation that requires you to be out of work, either due to you or a family members’ serious health condition. “What are my options?”

**FMLA:** Under FMLA you can get up to 12 weeks of unpaid, job protected time off from work. To be eligible you must have worked for RFMH for at least 12 months and worked a minimum of 1,250 hours in that 12-month period. You will be responsible to pay your employee portion of your benefits while out on FMLA. You can request to use your accrued time to supplement your income while out of work. However, it is not required. Some examples of “Qualifying Events”;

- Birth of a child/bonding with a child within the first 12 months of the child’s birth. This applies to a Mother and a Father and must be taken in a continuous block of time.
- Placement of a child for adoption/foster care within 1 year of adoption or placement
- Your serious health condition which renders you unable to work at all or unable to perform the essential functions of your job. Must be absent for medical treatment.
- To care for a “family member” with a serious health condition.
- Military deployment of a spouse, son, daughter or parent.
- To care for an injured or ill service member: Spouse, son, daughter or parent.

**PFL:** Became effective January 1, 2018 in NYS. You may be eligible for partial paid time off. To be eligible, you must have worked at least 20 hours a week for 26 consecutive weeks. If you work less than 20 hours a week, you must have worked 52 weeks. Some examples of “Qualifying Events”: *(Update: as of January 1, 2024 up to 67% of your wages for a maximum of 12 weeks)*

- Bonding with a child within the first 12 months of the child’s birth. (applies to a Mother and a Father)
- To Provide care for a “family member” with a serious health condition.
- Military deployment of a spouse, son, daughter or parent

**STD:** Short-term Disability is payment to you while you are out of work for your own personal illness or injury which is not work related, in the amount of 50% of your wages or a maximum of $170 – whichever is less, for a maximum of 26 weeks. There is a 1 week (7 calendar day) waiting period while you are out. Payments are calculated starting your 8th day out of work. Some examples of “Qualifying Events”;

- Birth of a child
- Pregnancy bed rest, medical complications during pregnancy where your doctor deems you unfit to work
- Off the job injuries or illness

**FMLA:** (Family member as defined under FMLA: Spouse, *child or **parent)  
*Child = biological, adopted, foster, step, legal ward  
**Parent = biological, adoptive, step, foster or anyone who stood in loco parentis

**PFL:** (Family member as defined under PFL: Spouse, domestic partner, child, *parent, grandparent, grandchild, **sibling)  
*Parent = Biological, foster, adoptive, parental in-law, step, legal guardian, anyone who stood in loco parentis while you were a child  
**Sibling = biological or adopted siblings, half siblings and step siblings
Now that you know what FMLA, PFL and STD are, determine which one(s) fits your situation.

<table>
<thead>
<tr>
<th>Assuming you meet eligibility requirements for one or more leave benefits.</th>
<th>FMLA</th>
<th>PFL</th>
<th>STD</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are sick/injured &amp; require more than 1 week out of work for recovery and/or medical treatment(s)</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>You gave birth to a baby</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>You are having medical complications during/after pregnancy and need to be taken/kept out of work</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Your spouse gave birth, you adopted or fostering a child</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Your Spouse, Child or Parent has a serious health condition and you need to care for them</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Your “Family Member” has a serious health condition and you need to care for them</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Your Spouse, Child or Parent has military deployment</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Your Domestic Partner, Mother/Father In-law, Step Parent, Adoptive Parent, Legal Guardian, Foster Parent has military deployment</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

See “Family Member” definition per FMLA/PFL on page 2
<table>
<thead>
<tr>
<th><strong>Family Medical Leave Act</strong> <em>(Unpaid Job Protection)</em></th>
<th><strong>Paid Family Leave</strong> <em>(Partial Paid Leave)</em></th>
<th><strong>Short Term Disability</strong> <em>(Partial Income Replacement)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility</strong></td>
<td>Worked 26 weeks and no less than 20 hours a week or 52 weeks working less than 20 hours a week.</td>
<td>You must have completed 4 consecutive weeks of employment. Experiencing a serious medical condition certified by a physician.</td>
</tr>
<tr>
<td><strong>Limitations</strong></td>
<td>Must fit into the FMLA guidelines for eligibility. Use of paid time may not extend the length of FMLA, but you can use paid time off, disability, workers comp or PFL to supplement income.</td>
<td>Cannot be used with PFL. If you use accruals while on STD payment of up to the maximum $170 will be made to RFMH. You cannot collect payment from PFL and/or RFMH and receive payments from STD. An employee’s combined total disability leave and Paid Family Leave in any 52-week period may not exceed 26 weeks. (i.e. if an employee has maxed out the 26 week disability leave entitlement, the employee may not take family leave during that same 52 week period). Can run concurrently with FMLA.</td>
</tr>
<tr>
<td><strong>Maximum Benefit</strong> <em>(UPDATED)</em></td>
<td>12 weeks in a 12 month period measured forward from the date of your first FMLA leave usage.</td>
<td>50% of wages up to a maximum of $170 weekly, whichever is less for 26 weeks (6 months) during 52 consecutive weeks.</td>
</tr>
<tr>
<td><strong>Process</strong></td>
<td>Request for FMLA are submitted in writing to your local Human Resources department 30 days in advance in writing of the need for leave indicating the reason for the leave and the requested/required duration. Employee request must indicate if the leave is without pay, or with pay by applying leave accruals.</td>
<td>You must notify your employer as soon as you know you will need to be out of work for an extended period lasting more than 1 week. You will need to complete the disability claim form.</td>
</tr>
<tr>
<td><strong>Determination</strong></td>
<td>Made by the employer. Must meet all applicable requirements set forth by FMLA. You will be notified in writing of the determination.</td>
<td>Made by the insurance carrier.</td>
</tr>
<tr>
<td><strong>Use of Accruals</strong></td>
<td>Maximum of 15 days sick used for “Family Member”. All accrued time allowed with supervisor approval. Use of accruals does not delay the start or extend leave</td>
<td>All accrued time allowed with supervisor approval. Cannot be used to supplement income. Use of accruals does not delay the start or extend leave</td>
</tr>
</tbody>
</table>
### Employee Responsibilities

| **Family Medical Leave Act**  
(Unpaid Job Protection) | **Paid Family Leave**  
(Partial Paid Leave) | **Short Term Disability**  
(Partial Income Disability) |
|------------------------|----------------------|-----------------------------|
| **Employment/Return to work** | If leave is foreseeable, the employee is required to give at least 30 days' advance written notice. If you learn of the need for leave less than 30 days in advance, you must notify your supervisor and HR as soon as possible.  
Give a clear expected return date and maintain communication with your supervisor and HR.  
Obtain a return to work note from your doctor prior to returning.  
Update and submit timecards while out indicating what accruals are to be applied or LWOP.  
You must follow the usual notice or call in procedures.  
Keep timecards current | If leave is foreseeable, the employee is required to give at least 30 days' advance written notice to their employer. This is done by completing the appropriate claim form and submitting a copy to HR. If you learn of the need for leave less than 30 days in advance, you must notify your supervisor and HR as soon as possible. The carrier may and can deny all or partial benefits for late notice of foreseeable needs for leave.  
Complete the appropriate claim form that applies to your situation and submit to the carrier (fax 800-230-9531) for approval which can be found by clicking on one of the links below: OriskanyMetlife@metlife.com  
**Bonding with a child**  
**Care for a family member**  
**Military**  
Notify HR and the carrier of any and all changes to your requested/approved leave  
Update and submit timecards while out indicating what accruals are to be applied or LWOP prior to the period end date. | File claim with your employer, using form DB-450.  
File your claim within 30 days after you become disabled. If you file late, you will not be paid for any disability period more than two weeks before the claim is filed. No benefits will be paid if you file more than 26 weeks after your disability begins. You must be under the care of a physician, chiropractor, podiatrist, psychologist, dentist, or certified nurse midwife to qualify for benefits.  
Your health care provider must complete and sign the "Health Care Provider's Statement" certifying your disability.  
Update and submit timecards while out indicating what accruals are to be applied or LWOP.  
Obtain a return to work note from your doctor prior to returning. |
| **Benefits** | Employee portion must be paid in order to avoid interruption of benefits, either by making payments directly to RFMH in advance but no later than 30 days or by payroll deduction while using accrued time. Payments made late does not guarantee reinstatement of coverage. Continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.  
Failure to return after leave may result in you reimbursing RFMH its share of ins premiums paid on your behalf. | Employee portion must be paid in order to avoid interruption of benefits, either by making payments directly to RFMH in advance but no later than 30 days. Payments made late does not guarantee reinstatement of coverage. Continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.  
Failure to return after leave may result in you reimbursing RFMH its share of ins premiums paid on your behalf. | **Military**  
Notify HR and the carrier of any and all changes to your requested/approved leave  
Update and submit timecards while out indicating what accruals are to be applied or LWOP prior to the period end date.  
**STD is not a job protected benefit. See FMLA for applicable leave/employment rules.**  
You will be required to provide physicians note releasing you back to work. This must be submitted to HR for review prior to returning  
Contact HR on your 1st day back to work.  
**Provider's Statement** certifying you are ready willing and able to return to your job  
You must be under the care of a physician, chiropractor, podiatrist, psychologist, dentist, or certified nurse midwife to qualify for benefits.  
Your health care provider must complete and sign the "Health Care Provider's Statement" certifying your disability.  
Update and submit timecards while out indicating what accruals are to be applied or LWOP.  
Obtain a return to work note from your doctor prior to returning. |
| **Tax Reporting (?)** | **Family Medical Leave Act**  
(Unpaid Job Protection) | **Paid Family Leave**  
(Partial Paid Leave) | **Short Term Disability**  
(Partial Income Replacement) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FMLA has no wage/ tax implications. Use of accrued time while on leave will be reported as wages on a W2.</td>
<td>Benefits paid will be taxable, non-wage income that must be included in federal gross income. The carrier will issue a 1099 Misc. to claimants for tax reporting.</td>
<td>Benefits paid may be taxable. Non-wage income will be reported on a W2/Supplemental W2.</td>
<td></td>
</tr>
</tbody>
</table>
| **Updates** | 3/14/2019 US DOL released an Opinion Letter; FMLA2019-1-A.  
- The employer is responsible in ALL circumstances for designating leave as FMLA-qualifying & giving notice of the designation to the employee - after the employer "Has enough information to determine whether the leave is being taken for a FMLA-qualifying reason."  
- An employer is prohibited from delaying the designation of FMLA-qualifying leave as FMLA Leave.  
- Once an eligible employee communicates a need to take leave (even if the employee did not specifically request FMLA Leave) for an FMLA-qualifying reason, neither the employee nor the employer may decline FMLA protection for the leave.  
(Employees cannot waive, nor employers induce employees to waive their prospective rights under FMLA)  
- If an employee substitutes paid leave (by using available accruals) for unpaid FMLA leave, the employee's paid leave counts towards his or her 12 week (or 26 week for military) FMLA entitlement and does not expand that entitlement. |