



Connecticut Paid Leave

What is CT Paid Leave and how does it work?

An Act Concerning Paid Family and Medical Leave (Public Act 19-25) was signed into law by Governor Lamont in 2019. It creates a source of income replacement benefits for eligible workers who need to take time away from their jobs for qualifying health or family reasons.

Here's how it works:

- Covered employers deduct 0.5% from their worker's paychecks. These are called **CONTRIBUTIONS**.
- Employers remit these contributions quarterly to the **CT PAID LEAVE AUTHORITY**. This program is employee funded.
- Contributions are pooled into the Paid Leave Trust Fund.
- When a worker needs to take time away from work for a qualifying reason, they will apply to their **EMPLOYER** for job protected leave under FMLA.
- The worker will apply to the CT Paid Leave Authority for **INCOME REPLACEMENT BENEFITS** while they are away from work.

A decorative background featuring a stylized, repeating pattern of leaves and branches in various shades of blue, set against a solid dark blue background.

The Differences Between CT Paid Leave and CT FMLA

FMLA and CT Paid Leave are not the same thing.

FMLA provides JOB PROTECTED LEAVE for qualifying health and family reasons.






- **FMLA = Family and Medical Leave Act**
- 2 laws - federal and State of CT - have been around since the 1990s.
- Allow workers to take unpaid, job-protected time away from work.
- **Implemented by employers and regulated by the state and federal Departments of Labor.**
- FMLA does NOT provide income replacement.
- Employers may require or permit employees to use their accrued PTO during leave but must allow the employee to **retain at least 2 weeks of accrued time if the employee wishes to do so.**

CT Paid Leave provides INCOME REPLACEMENT for qualifying health and family reasons.

- CT Paid Leave creates a **source of income-replacement benefits** for eligible employees who cannot work for the same reasons as FMLA.
- Provides income replacement, but NOT job-protected leave.
- The CT Paid Leave Act is implemented by the **CT Paid Leave Authority** – a Quasi-Public Agency of the State of Connecticut

CT PAID LEAVE vs PAID SICK DAYS



	CT PAID LEAVE	PAID SICK DAYS
 QUALIFYING REASONS*	Used to recover from or care for a family member with a serious health condition , as well as several other qualifying reasons	Used to recover from any illness, injury or health condition, receive preventative care or diagnosis for mental or physical health, or care for a family member under the same circumstances
 FUNDING	Paid for by employee payroll contributions and administered by the CT Paid Leave Authority	Paid for and administered by employers, with oversight from the CT Department of Labor
 COVERAGE	Covers most employers of 1 or more employees Municipalities and certified employees of public-school operators are not covered unless their unionized employees collectively bargain to participate. The State of CT is a covered employer for its non-unionized workers Self-employed/sole proprietors can opt-in	Covers employers of: <ul style="list-style-type: none"> • 25+ employees as of 1/1/25 • 11+ employees as of 1/1/26 • 1+ employees as of 1/1/27 Includes the State and municipalities Self-employed and seasonal workers are not covered
 ELIGIBILITY	Based on minimum earnings requirement and employment by a covered employer(s)	Based on days worked for a single employer; 120 days worked before worker can use accrued time
 BENEFIT AMOUNT	Provides up to 12 weeks in a 12 month period and replaces a portion of worker's income	Workers can accrue and use up to 40 hours per year and receive their normal hourly wage

What is a serious health condition?

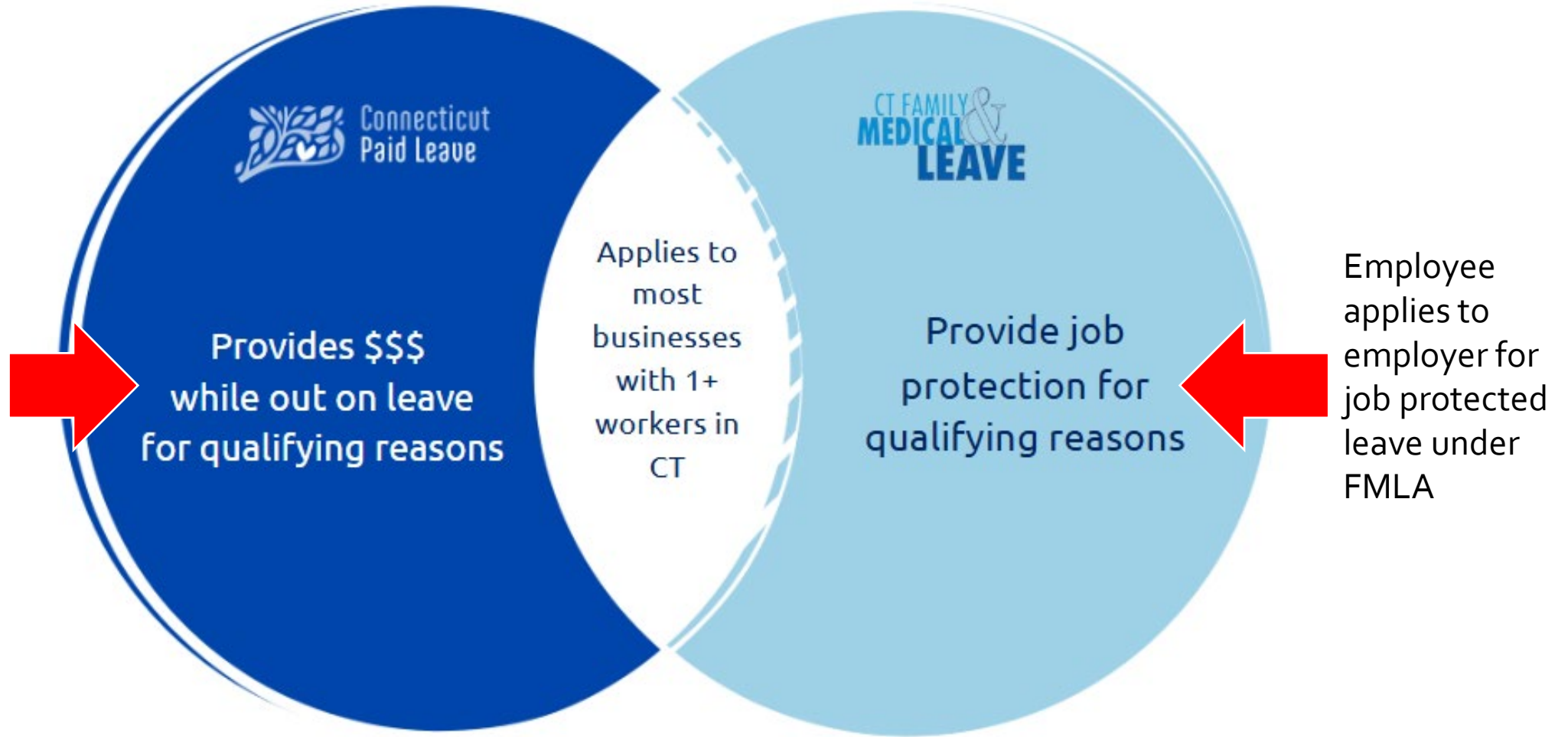
A serious health condition is an illness, injury or impairment or physical or mental condition that involves inpatient care or continuing treatment. This includes (but is not limited to) recovery from surgery, cancer treatment, or ongoing treatment for chronic conditions such as diabetes. This does not include recovery from everyday illnesses like a cold or the flu.

CT Family Violence Leave Act

Provides up to 12 days per calendar year of **job protected leave** for a person who is the victim of family violence or sexual assault to:

- seek medical/psychological care or counseling for physical or psychological injury or disability;
- obtain services from a victim services organization;
- relocate due to such family violence or sexual assault; or
- participate in any civil or criminal proceeding related to or resulting from such family violence or sexual assault.

Employee applies to CT Paid Leave Authority for income replacement while on leave





Qualifying Reasons For Leave/Benefits



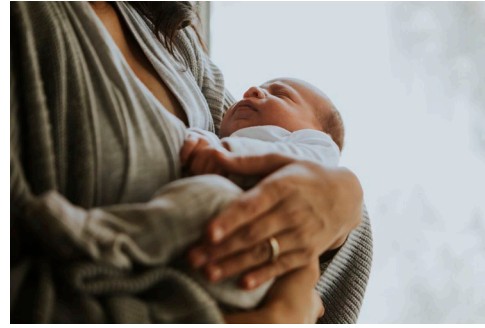
MEDICAL LEAVE

For treatment of one's own serious health condition (physical or psychological).

Includes:

- serving as an organ or bone marrow donor
 - Pregnancy
- treatment for substance use disorder.

Over 50% of all claims we receive are for one's own serious health condition.



BONDING LEAVE

To bond with a newborn(s) or a newly placed child, or for the time needed to process adoption or foster care placement.

- Can be used by both parents
- Can be used anytime during the 12 months after the birth/placement
- Applies to birth, adoption, or foster care



CAREGIVER LEAVE

To provide physical or psychological care or comfort to a family member experiencing their own serious health condition.

The person needing care does not need to reside in the U.S.



MILITARY CAREGIVER LEAVE

To care for a family member in the military who has experienced a serious injury or illness that occurred in the line of active duty in the Armed Forces.


QUALIFYING EXIGENCY LEAVE

To engage in certain activities arising from the fact that a spouse, child, or parent is on active duty or has been notified of an impending call or order to active duty in the Armed Services.

SAFE LEAVE

For a worker who is a victim of family violence or sexual assault to:

- seek medical/psychological care or counseling;
- obtain services from a victim services organization;
- relocate due to such family violence or sexual assault; or
- participate in any civil or criminal proceeding related to or resulting from such family violence or sexual assault.
(Up to 12 days in a calendar year)

A healthcare provider in a white coat is standing and talking to an elderly patient with short white hair and glasses who is sitting up in a hospital bed. The patient is wearing a patterned hospital gown. The background shows a hospital room with medical equipment on the wall and a green apple on a table.

Serious Health Condition requires both incapacity & treatment by a Healthcare Provider

Examples include, but are not limited to:

- Overnight stay in a hospital
- Chronic condition for which you see a healthcare provider at least 2x/year
- Long-term condition for which treatment is no longer effective and the patient is still under medical supervision (Alzheimer's, terminal cancer)
- Incapacitation during pregnancy (pre-natal appointments, complications during pregnancy)

Who is a family member under CT FMLA & CT Paid Leave?

- The primary difference between caregiver leave under federal FMLA versus the CT laws is the **definition of family member**
 - Under federal FMLA, an employee can take leave to care for a parent, spouse, or child who is under 18 or is 18& over and has a disability
 - Under the CT laws, an employee can take leave and receive benefits for:
 - a parent,
 - spouse,
 - son or daughter of any age,
 - sibling,
 - grandparent,
 - grandchild, or
 - an individual related to the employee by **blood or affinity**



What does “Related by Affinity” mean?

- *“Any person with whom the worker has a significant personal bond that is like one of the family relationships listed in the statute, regardless of biological or legal relationship.”*
- Examples of such relationships by affinity include, but are not limited to:
 - An aunt or uncle who relies on the worker for unpaid care and has maintained as strong and enduring a relationship with the worker as typically seen between parents and their children or siblings;
 - An unmarried, significant other of the employee with whom the worker maintains a familial, spouse-like relationship, despite their lack of legal relationship to each other



Eligibility

Who is a covered employer under CT Paid Leave?

- Almost all employers with 1 or more people working in CT*
- The State of CT, as to non-unionized employees

Who is not a covered employer?

- Federal government
- Governments of other states
- Sovereign nations
- Railroads
- Certified employees of public-school operators
- Municipalities, unless their unionized employees collectively bargain to participate

**Employees for whom an employer is paying CT unemployment insurance are considered to be working in CT.*

Sole proprietors or self-employed individuals may opt-in to participate in CT Paid Leave, but they are not required to do so by law.

Eligibility for CT Paid Leave

(1) Minimum earnings: At least \$2,325 in the highest earning quarter in the base period (base period = 4 of the 5 most recently completed quarters)

- Example: if applying for benefits anytime in Q3 2025 (between July – September 2025), applicant must have earned at least \$2325 in at least **one** of these quarters:
 - Q1 2025 (Jan-March 2025)
 - Q4 2024 (Oct – Dec 2024),
 - Q3 2024 (July - Sept 2024), or
 - Q2 2024 (Apr– Jun 2024)
- Working approx. 11 hours per week at minimum wage (\$16.35) satisfies the minimum earnings requirement
- Part-time, season, per diem earnings can qualify
- Earnings from all covered employers are considered (example: multiple part time jobs)

(2) Employment with a covered employer or had been employed by a covered employer in the 12 weeks immediately preceding the claim for benefits

The CT Paid Leave Authority – not the employer – makes the eligibility determination

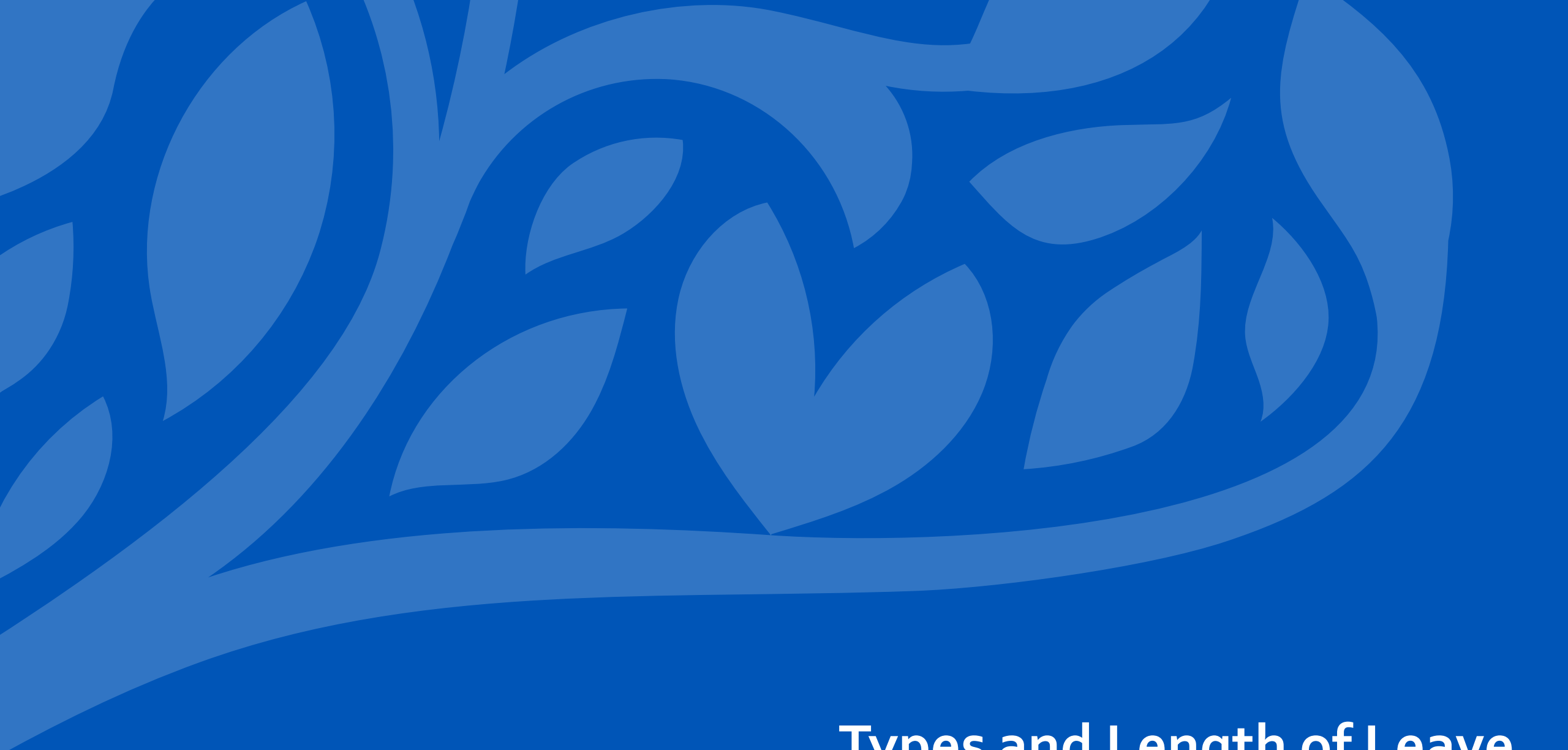




Benefit Information

Benefit Calculation Information

- Benefits are based on earnings in the base period (first 4 of the 5 most recently completed quarters)
- We take the two highest quarters, add them together, and divide by 26 - this is your **average weekly wage** upon which benefits are based
- There is a formula that is used to calculate the benefit amount based on the average weekly wage
- In all cases, **benefits are capped at 60x state minimum wage – currently \$981/week**
- An employee may receive other employer provided income replacement benefits in conjunction with CT Paid Leave so long as total compensation does not exceed 100% of normal earnings (example: paid time off, short-term disability, etc.)



Types and Length of Leave

Types of Leave

Block Leave

You aren't working at all for a continuous period of time for a single qualifying reason. For example, you are having surgery and need to be out of work for 6 weeks for recovery.

Reduced Schedule

You are working some of the time but not as much as usual. Typically involves going from a full time to a part time schedule for a period of time.

Intermittent

You are absent from work sporadically for relatively small amounts of time. For example, you suffer from migraines and need to take time off when one occurs.

NOTE: Bonding leave may only be taken on a reduced schedule or intermittently with employer approval.

Length of Benefits

- Up to 12 weeks in a 12-month period for most leave reasons.
- An additional 2 weeks may be available for incapacitation during pregnancy, including pre-natal appointments.
- Up to 12 days of the 12 weeks may be used for family violence leave.

A decorative background featuring a stylized, repeating pattern of leaves and branches in various shades of blue. The pattern is dense and fills the upper two-thirds of the page.

Applying For CT Paid Leave Benefits

How to Apply for CT Paid Leave Benefits:

- To start a claim for benefits, applicant should go to the CT Paid Leave online portal (www.ctpaidleave.org)
- Applications are also accepted via telephone at 877-499-8606
- When a worker begins their application and specifies the leave reason, they'll receive a notice with all of the documentation that will be required

The screenshot displays the Connecticut Paid Leave website. At the top, the logo for Connecticut Paid Leave is visible, along with navigation links for 'CREATE AN ACCOUNT WITH CT.GOV', 'REGISTER YOUR BUSINESS', and 'SIGN IN'. The main navigation bar includes 'How CT Paid Leave Works', 'Claims', 'For Businesses and Employers', 'Remit Contributions', 'Resources and Guides', 'About Us', and 'Contact Us'. The 'How to Apply' section features a heading and a brief description: 'If you are ready to start your CT Paid Leave application, you may begin by following the Step-by-Step instructions or by calling Aflac directly at (877) 499-8606.' Below this, a breadcrumb trail reads 'Home > Claims > How to Apply'. The 'Process Overview' section is a horizontal flowchart with five steps: Step 1: Sign in to your CT.gov account; Step 2: Set up your CT Paid Leave Aflac Account; Step 3: Start new claim; Step 4: Download and review Notice of Application; Step 5: Upload documents to CT Paid Leave Aflac portal.

Case Creation to Decision



1. Identity verification
2. Employment Verification Form
3. Documents supporting the leave reason*

*For medical leave for an employee's own serious health condition we will accept the FMLA Cert of Serious Health Condition form

The [Application Document Checklist](#) allows a preview of documents needed for each leave reason.

Employment Verification Form

Connecticut Paid Leave
Employment Verification



Instructions to the employer: Please complete the following information and return to Aflac within **10 calendar days** of receipt of this form. You can send it by email CTPFL@Aflac.com or fax to (888) 485-0973.

Section 1: Applicant's Leave Information (to be completed by the Applicant or the Employer)

First Name:	Last Name:	Date of Birth:
Last 4 Digits of SSN:	Beginning Date of Leave:	End Date of Leave:
Leave Type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Reduced schedule	Case Number:	
Reason for Leave: <input type="checkbox"/> Employee's own serious health condition <input type="checkbox"/> Caregiver leave <input type="checkbox"/> Bonding leave <input type="checkbox"/> Military caregiver leave <input type="checkbox"/> Qualifying exigency leave <input type="checkbox"/> Safe leave <input type="checkbox"/> Pregnancy/Childbirth		

Section 2: Employer Information (to be completed by the Employer)

Employer Name:		
Address:		
City:	State:	Zip Code:
Contact Name:	FEIN:	
Contact Phone Number:	Contact Email:	

If one of the following categories is applicable, check the appropriate box and return the form to Aflac without completing the remaining sections of the form:
 Federal Government Railroad Government of another state Non-contributing employee of a Municipality, Board of Education or Sovereign Nation Non-contributing employee of CT State Government

Section 3: Applicant's Income and Work Schedule (to be completed by the employer)

Employee's Rate of Pay (e.g., \$13/hour or \$800/week):	Employee's Hire Date:	Date of employee's separation from employment (if applicable):
---	-----------------------	--

Please select the work days that the employee typically works
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday

A "workweek" is the employee's usual or normal schedule (hours per week). If the employee has a standard workweek (e.g., 40 hours/week, or 24 hours/week) please provide that schedule:

If the employee's workweek varies from week to week, please state the hours worked in each of the 12 weeks prior to the receipt of this form or prior to the start of leave, whichever occurs first (including any overtime worked), plus any hours for which the employee took any paid time off:

Week 1:	Week 2:	Week 3:	Week 4:
Week 5:	Week 6:	Week 7:	Week 8:
Week 9:	Week 10:	Week 11:	Week 12:

If the employee is not taking paid leave with this employer, please check this box and only complete sections 1-3 above, section 6, and submit back to Aflac.

Return directly to Aflac within 10 calendar days

Name and case number will be pre-filled. Applicant or employer fill out leave type, start and end dates of leave, and reason for leave

Whatever email address is used here will be the address that the approval/denial email is sent to for the employer

If employee works a variable schedule, enter their schedule from the previous 12 weeks

Employment Verification Form

Connecticut Paid Leave - Employment Verification

Applicant's First Name:	Applicant's Last Name:	Case Number:
Section 4: Scheduled Closures (to be completed by the Employer)		
For the requested leave period, please provide the specific dates of any Company holidays or other scheduled closures or shutdowns during which the employee would not ordinarily be expected to work if not on leave:		
Section 5: Other Potential Sources of Income (to be completed by the Employer)		
Has the employee applied for Worker's Compensation benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
• If Yes, have the Worker's Compensation benefits been approved ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
o If Yes, please indicate the dates for which the employee is approved to receive Worker's Compensation Benefits: Start: _____ End: _____		
"Income-replacement benefits" refers to employer-provided sources of income to the employee, including sick leave, vacation leave, paid time off, disability benefits insurance, etc. Please indicate which of the following applies to the employee (please check all that apply):		
<input type="checkbox"/> 1. Employee will not receive any employer-provided income-replacement benefits while on leave. <u>Claim Impact:</u> The claimant may receive their full CTPL weekly benefit entitlement.		
<input type="checkbox"/> 2. Employee will receive employer-provided income-replacement benefits equal to the employee's regular wages for the entire duration of the employee's leave. <u>Claim Impact:</u> The claim will not be payable due to receiving 100% income from their employer.		
<input type="checkbox"/> 3. Employee will receive employer-provided income-replacement benefits that are equal to the employee's regular wages for a portion of the employee's leave. Please indicate the last date the employee will receive such income-replacement benefits: _____ <u>Claim Impact:</u> The earliest CTPL claim benefits may be payable is the day after the date indicated above.		
<input type="checkbox"/> 4. Employee will receive employer-provided income-replacement benefits that are less than the employee's regular wages for some or all of the employee's leave. Please indicate if the employer-provided income-replacement benefits are: <input type="checkbox"/> Primary - Employer benefit payment duration and amount will be the same whether or not CTPL benefits are payable What percentage of the employee's wages will be paid and for how long? (Please provide percentage of employee's gross wages, start and end dates of payments.) Percentage: _____ Start: _____ End: _____ Percentage: _____ Start: _____ End: _____ <u>Claim Impact:</u> The weekly benefit rate will be reduced by the same % and duration indicated above so that CTPL does not exceed 100% of the employee's regular wages <input type="checkbox"/> Secondary - Employer benefit payment may be reduced by the CTPL benefit payments <u>Claim Impact:</u> The weekly benefit rate will not be reduced by employer provided benefits; therefore, it is the employer's responsibility to comply with the statutory requirement that the sum of the CT Paid Leave benefits plus employer-provided benefits does not exceed 100% of the employee's regular wages. Any additional information regarding income-replacement benefits:		
Section 6: Employer Declaration and Signature		
Under penalties of perjury, I declare that to the best of my knowledge and belief, the information contained herein is true, correct, and complete. Any false statements or other failure to provide truthful, accurate, and complete information may result in monetary and other penalties as well as the possibility of criminal prosecution.		
Signature	Date	
Printed Name	Title	



Are there any planned company shutdowns?

Section 5 asks about other sources of income provided by the employer during the leave. This may include use of PTO, short term disability, etc.



You must let us know who is paying first – the employer or CT Paid Leave. The employee may not receive more than 100% of their normal earnings. If you're paying first, you let us know how much and we then calculate the benefit and ensure the combo does not go over 100%.

If we're paying first, it is up to the employer to ensure that total compensation doesn't exceed 100% once employer provided benefits are added in.

Check your STD policy to see what stipulations they have about state provided leave benefits.

Notes about the Application Process





- Failure to return required documents **by the due date** will result in a denial. (We provide one automatic extension if documents are missing).
- If applicant is having trouble getting healthcare provider or employer to fill out the documents, let us know. We can help!
- If applicant needs more time to get documents in, you can **request an extension**.
- Documentation must be complete, legible, and consistent.
- Applicants can use the ***Document Dashboard*** in the online CT Paid Leave Aflac Portal to see the status of documents in real time, including any issues that need to be fixed.
- Applicants should apply to employer for job protected leave under CT FMLA, Federal FMLA, the CT Family Violence Leave Act, or other laws.
- Applicants should apply 30 days before any planned leave and as soon as possible, but no more than 45 days after, any unplanned leave.

Document Dashboard


Document Dashboard

If there are documents associated to your case they will be listed below. If there are any marked with a status of "Required", you can click the upload icon to the right of that row to upload that document. In addition, you can upload any document at any time by selecting the "Upload Documents" button. Your case manager will review all documents and contact you if there is anything else that is needed. ⓘ

 Upload Documents

CATEGORY	NAME	RECEIVED	STATUS	UPLOAD
Identification (1)			Required	
Employment Verification (1)			Required	
Illness or Injury Certification Form (1)			Required	
CATEGORY			STATUS	


Required Document


Doc Status

Employer Claim Access

- Employers may request access to view limited employee claim data in the My Account for Business Portal
- To make this request, complete the Contact Us form at ctpaidleave.org
- You will be required to provide specific information to be granted access
- Only decisioned claims will be displayed (pending claims will not appear)

What information is available with access?	What information is not available with access?
<ul style="list-style-type: none">✓ Claim case number✓ Employee's name✓ Dates of claim approval or denial✓ Weekly benefit amount✓ All claims decisioned-within past 12 Months	<ul style="list-style-type: none">✓ Recently filed claims✓ The reason for the claim✓ Medical documents or certification✓ Approval or denial letters

Questions?

- **Questions about the CT Paid Leave program:**
 - ctpaidleave.org
- **Questions about *already-filed* CT Paid Leave claims:**
 - Log in to account through the CT Paid Leave portal or
 - Call Aflac at 877-499-8606

- **Questions about CT FMLA:**
 - CT DOL [newfmlguidance \(ct.gov\)](http://newfmlguidance.ct.gov)
 - (860) 263-6400 or DOL.CTFMLA@ct.gov
- **Question about Federal FMLA:**
 - [Family and Medical Leave Act | U.S. Department of Labor \(dol.gov\)](http://FamilyandMedicalLeaveAct|U.S.DepartmentofLabor.dol.gov)



CTPAIDLEAVE.ORG



Appendix: Sample Benefit Calculations

Sample Benefit Calculation 1

April – June 2024	July – Sept 2024	Oct – Dec 2024	Jan – March 2025	April – June 2025	July – Sept 2025
In the base period	In the base period	In the base period	In the base period	Not in base period	Not in base period
\$2000	\$2300	\$2200	\$2750	Most recently completed quarter	Current quarter

- Two highest earning quarters = $\$2300 + \2750 ($=\$5050$)
- Average weekly wage = $\$5050 / 26$ ($\$194.23$)
- Round down to $\$194$
- Is average weekly wage less than or equal to $4 \times$ min. wage? ($4 \times \$16.35 = \654)
- Yes, so claimant receives 95% of their average weekly wage (95% of $\$194$)
- Weekly benefit amount is $\$184.30$

Sample Benefit Calculation 2

April – June 2024	July – Sept 2024	Oct – Dec 2024	Jan – March 2025	April – June 2025	July – Sept 2025
In the base period	In the base period	In the base period	In the base period	Not in base period	Not in base period
\$7500	\$8500	\$7750	\$8750	Most recently completed quarter	Current quarter

- Two highest earning quarters = $\$8750 + \8500 ($= \$17250$)
- Average weekly wage = $\$17250 / 26$ ($\$663.46$)
- Round down to $\$663$
- Is average weekly wage less than or equal to $4 \times$ min. wage? ($4 \times \$16.35 = \654)
- No, so we apply the following formula:
 - $(95\% \text{ of min wage} \times 40) + (60\% \text{ of the amount the average weekly wage exceeds min wage} \times 40)$
 - $95\% \text{ of min wage} \times 40 = \621.30
 - $60\% \text{ of } \$663 - \$654 = \$5.40$
 - Benefit amount = $\$621.30 + \$5.40 = \$626.70$

Benefits are capped at $6 \times$ min wage ($\$981/\text{week}$). If benefit calculation exceeds $\$981$, claimant receives $\$981$.
When minimum wage increases on Jan 1, 2026, max benefit amount will also increase.

