

# CALIFORNIA VOLUNTARY DISABILITY INSURANCE



SELF-INSURED VOLUNTARY DISABILITY & PAID FAMILY LEAVE PLAN

For California Employees of

Occidental College

For Benefit Periods Commencing on or After January 1, 2023

I. Eligibility and Effective Date of Coverage

A. Eligibility

All California Employees of the Employer, in covered employment as defined in Section 2606 of the California Unemployment Insurance Code

1. the eighth (8th) day of disability, provided the Employee has been examined by or is under the care of a Physician during some portion of that eight (8) day period of disability;
2. the first (1<sup>st</sup>) full day of Hospital Confinement;
3. the first (1<sup>st</sup>) full day of treatment in a hospital Surgical Unit or Surgical Clinic, provided the Employee is disabled for a period of at least eight (8) days during the Disability Benefit Period as a result of such treatment; or
4. Benefits will be paid retroactive to the first (1st) day of disability in the event that an Employee's disability extends beyond fourteen (14) consecutive days during any one (1) Disability Benefit Period.

**B. Amount of Benefitsfor Disability**

- a. if, in accordance with CUIIC Section 2708.1, the Employee submits evidence of receipt of temporary disability benefits under a workers' compensation law;
- b. if any Employee in good faith adheres to the teachings of any bona fide church, sect, denomination or organization which depends entirely upon prayer or spiritual means for healing, the certificate of a duly authorized or accredited practitioner of such bona fide church, sect, denomination or organization as to the disability of the Employee and the estimated duration of such disability, will be accepted;
- c. if an Employee has been referred or recommended by competent medical authority to participate in an approved drug-free residential facility, and an authorized representative of the facility certifies that the Employee is a resident participating in a State approved drug-free residential facility;
- d. if an Employee has been referred or recommended by competent medical authority to participate as a resident of any approved alcoholism recovery home, and an authorized representative of the facility certifies that the Employee is a resident participating in a State approved alcoholism recovery program; or
- e. if an Employee has been ordered not to work by written order from a state or local health officer because the Employee is infected with, or suspected of being infected with, a communicable disease. Such written order shall be acceptable (for the period specified therein) in lieu of a certificate.

**F. Limitations and Exclusions for Disability Benefits**

- 1. Disability benefits paid under this Plan will be reduced by weekly workers' compensation benefits to which the Employee is entitled.
- 2. For residents in an approved alcoholic recovery or drug-free residential program, the Plan will pay for a period not to exceed ninety (90) days.
- 3. No benefits are payable:
  - a. for any day on which the disability is not supported by a certificate from a Physician, Practitioner, or other person authorized to certify disability;
  - b. for any day for which the Employee receives wages from any employer (excluding vacation pay), except that such benefits will be paid for any seven (7) day week or partial week, in an amount not to exceed his or her maximum weekly amount provided by this Plan, which together with the wages or regular wages received, does not exceed his or her weekly wage, exclusive of wages paid for overtime, immediately prior to the commencement of the Employee's disability;
  - c. for any day of unemployment and disability for which the Employee receives, or is entitled to receive benefits or cash payments for temporary or permanent disability indemnity, under a workers' compensation or employer liability law of this state, or any other state, or the federal government. If such cash payments for temporary or permanent disability, are less than the amount the Employee would otherwise receive as benefits under this Plan, this Plan will pay the difference;
  - d. if the Employee is involuntarily confined pursuant to commitment, court order, or certification in an institution, or other place, as a dip

Employee's statement disclaims any disability benefits based on Wages paid while such







without good cause, can result in loss of benefits. Continued medical certification, signed by a certified Physician or Practitioner, must be submitted within twenty (20) days of the date the Employee is issued a notice of final payment or the Employee receives a request for additional medical certification, whichever is later. Additional medical certification may be requested when and as often as may be reasonably required during the period payments may be due under this Plan. For both disability and Paid Family Leave claims, a complete listing of certification requirements will be included in the claim packet.

## VII. Disability & Paid Family Leave: Proration of Benefits

### A. Simultaneous Coverage for Disability Claims

Simultaneous coverage exists when an Employee is covered by and eligible for disability benefits from more than one (1) disability insurance plan, including the State Disability Plan and one (1) or more Voluntary Plans.

When benefits are paid under simultaneous coverage, the liable plans equally share the State Disability Plan weekly and maximum benefit rate. Additionally, each Voluntary Plan pays the difference between the full State Disability Plan rate and the amount of benefit entitlement under that Voluntary Plan. Each Voluntary Plan is counted as one (1) plan. The State Disability Plan is counted as one (1) plan even if the Employee works for more than one (1) State Disability Plan covered employer.

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- BB. Qualifying Exigency**, as used herein, has the same meaning as defined in CUIIC Section 3302.2; any of the following when related to the Covered Active Duty or call to the Covered Active Duty of an Employee's Spouse, Domestic Partner, Child, or Parent in the Armed Forces of the United States:
1. Activities undertaken within seven (7) calendar days to address any issue that arises from the call or order.
  2. Attendance in an official ceremony, program, or event sponsored by the military or a family support or assistance program and informational briefing sponsored or promoted by the military, military service organizations, or the American Red Cross.
  3. Any of the following activities related to a minor Child or a Child incapable of self-care because of a disability at the time that the paid leave is to commence: arranging for alternative childcare, providing childcare for the Child on an urgent, immediate need basis, enrolling or transferring the Child to a new school or day care facility, or attending meetings with staff at the Child's school or day care facility.
  4. Making or updating financial and legal arrangements, including military service benefits.
  5. Attending counseling.
  6. Accompanying a Spouse, Domestic Partner, Child, or Parent in the Armed Forces of the United States while that individual is on short-term, temporary, rest and recuperation leave during the period of deployment in a foreign country, provided that any leave taken for this purpose is for not more than 15 calendar days beginning on the date of commencement for the rest and recuperation leave.
  7. Attending official ceremonies, programs, or events sponsored by the military for a period of 90 days

When the amount of wages paid during the highest quarter of the Base Period is \$926 or more and less than one-third (1/3) of the state average quarterly wage, the weekly benefit amount will be 70% of the highest quarterly wage, divided by thirteen (13), rounded up to the next higher whole dollar, subject to the maximum weekly benefit as determined under the CUIC.

When the amount of wages paid during the highest quarter of the Base Period is one-third (1/3) or more of the state average quarterly wage, the weekly benefit will be the greater of:

1. 23.3% of the state average weekly wage, or
2. 60% of the highest quarterly wage, divided by thirteen (13), rounded up to the next higher whole dollar, subject to the maximum weekly benefit as determined under the CUIC.

**GG. Surgical Clinic**, as used herein, means an ambulatory surgical center approved by the Federal Medicare program and/or a clinic which is not part of and not operating under the license of a hospital, which is licensed by the State Department of Health Services, and which provides treatment of patients who remain less than twenty-four (24) hours. A Surgical Clinic does not include the offices of private physicians in individual or group practice.

**HH. Surgical Unit**, as used herein, means a unit located in or operating under the license of a qualified hospital as defined in the CUIC and providing treatment for patients who remain less than twenty-four (24) hours.

**II. Twelve (12)-Month Period**, as used herein, means the 365 consecutive days that begin with the first (1st) day an Employee first establishes a valid claim for Paid Family Leave.

**JJ. Voluntary Plan**, as used herein, means a Voluntary Plan established pursuant to Part 2 of the CUIC.

**KK. Wages or Regular Wages** with respect to all eligible Employees as used herein, for the purpose of benefit determination, shall mean basic or appointment compensation paid or payable to an Employee for services rendered to the Employer during the last completed payroll period immediately prior to the date of commencement of the Employee's Disability Benefit Period or Paid Family Leave Benefit Period. Wages includes paid vacation leave, paid holidays, paid sick leave and other forms of paid time off, but excludes overtime pay, shift pay, bonuses.

### **XIII. Other Requirements**

#### **A. Security**

Security, as required by the Employment Development Department, will be deposited to secure the operation of the Plan. The Employment Development Department will determine the amount of the

2. The operative date of any law increasing the benefit amounts provided by CUIC Sections 2653, 2655, and 3301, or
3. The operative date of any change in the worker contribution rate as determined by CUIC Section 984.

**XIV. Legislative Disclosure**

Senate Bill (SB) 951 extends the sunset date of the State Disability Plan's replacement rate of 60% or 70% of