

FAMILY LEAVE INSURANCE WORKLOAD IN 2017
SUMMARY REPORT

New Jersey Department of Labor and
Workforce Development
Office of Research and Information
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HIGHLIGHTS

FAMILY LEAVE INSURANCE WORKLOAD IN 2017

- There were 34,050 eligible claims during 2017, the eighth full calendar year of New Jersey's Family Leave Insurance Program (FLI), compared with 32,171 eligible claims during 2016.
- Over 84 percent of eligible FLI claims were filed to bond with a newborn or newly adopted child, with the remainder of claims to care for a seriously ill family member.
- FLI gross benefit payments totaled \$93.8 million, with an average weekly benefit amount for all claims of \$538.
- The average duration for FLI cases completed in 2017 was 5.2 weeks, the same as in the past four years. The average amount of benefits paid for FLI cases completed in 2017 was \$2,786, an increase of just over two percent compared with 2016 (\$2,726).
- As in prior years, the largest single group of FLI claimants was females under age 45, which includes most women of childbearing age. This category accounted for about 76 percent of FLI eligible claimants in 2017.
- Nearly all FLI eligible bonding claimants were under age 45 (98.7%), while the majority of FLI family care claimants were over the age of 45 (64.8%).

FAMILY LEAVE INSURANCE PROGRAM

The enactment of P.L. 2008, chapter 17 on May 2, 2008 created the New Jersey Family Leave Insurance Program. This report provides a summary of workload activity for the State Plan for Family Leave Insurance (FLI) during calendar year 2017, with comparative information from calendar years 2013 - 2016. The data are derived from New Jersey's Disability Automated Benefits System (DABS), which was developed in 1989.

Tables 1, 2 and 3 provide data on workload activity and time lapse statistics of family leave claims. Information on the age and sex of eligible and ineligible claimants for 2017 can be found in Tables 4, 4A and 4B. A summary of eligible claims data by type of claim is contained in Table 5. Data for completed cases in 2016 and 2017 by type of claim are shown in Table 6, including average benefit duration and average gross benefits paid. Table 7 contains information on claims with reduced benefit duration due to employer required leave. A list of definitions for key workload items is included on page 8 of this report.

Background

With the enactment of P.L. 2008, chapter 17, on May 2, 2008, New Jersey extended the temporary disability benefits program to provide family leave insurance benefits, a monetary benefit (not a leave entitlement), for covered individuals bonding with newborn or newly adopted children or caring for seriously ill family members. Beginning July 1, 2009, claimants became eligible for up to six weeks of family leave benefits per 12-month period. Workers can receive weekly family leave benefits equal to two-thirds of their average weekly wage, up to a maximum weekly benefit amount of \$633 in 2017.

Bonding family leave must be taken for a period of more than seven consecutive days, unless the employer permits the leave to be taken in non-consecutive periods, in which case, each leave period must be at least seven days. In the case of claims to care for a seriously ill family member, leave may be taken either for six consecutive weeks, for intermittent weeks or for up to 42 intermittent days per 12-month period. A family member is defined as the claimant's child, spouse, domestic partner, civil union partner or parent. A child must be the claimant's biological or adopted child, foster child, stepchild, legal ward or the child of the claimant's domestic or civil union partner. The child must be less than 19 years old, or if 19 or older, must be incapable of self-care because of mental or physical impairment.

The family leave program is funded entirely through worker contributions, which were equal to 0.10 percent of taxable wages in calendar year 2017, up from 0.08 percent in 2016. Worker contributions to the family leave account in the disability benefits fund began on January 1, 2009 at a rate of 0.09 percent of taxable wages. The worker contribution rate is adjusted annually to a rate sufficient to maintain an account balance needed to pay benefits. During calendar years 2015, 2014, 2013, 2012, 2011 and 2010, the

contribution rate was equal to 0.09, 0.10, 0.10, 0.08, 0.06 and 0.12 percent of taxable wages, respectively.

All New Jersey employers covered by the Unemployment Compensation Law are also subject to the Family Leave Insurance provisions of the Temporary Disability Benefits Law, including certain government entities which are not automatically covered by temporary disability insurance. A subject employer is automatically covered under the State Plan for family leave insurance unless it has covered its workers under an approved FLI private plan. Estimated State Plan covered employment for family leave insurance averaged 3,942,000 workers in 2017 and 3,893,900 in 2016. Private plan covered employment averaged 15,167 workers in 2017 and 12,790 in 2016.

Summary of 2017 Workload

During calendar year 2017, there were 34,050 eligible FLI claims, up by nearly six percent from 2016 when 32,171 eligible claims were filed. Of the 2017 total, over 84 percent were bonding claims (28,707), with the remaining claims for care of a seriously ill family member (5,343). Claims for bonding with a newborn child were the largest single category of claims in 2017 out of the five claimant groups, comprising 83.9 percent of all eligible claims. The next largest category was for care of a family member other than a child or spouse (which includes parents); this category comprised 6.9 percent of total eligible claims.

Gross benefit payments rose to \$93.8 million in 2017, an increase of 6.7 percent from 2016 when benefits totaled \$87.9 million. During 2017, \$83.0 million, or 88.5 percent, of benefit payments were for bonding claims. The average weekly benefit amount for all claims was \$538, ranging from a low of \$499 for care of a seriously ill child to a high of \$591 for bonding with a newly adopted child. The average total benefit per eligible claim was \$2,756. Benefit measures, such as the average weekly benefit amount and gross benefit payments, are influenced by changes in the maximum weekly benefit rate which rose by 2.9 percent from \$615 in 2016 to \$633 in 2017.

The estimated average duration for all FLI eligible new claims was 5.1 weeks. Generally, bonding claims had had a longer average duration of 5.3 weeks, compared with family care claims which averaged 4.0 weeks.

Original Determinations

During 2017, there were 38,410 total original FLI determinations, an increase of 7.8 percent from 35,634 determinations in 2016 (see Table 1). Original determinations for bonding claims totaled 31,625 and comprised 82.3 percent of total determinations, while original determinations for family care claims were 6,785, or 17.7 percent of the total (see Table 2). The percentages of bonding and family care original determinations were similar to those recorded during since the FLI program began.

Eligible original determinations totaled 31,226 and represented 81.3 percent of total original determinations (38,410), down slightly from 83.4 percent in 2016. For bonding claims, 84.4 percent were determined to be eligible (26,677 out of 31,625 total original

determinations for bonding claims), compared with 67.0 percent of family care claims determined eligible (4,549 out of 6,785 total original determinations for family care claims).

Redeterminations

As in previous years, redeterminations comprised a relatively small part of the total family leave workload during 2017. Of the 3,118 total redeterminations during 2017, 72.5 percent (2,262) were for bonding claims, while 27.5 percent (856) were for family care claims. Family care claims comprised a much higher percentage of the total for redeterminations than for original determinations (17.7%).

Eligible redeterminations totaled 2,971 and represented 95.3 percent of all claims redetermined during 2017, up from 94.7 percent in 2016.

Eligible Claims

During 2017, the number of eligible claims increased by 5.8 percent to 34,050 from 32,171 in 2016; this was the largest annual increase in eligible claims since the beginning of the family leave program. Of the 2017 total, 84.3 percent were bonding claims (28,707), with the remaining 15.7 percent of claims for care of a seriously ill family member (5,343). Compared with 2013, eligible claims were up by 6.2 percent. Eligible claims are defined as eligible original determinations, plus eligible redeterminations, less ineligible redeterminations.

Reconsiderations

Reconsiderations, which are reviews that do not change a claim's eligibility status, totaled 7,810 during 2017, a decrease of 6.1 percent from 2016 (8,320). During 2017, eligible reconsiderations comprised 94.5 percent (7,383) of the yearly total. Reconsiderations for bonding claims accounted for 60.1 percent (4,696) of the annual total, while family care reconsiderations represented 39.9 percent (3,114), similar to the percentages in 2016. As with redeterminations, family care claims comprised a much higher percentage of the total for reconsiderations than for original determinations (17.7%).

In addition to eligibility reviews, reconsiderations include routine activities such as name changes, provision of missing information and updated medical certifications and can be affected by a variety of factors including claims processing speed and the amount and type of follow-up data that are received.

Payments, Benefits and Average Duration

There were 33,899 FLI first payments issued in 2017, with 84.3 percent of first payments issued for bonding claims (28,571) and 15.7 percent issued for family care claims (5,328). Compared with 2016, first payments rose by 5.1 percent, but proportions of first payments for bonding and family care claims remained similar to prior years.

Weeks compensated rose to 174,352 in 2017 from 167,803 in 2016, an increase of 3.9 percent. Days compensated totaled 1,222,591 in 2017, rising by 3.9 percent from 1,176,678 in 2016. Bonding claims represented 87.7 percent of both days and weeks compensated, up from 87.3 percent in 2016.

Gross benefit payments totaled \$93.8 million in 2017, an increase of 6.7 percent from \$87.9 million in 2016. During 2017, there were \$83.0 million in benefit payments for bonding claims (88.5%) with the remaining \$10.9 million for family care claims. The average weekly benefit amount for all claims rose by \$14 from \$524 in 2016 to \$538 in 2017. The average weekly benefit amount in 2017 ranged from a low of \$499 for care of a seriously ill child to a high of \$591 for care of a newly adopted child. The average daily benefit amount during 2017 was \$77, averaging \$77 for bonding claims and \$72 for family care claims.

In 2017, the estimated average duration for all FLI eligible claims was 5.1 weeks, down slightly from 5.2 weeks in the previous five years. Generally, bonding claims have had a longer average duration of 5.3 weeks, compared with family care claims which averaged 4.0 weeks. The estimated duration data, which was calculated for each claim category as weeks compensated divided by eligible claims, may reflect claimants who are just beginning a claim or who are intermittent claimants and therefore have not collected all of their potential weeks of benefits and also may include individuals who began their claims in the prior year. This is therefore different from the duration data for completed cases presented in Table 7.

Time Lapse Data

The percentage of initial determinations made within two weeks of receipt of the claim was 32.9 percent in 2017, decreasing from 36.0 percent in 2016 and down from 76.3 percent in 2013 (see Table 3). The service goal for processing initial determinations within two weeks is 65 percent. In 2017, this performance measure fell below the service goal for processing initial determinations within two weeks for the fourth time since the inception of the FLI program.

The percentage of initial determinations that occurred within four weeks was 50.6 percent, a decline from the level attained in 2016 of 70.5 percent and down from 93.9 percent in 2013. The service goal for processing initial determinations within four weeks is 85 percent. In 2017, this performance measure fell below the service goal for processing initial determinations within four weeks for the third time since the program began. The percentage of claims received with insufficient information remained at a high level in 2017, but edged down to 30.6 percent from 32.8 percent in 2016. Claims received with insufficient information comprised 25.0 percent of claims in 2013.

FLI Claimant Characteristics

Table 4 contains data on the age and sex of all FLI claimants in 2017, with age and sex data for bonding claimants and family care claimants provided in Tables 4A and 4B, respectively. Females represented 83.9 percent of all eligible claimants for whom information was available and 74.3 percent of ineligible claimants (see Table 4). Females

under age 45, which includes most women of childbearing age, were the largest single group of family leave claimants again in 2017, accounting for 76.3 percent of eligible and 61.2 percent of ineligible claimants. Claimants under 45 years of age accounted for 89.5 percent of total eligible claimants in 2017. Claimants between the ages of 25 and 34 were the largest subcategory, comprising 55.2 percent of all eligible claimants.

For FLI claimants taking leave to bond with a newborn or newly adopted child, females comprised 84.4 percent of eligible claimants, while males comprised 14.6 percent (see Table 4A). Nearly all eligible bonding claimants were under age 45 (98.7%), with 62.5 percent between the ages of 25 and 34 and 31.8 percent in the age range of 35 to 44.

The majority of FLI eligible claimants taking leave to care for a seriously ill family member were female (75.2% - see Table 4B). Males comprised 24.8 percent of family care claimants, compared with 14.6 percent of bonding claimants. In contrast to bonding claimants, 64.8 percent of eligible family care claimants were over the age of 45. Nearly one-third of eligible family care claimants were in the age range of 45 to 54 (29.1%).

FLI Eligible Claims by Type of Claim

Additional information on eligible claims by type of claim is reported in Table 5, based on codes assigned to claims to differentiate between claims for care of a family member, bonding that does not immediately follow a temporary disability insurance (TDI) pregnancy or childbirth claim and bonding which does immediately follow a pregnancy or childbirth TDI claim.

During 2017, eligible bonding claims totaled 28,836, comprising 84.2 percent of all eligible claims (34,236). There were 14,964 bonding claims which immediately followed a TDI claim for pregnancy or childbirth, accounting for 43.7 percent of all eligible claims. Bonding claims that did not immediately follow a claim for TDI pregnancy or childbirth benefits totaled 13,872 in 2017, comprising 40.5 percent of total eligible claims. Claims for the care of a family member totaled 5,400 and accounted for 15.8 percent of total eligible claims.

FLI Completed Cases by Type of Claim, Duration and Benefits

Table 6 contains a summary of average claim duration and average benefit payment data by type of claim for cases which were completed in 2017 and revised data for 2016. Completed cases include those claims formally closed in the FLI database, as well as those with no payment activity for 90 days. While more accurate than the estimated average duration used for the five types of eligible claims in Table 2, the measure of average claim duration computed from completed cases in Table 6 is only currently available for three claim codes: care of a seriously ill family member, bonding claims that immediately follow a TDI claim for pregnancy and childbirth and bonding claims which do not immediately follow a TDI claim for pregnancy and childbirth.

Of the 33,540 total completed FLI cases during 2017, 84.2 percent were for bonding with a newborn or newly adopted child (28,236) and 15.8 percent were for care of a seriously ill family member (5,304). Completed cases in 2017 immediately following a

TDI claim for pregnancy and childbirth (14,666) accounted for 43.7 percent of total completed cases, with bonding claims not immediately following a TDI claim for pregnancy and childbirth comprised 40.5 percent (13,570) of all completed cases.

The average duration of a family leave claim to bond with a newborn or newly adopted child was 5.4 weeks in 2017. FLI bonding claims immediately following TDI pregnancy and childbirth claims recording slightly longer average durations (5.6 weeks) when compared with bonding claims that did not immediately follow TDI claims (5.2 weeks). Completed cases for care of a seriously ill family member had an average duration of 4.1 weeks, while the average duration for all completed cases was 5.2 weeks.

The average gross benefits paid per completed case was \$2,786, with the average benefit payment for bonding claims (\$2,917) about 40 percent higher than the average for family care claims (\$2,084). The average benefit payment for bonding claims immediately following a TDI claim (\$2,863) was about four percent lower than for bonding claims that did not follow a TDI claim (\$2,976).

FLI Employer Required Leave Resulting in Reduced Benefit Duration

Employers have the option of requiring their employees to use up to two weeks of any employer paid leave prior to receiving FLI benefits, with the duration of the employee's FLI claim reduced by the amount of employer paid leave taken. Table 7 contains a summary of claims which had reduced benefit duration because of employer required sick leave, vacation or other fully paid leave.

During 2017, there were 4,417 claims, or 13.0 percent of all eligible family leave claims (34,050), which had reduced benefit duration due to the use of some type of employer required fully paid leave. For these claims, benefits were reduced by an average of 10 days, the same as in all prior years of the FLI program.

Definitions of Terms

Claim Information Forms Entered – The FL-1 form is used for care of a family member, bonding if there is a break between the pregnancy leave and the bonding leave or for bonding if the claimant works for an employer not covered by TDI or covered by a private plan carrier for the pregnancy claim. The FL-2 form is used for a bonding claim when it is filed immediately after a TDI pregnancy claim.

Completed Cases – Includes those claims formally closed during the year, as well as those with no payment activity for 90 days.

Eligible Claims – Includes eligible original determinations plus eligible redeterminations, less ineligible redeterminations.

Maximum Weekly Benefit Amount – For family leave and temporary disability claims, the maximum weekly benefit amount is set each year at 53 percent of the statewide average weekly wage in the second preceding calendar year. In 2017, the maximum weekly benefit amount was \$633.

Reconsideration – A claim review that does not result in a change in eligibility status. In addition to eligibility reviews, these include other routine activities such as name changes, provision of missing information and updated medical certification forms. Reconsiderations in any given year can include those for claims filed during earlier years.

Redetermination – A claim review that does result in a change in eligibility status. Redeterminations in any given year can include those for claims filed during earlier years.

State Plan Covered Employers – Employer coverage is the annual average and excludes firms with a combination of State and private plans.

TABLE 1
FAMILY LEAVE INSURANCE – STATE PLAN
SUMMARY OF WORKLOAD ACTIVITY
2013 – 2017

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Claim/Information					
Forms Entered (FL-1s and FL-2's)	45,678	46,824	47,838	48,627	43,142
Original Determinations					
Eligible	30,508	30,075	29,662	29,731	31,226
Ineligible	3,983	4,987	5,631	5,903	7,184
Total	34,491	35,062	35,293	35,634	38,410
Redeterminations					
Eligible	1,733	2,232	2,538	2,585	2,971
Ineligible	176	139	167	145	147
Total	1,909	2,371	2,705	2,730	3,118
Total Eligible Claims ¹	32,065	32,168	32,033	32,171	34,050
Reconsiderations					
Eligible	8,700	8,337	7,554	7,922	7,383
Ineligible	313	414	411	398	427
Total	9,013	8,751	7,965	8,320	7,810
Number of First Payments	32,144	32,268	32,232	32,251	33,899
Number of Weeks Compensated	165,964	166,199	166,292	167,803	174,352
Gross Benefit Payments (millions) ²	\$82.3	\$83.9	\$85.8	\$87.9	\$93.8
Average Weekly Benefit Amount (Gross Benefits/Weeks Compensated)	\$496	\$505	\$516	\$524	\$538
Maximum Weekly Benefit Amount	\$584	\$595	\$604	\$615	\$633

¹Total eligible claims include eligible original determinations plus eligible redeterminations, less ineligible redeterminations. Totals do not match those in Table 5 because of differences in data processing procedures.

²Gross benefit payments are derived from the sum of payment segments without adjustments and do not precisely match data contained in financial reports.

TABLE 2
FAMILY LEAVE INSURANCE – STATE PLAN
SUMMARY OF WORKLOAD ACTIVITY BY TYPE OF CLAIM
Calendar Year 2017

	<u>Claims for Bonding</u>			<u>Claims for Care of Seriously Ill Family Members</u>			<u>Total Care</u>	<u>Total All Claims</u>
	<u>Newborn</u>	<u>Adoption</u>	<u>Total Bonding</u>	<u>Child</u>	<u>Spouse</u>	<u>Other Family¹</u>		
Original Determinations								
Eligible	26,564	113	26,677	1,110	1,455	1,984	4,549	31,226
Ineligible	4,911	37	4,948	613	549	1,074	2,236	7,184
Total	31,475	150	31,625	1,723	2,004	3,058	6,785	38,410
Redeterminations								
Eligible	2,128	18	2,146	225	230	370	825	2,971
Ineligible	116	0	116	6	9	16	31	147
Total	2,244	18	2,262	231	239	386	856	3,118
Total Eligible Claims²	28,576	131	28,707	1,329	1,676	2,338	5,343	34,050
Reconsiderations								
Eligible	4,417	41	4,458	941	922	1,072	2,935	7,383
Ineligible	235	3	238	52	45	92	189	427
Total	4,652	44	4,696	993	957	1,164	3,114	7,810

TABLE 2 (continued)
FAMILY LEAVE INSURANCE – STATE PLAN
SUMMARY OF WORKLOAD ACTIVITY BY TYPE OF CLAIM
Calendar Year 2017

	<u>Claims for Bonding</u>			<u>Claims for Care of Seriously Ill Family Members</u>			<u>Total Care</u>	<u>Total All Claims</u>
	<u>Newborn</u>	<u>Adoption</u>	<u>Total Bonding</u>	<u>Child</u>	<u>Spouse</u>	<u>Other Family¹</u>		
Number of First Payments	28,440	131	28,571	1,320	1,664	2,344	5,328	33,899
Number of Weeks Compensated	152,215	644	152,859	5,115	6,838	9,513	21,466	174,352
Number of Days Compensated	1,067,237	4,568	1,071,805	35,946	48,034	66,806	150,786	1,222,591
Gross Benefit Payments (millions)	\$82.6	\$0.4	\$83.0	\$2.6	\$3.5	\$4.8	\$10.9	\$93.8
Average Weekly Benefit Amount (Gross Benefits/Weeks Compensated)	\$543	\$591	\$543	\$499	\$513	\$504	\$505	\$538
Average Daily Benefit Amount (Gross Benefits/Days Compensated)	\$77	\$83	\$77	\$71	\$73	\$72	\$72	\$77
Estimated Average Duration ³ (Weeks Compensated/Eligible Claims)	5.3	4.9	5.3	3.8	4.1	4.1	4.0	5.1

¹Other family members include domestic partners, civil union partners and parents.

²Eligible claims are defined as eligible original determinations, plus eligible redeterminations, less ineligible redeterminations.

³Estimated average duration is calculated as weeks compensated divided by eligible claims; duration data may reflect claimants who are just beginning a claim or who are intermittent claimants and therefore have not collected all of their potential weeks of benefits and also may include individuals who began their claims in the prior year. Duration data in Table 2 do not match duration data in Table 6 because of differences in data processing procedures.

TABLE 3

NEW JERSEY FAMILY LEAVE INSURANCE PROGRAM
 TIME LAPSE CLAIM DISTRIBUTION
 Summary of Original Determinations by
 Number of Days Elapsed from Date Entered in Mail Log
 Eligible and Ineligible Decisions
 2013 – 2017

<u>Number of Days</u>	<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>	
	<u>Number</u>	<u>Cumulative Percent</u>								
14 or less	26,323	76.3	21,323	60.8	15,744	44.6	12,825	36.0	12,619	32.9
15 – 21	3,261	85.8	6,047	78.1	8,477	68.6	8,312	59.4	3,738	42.6
22 – 28	2,809	93.9	2,754	85.9	2,574	75.9	3,954	70.5	3,064	50.6
29 – 35	1,034	96.9	2,384	92.7	2,899	84.1	3,526	80.4	4,387	62.0
36 – 43	509	98.4	1,274	96.4	2,553	91.4	2,306	86.8	5,938	77.5
44 – 49	222	99.1	631	98.2	1,473	95.6	1,520	91.1	2,310	83.5
50 – 56	195	99.6	270	98.9	692	97.5	1,135	94.3	1,405	87.2
57 or more	129	100.0	377	100.0	878	100.0	2,033	100.0	4,922	100.0
TOTAL CASES	34,482		35,060		35,290		35,611		38,383	
Claims with Insufficient Data on Receipt	8,614	25.0	9,466	27.0	11,919	33.8	11,677	32.8	11,745	30.6

Note: Because of differences in data processing procedures, totals do not precisely match data shown in Tables 1 and 2.

TABLE 4
FAMILY LEAVE INSURANCE – STATE PLAN
AGE AND SEX OF TOTAL FAMILY LEAVE CLAIMANTS
BY ELIGIBILITY STATUS

Calendar Year 2017

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	31,070	26,067	5,003
Percent*	100.0%	83.9%	16.1%
Total, Under 45 - Percents	89.5%	76.3%	13.2%
<i>Under 25</i>	3.9	3.5	0.4
<i>25 - 34</i>	55.2	48.2	7.1
<i>35 - 44</i>	30.4	24.6	5.8
Total, Over 45 - Percents	10.5%	7.6%	2.9%
<i>45 - 54</i>	5.2	3.7	1.5
<i>55- 64</i>	4.1	3.1	1.0
<i>Over 65</i>	1.1	0.8	0.4
Ineligible Claimants			
Total with Information - Number	7,102	5,276	1,826
Percent*	100.0%	74.3%	25.7%
Total, Under 45 - Percents	81.6%	61.2%	20.4%
<i>Under 25</i>	5.3	4.5	0.8
<i>25 - 34</i>	47.7	36.7	11.0
<i>35 - 44</i>	28.7	20.0	8.7
Total, Over 45 - Percents	18.4%	13.1%	5.3%
<i>45 - 54</i>	9.4	6.6	2.8
<i>55- 64</i>	7.2	5.3	1.9
<i>Over 65</i>	1.8	1.2	0.6

Note: Demographic data for eligible and ineligible claimants are based on original determinations and do not incorporate eligibility changes due to redeterminations. Totals do not match those in Tables 1 and 2 due to differences in data processing procedures.

*Percentages are computed by eligibility status for the total number of claimants with age and sex information. Percents may not add to totals due to rounding.

TABLE 4A

FAMILY LEAVE INSURANCE – STATE PLAN
AGE AND SEX OF BONDING FAMILY LEAVE CLAIMANTS
BY ELIGIBILITY STATUS

Calendar Year 2017

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	26,570	22,681	3,889
Percent*	100.0%	84.4%	14.6%
Total, Under 45 - Percents	98.7%	84.8%	13.9%
<i>Under 25</i>	4.4	4.0	0.4
<i>25 - 34</i>	62.5	54.8	7.7
<i>35 - 44</i>	31.8	26.0	5.9
Total, Over 45 - Percents	1.3%	0.6%	0.7%
<i>45 - 54</i>	1.2	0.5	0.7
<i>55- 64</i>	0.1	0.0	0.0
<i>Over 65</i>	0.0	0.0	0.0
Ineligible Claimants			
Total with Information - Number	4,895	3,736	1,159
Percent*	100.0%	76.3%	23.7%
Total, Under 45 - Percents	98.3%	75.5%	22.8%
<i>Under 25</i>	6.7	5.9	0.8
<i>25 - 34</i>	61.1	47.7	13.4
<i>35 - 44</i>	30.5	22.0	8.5
Total, Over 45 - Percents	1.7%	0.8%	0.9%
<i>45 - 54</i>	1.5	0.7	0.8
<i>55- 64</i>	0.2	0.1	0.1
<i>Over 65</i>	0.0	0.0	0.0

Note: Demographic data for eligible and ineligible claimants are based on original determinations and do not incorporate eligibility changes due to redeterminations. Totals do not match those in Tables 1 and 2 due to differences in data processing procedures.

*Percentages are computed by eligibility status for the total number of claimants with age and sex information. Percents may not add to totals due to rounding.

TABLE 4B

FAMILY LEAVE INSURANCE – STATE PLAN
AGE AND SEX OF FAMILY CARE FAMILY LEAVE CLAIMANTS
BY ELIGIBILITY STATUS

Calendar Year 2017

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	4,500	3,386	1,114
Percent*	100.0%	75.2%	24.8%
Total, Under 45 - Percents	35.2%	25.9%	9.3%
<i>Under 25</i>	0.8	0.6	0.2
<i>25 - 34</i>	12.4	8.9	3.4
<i>35 - 44</i>	22.0	16.4	5.7
Total, Over 45 - Percents	64.8%	49.4%	15.4%
<i>45 - 54</i>	29.1	22.4	6.6
<i>55- 64</i>	27.9	21.6	6.3
<i>Over 65</i>	7.8	5.4	2.5
Ineligible Claimants			
Total with Information - Number	2,207	1,540	667
Percent*	100.0%	69.8%	30.2%
Total, Under 45 - Percents	44.7%	29.5%	15.1%
<i>Under 25</i>	2.2	1.6	0.6
<i>25 - 34</i>	17.9	12.4	5.6
<i>35 - 44</i>	24.6	15.6	9.0
Total, Over 45 - Percents	55.3%	40.2%	15.1%
<i>45 - 54</i>	26.9	19.8	7.2
<i>55- 64</i>	22.8	16.8	6.0
<i>Over 65</i>	5.6	3.7	1.9

Note: Demographic data for eligible and ineligible claimants are based on original determinations and do not incorporate eligibility changes due to redeterminations. Totals do not match those in Tables 1 and 2 due to differences in data processing procedures.

*Percentages are computed by eligibility status for the total number of claimants with age and sex information. Percents may not add to totals due to rounding.

TABLE 5
FAMILY LEAVE INSURANCE – STATE PLAN
SUMMARY OF ELIGIBLE NEW CLAIMS DATA
BY TYPE OF CLAIM
Calendar Years 2016 and 2017

<u>Type of Claim</u>	<u>CY 2016</u> REVISED		<u>CY 2017</u>	
	Number of <u>Cases</u>	Percent of <u>Cases</u>	Number of <u>Cases</u>	Percent of <u>Cases</u>
Care of a Family Member	5,331	16.5%	5,400	15.8%
Total Bonding Claims	27,059	83.5	28,836	84.2
<i>Bonding Immediately Following a Pregnancy Claim for TDI</i>	14,283	44.1	14,964	43.7
<i>Bonding That Does Not Immediately Follow a Pregnancy Claim for TDI</i>	12,776	39.4	13,872	40.5
Total*	32,390	100.0%	34,236	100.0%

*Total eligible claims do not exactly match totals in Tables 1 and 2 because of differences in data processing procedures.

TABLE 6

FAMILY LEAVE INSURANCE – STATE PLAN
SUMMARY OF DATA FOR COMPLETED CASES*
BY TYPE OF CLAIM
Calendar Year 2017

<u>Type of Claim</u>	Number of <u>Cases</u>	Percent of <u>Cases</u>	Average Duration <u>(weeks)</u>	Average Gross <u>Benefits</u>
Care of a Family Member	5,304	15.8%	4.1	\$2,084
Total Bonding Claims	28,236	84.2	5.4	\$2,917
<i>Bonding Immediately Following a Pregnancy Claim for TDI</i>	14,666	43.7	5.6	\$2,863
<i>Bonding That Does Not Immediately Follow a Pregnancy Claim for TDI</i>	13,570	40.5	5.2	\$2,976
Total	33,540	100.0%	5.2	\$2,786

Calendar Year 2016 (**REVISED**)

<u>Type of Claim</u>	Number of <u>Cases</u>	Percent of <u>Cases</u>	Average Duration <u>(weeks)</u>	Average Gross <u>Benefits</u>
Care of a Family Member	5,193	16.0%	4.1	\$2,029
Total Bonding Claims	27,220	84.0	5.4	\$2,859
<i>Bonding Immediately Following a Pregnancy Claim for TDI</i>	14,410	44.5	5.6	\$2,806
<i>Bonding That Does Not Immediately Follow a Pregnancy Claim for TDI</i>	12,810	39.0	5.2	\$2,918
Total	32,413	100.0%	5.2	\$2,726

*Completed cases include those claims formally closed in the FLI database in 2016 and 2017, as well as those with no payment activity for 90 days.

TABLE 7
FAMILY LEAVE INSURANCE – STATE PLAN
EMPLOYER REQUIRED LEAVE RESULTING IN REDUCED BENEFIT DURATION*
2013 - 2017

	<u>CY</u> <u>2013</u>	<u>CY</u> <u>2014</u>	<u>CY</u> <u>2015</u>	<u>CY</u> <u>2016</u>	<u>CY</u> <u>2017</u>
Number of Claims Reduced	5,196	4,945	5,151	4,986	4,417
Total Number of Days Reduced	52,026	49,204	51,481	48,617	44,138
Average Number of Days Reduced	10	10	10	10	10

*Includes all reported sick leave, vacation or other fully paid leave which resulted in reduced FLI benefit duration.