

SECTION L



FAMILY AND MEDICAL LEAVE ACT (FMLA)

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L. FAMILY AND MEDICAL LEAVE ACT (FMLA)

OVERVIEW



The Family and Medical Leave Act of 1993 (FMLA), which became effective February 5, 1994, entitles eligible and approved employees up to a maximum of 12 weeks of paid and/or unpaid leave in a 12-month period to care for an immediate family member or for the serious illness of the employee. Eligible and approved employees using this paid and/or unpaid leave can continue their basic City health coverage and the Fund benefits which are paid by the City and the Fund, respectively, for up to a maximum of 12 weeks.

EMPLOYEE ELIGIBILITY

An employee is eligible for leave under FMLA if he or she has worked:

- For the City of New York for at least 12 months; and
- At least 1,250 hours during the 12-month period prior to the start of the FMLA leave.

LEAVE ENTITLEMENT

An eligible employee may apply for leave under FMLA for one or more of the following reasons:

- For the care of the employee's newly born child, newly adopted child or newly placed foster child.
- For the care of an immediate family member (spouse, child under age 18, child age 18 or older but incapable of self-care because of a physical or mental disorder, or parent) with a serious illness. Please note that parents of spouses are not included in this provision.
- When the employee is unable to work because of a serious illness.

WHO IS COVERED

The Fund provides continuation of benefits to the eligible employee (member) and his/her eligible dependents (spouse/domestic partner and children).

BENEFITS COVERED

Benefits which are fully paid by the Fund include:

- Basic Life Insurance and Accidental Death & Dismemberment Insurance (member only)
- Superimposed Major Medical Plan
- Dental
- Vision Care

HOW TO APPLY

Contact the personnel office of your employer agency to request a leave under FMLA. If eligible and approved, the personnel office will provide to the Fund's Administrative Office the appropriate information for continuation of your Fund benefits.

EFFECTIVE DATE OF COVERAGE

The effective date for continuation of your Fund benefits under FMLA is the approved start date provided by your employer agency.

DURATION OF COVERAGE

The 12-month period in which the 12 weeks of leave entitlement occur is a "rolling" 12-month period measured backward from the date any leave under FMLA is taken. Under this method of leave calculation, each time an employee is to take any leave under FMLA, the leave entitlement would be the balance of the 12 weeks which has not been used during the previous 12-month period.

If you have exhausted the maximum leave period under FMLA, you will need to satisfy the eligibility and leave entitlement requirements once again before a request for an additional leave of absence under FMLA may be approved.



SPECIAL LEAVE OF ABSENCE COVERAGE (SLOAC) ELIGIBILITY

When the continuation of your basic City health coverage and Fund benefits ends under FMLA and you have exhausted all personal leaves (compensatory, annual, and sick), and your absence is due to your own serious illness, you may be eligible to extend your benefits under SLOAC. To find out if you are eligible to extend your City health coverage and Fund benefits, please contact the personnel office of your employer agency.

COBRA OPTIONAL COVERAGE

When the continuation of your basic City health coverage and Fund benefits ends under FMLA and you are not eligible or not approved for SLOAC, you and/or your eligible dependents may each have the right to continue basic City health coverage and certain Fund benefits (Superimposed Major Medical, Dental and Vision Care) under the federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Notice of each eligible covered person's rights under COBRA will be provided by the personnel office of your employer agency. If you have any questions regarding the continuation of basic City health coverage under COBRA, you should contact your health plan or the personnel office of your employer agency. If you have any questions about continuing your Fund benefits under COBRA, please contact the Fund's Administrative Office at 1-212-306-7290, 1-888-4000MBF (1-888-400-0623) if outside NYC, or (TTY) 1-212- 306-7629 if hearing impaired.

The period of leave under FMLA will not count towards the maximum COBRA coverage entitlement period.

BASIC LIFE INSURANCE CONVERSION PRIVILEGE

When the continuation of your Basic Life Insurance and Accidental Death & Dismemberment Insurance ends under FMLA and you are not eligible or not approved for SLOAC, your Basic Life Insurance coverage will continue for 31 days. During this 31-day period, you may convert your Basic Life Insurance group coverage to an individual policy without evidence of good health or purchase an individual policy at a lower rate with evidence of good health. For information, please contact The Prudential Insurance Company of America at 1-973-548-6061.

Please be advised that there is no conversion privilege available for the Accidental Death & Dismemberment Insurance.

GROUP UNIVERSAL LIFE (GUL) INSURANCE COVERAGE

If you are enrolled in the Group Universal Life Insurance Program, GUL payroll deductions will continue while you are on paid leave under FMLA.

If all of your leave is unpaid or you have exhausted your paid leave and your unpaid leave goes into effect under FMLA, payroll deductions for your GUL Insurance coverage will cease. You must continue your GUL Insurance on a direct-billing basis by paying premiums to the insurance carrier, The Prudential Insurance Company of America. If you have any questions or need additional information, please contact Prudential's GUL Administrator, Marsh@WorkSolutions, a division of Seabury & Smith, Inc., toll-free at 1-800-640-7611.

LONG TERM DISABILITY (LTD) INSURANCE COVERAGE

There is no continuation of LTD Insurance during a leave of absence under FMLA. If your leave of absence, however, is the result of a disabling condition, you may be eligible to apply for LTD insurance benefits.

For additional information about LTD Insurance, please refer to Section D of this benefits booklet or contact the Fund's Administrative Office at 1-212-306-7290, 1-888-4000MBF (1-888-400-0623) if outside NYC, or at (TTY) 1-212-306-7629 if hearing impaired.

