

FAMILY MEMBER DISABILITY

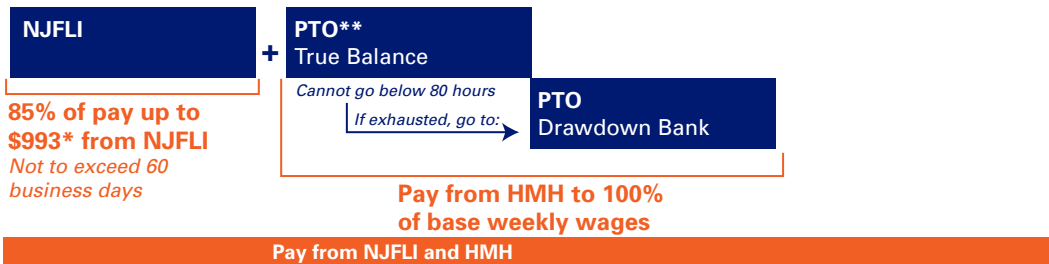
Hackensack Meridian *Health* team members are eligible to take leave to care for a family member or covered service member under federal and state law. In most cases, team members must have completed at least one year of service with Hackensack Meridian *Health*, worked at least 1,000 hours during the preceding 12-month period, and declared intent to return to work after the leave. Team members are eligible for up to 12 weeks of unpaid leave during a 12- to 24-month period, depending on the interaction between state and federal law and the team member's individual circumstances. Eligibility for benefits during the leave, length of leave, and other conditions depend upon the circumstances of the leave and other qualifying factors. Please see our [LEAVES OF ABSENCE POLICY on PolicyStat](#) for a full list of leaves available and corresponding eligibility requirements.

I need to request a leave of absence for a FAMILY MEMBER DISABILITY. How do I get started?

1. Notify your leader of your intent to take a leave.
2. Call The Hartford at **1-888-924-4155** or log in/create an account at MyBenefits.TheHartford.com to submit your request for a leave. You must call 30 days in advance of the leave, if possible. If the leave is unexpected, you must call the day you learn of the need for leave or the following business day.
3. Complete an application for New Jersey Family Leave Insurance (NJFLI) at https://myleavebenefits.nj.gov/labor/myleavebenefits/assets/pdfs/FL1_6-19.pdf and submit it to: Division of Temporary Disability & Family Leave Insurance, P.O. Box 387, Trenton, NJ 08625-0387, or via fax at **1-609-984-4138**.

IMPORTANT: The Hartford does not handle the payment portion for the NJ Family Leave Act. You will receive payment directly from the State of New Jersey, so you must complete this step. This will take approximately three to six weeks to process, so be sure to submit your application as early as possible. Any questions about the payment should be directed to the New Jersey Department of Labor and Workforce Development, Division of Family Leave Insurance at **1-609-292-7060.**

I am on an approved leave for a FAMILY MEMBER DISABILITY. How will I be paid?



*\$993 is the current New Jersey cap (effective 1/1/22) and subject to change on a yearly basis.

** When available, PTO time will draw from the FT Status Bank first, followed by True Balance and Drawdown.

Does not apply to directors and above on the untracked PTO program.

What if I need to take an intermittent leave?

When medically necessary, a leave taken to care for a family member or covered service member may be taken on an intermittent or reduced work schedule basis.

An intermittent leave is taken in separate blocks of time due to a single illness or injury, and may include leave periods from an hour or more to several weeks.

A reduced schedule leave reduces an eligible team member's usual number of working hours per workweek, or hours per workday.

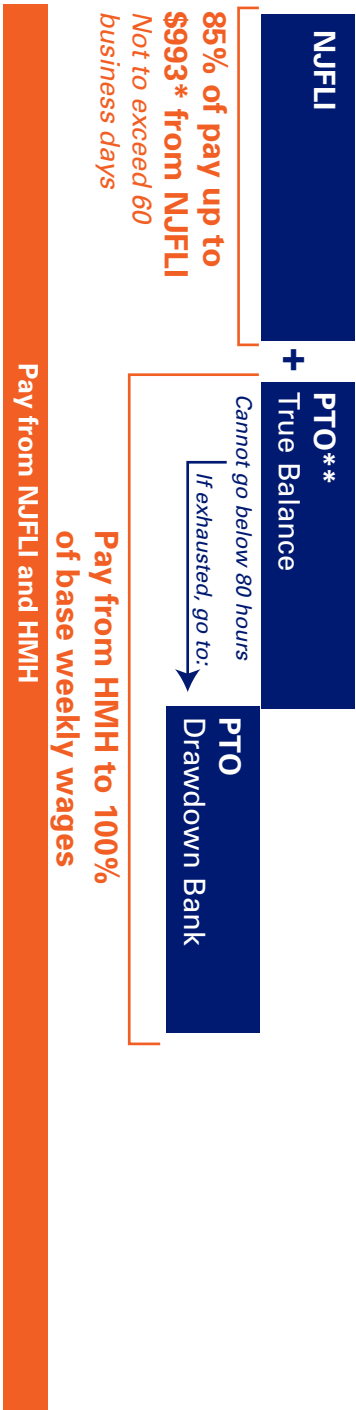
If a team member takes a leave intermittently or on a reduced work schedule basis, the team member must, when requested, attempt to schedule the leave so as not to unduly disrupt HMH's operations.

- Notify your leader of your intent to take a leave.
- To apply for intermittent leave, please call The Hartford at **1-888-924-4155** or log in/create an account at **MyBenefits.TheHartford.com** to open a claim.
Please note: Team members must call their leader and The Hartford each day they plan to take a leave, in order to receive payment.
- Team members taking an approved intermittent leave to care for an ill family member or covered service member will draw first from PTO FT Status Bank (if available), then PTO True Balance (not to go below 80 hours) then PTO Drawdown Bank. These team members can use PTO on an hourly basis, if necessary. If/when PTO is exhausted, the team member will draw from ESL Carryover Balance, then Current ESL Balance. Historic Sick banks are not available for intermittent leave.

I am returning to work following a leave for a FAMILY MEMBER DISABILITY. What do I need to do?

1. E-mail the LOA Accommodations team at **HMHRTW@hmhn.org** or fax at **1-848-245-8453** to notify them of your return to work date and provide a contact number. The LOA Accommodations team will then update your status in MyWay-PeopleSoft and confirm your return to work date with your leader.
Please note: Failure to submit this information to the LOA Accommodations team well in advance of your planned return could result in a delay in pay and system access.
2. Call The Hartford at **1-888-924-4155** or log in/create an account at **MyBenefits.TheHartford.com** to report your return to work date.
3. Call your leader to coordinate your return to work.

I am on an approved leave for a FAMILY MEMBER DISABILITY. How will I be paid?



85% of pay up to \$993* from NJFLL
Not to exceed 60 business days

NJFLL

PTO**
True Balance

Cannot go below 80 hours

If exhausted, go to:

PTO
Drawdown Bank

Pay from HMMH to 100% of base weekly wages

Pay from NJFLL and HMMH

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