



Hackensack
Meridian *Health*

LEAVE OF ABSENCE (LOA) AND OTHER TIME OFF POLICIES

LEADER TOOLKIT

As of April 23, 2021, and subject to change. Includes COVID-19 related updates.
Please visit MyHMH for most up-to-date information.

Subject to union negotiations. We are required by law to deal with the unions on behalf of unionized team members, and we will continue to do so. We will only negotiate with the unions, not with individual unionized team members. For team members covered by a CBA, the rules of the CBA will prevail.

INTRODUCTION

Since moving to our new leave of absence program and policies, we have been working to establish clear and consistent guidelines for how the various programs and policies work together to provide our team members the maximum coverage and peace of mind while on a leave.

This has been a complex process with many variables, including new laws and yet-to-be-determined guidelines at the state level, as well as a new private benefit administrator for most of our team members.

As leaders, you have done an incredible job fielding questions and concerns from our team members as we have worked toward a new normal. We know it hasn't been easy to do this while feeling like you don't have all the answers, and we thank you.

This toolkit has been designed to help you feel more comfortable with these new leave of absence programs and policies and includes detail on a range of topics, including:

- How to request various leaves of absence
- How a team member will be paid while on various leaves of absence
- How to return from various leaves of absence
- How Short Term Disability, PTO, ESL and other benefits all work together to provide better, more consistent coverage than ever before
- Who to call with questions and when

We will continue to build on these tools and to provide educational materials to both you and our team members, directly. In the meantime, we hope you find this useful.

Thank you, again, for all that you do.

Sincerely,
Nancy R. Corcoran-Davidoff
Executive Vice President, Chief Human Resources Officer

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REFERENCE GUIDES

PLEASE NOTE:

All leaves are based on the eligibility and accrued time of each individual team member, along with various other factors. The Reference Guides within this section are meant to illustrate how our leave policies work, but team members should continue to reach out to our partners at The Hartford, as well as the local HR representatives for support when taking a leave.

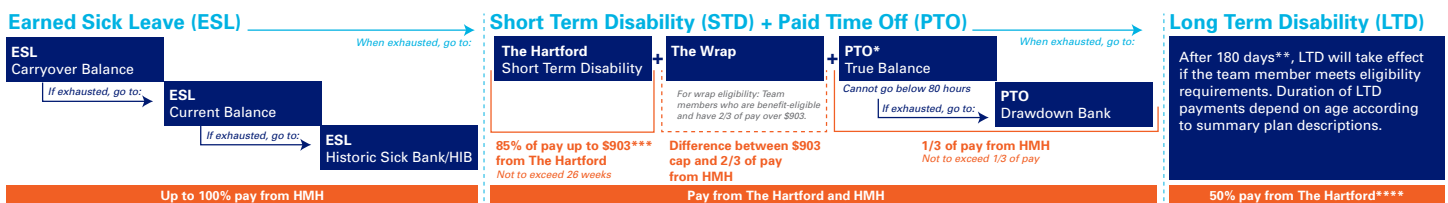
PERSONAL DISABILITY

Hackensack Meridian *Health* team members are eligible for several types of leave. Under the Family Medical Leave Act, team members must have completed at least one year of service with Hackensack Meridian *Health*, worked at least 1,250 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-month period. 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 PERSONAL 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. Provide proper documentation to The Hartford within 15 business days of the leave request. If documentation is not provided within 15 days, the leave may be denied. Be prepared to supply the following information:
 - Name, last four digits of your social security number, date of birth, date last worked and date of hire
 - Medical provider's name, phone number and fax number
 - Description of your illness or injury
 - Leader's name and phone number
 - Description of your occupation
 - Preferred method of communication while on leave
4. The Hartford will let you know if the request has been approved or denied within five business days after receiving all necessary documentation. This decision will be based on your hours, length of service and remaining leave time available. If you do not meet the eligibility requirements for an FMLA personal leave of absence or need an at-work accommodation, the same process outlined above should be followed. The Hartford will refer your accommodation request to the LOA Accommodations team who will follow up accordingly.

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



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

**The STD benefit will be paid for a full 26 weeks, regardless of how much ESL time you have to use. Once the STD benefit ends, the LTD benefit will then be paid. There is no action required on the part of the team member for the transition from short term to long term disability. Please see summary plan description for details.

***\$903 is the current New Jersey cap (effective 1/1/21) and subject to change on a yearly basis.

****Medical certification is required. There is a six-month elimination period; payments will begin once qualified by The Hartford. Benefit is 50% of pay, not to exceed \$5,000 per month.

Remember, team members have the option to do an LTD buy-up (in other words, to purchase a greater level of LTD coverage) once a year during Open Enrollment. 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 team member with a serious health condition may take leave 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 in order to obtain planned medical treatment, 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 for their own health condition or during pregnancy will draw from their ESL for each intermittent leave day taken. If/when ESL is exhausted, team members are permitted to draw from their PTO — drawing first from PTO FT Status Bank (if available), then PTO True Balance (not to go below 80 hours), then PTO Drawdown Bank.

I am returning to work following a leave of absence for a PERSONAL DISABILITY. What do I need to do?

1. Submit a return to work note from your medical provider that clearly indicates whether your return is with or without restrictions to the LOA Accommodations team via e-mail at **HMHRTW@hmhn.org** or fax at **1-848-245-8453**. Be sure to include your name, team member ID, phone number, and your leader's name.
Please note: Failure to submit this information to the LOA Accommodations team as far in advance of your planned return as possible 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. After completing these steps, you may need to complete additional steps depending on your specific situation:
 - If your return to work note includes work restrictions, do not report to work until the LOA Accommodations team contacts you, which will be within 24 hours (except on weekends), to discuss your work restrictions and the protocol for your return.
 - If you have a communicable disease or are out on a Workers' Compensation leave, you must report to your local Occupational Health office to be cleared prior to returning to work. After you report to Occupational Health, they will then follow up with the LOA Accommodations team regarding your return to work date.
 - If neither of these situations applies to you, please move on to Step 4.
4. Once you have completed the necessary steps, the LOA Accommodations team will then update your status via MyWay-PeopleSoft and confirm your return to work date with your leader.
5. Notify your leader to coordinate your return to work.

FAMILY MEMBER DISABILITY

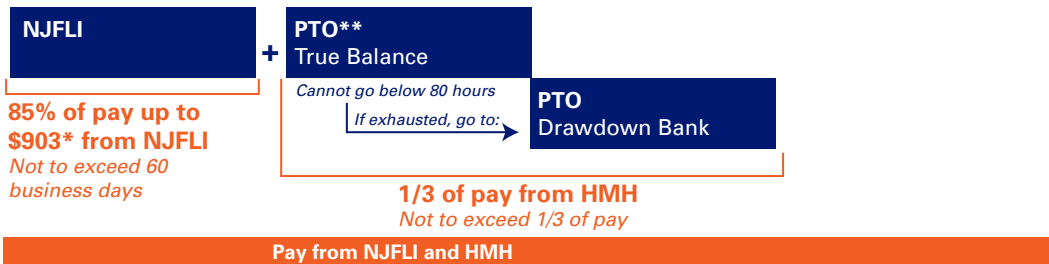
Hackensack Meridian *Health* team members are eligible to take leave to care for a family member or covered service member under federal and state law. In most cases, team members must have completed at least one year of service with Hackensack Meridian *Health*, worked at least 1,000 hours during the 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](https://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?



*\$903 is the current New Jersey cap (effective 1/1/21) 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.

MATERNITY LEAVE

Hackensack Meridian *Health* team members are eligible to take leave for their own health condition under federal and state law. In most cases, team members must have completed at least one year of service with Hackensack Meridian *Health*, generally worked at least 1250 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.

IMPORTANT: Leaves of absence related to maternity leave are covered under two separate plans: Personal Disability and Baby Bonding Time. Technically, "maternity leave" doesn't exist as a policy. By combining a Personal Disability leave with Baby Bonding Time, team members can create their own "maternity leave." Personal Disability leave is paid by The Hartford and HMH (depending on eligibility and available time), while Baby Bonding Time follows the same process as a Family Member Disability and is paid by NJFLI and HMH (depending on eligibility and available time). Please review all steps closely to make sure you're getting the coverage you need.

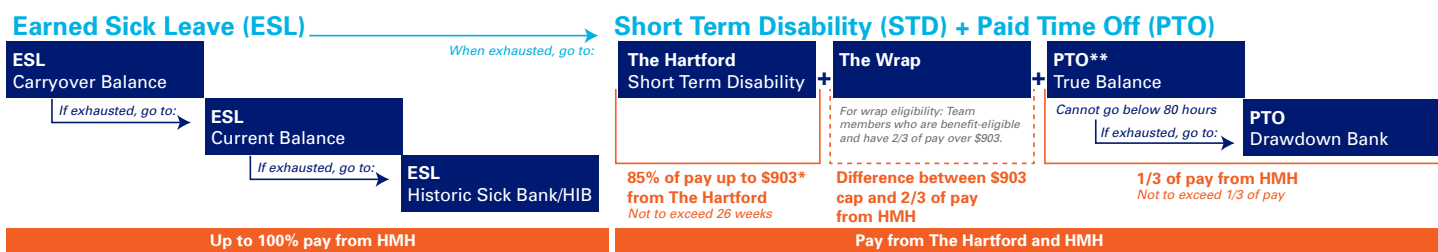
I need to request a LEAVE OF ABSENCE RELATED TO MATERNITY. How do I get started?

First, follow the steps to request leave for a personal disability:

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.
3. Provide proper documentation to The Hartford within 15 business days of the leave request. If documentation is not provided within 15 days, the leave may be denied. Be prepared to supply the following information:
 - Name, last four digits of your social security number, date of birth, date last worked and date of hire
 - Physician's name, phone number and fax number
 - Leader's name and phone number
 - Description of your occupation
 - Preferred method of communication while on leave
4. The Hartford will let you know if the request has been approved or denied within five business days, after receiving all necessary documentation. This decision will be based on your hours, length of service and remaining leave time available. If you do not meet the eligibility requirements for an FMLA personal leave of absence or need an at-work accommodation, the same process outlined above should be followed. The Hartford will refer your accommodation request to the LOA Accommodations team who will follow up accordingly.

I am on a PERSONAL DISABILITY LEAVE RELATED TO MATERNITY. How will I be paid?

Please note: Pre-partum and post-partum eligibility are based upon medical necessity and may vary by individual and type of delivery. Personal Disability pay works as follows:



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Subject to union negotiations. We are required by law to deal with the unions on behalf of unionized team members, and we will continue to do so. We will only negotiate with the unions, not with individual unionized team members. For team members covered by a CBA, the rules of the CBA will prevail.

I need to request a leave of absence for BABY BONDING TIME. How do I get started?

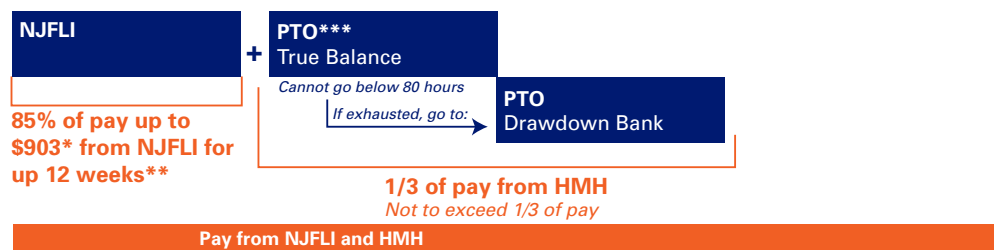
Next, follow the steps to request leave for a baby bonding time:

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 NJFLI. 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 BABY BONDING TIME. How will I be paid?

Baby Bonding – Up to 12 Weeks – When the Short Term Disability benefit expires, eligible team members may take up to 12 **continuous** weeks of Baby Bonding Time during the first 12 months after the baby’s birth.



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** NJFLI coverage expanded to 12 weeks on July 1, 2020.

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

I am returning to work following a PERSONAL DISABILITY LEAVE RELATED TO MATERNITY AND BABY BONDING TIME. 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.

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BABY BONDING TIME

Hackensack Meridian *Health* team members are eligible to take leave to care for a family member under federal and state law. Baby Bonding Time includes time for a team member to bond with a newborn, newly adopted or newly placed foster child (e.g., for the purposes of “maternity leave” or “paternity leave”). 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 continuous 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.

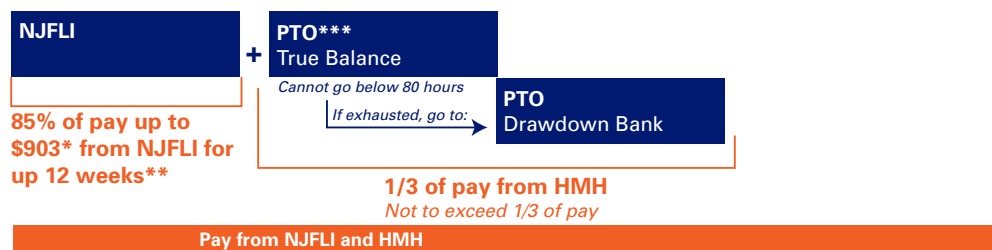
I need to request a leave of absence for BABY BONDING TIME. How do I get started?

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 NJFLI. 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 BABY BONDING TIME. How will I be paid?

Baby Bonding – Up to 12 Weeks – When the Short Term Disability benefit expires, eligible team members may take up to 12 **continuous** weeks of Baby Bonding Time during the first 12 months after the baby’s birth.



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** NJFLI coverage expanded to 12 weeks on July 1, 2020.

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

I am returning to work following BABY BONDING TIME. 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.

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EARNED SICK LEAVE

Hackensack Meridian *Health* provides team members with Earned Sick Leave (ESL) benefits for a variety of reasons, outlined below. Team members are eligible for ESL if they are full-time, part-time or temporary status. Per diem team members who are not licensed health care professionals are also eligible. Please see our [EARNED SICK LEAVE POLICY on PolicyStat](#) for full eligibility, accrual and utilization details.

Reasons for taking time off under ESL:

NJ state law protects team members' ability to take time off under certain circumstances, without penalty. It does not, however, necessarily require the employer to designate that time as "ESL time." The employer is not required to provide additional time designated for earned sick leave if PTO days may be used for earned sick leave and the employer's PTO policy meets all requirements of the law. Because HMH's PTO policy is more generous than what is required by law (and allows team members to accrue greater than the minimum number of hours that the law requires), it is HMH's policy, under certain circumstances, for team members to draw from their PTO balance, if available, before drawing from their ESL bank.

- Diagnosis, care, treatment of, or recovery from a mental or physical illness, injury or other adverse health condition, or for preventive medical care – personal or family member
- Medical, legal or counseling services needed as a result of domestic or sexual violence – personal or family member
- Closure of workplace or school/daycare by order of a public official or issuance by a public health authority
- Attending a school-related conference, meeting, function or other event requested or required by a school administrator, teacher, or other professional staff member responsible for your child's education
- Attending a meeting regarding care in connection with your child's health condition or disability

There are various reasons for which a team member may be eligible to take ESL. However, depending on the reason, the process to request ESL – and how a team member will be paid – may vary. Please review the four ESL Groups below to find the process that matches your reason.

ESL GROUP I: SCHOOL CLOSURES, MEETINGS, ILLNESS (3 DAYS OR LESS)

WHY AM I REQUESTING ESL?

- ☑ Closure of workplace or school/daycare by order of a public official or issuance by a public health authority (e.g., closures for a health epidemic like a measles outbreak)
- ☑ Attending a school-related conference, meeting, function or other event requested or required by a school administrator, teacher, or other professional staff member responsible for your child's education
- ☑ Attending a meeting regarding care in connection with your child's health condition or disability
- ☑ Diagnosis, care, treatment of, or recovery from a mental or physical illness, injury or other adverse health condition, or for preventive medical care – personal or family member – **3 consecutive days or less**

WHO DO I CONTACT AND WHEN?

Notify your leader at least seven days in advance, if possible.

Subject to union negotiations. We are required by law to deal with the unions on behalf of unionized team members, and we will continue to do so. We will only negotiate with the unions, not with individual unionized team members. For team members covered by a CBA, the rules of the CBA will prevail.

WHICH BANK WILL IT COME FROM?

This will vary for each team member depending on your time bank balances, but in general, time will cascade as follows:
PTO True Balance* -> PTO Yet To Earn -> PTO Drawdown Bank -> ESL Carryover Balance -> ESL Current Balance

*When available, FT Status Bank will be the first PTO bank to be drawn from.

HOW WILL I BE PAID?

Payment will be reflected in your HMH paycheck, depending on available balances in the banks referenced above.

FOR LEADERS: HOW SHOULD I CODE THIS TIME IN MYWAY-PEOPLESOFT?

Always code as "Sick"
Please note: The time in the team member's paycheck will reflect the cascade outlined above, depending on individual balances.

ESL GROUP II: PERSONAL/FAMILY MEMBER DISABILITY/ILLNESS (4 DAYS OR MORE), INTERMITTENT ABSENCES FOR TREATMENT

WHY AM I REQUESTING ESL?

- Diagnosis, care, treatment of, or recovery from a mental or physical illness, injury or other adverse health condition, or for preventive medical care – personal or family member – **4 consecutive days or more**
- Intermittent absences required for special treatment of chronic illness (e.g., dialysis, chemotherapy)
- Temporary disability

WHO DO I CONTACT AND WHEN?

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 leave. You must call 30 days in advance of the leave, if possible. If the leave is unexpected, you should call the day you learn of the need for leave or the following business day.

See Personal Disability/Family Member Disability Reference Guides for full details

WHICH BANK WILL IT COME FROM?

Depends on your time bank balances and the length and type of the leave.

See Personal Disability/Family Member Disability Reference Guides for full details

HOW WILL I BE PAID?

ESL time, PTO time and time covered by the HMH "Wrap" payment will be reflected in your HMH paycheck. Short Term Disability time covered by The Hartford plan will be paid directly by The Hartford in accordance with the team member's designated, preferred payment method.

See Personal Disability/Family Member Disability Reference Guides for full details

FOR LEADERS: HOW SHOULD I CODE THIS TIME IN MYWAY-PEOPLESOFT?

Code as "Sick" until you receive the approval notice from The Hartford (at which point, The Hartford will code the leave).
Please note: The time in the team member's paycheck will reflect the cascade outlined above, depending on individual balances.

Subject to union negotiations. We are required by law to deal with the unions on behalf of unionized team members, and we will continue to do so. We will only negotiate with the unions, not with individual unionized team members. For team members covered by a CBA, the rules of the CBA will prevail.

ESL GROUP III: (1-3 DAYS ABSENCE ONLY) INPATIENT HOSPITAL STAYS, SAME-DAY SURGERIES, PROCEDURES UNDER CONSCIOUS SEDATION ("DAY 1" ESL EXCEPTIONS)

WHY AM I REQUESTING ESL?

- ☑ Inpatient hospital stay (1-3 days absence only)
- ☑ Same-day surgery (including post-operative recovery time) (1-3 days absence only)
- ☑ Procedures under conscious sedation (e.g., colonoscopy) (1-3 days absence only)

WHO DO I CONTACT AND WHEN?

1. Notify your leader when you are requesting 1-3 days of ESL for your own medical condition/needs (when foreseeable).
2. Obtain a Health Care Provider's Certification "note" from your physician/health care provider immediately after the absence.
3. Submit the certification along with a completed Determination of Eligibility for Payment from ESL Bank on Day 1 of Absence Due to Own Disability or Illness (Absence of 3 Days or Less) form via fax to your site's Occupational Health team within 30 days of your treatment/care. Please note: If you are unsure which team to submit to, please ask your leader or HR representative. Once approved, the Occupational Health team will notify the Benefits team. The Benefits team will recode the absence so it draws from the ESL bank. Team members will be notified when a leave request has been approved/denied via email.

If you have questions about the status of your ESL Group III eligibility or payment, please send an email to HMHESL@hackensackmeridian.org.

WHICH BANK WILL IT COME FROM?

ESL Carryover Balance -> ESL Current Balance -> Historic Sick Bank/HIB -> PTO True Balance* -> PTO Yet To Earn -> PTO Drawdown Bank

***When available, FT Status Bank will be the first PTO bank to be drawn from.**

HOW WILL I BE PAID?

Payment will be reflected in your HMH paycheck, depending on available balances in the banks referenced above.

Please note: These requests can take up to several weeks to process, depending on current volume. Because of this, time may initially be drawn from your PTO bank. However, once your request is approved and processed, your PTO time will be credited back and that time will be drawn from your ESL bank.

FOR LEADERS: HOW SHOULD I CODE THIS TIME IN MYWAY-PEOPLESOFT?

Code as "Sick"

Please note: The time in the team member's paycheck will reflect the cascade outlined above, depending on individual balances.

ESL GROUP IV: WORKERS' COMPENSATION

WHY AM I REQUESTING ESL?

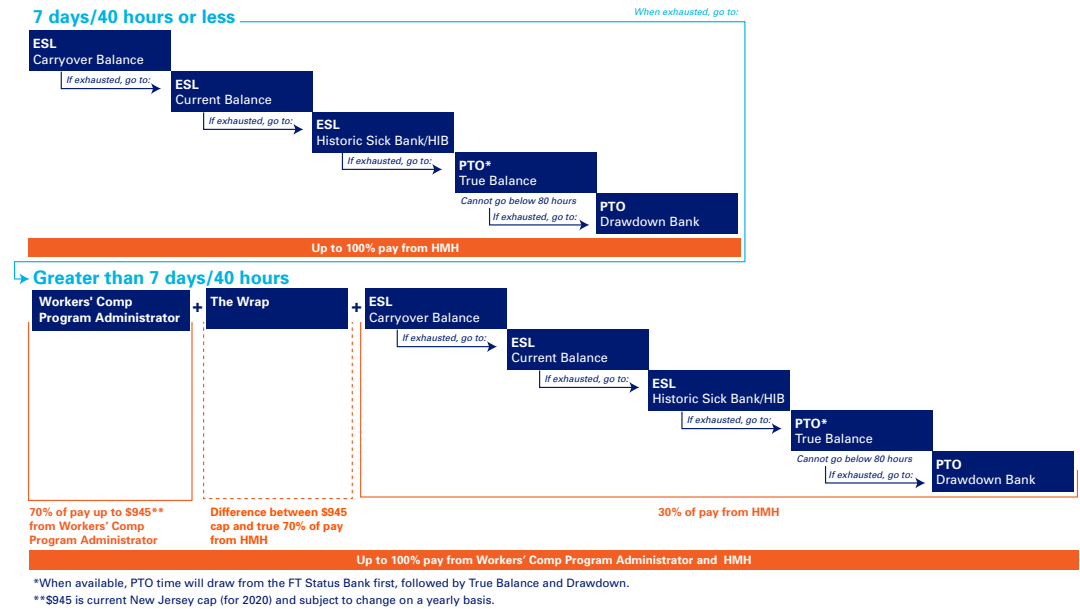
- Workers' Compensation

WHO DO I CONTACT AND WHEN?

1. Notify your leader at the time the incident occurs.
Please note: Failure to do this immediately following the incident may impact your receiving the benefit.
2. Complete ONElink (or appropriate event report, according to your entity).
3. Contact your local Occupational Health office at the time of the incident. If emergency care is required, seek care at an HMH Emergency Department.

WHICH BANK WILL IT COME FROM?

This will vary for each team member, depending on your time bank balances.



HOW WILL I BE PAID?

If the leave is 7 days or less, payment will be reflected in your HMH paycheck, depending on available time in the banks referenced above. If the leave is 8 days or more, 70% of payment will come in a separate check from the Workers' Compensation Program Administrator. "The Wrap" (the difference between the NJ state cap of \$945 and your true 70% of pay), if applicable, and 30% of payment will be reflected in your HMH paycheck, depending on your time bank balances.

FOR LEADERS: HOW SHOULD I CODE THIS TIME IN MYWAY-PEOPLESOFT?

Code as "Sick"

Please note: The time in the team member's paycheck will reflect the cascade outlined above, depending on individual balances.

While directors and above will continue to receive their regular pay from HMH, they must still complete the above steps to document the Workers' Compensation claim.

I am returning to work from a WORKERS' COMPENSATION leave of absence. What do I need to do?

1. Contact your local Occupational Health office regarding your return to work.
2. Call your leader to confirm your return to work schedule.
3. 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.
4. Occupational Health will notify The Hartford of your clearance to return to work.

Note: A team member who is cleared to return to work with restrictions on modified duty will be provided modified duty, if available. Generally, modified duty will end at maximum medical improvement or the expiration of 12 weeks, whichever is earlier. HMM does not have permanent modified/light duty positions. Team members receiving workers' compensation benefits who are determined to be physically able to return to work and refuse to return to work will be terminated from employment, unless they are eligible and approved for additional leave under the FMLA, ADA or other applicable law. Moreover, they will not be entitled to receive workers' compensation benefits beyond the date of termination. If the team member is not eligible for any of the foregoing, their position may be posted and filled.

MILITARY LEAVE

Hackensack Meridian *Health* team members who are in the uniformed services are eligible to take Temporary Military Leave to participate in military training (for up to ten days per year) and Extended Military Leave (all other military leave) in accordance with the Uniformed Services Employment and Reemployment Right Act (USERRA). Team members that are directed to participate in military service that exceeds ten working days will be placed on an unpaid leave of absence. 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.

IMPORTANT: Team members returning from Military Leave will be guaranteed reemployment to their prior or similar position and/or the position the team member would have obtained had it not been for the military service, in accordance with law.*

I need to request a MILITARY LEAVE. 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](tel: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.

I am on approved MILITARY LEAVE. How will I be paid?

Military Leave (temporary and extended) is unpaid.

I am on an extended MILITARY LEAVE. What happens to my benefits?

- All accrued and unused PTO and holiday time will be paid out to you at the beginning of your leave.
- Medical coverage will continue for up to 30 days at the active team member rate, provided you elect to continue coverage and pay your portion of the premium.
- You have the option to continue with HMM's health insurance at your own expense after 30 days on leave at 100 percent of the full cost for up to 24 months. However, your military medical benefits become effective on the date of deployment or enlistment.

I am returning to work following a MILITARY LEAVE. What do I need to do?

1. E-mail the LOA Accommodations team at HMHRW@hmhn.org or fax at [1-848-245-8453](tel:1-848-245-8453) to notify them of your request to return to work, the date you wish to return, and your contact phone number.
2. Submit your military discharge documentation to the LOA Accommodations team to confirm the length and character of your military service.
3. Depending on the length of your absence, you will be reinstated in your prior or similar position and/or the position you would have obtained had it not been for the military service, in accordance with law.* Please see the full [LEAVES OF ABSENCE POLICY on PolicyStat](#).
Please note: Upon return from a military leave, your base salary will be adjusted to reflect any increases you would have received had you remained on the job.
4. The LOA Accommodations team will update your status in MyWay-PeopleSoft and confirm your return to work date with your leader.
5. Call your leader to coordinate your return to work.

* Upon returning from a military leave, a team member is not entitled to reinstatement if any of the following conditions exist: 1) The team member failed to apply for re-employment in a timely manner; 2) The team member did not receive an honorable discharge from military service; 3) HMM's circumstances have so changed as to make reemployment impossible or unreasonable.

Subject to union negotiations. We are required by law to deal with the unions on behalf of unionized team members, and we will continue to do so. We will only negotiate with the unions, not with individual unionized team members. For team members covered by a CBA, the rules of the CBA will prevail.

DETERMINATION OF ELIGIBILITY FOR PAYMENT FROM ESL BANK ON DAY 1 OF ABSENCE DUE TO OWN DISABILITY OR ILLNESS (ABSENCES OF 3 DAYS OR LESS)

This form should be completed by team members who are requesting use of ESL time (from Day 1) for one of the following reasons:

- Inpatient hospital stay
- Same-day surgery (including post-operative recovery time)
- Procedures under conscious sedation (e.g., colonoscopy)

Team members should submit certification from their health care provider, along with a completed copy of this form to their site's Occupational Health team within 30 days of the treatment/care. Please note: If you are unsure about which Occupational Health team to submit to, please ask your leader or HR representative.

Eatontown Occupational Health
Fax # 732-263-7946

Iselin Occupational Health
Fax # 732-362-3873

Neptune Occupational Health
Fax # 732-776-4210

Holmdel Occupational Health
Fax # 732-450-2931

Lakewood Occupational Health
Fax #: 732-942-9554

PMC/Harborage Occupational Health
Fax# 201-854-5710

HUMC Occupational Health
Fax # 551-996-8750

Manalapan Occupational Health
Fax # 732-450-2746

Toms River Occupational Health
Fax # 732-557-9159

Team Member Name _____ Team Member ID _____

Team Member Work Location _____ Team Member Phone Number _____

Leader Name _____

Leader Phone Number _____ Leader Email _____

Number of ESL Days Being Requested _____

Date(s) Team Member is Requesting ESL _____

Attachment(s) _____

Please include the health care provider's certification that the above named team member had a procedure with sedation or was unexpectedly hospitalized for 3 days or less. You must include the date(s) of service and the medical explanation of what was done, as well as the provider's contact information.

The request for ESL consideration is time sensitive. ESL cannot be requested until after the procedure or hospitalization but should be completed and forwarded to Occupational Health as soon as the event is concluded. Occupational Health cannot be responsible for seeking the information required to be supplied by the team member. Failure to comply will result in a rejection of the request.

Team Member Signature _____

Date/Time _____

For Leader Reference Only

DETERMINATION OF ELIGIBILITY FOR PAYMENT FROM ESL BANK ON DAY 1 OF ABSENCE (ABSENCES OF 3 DAYS OR LESS)

Team Member Name _____

HMH Employer _____ Team Member ID _____

Department _____

Date(s) of Absence _____

Please be advised that the team member above has submitted documentation to receive approval for ESL pay for an absence/disability of 3 days or less. The final determination is as follows:

YES, this absence is eligible for immediate use of ESL time on the following date(s): _____
The team member will be paid ESL time for the date(s) listed above if he/she has completed his/her introductory period and has accrued-ESL time available. This change will be entered in MyWay-PeopleSoft by the Benefits/Absence Management teams.

Please note: There is no action required by you, as the leader, other than notifying the team member that the request was approved and may take up to several weeks to process, depending on current volume. Because of this, time may initially be drawn from their PTO bank. However, once the request is approved and processed, the PTO time will be credited back and that time will be drawn from their ESL bank.

NO, this absence is NOT eligible for immediate use of ESL time.
Team member's absence will remain as PTO in accordance with HR Policy. Please notify the team member of this determination.

The absence/disability requested is greater than 3 days. Please notify the team member to call The Hartford at 1-888-924-4155 or log in/create an account at MyBenefits.TheHartford.com to process this request.

Completed by: Print Name

Date

NJFLI APPLICATION

FLFLFL



PART A YOUR INFORMATION

Internal Code 	Social Security Number <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
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Profile Information

1 Last name _____ First name _____ Middle _____	4 Date of Birth _____ <small>mm dd yy</small>	5 Gender _____
2 Home Address(Street, Apt #, City, State, ZIP Code) _____	6 County _____	
3 Mailing Address—if different from home address(Street, Apt #, City, State, ZIP Code) _____	7 Phone(____) _____	

Questions 8 and 9 are for statistical purposes only and do not affect eligibility

8 With which racial/ethnic group(s) do you most identify? <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	9 Check the highest level of schooling you have completed. <input type="checkbox"/> Have not graduated high school <input type="checkbox"/> Associates/Bachelor's Degree <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Graduate Degree
---	--

Leave Information

10 Date your Family Leave began _____ _____ _____	11 Date you returned/will return to work _____ _____ _____
12 Reason for family leave <input type="checkbox"/> Bond with child <input type="checkbox"/> Care of family member <input type="checkbox"/> Related to a domestic violence situation <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Complete Parts A & B Complete Parts A, B, & C See Instructions </div>	
13 Person you are caring for or bonding with Last name _____ First _____ Relationship _____ Phone(____) _____ Date of Birth _____ _____ _____ Date of Adoption/Foster Placement (if applicable) _____ _____ _____	
14 Are you taking all 42 days of Family Leave benefits in a row? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: center; margin-top: 5px;"> Complete Part D(Partial Leave Schedule) on Page 3 </div>	

Additional Benefit Information

15 Do you want 10% of your benefits withheld for federal income tax? <input type="checkbox"/> Yes <input type="checkbox"/> No
16 During the period of Family Leave covered by this claim, have you received or applied for: a Federal Social Security Disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter start/application date _____ _____ _____
b Pension benefits from your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter start date _____ _____ _____ Monthly amount \$_____
c Workers' Compensation benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
d Unemployment Insurance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No

Certification and Signature

17 I certify I was unavailable to work during the period for which I am claiming benefits. I am aware that if I provide any information in this application that I know to be false, or if I knowingly fail to disclose a material fact, I may be subject to penalties, which may include criminal prosecution. You are hereby authorized to verify my Social Security Number, and obtain any medical, employment and Social Security benefit information necessary to determine my eligibility for benefits.
Sign Here _____ Date _____ _____ _____
Note: The Division of Family Leave Insurance is not a "covered entity" under the Federal Health Information Portability & Accountability Act (HIPAA). All medical records of the Division, except to the extent necessary for the proper administration of the Temporary Disability Benefits Law are confidential & are not open to public inspection. The Division protects all records that may reveal the identity of the claimant, or the nature or cause of the family leave and the records may only be used in proceedings arising under the law.

Name _____
Address _____
Phone (____) _____

Social Security Number

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PART B EMPLOYMENT INFORMATION

Instructions: Starting with your last employer, provide information for all your employers in the 6 months before your leave began.
If you need to list more employers, make a copy of this page. Be sure to state the first and last day you physically reported to work. Do not write "present" or "current."

1 Name of your most recent employer Company _____ Street _____		2 Federal Employer Identification Number (FEIN) (see instructions) 2 2 - 1 4 8 7 5 7 6 City _____ State _____	
3 Date of hire _____ to _____ mm dd yy		4 <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
5 Union <input type="checkbox"/> Yes <input type="checkbox"/> No		6 Occupation _____	
8 Separation from this employer is <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		7 Work Location City _____ State _____	
9 Which days do you normally work? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat		10 Regular Weekly Earnings \$ _____	
11 Supervisor's Name _____		12 Phone (____) _____	
13 Have you provided this employer with at least 15 days' notice that you would be taking this leave? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14 Did you collect temporary disability benefits under this employer's approved private plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates _____ to _____ \$ _____ per week			
15 Have you been paid for any days after your last day of work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from _____ to _____ Total amount paid \$ _____ This pay represents: <input type="checkbox"/> Paid time off (vacation, sick, personal, etc.) <input type="checkbox"/> Difference between regular wages and disability benefits <input type="checkbox"/> Other pay from your employer (explain) _____ <input type="checkbox"/> Severance pay <input type="checkbox"/> With notice <input type="checkbox"/> In lieu of notice <input type="checkbox"/> Donated Leave			

1 Name of your employer Company _____ Street _____		2 Federal Employer Identification Number (FEIN) (see instructions) 2 2 - 1 4 8 7 5 7 6 City _____ State _____	
3 Date of hire _____ to _____ mm dd yy		4 <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
5 Union <input type="checkbox"/> Yes <input type="checkbox"/> No		6 Occupation _____	
8 Separation from this employer is <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		7 Work Location City _____ State _____	
9 Which days do you normally work? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat		10 Regular Weekly Earnings \$ _____	
11 Supervisor's Name _____		12 Phone (____) _____	
13 Have you provided this employer with at least 15 days' notice that you would be taking this leave? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14 Did you collect temporary disability benefits under this employer's approved private plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates _____ to _____ \$ _____ per week			
15 Have you been paid for any days after your last day of work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from _____ to _____ Total amount paid \$ _____ This pay represents: <input type="checkbox"/> Paid time off (vacation, sick, personal, etc.) <input type="checkbox"/> Difference between regular wages and disability benefits <input type="checkbox"/> Other pay from your employer (explain) _____ <input type="checkbox"/> Severance pay <input type="checkbox"/> With notice <input type="checkbox"/> In lieu of notice <input type="checkbox"/> Donated Leave			

Name _____ Social Security Number _____
 Address _____
 Phone (____) _____

PART C CAREGIVING CLAIMS

SECTION 1 MEDICAL CERTIFICATE: To be completed by the care recipient's healthcare provider

1 Does your patient require full time care? Yes No If no, how many days per week does your patient need care? _____

2 What was the first day that your patient needed care? _____
 mm | dd | yy

3 On what day do you estimate your patient will no longer require care? _____
 mm | dd | yy

4 Diagnosis (condition that requires care) _____ # ICD Code _____

5 I certify the above statements describe the patient's condition, need for care, and the estimated length of disability:
 Print Name _____ Signature _____ Date _____
 Certificate License No. and State _____ Check, if Resident
 Street Address _____
 City _____ State _____ ZIP Code _____
 Phone (____) _____ Fax (____) _____

SECTION 2 CARE RECIPIENT'S CERTIFICATION: To be completed by the care recipient

1 Care Recipient's Name Last _____ First _____

2 Care Recipient's Medical Disclosure Authorization and Confirmation: I authorize my physicians/health care providers to disclose my current personal health information to my care provider, identified above, and to the New Jersey Division of Family Leave Insurance. I make this authorization to support my care provider's claim for Family Leave Insurance benefits. I understand that I may not revoke my authorization to avoid prosecution or to prevent the Division of Family Leave Insurance from recovering money to which it is legally entitled. I further understand that copies of my signature below are as valid as the original.

Care Recipient's Signature _____ Date _____
 Witness signature if care recipient writes an "X" _____
 (If care recipient is unable to sign, Item 3 below must be completed.)
 Note: The Division of Family Leave Insurance is not a "covered entity" under the Federal Health Information Portability & Accountability Act (HIPAA). All of your medical records, except to the extent necessary for the proper administration of the Temporary Disability Benefits Law, are confidential and are not open to public inspection. The Division also protects all records that may reveal your identity or the identity of your care provider.

3 Authorized representative signing on behalf of care recipient must complete the following: I, _____, represent the care recipient in this matter and I am authorized by: _____ print name
 Parental right Power of attorney (attach copy) Court order (attach copy)
 Representative's Signature _____ Date _____ Phone (____) _____

PART D PARTIAL LEAVE SCHEDULE

If you are not claiming all 42 days in a row, mark your full days of absence on the schedule below. Week Beginning Date should be the Sunday of the week you are taking leave. No benefits will be approved beyond the date of your signature.

Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat
Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat
Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat

Claimant signature _____ Date _____

FILE ONLINE FOR FASTER CLAIM PROCESSING AT

myLeaveBenefits.nj.gov

How to Complete the Claim for Family Leave Benefits

- This application is for family caregiving or bonding leave. If you are claiming benefits for your own disability or pregnancy and recovery, complete the Temporary Disability Benefits application (form DS-1). You cannot use one application (DS-1 or FL-1) to file claims for both temporary disability and family leave benefits.
- You must complete the first 2 pages of the form (**Parts A and B**).
- You will need to provide your employer's Federal Employer Identification Number on **Part B**. You can get this number from either your last year's W-2 form or your Human Resources office. Your employer is not required to complete this form but you can ask them to help you with any questions on **Part B**.
- **Part C** must be completed by the care recipient and the doctor *only* if you are caring for an ill family member.
- **Part D** must be completed *only* if you are not claiming all 42 days in a row.
- If your reason for taking leave is related to a domestic violence or sexual violence case in which medical documentation is not applicable, attach documentation related to the case. For more information see myleavebenefits.nj.gov/keepingNJsafe.
- You have 30 days from the first day of your leave to file your claim. If your claim form is received more than 30 days from the first day of your leave, you must provide a reason why the claim was not filed on time. Benefits may be reduced or denied for late applications.

Remember

- You must complete every question accurately and write legibly.
- **Any missing information may cause your claim to be denied.**
- Demographic questions have no effect on the approval or denial of your claim.
- Write your name and Social Security number on each page of your claim and on all attachments.
- Exact dates must be given. Do not write "present" or "current."
- If you need to list more than 2 employers, make a copy of Part B to list additional employment.
- If you return to work while you are claiming Family Leave benefits, report this date immediately to the Division of Family Leave Insurance to avoid overpayment.

How to Send Us Your Claim Form

There are 2 options for you to submit this form. **Choose only one, as sending multiple copies will delay processing.** If you filed your claim online, do not also submit a paper application.

1. Fax this completed form to 609-984-4138

- OR -

2. Mail this completed form to: Division of Temporary Disability Insurance / P.O. Box 387 / Trenton, NJ 08625-0387

After Submitting Your Claim

- If you are eligible for Family Leave Insurance benefits but do not initially claim the full 42 days, we will send you a request for continued claim certification (form FL-3). Use this form if you need to claim benefits for additional periods of leave. Complete and return the form promptly to ensure uninterrupted benefits.
- You can find more information and check your claim status at myLeaveBenefits.nj.gov
- For more help on your claim, call Customer Service: 609-292-7060

MYWAY-PEOPLESOFT LEAVE CODING INSTRUCTIONS

The following is guidance for leaders on how to track team members' PTO.

REMINDER: Directors and above are on the untracked PTO plan. The coding instructions below pertain to team members below the director level only.

Absence Scenario	Team Member Action	Leader Response	Code Used <i>For Leaders Only</i>	Schedule Color Code
Team member requests scheduled absence (non-sick), e.g., vacation or personal day for reasons not covered by NJ ESL	Requests future day(s) off in MyWay-PeopleSoft	Approve or deny in Leader Self Service prior to the 9am deadline on Payroll Monday	PTO-S (scheduled) or PTO Drawdown. To be requested by team member when scheduled.	PTO
Team member requests unscheduled absence (non-sick), for reasons not covered by NJ ESL (e.g., transportation issues)	Calls in day of requesting unscheduled day off	Record absence in Leader Self Service	PTO-U (unscheduled)	PTO
Team member requests scheduled absence for any day(s) covered by the NJ ESL Law (per ESL policy)	Requests future day(s) off in MyWay-PeopleSoft	Approve or deny in Leader Self Service prior to the 9am deadline on Payroll Monday	Sick-S (scheduled) Please note: For any reason that qualifies under New Jersey ESL, leaders must ALWAYS code time as "Sick" regardless of how the team member will be paid (ESL, PTO), because it is a protected leave.	Sick
Team member requests unscheduled absence covered by NJ ESL Law (per ESL policy)	Calls in day of requesting unscheduled day off	Record absence in Leader Self Service	Sick-U (unscheduled) Please note: For any reason that qualifies under New Jersey ESL, leaders must ALWAYS code time as "Sick" regardless of how the team member will be paid (ESL, PTO), because it is a protected leave.	Sick
Team member takes paid holiday	Requests holiday off in MyWay-PeopleSoft	Approve or deny in Leader Self Service – if team member does not request in system but is scheduled off on the holiday, the leader MUST enter the holiday	Holiday	Holiday
Team member requests bereavement day(s) up to 3 days between date of death and date of services	Requests bereavement off	Approve or deny in Leader Self Service	Bereavement (after 3 days, if additional time is needed, leader should code as PTO)	Bereavement
Team member is summoned and serves Jury Duty	Notifies leader and provides Jury Duty statement from Court Clerk and requests Jury Duty off in MyWay-PeopleSoft	Approve or deny in Leader Self Service	Jury Duty	Jury Duty
Team member requests time off to participate in military training (no more than 10 days allowed annually)	Notifies leader and The Hartford of the need for military leave	None – can view The Hartford recorded absence in Leader Self Service	Military Training (entered by The Hartford)	Military Training

Subject to union negotiations. We are required by law to deal with the unions on behalf of unionized team members, and we will continue to do so. We will only negotiate with the unions, not with individual unionized team members. For team members covered by a CBA, the rules of the CBA will prevail.

LEAVE BANK AND OTHER TIME OFF SUMMARIES

Plan	Definition	Eligibility	Accrual Information	Carry Over/Draw Down Rules	Upon Termination	Additional Rules												
PTO True Balance	PTO accrued balance from current year	Benefit-eligible and active team members Ineligible team members: <ul style="list-style-type: none"> Per diem team members Temporary team members Directors and above Team members who are regularly scheduled less than 20 hours per week Productivity physicians 	Starts accruing on the 91st day of employment.* Accrues on standard hours of primary job only.** * If a team member is rehired within 120 days of terminating or joins HMH as part of a recent merger, they will retain their benefit service date. **When on leave, you only accrue the first 30 days of the leave.	On their benefit anniversary date, team members who are regularly scheduled 40 hours a week can carry over 80 hours (starting in 2019). The carry over limit for other benefit-eligible team members is prorated by standard weekly hours.	PTO True Balance is paid out unless you terminated with disciplinary action or if a team member does not give 3 weeks notice or a registered nurse does not give 4 weeks notice. Negative PTO balances will be taken from the last pay check. If a team member is rehired within 120 days of terminating, they will retain their benefit service date.	Exempt team members should only use PTO in full-day increments. Non-exempt team members can use PTO in hourly increments. All team members must be scheduled to work the day they take PTO. Team members can go into the negative but can only take up to their yet to earn balance.												
PTO Drawdown Bank	PTO Balance from legacy HR system	The team member must have had a PTO balance in the legacy system as of March 23, 2019	No longer accrues	Team members must use their PTO Drawdown Bank balance based on the following schedule*: <table border="1" data-bbox="938 1108 1130 1524"> <thead> <tr> <th># of banked PTO hours as of 3/23/19</th> <th>Date by which PTO must be used</th> </tr> </thead> <tbody> <tr> <td>Up to 80 hrs</td> <td>4/1/20</td> </tr> <tr> <td>81-160 hrs</td> <td>4/1/21</td> </tr> <tr> <td>161-240 hrs</td> <td>4/1/22</td> </tr> <tr> <td>241-320 hrs</td> <td>4/1/23</td> </tr> <tr> <td>321 hrs and above</td> <td>4/1/24</td> </tr> </tbody> </table> <p>*Please note: This schedule is a draw down period for team members to use the excess hours in their frozen legacy PTO banks.</p>	# of banked PTO hours as of 3/23/19	Date by which PTO must be used	Up to 80 hrs	4/1/20	81-160 hrs	4/1/21	161-240 hrs	4/1/22	241-320 hrs	4/1/23	321 hrs and above	4/1/24	PTO Drawdown Bank is paid out unless you terminated with disciplinary action or if a team member does not give 3 weeks notice or a registered nurse does not give 4 weeks notice.	Exempt team members should only use PTO in full-day increments. Non-exempt team members can use PTO in hourly increments. All team members must be scheduled to work the day they take PTO. In MyWay-PeopleSoft, team member may request to use PTO Drawdown Bank before PTO True Balance.
# of banked PTO hours as of 3/23/19	Date by which PTO must be used																	
Up to 80 hrs	4/1/20																	
81-160 hrs	4/1/21																	
161-240 hrs	4/1/22																	
241-320 hrs	4/1/23																	
321 hrs and above	4/1/24																	

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Plan	Definition	Eligibility	Accrual Information	Carry Over/Draw Down Rules	Upon Termination	Additional Rules
PTO FT Status Bank	PTO balance is moved here when team member moves from full-time to a part-time benefit-eligible position. This will be very rarely used.	Benefit-eligible team members who are below a Director level.	No longer accrues	Any remaining balance on the 1st anniversary of switching to the part-time benefit-eligible position is zeroed out.	PTO FT Status Bank is paid out unless you terminated with disciplinary action or if a team member does not give 3 weeks notice or a registered nurse does not give 4 weeks notice.	Exempt team members should only use PTO in full-day increments. Non-exempt team members can use PTO in hourly increments. All team members must be scheduled to work the day they take PTO.
ESL Current Balance	Earned Sick Leave balance from current year	Team members are eligible for ESL if they are: <ul style="list-style-type: none"> • Full-time • Part-time • Temporary • Per Diem in an occupation that is not a licensed health care professional 	Starts accruing on the team member's first day of employment. Eligible team members accrue .03333 of ESL for each hour worked. Both regular hours and overtime hours are counted as hours worked. Accrual capped at 40 hours per calendar year.	Full-time team members (regularly scheduled 40 hours per week) can accrue a maximum ESL bank of 400 hours. For temporary status team members, eligible per diem team members and some physician groups, the maximum ESL Carryover Balance is 40 hours.	Balance is not paid out but held for 6 months. If the team member does not return in 6 months, the balance is zeroed out.	Eligible to use sick time on the 91st day of employment. January 1 is the anniversary date for this benefit. Non-exempt team members may use time in hourly increments. Exempt team members may only use their ESL banked time in hourly increments when on an intermittent leave of absence; otherwise, they must use time from their ESL bank in full shift day increments. Team members going from an ESL benefit-eligible to an ESL benefit-ineligible status (per diem) will stop accruing ESL. The team member's ESL bank will remain frozen. If the team member returns to an ESL benefit-eligible status, the accrued ESL bank will be restored. All team members regularly scheduled to work the evening or night shift as documented in the shift field in MyWay-PeopleSoft Leader Self Service will have their normal shift differential included in ESL.

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Plan	Definition	Eligibility	Accrual Information	Carry Over/Draw Down Rules	Upon Termination	Additional Rules
Historic Sick	Sick balances from legacy HR system	The team member must have had a sick balance in the legacy system as of March 23, 2019.	No longer accrues	N/A	Balance is not paid out.	<p>The team member's ESL bank will remain frozen. If the team member returns to an ESL benefit-eligible status, the accrued ESL bank will be restored.</p> <p>All team members regularly scheduled to work the evening or night shift as documented in the shift field in MyWay-PeopleSoft Leader Self Service will have their normal shift differential included in ESL.</p>
HIB	Historical Illness Bank	Only for a select group of team members in the North Region/Hackensack Campus hired prior to July 1, 1995.	No longer accrues	N/A	<p>Will be paid out if team member meets eligibility requirements:</p> <ul style="list-style-type: none"> Team members hired prior to July 1, 1995 with a minimum of 10 years of continuous benefit-eligible service are eligible to receive 50% of the HIB hours paid in a lump sum. This is calculated by multiplying 50% of the HIB hours by the average hourly rate of the final 5 highest consecutive years of employment. 	

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Plan	Definition	Eligibility	Accrual Information	Carry Over/Draw Down Rules	Upon Termination	Additional Rules
PSB	Palisades Sick Bank	Only for a select group of team members in the North Region/ Palisades Campus hired as of March 23, 2019. Only those who have 10 years of service at the time of retirement get a pay out.	No longer accrues	N/A	Will be paid out if team member meets eligibility requirements: <ul style="list-style-type: none"> • Hours in this PSB will be paid out at retirement if the retiree has 10 years of service. The payout for non-union team members will be 20% of their PSB. • Payouts for union team members will be governed by terms of their respective collective bargaining agreements. 	
MSB	Meridian Sick Bank	Only for a select group of team members in the South Region who had time converted as of December 31, 1997 to a cash value, based on prior policies for JSUMC team members hired before December 1, 1988 or OMC or RMC team members with 10 or more years of service as of the 1998 calendar year. Managed manually.	No longer accrues. This bank is held in a cash value	N/A	The Meridian bank has a cash value, not hours, and is not managed through Absence Management. The method of payment at the time of retirement must be coordinated with HMH finance.	

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Plan	Definition	Eligibility	Accrual Information	Carry Over/Draw Down Rules	Upon Termination	Additional Rules
Holiday	<p>HMH observes 6 holidays a year*:</p> <ul style="list-style-type: none"> • New Year’s Day • Memorial Day • Independence Day • Labor Day • Thanksgiving Day • Christmas Day <p>*Some groups observe different holidays than those listed here.</p>	<p>Benefit-eligible team members who are active and below a Director level.</p> <p>Ineligible team members:</p> <ul style="list-style-type: none"> • Per diem team members • Temporary team members • Directors and above • Team members who are regularly scheduled less than 20 hours per week • Productivity physicians 	<p>Team members whose standard hours are 36 hours or more accrue 8 hours on the observed holiday.</p> <p>Team members whose standard hours are less than 36 but greater than or equal to 20 will accrue holiday hours on a prorated basis according to their standard hours.</p> <p>New hires are not subject to a waiting period to accrue holidays. Only holidays occurring in the first 30 days of a leave will be accrued.</p>	<p>No holidays will be carried over to the next calendar year with the exception of Christmas Day. If Christmas Day is carried over, it may be used at any time during the following year.</p> <p>Negative holiday balances will be carried over to the next year.</p> <p>Team members on paid leave of absence will carry over their entire holiday balance.</p> <p>Team members who move to a benefit-ineligible position will be paid out their accrued but unused holidays.</p>	<p>Holidays accrued are paid out unless you terminated with disciplinary action or if a team member does not give 3 weeks notice or a registered nurse does not give 4 weeks notice.</p>	<p>A team member can take up to 8 hours of holiday prior to accruing it in January to November and 16 hours in December.</p> <p>Benefit-eligible team members can supplement holiday hours with PTO or available holiday time if they are regularly scheduled to work more than the holiday benefit allotment (for example, a team member who is regularly scheduled to work a 12-hour shift can supplement the 8 hours of holiday pay with 4 hours of PTO).</p>
Bereavement	<p>Paid-time off upon the death of an immediate family member*</p> <p>*Immediate family member is defined in this policy as: spouse, mother, father, son, daughter, sister, brother, grandparent, grandchild, parent of child, mother-in-law, father-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step-mother, step-father, step-son, step-daughter, domestic partner, civil union partner, and guardian.</p>	<p>All full-time and part-time team members who are active and below a Director level.</p> <p>Ineligible team members:</p> <ul style="list-style-type: none"> • Per diem team members • Temporary team members • Directors and above 	N/A	None	No pay out	<p>Cannot be used while on leave.</p> <p>Team members may request 3 consecutive scheduled days between date of death and date of services.</p> <p>Additional PTO can be requested, if needed.</p>

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Plan	Definition	Eligibility	Accrual Information	Carry Over/Draw Down Rules	Upon Termination	Additional Rules
Jury Duty	Paid time off for jury duty	All full-time and part-time team members who are active and below a Director level. Ineligible team members: <ul style="list-style-type: none"> • Per diem team members • Temporary team members • Directors and above 	N/A	None	No pay out	Team member will be paid regularly scheduled hours minus any jury duty stipend for up to one month in one calendar year. All team members regularly scheduled to work the evening or night shift as documented in the shift field in MyWay-PeopleSoft Leader Self Service will have their normal shift differential included in jury duty. After jury duty, team member may endorse jury duty stipend check and submit to Payroll, thereby receiving full regular paycheck, or may retain stipend and have that amount deducted from their regular paycheck.
Military Training	Up to 10 days off per year for military leave for training	All full-time and part-time team members	N/A	N/A	N/A	
Military Leave	Time off for military leave for active duty	All full-time and part-time team members	N/A	N/A	N/A	All accrued and unused PTO and holiday time will be paid out at the beginning of leave. Team member should give leader 30 days notice, if possible.

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Plan	Definition	Eligibility	Accrual Information	Carry Over/Draw Down Rules	Upon Termination	Additional Rules
Workers' Compensation	Time off for medical treatment and compensation to team members who are determined to have sustained an injury or illness in the course of employment	All team members are eligible	N/A	None	N/A	Starting with the 8th day of absence, the Workers' Compensation Program Administrator will pay you 70% of your gross pay to the maximum compensation rate. You will also receive "The Wrap" (the difference between the NJ state cap of \$945 and your true 70% of pay), if applicable, and you will receive an additional 30% from HMH from the following banks, if available: ESL Carryover Balance, then ESL Current Balance, then ESL Historic Bank, then PTO True Balance (cannot go below 80 hours), then PTO Drawdown Bank.
Intermittent Leave - FMLA	Approved intermittent leave for reasons covered under FMLA	Benefit-eligible team members	N/A	N/A	N/A	<p>First 3 days of intermittent time in the calendar year come from PTO.</p> <p>Team members taking an approved intermittent leave for their own health condition or during pregnancy will draw from their ESL for each intermittent leave day taken. If/when ESL is exhausted, team members are permitted to draw from their PTO — drawing first from PTO True Balance (not to go below 80 hours) and then PTO Drawdown Bank.</p> <p>Team members must call The Hartford and their leader each day they plan to take a leave, in order to receive payment.</p>

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Plan	Definition	Eligibility	Accrual Information	Carry Over/Draw Down Rules	Upon Termination	Additional Rules
Intermittent Leave - FLA	Approved intermittent leave for reasons covered under NJ FLA	Benefit-eligible team members	N/A	N/A	N/A	Team members must call The Hartford and their leader each day they plan to take a leave, in order to receive payment.

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TOP 5 CAUSES OF CODING CONFUSION

Many of the issues we're seeing in absence management stem from mistakes in time coding. Please review our Top 5 Causes of Coding Confusion to make sure you understand what you can do to prevent these mistakes and fix existing mistakes in the system (beginning on January 1, 2020 and going forward – you do not need to correct mistakes made prior to this date). This will ensure team members are paid accurately and your budgets are not negatively impacted.

1

Always code time taken for any reason covered by NJ ESL as "Sick" – even if you know it will be drawn from PTO. If a team member is taking time for any reason under the ESL policy, you should always code that time as "Sick" even if some of it will be drawn from PTO. The system will draw the time from the appropriate bank. Coding it this way ensures the leave will be protected.

2

Make sure all team members returning to work from a leave go through the official return to work process. If a team member returns from a leave without going through the official return to work process, they will remain marked as on leave in MyWay-PeopleSoft and Payroll will be unable to process their pay. You can find a step-by-step guide to the official return to work process (according to each type of leave) in your LOA Reference Guides.

3

Enter and approve any pending absence requests by the 9am deadline on Payroll Monday.
Note: Any absence requests that are not approved by 9am on Payroll Monday will be deleted from system and the team member may not receive pay.

If you do not approve a pending request and it is deleted from the system, you must re-enter and approve the time off in order for the team member's time off bank to be adjusted appropriately. To enter and approve any pending absence requests, please complete the following steps in Leader Self Service:

- A. To approve/deny pending requests submitted by team members:** Click on "Absence Approve or Deny" and approve or deny pending requests
- B. To enter any absences not submitted by team members:** Click on "Schedule by Team Members" and enter any unscheduled absences

4




Remind team members of the process for taking holiday time. If a team member plans to take time off on a holiday, he/she must request to be off via MyWay-PeopleSoft. If a team member fails to request the holiday, you must proactively enter it via Leader Self Service. If the holiday time is not entered and approved via MyWay-PeopleSoft by 9am on Payroll Monday, the team member may not be paid (or will have an overstated Holiday bank balance).




5

Do not enter adjustments on behalf of team members who do not have time available in their banks. To confirm a team member has the time available to take what they are requesting, follow these steps:

- A. Log in to Leader Self Service
- B. Click on "Timesheet"
- C. Search for team member
- D. Click on "View Leave Balances"

DIRECTORY

	What do I need?	To ask specific questions related to my pay or benefit eligibility.
	Who do I contact?	HMH Team Member Service Center (TMSC) Please note: Team Member Service Center seeks to respond to all team member questions. However, if TMSC is unable to answer your question, they will make sure it is forwarded to the appropriate party.
	How do I reach them?	1-551-996-2877 Open a ticket via MyWay-PeopleSoft -> Team Member Self Service (TMSS)

	What do I need?	To plan my return to work from a leave of absence.
	Who do I contact?	The Hartford and HMH Leave of Absence (LOA) Accommodations team
	How do I reach them?	<p>The Hartford: 1-888-924-4155 or MyBenefits.TheHartford.com</p> <p>LOA Accommodations team: e-mail HMHRTW@hmhn.org or fax 1-848-245-8453</p> <p>If returning from your own medical leave, submit a return to work note from your medical provider that clearly indicates whether your return is with or without restrictions. If returning from a family, military or personal leave, please submit a note indicating your return to work date with appropriate documentation as outlined above. Be sure to include your name, team member ID, phone number, and your leader's name.</p> <p>After submitting your return to work note, you may need to complete additional steps depending on your specific situation. If your return to work note includes work restrictions, do not report to work until the LOA Accommodations team contacts you, which will be within 24 hours (except on weekends), to discuss your work restrictions and the protocol for your return.</p> <p>Please note: Failure to submit this information to the LOA Accommodations team as far in advance of your planned return as possible could result in a delay in pay and system access.</p>

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What do I need?

To submit a request for a personal disability, a family member disability, maternity leave, baby bonding, or military leave. To request any accommodations upon returning from a leave.



Who do I contact?

The Hartford



How do I reach them?

1-888-924-4155

MyBenefits.TheHartford.com



What do I need?

To request payment from ESL bank on Day 1 of absence due to own disability or illness (absences of 3 days or less) for one of the reasons listed below:

- Inpatient hospital stay
- Same-day surgery (including post-operative recovery time)
- Procedures under conscious sedation (e.g., colonoscopy)

To return to work after being on a Workers' Compensation leave or after being diagnosed with a communicable disease.



Who do I contact?

HMH Occupational Health teams

To access ESL immediately, rather than using three days of PTO, you will need to submit a completed Determination of Eligibility for Payment from ESL Bank on Day 1 of Absence Due to Own Disability or Illness (Absence of 3 Days or Less) form, as well as all necessary medical documentation, via fax to your local Occupational Health team.

Note: If you are unsure which Occupational Health team you should be reaching out to, please contact your leader.



How do I reach them?

Lakewood Fax: 732-942-9554
 Neptune Fax: 732-776-4210
 Holmdel Fax: 732-450-2931
 Eatontown Fax: 732-263-7946
 Manalapan Fax: 732-450-2746

Toms River Fax: 732-557-9159
 Iselin Fax: 732-362-3873
 Palisades Fax: 201-854-5710
 HUMC Fax: 551-996-8750



What do I need?

To receive payment while on a leave to care for a family member or for baby bonding.



Who do I contact?

New Jersey Family Leave Insurance (NJFLI)



How do I reach them?

Customer Service: 1-609-292-7060

To receive payment while on a leave to care for a family member or for baby bonding after a maternity leave, you will need to complete and submit an application with New Jersey's Family Leave Insurance. This application can take three to six weeks to process, so it is recommended that you apply as soon as you are able and immediately after calling The Hartford to notify them of the request.

Complete Application https://myleavebenefits.nj.gov/labor/myleavebenefits/assets/pdfs/FL1_6-19.pdf

Submit via Mail
 Division of Temporary Disability & Family Leave Insurance
 P.O. Box 387 | Trenton, NJ 08625-0387

Submit via Fax | 1-609-984-4138

FAQS

Q How long do I continue to accrue benefit time while I am out on a Leave of Absence (LOA)?

A You will continue to accrue Paid Time Off (PTO), Earned Sick Leave (ESL) and Holiday time if you are in a benefit-eligible status for 30 days. After 30 days, your accruals will stop and will resume when you return from your LOA.

Q Which types of leave are handled by The Hartford?

A Medical, Family, Intermittent, Domestic Violence, and Military leaves are all handled by The Hartford and should be reported to them through the proper channels. Jury Duty and Bereavement are handled in-house by your leader.

Q How does Short Term Disability work?

- A**
- If the team member is eligible for Short Term Disability (STD), it will begin once the team member has exhausted their ESL.
 - Temporary disability benefits are paid up to a maximum of 26 weeks as required by NJ state law and are administered by The Hartford. This payment will be sent to the team member directly from The Hartford. Team members should ask for the "Statutory Claim Payment" when they call The Hartford about the payment.
 - For team members with salaries above the maximum NJ weekly benefit amount of \$903 (effective 1/1/21), HMH will provide an additional benefit that will bring the payment to a full 2/3 of their base weekly salary. This amount can be supplemented to a full 100% with time from the team member's PTO True Balance and PTO Drawdown Bank, as available. Payment is made through Payroll on a biweekly basis.

Q How does Long Term Disability work?

- A**
- Long Term Disability (LTD) is a benefit that HMH provides to eligible team members. The LTD Plan is designed to replace a portion of your income should you remain disabled after exhausting the 26 weeks of Short Term Disability. These benefits are administered by The Hartford.
 - Eligible team members have the opportunity to purchase additional LTD coverage as a buy-up option during the annual Open Enrollment period or within 31 days of the date a team member has a change in family status.
 - Evidence of Insurability is required for team members who do not enroll within 31 days after first becoming eligible for the buy-up option.

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Q What happens if I am injured on the job (Workers' Comp)?

A If you experience a work-related injury or illness, immediately contact your leader, complete ONElink (or appropriate event report, according to your entity), and contact your local Occupational Health office. If emergency care is required, seek care at an HMH Emergency Department.

If the injury or illness results in your losing 3 or more days of time, Occupational Health will report your leave to The Hartford for tracking purposes, and The Hartford will send you Family Medical Leave Act (FMLA) information. Questions regarding your Workers' Compensation leave and payments should be directed to Occupational Health.

To return to work following a Workers' Compensation leave:

1. Contact your local Occupational Health office regarding your return to work.
2. Call your leader to confirm your return to work schedule.
3. E-mail the LOA Accommodations team at HMHRW@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.
4. Occupational Health will notify the Hartford of your clearance to return to work.

Q How do I get paid if I am on a Workers' Comp leave?

A If you lost time due to a work-related injury or illness, you will be paid in one of two ways:

- If seven or less calendar days are lost, the hours lost must be drawn from ESL Carryover Balance, then ESL Current Balance, then ESL Historic Sick Bank/HIB, then PTO True Balance (cannot go below 80 hours), then PTO Drawdown Bank.
- If there is lost time that extends beyond seven calendar days due to the disability, the time lost will be paid by the Workers' Compensation Program Administrator. The Worker's Compensation program benefit will pay you 70% of your gross pay to the maximum compensation rate. You will also receive "The Wrap" (the difference between the NJ state cap of \$945 and your true 70% of pay), if applicable, in a check from HMH. If you are receiving temporary workers' compensation payment, you may use ESL Carryover Balance first, then ESL Current Balance, then PTO True Balance (cannot go below 80 hours), then PTO Drawdown Bank to supplement your wages to 100% of your salary.

The Workers' Compensation Program Administrator is responsible for mailing checks for the first payment 14 days from the date of your first date of lost time, provided it is not a contested claim. The check will be mailed directly to your home address.

Please note: The above information does not apply to Directors and above who receive Salary Continuance.

Q The date of my leave is changing. What should I do?

A If you need to change leave dates, you should first notify your leader and then The Hartford.

Q How will my medical plan deductions be paid while I am out on a leave of absence?

A As long as you are receiving a paycheck from HMH, your medical deductions will be taken out of your paycheck. Once you are no longer receiving a paycheck from HMH, you will be billed for your medical deductions directly by Baker Tilly.

Q Will The Hartford make payments to me for the NJ Family Leave?

A No, The Hartford does not handle the payment portion for the NJ Family Leave. You must go online to The State of New Jersey website to complete the NJ FL-1 application.

Q Once my NJ Family Leave application paperwork (NJFLI (FL-1)) has been sent to the State of New Jersey, approximately how long will it take to receive a check?

A Typically it takes at least three weeks from the day you submit your form or apply online to receive a communication from the state informing you that a debit card is forthcoming.

Q Why can't my NJFLI (FL-1) form be mailed prior to the start of my leave?

A The state will not accept any NJFLI (FL-1) forms until your leave has started. If the state receives forms prior to the start date, they will be returned directly to the claimant.

Q How does NJ Family Leave work if my spouse and I both work for HMH?

A If you and your spouse both work for HMH, you may only take a total of 12 weeks between you to bond with a newborn, newly adopted or newly placed foster child, or to care for a parent with a serious health condition. Each spouse may be entitled to additional leave time under other state laws, or for other qualifying reasons under the FMLA, such as the team member's own illness or for the serious illness of the team members' child.

Q What does it mean when I transition to Long Term Disability?

A Long Term Disability is simply a different insurance plan. As long as you are on an approved leave, there should be no change to your benefits, employee status, etc.

Q If I am out on an approved leave of absence, can I still apply for an open position within HMH?

A Yes, as long as you are on an approved leave and go through the proper channels, you are permitted to apply for any available positions within HMH.

Q What qualifies for ESL under the State of New Jersey's definition of "Closure of workplace or school/daycare by order of a public official or issuance by a public health authority"?

A What qualifies:
 Closures for a health epidemic (e.g., measles outbreak)

What does not qualify:

Closures for weather

Closures for safety and security issues unrelated to public health emergencies

Q Why do I have to use PTO in certain situations when I have time saved in my ESL bank? Doesn't NJ law require that I be able to use my ESL time?

A Because HMH's PTO policy is more generous than and exceeds what is required by law – allowing team members to accrue more hours than required – it is HMH's policy, under certain circumstances, for team members to draw from their PTO balance, if available, before drawing from their ESL bank. NJ state law protects team members' ability to take time off under certain circumstances, without penalty. It does not, however, necessarily require the employer to designate that time as "ESL time." The employer is not required to provide additional time designated for earned sick leave if PTO days may be used for earned sick leave and the employer's PTO policy meets all requirements of the law.

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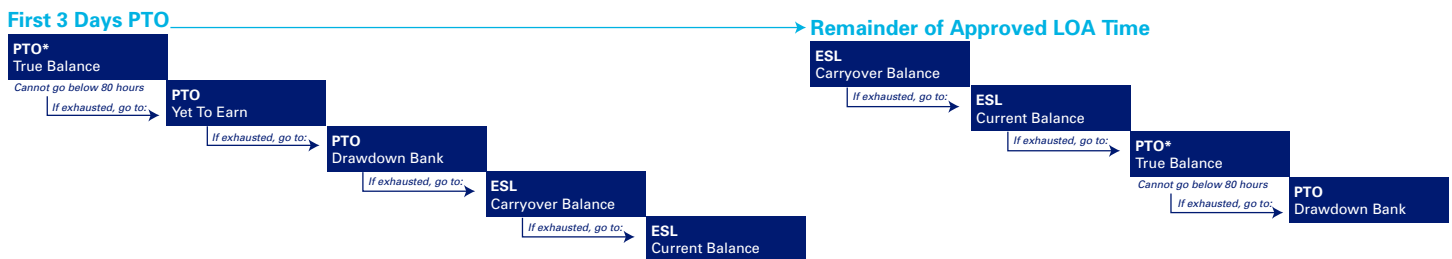
FAMILY OBLIGATION LEAVE - FOR COVID

Hackensack Meridian *Health* team members are eligible to take leave due to school closures during a pandemic or other health emergency. 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 due to school closures related to COVID-19. How do I get started?

Call The Hartford at [1-888-924-4155](tel:1-888-924-4155) or log in/create an account at MyBenefits.TheHartford.com to submit your request for a leave.

I am on an approved leave due to school closures related to COVID-19. How will I be paid?



*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.

I am returning to work following a leave due to school closures related to COVID-19. What do I need to do?

1. E-mail the LOA Accommodations team at HMHRTW@hmn.org or fax at [1-848-245-8453](tel: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](tel: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.

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MYWAY-PEOPLESOFT LEAVE CODING INSTRUCTIONS

The following is guidance for leaders on how to track team members' absences due to COVID-19.

REMINDER: Directors and above are on the untracked PTO plan. The coding instructions below pertain to team members below the director level only.

Absence Scenario	Team Member Action	Leader Response	Code Used For Leaders Only	Schedule Color Code
Team member takes approved, paid leave during quarantine due to COVID-19		Record absence in Leader Self Service		
Team member requests scheduled absence (non-sick), e.g., vacation or personal day for reasons not covered by NJ ESL	Requests future day(s) off in MyWay-PeopleSoft	Approve or deny in Leader Self Service prior to the 9am deadline on Payroll Monday	PTO-S (scheduled) or PTO Drawdown. To be requested by team member when scheduled.	PTO
Team member requests unscheduled absence (non-sick), for reasons not covered by NJ ESL (e.g., transportation issues)	Calls in day of requesting unscheduled day off	Record absence in Leader Self Service	PTO-U (unscheduled)	PTO
Team member requests scheduled absence for any day(s) covered by the NJ ESL Law (per ESL policy)	Requests future day(s) off in MyWay-PeopleSoft	Approve or deny in Leader Self Service prior to the 9am deadline on Payroll Monday	Sick-S (scheduled) Please note: For any reason that qualifies under New Jersey ESL, leaders must ALWAYS code time as "Sick" regardless of how the team member will be paid (ESL, PTO), because it is a protected leave.	Sick
Team member requests unscheduled absence covered by NJ ESL Law (per ESL policy)	Calls in day of requesting unscheduled day off	Record absence in Leader Self Service	Sick-U (unscheduled) Please note: For any reason that qualifies under New Jersey ESL, leaders must ALWAYS code time as "Sick" regardless of how the team member will be paid (ESL, PTO), because it is a protected leave.	Sick
Team member takes paid holiday	Requests holiday off in MyWay-PeopleSoft	Approve or deny in Leader Self Service – if team member does not request in system but is scheduled off on the holiday, the leader MUST enter the holiday	Holiday	Holiday

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



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

**The STD benefit will be paid for a full 26 weeks, regardless of how much ESL time you have to use. Once the STD benefit ends, the LTD benefit will then be paid. There is no action required on the part of the team member for the transition from short term to long term disability. Please see summary plan description for details.

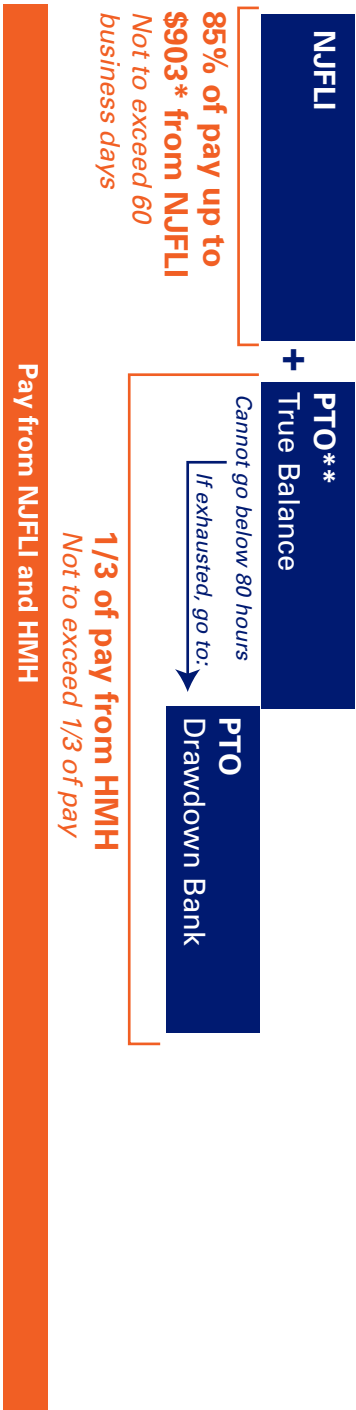
***\$903 is the current New Jersey cap (effective 1/1/21) and subject to change on a yearly basis.

****Medical certification is required. There is a six-month elimination period; payments will begin once qualified by The Hartford. Benefit is 50% of pay, not to exceed \$5,000 per month.

Remember, team members have the option to do an LTD buy-up (in other words, to purchase a greater level of LTD coverage) once a year during Open Enrollment. Does not apply to directors and above on the untracked PTO program.

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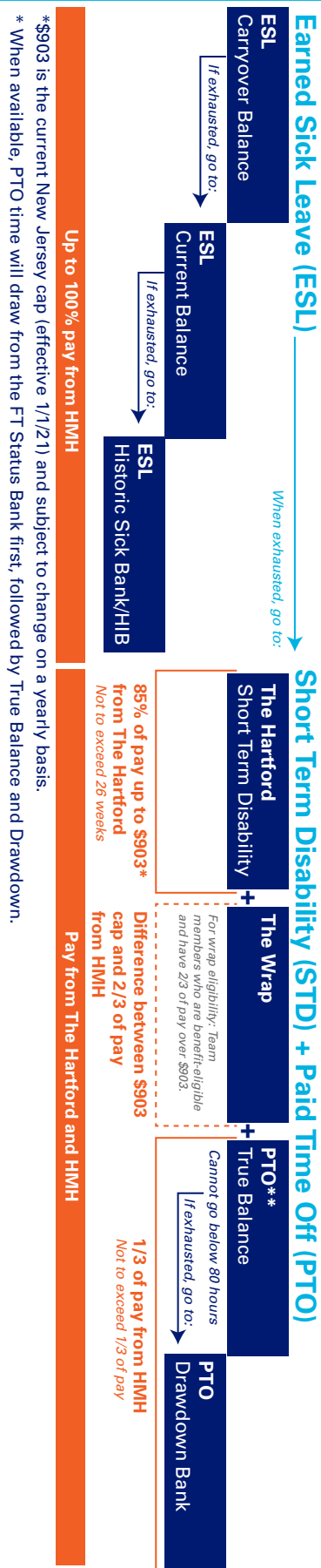
I am on an approved leave for a FAMILY MEMBER DISABILITY. How will I be paid?



*\$903 is the current New Jersey cap (effective 1/1/21) and subject to change on a yearly basis.

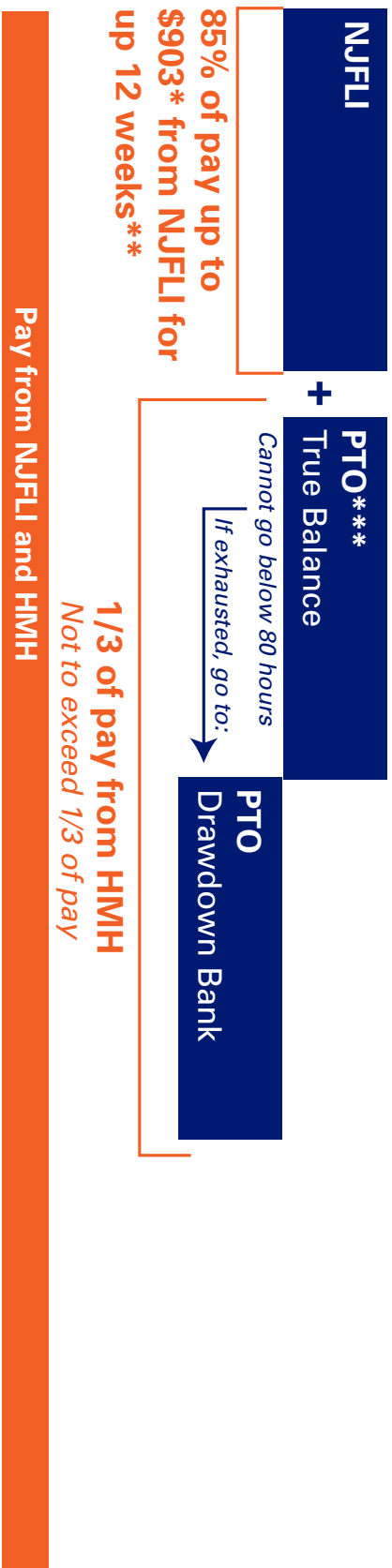
** When available, PTO time will draw from the FT Status Bank first, followed by True Balance and Drawdown. Does not apply to directors and above on the untracked PTO program.

I am on a PERSONAL DISABILITY LEAVE RELATED TO MATERNITY. How will I be paid?



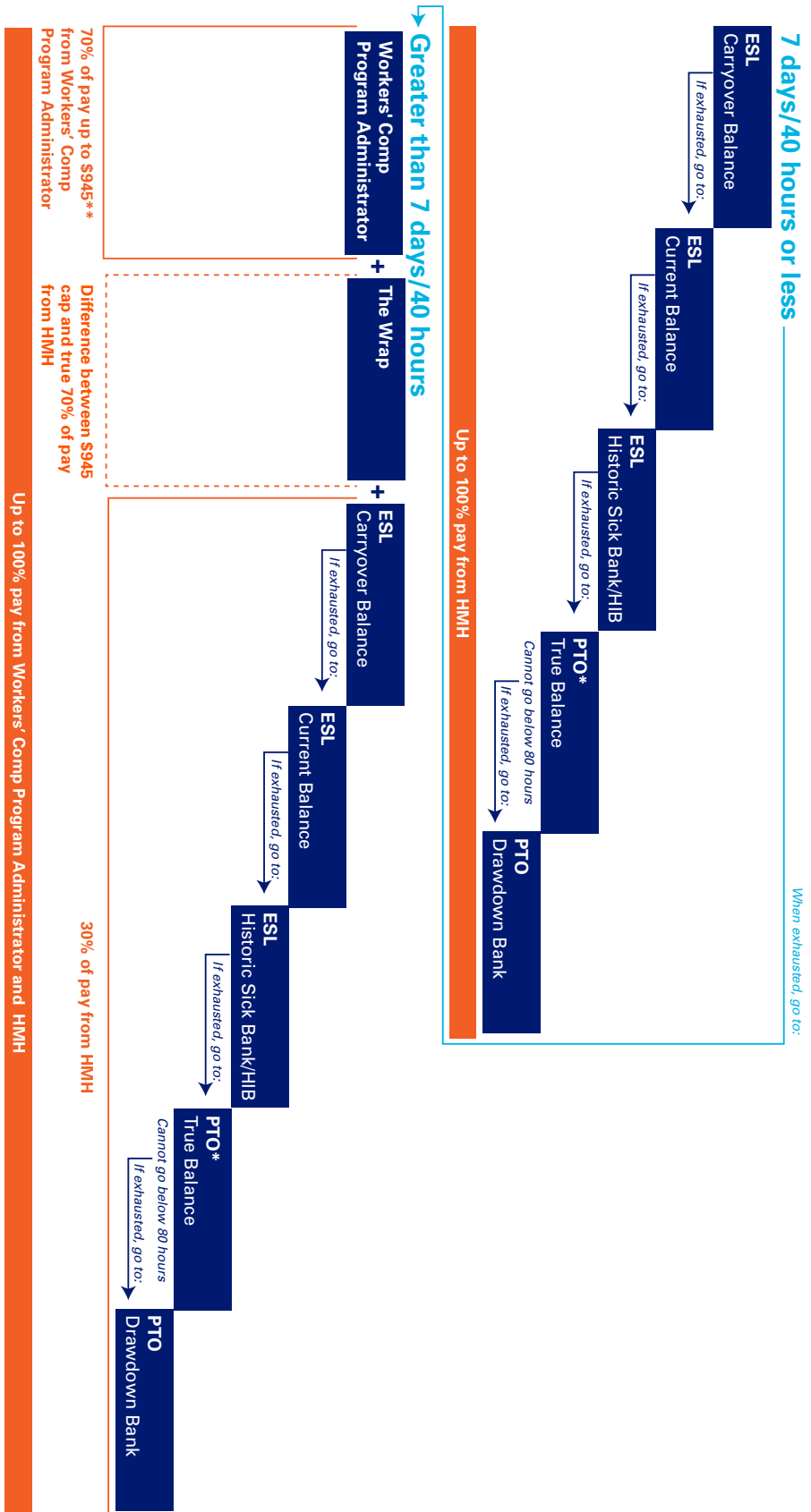
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Baby Bonding – Up to 12 Weeks – When the Short Term Disability benefit expires, eligible team members may take up to 12 **continuous** weeks of Baby Bonding Time during the first 12 months after the baby’s birth.



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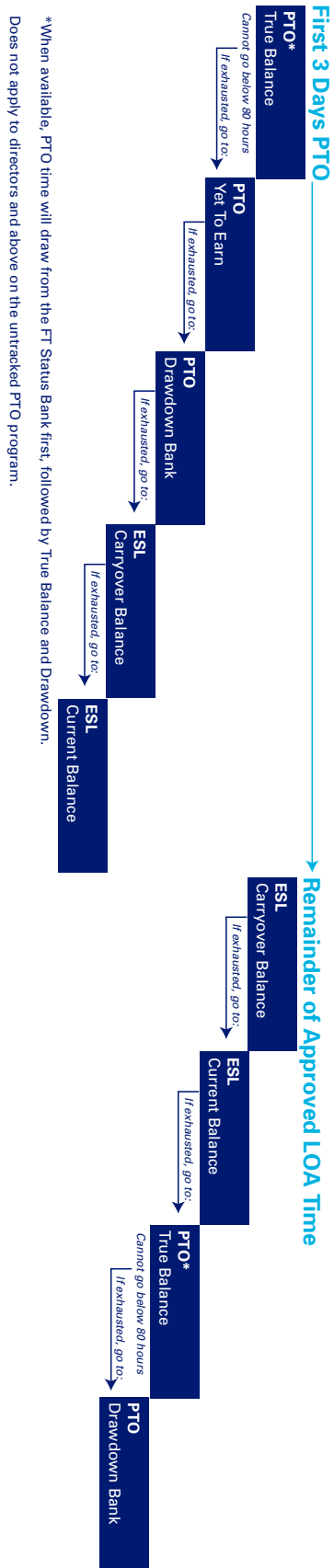
I am on a WORKERS' COMPENSATION LEAVE OF ABSENCE. How will I be paid?



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

**\$945 is current New Jersey cap (for 2020) and subject to change on a yearly basis.

I am on a FAMILY OBLIGATION LEAVE. How will I be paid?



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