

Reuben Warner Associates, Inc.

EFFECTIVE JANUARY 1, 2019

2019 STATUTORY PLANS AROUND THE COUNTRY

Toll Free Telephone (800) 421 - 3005 or (718) 477 - 3700 Fax (718) 477 7366 or Visit Our Website at www.RWARNERINC.com

STATE, DATE OF ENACTMENT	WAITING PERIOD	DURATION OF DISABILITY BENEFITS	WEEKLY DISABILITY BENEFIT	OTHER BENEFITS	EMPLOYEE COST	EMPLOYER COST	HOW COVERAGE IS PROVIDED	TITLE OF LAW, RESPONSIBLE AGENCY
RHODE ISLAND 1946	7 Days. Waiting period is waived if disability extends beyond 30 days or if on unemployment.	Maximum of 30 weeks disability in any benefit year.	60% of average weekly wage. Maximum of \$852.00. Subject to change 7/1/2019	\$10 or 7% of individual benefit, whichever is greater, per dependent child under 18 years, up to 5 children. Over 18 years if incapable of employment. Max \$1,150.00	1.1% of first \$71,000.00 of annual wages. Maximum of \$781.00 per year effective 1/1/19	None	State Fund	Temporary Disability Insurance, Rhode Island Dept. of Labor & Training / Dr. Lee H. Arnold PO Box 1028, 101 Friendship Street Providence, RI 02901-1028 Tel: (401) 462-8420 ext 28630
CALIFORNIA 1946	7 Days	52 Weeks Disability	60% or 70% (depending in income) of average weekly salary to a max of \$1,252 and a minimum of \$50, scale according to benefits schedule.	None	1% of the first \$118,371 of annual wages. Max of \$1,1183.71 per year.	None	State or Self - Insured; Must Exceed State Requirements (majority of employees covered by the State)	California Unemployment Insurance Code Employment Development Dept. 750 N. Street Sacramento, CA 94280 Tel: 800-480-3287 OR 800-927-4357
NEW JERSEY 1948	7 Days. Waiting period is compensable if benefits are payable for three consecutive weeks.	26 weeks each disability per benefit year	66 2/3% average weekly wage. Maximum of \$650 per week. Disability payments based on 1/3 of total wages for base year, or 26 times benefit rate, whichever is less.	None	0.17% of first \$34,400 of annual wages. Maximum of \$58.48 per year.	Based on a factor (assigned by experience) of first \$34,400 per year. Tax base varies annually based on statewide averages for previous year.	State, Private Carrier, or Approved Private Plan. Private Plan must be approved by majority of employees if employees contribute.	New Jersey Temporary Disability Benefits Law Department of Labor and Industry Division of Employment and Disability Insurance, Labor & Industry Building Trenton, NJ 08625 (609) 292 -2681
NEW YORK 1949	7 Days	26 weeks disability per 52 weeks	50% of average weekly wage. Maximum of \$170; minimum \$20 or average weekly wage, whichever is less.	None	0.5% of covered payroll. Maximum of \$.60 per week.	Balance of Cost	Private Carrier, Self Insured, or State Fund. (Majority of Employers covered by private carrier)	Disability Benefits Law; Workers Compensation Board 328 State Street Schenectady, NY 12305 Tel: (518)462-881 or (800) 353-3092
NEW YORK PFL 2018	None	10 Weeks (Not to exceed 26 Weeks Maximum Benefit between DBL and PFL)	55% to a maximum of \$746.41 per week	Paid Family Leave Benefits added by amendment 1/1/19.	.153% of the Statewide Avg. Weekly Wage of \$1,357.11 (\$70,569.72 annual). Approx \$2.08 per week or \$107.97 (subject to change annually)	None	Included via amendment to existing NY DBL Policies Private Carriers, Self Insured or State Fund	
PUERTO RICO 1968	7 Days, or first day in hospital if earlier.	26 weeks disability per 52 weeks	65% to \$113 (non agricultural) per week. And Agricultural Workers 65% to \$55.00 per week.	Death Benefit: \$4,000 - except if caused by an auto accident covered under "no fault" (benefits for dismemberment)	\$.30 per \$100 of weekly payroll. Up to \$9,000.00	Same as Employees	State, Private Carrier, or Approved Private Plan or Self- Insured. Must be approved by majority of employees (1 of 3 employers covered by State)	Temporary Disability Benefits Law Program Bureau of Employment Security, Department of Labor and Human Resources 505 Munoz Rivera Avenue Hato Rey, PR 00918 Tel: (787) 754-5353 Ext 2506
HAWAII 1969	7 Days	26 weeks disability per 52 weeks	58% of average weekly wage. Maximum of \$632.00 minimum \$14 or average weekly wage, whichever is less. Max weekly wage \$1,089.66	None	50% of cost up to \$0.5% of taxable wage. Annual Taxable Wages Maximum of \$56,580.16. Maximum Employee Contribution \$282.90 annualized or \$5.44 per week.	Balance of Cost	Private Carrier, or Self Insured. No State Plans.	Temporary Disability Insurance Law Department of Labor and Industrial Relations Disability Compensation Division PO Box 3769 Honolulu, HI 96812-3769 Tel: (808) 586-9161

This chart is for reference purposes only. Please refer to the responsible agency for specific interpretations of state laws.

For Any Questions, Contact a Member of the Statutory Disability Benefits Team:

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