

Prepared by the Personnel Management Office.  
This is a new Administrative Procedure.

November 1986

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## SAFETY WELFARE AND BENEFITS

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### A9.770 STATE OF HAWAII TEMPORARY DISABILITY BENEFITS PLAN FOR CIVIL SERVICE EMPLOYEES COVERED BY A COLLECTIVE BARGAINING AGREEMENT

1. Purpose. To promulgate the State of Hawaii Temporary Disability Benefits Plan for civil service employees (henceforth referred to as employees) covered by a collective bargaining agreement. This procedure implements Chapter 392, HRS as amended.
2. Objectives.
  - a. To provide eligible employees who are included in a collective bargaining unit with a maximum of twenty-six (26) weeks of disability benefits (income at a reduced rate) for non-work related injuries or illnesses.
  - b. To establish a procedure for Administrative Officers to obtain guidance and assistance in processing claims for temporary disability benefits.
  - c. To set responsibility for Administrative Officers of the Temporary Disability Benefits (TDB) Plan and for conducting the claim review and processing to determine eligibility under the Plan.
3. Applicability/Responsibility.
  - a. The TDB Plan covers all employees in collective bargaining units 01, 02, 03, 04, 09,10 and 13.
  - b. Vice Presidents, Associate Vice President, Chancellors, State Director for Vocational Education, M ~noa Deans and Directors who have been delegated personnel functions or their designees (henceforth referred to as Administrative Officers) are responsible for administering the TDB Plan within the University of Hawaii. The Administrative Officer is also responsible for establishing his/her own internal procedure for administering the Plan.

#### 4. General Guidelines.

##### a. Eligibility requirements

- (1) To be eligible for benefits, an employee must have during any part of the four completed calendar quarters immediately prior to the first day of disability
  - (a) worked for any covered employer in the State of Hawaii for at least fourteen (14) calendar weeks (need not be consecutive),
  - (b) received remuneration in any form for twenty or more hours during each of the fourteen (14) weeks, and
  - (c) earned at least \$400.
- (2) Before benefits are granted, an eligible employee must meet all of the following conditions:
  - (a) The employee's injury or illness is not work related (not caused by the job).
  - (b) The employee must timely file for Temporary Disability Benefits.
  - (c) The injury or illness prevents the employee from performing his/her regular work.
  - (d) The employee's disability is certified by a licensed physician, surgeon, dentist, chiropractor, osteopathy naturopath, or an accredited practitioner of a faith-healing group, pursuant to Chapter 392-26, H.R.S.
  - (e) The employee is a covered State employee immediately prior to the date of disability, or, if the employee is separated from covered State employment, the disability occurred within two weeks from the date of separation and the separated employee did not enter into new employment with an employer subject to the Hawaii Temporary Disability Insurance Law.
  - (f) The employee has used or will use all of

his/her accumulated (unused) sick leave credits before receiving benefits. Under no circumstances is an employee to receive concurrent payments for TDB and sick/vacation credits.

- b. A waiting period of seven (7) consecutive days is required from the first day of each disability. Temporary Disability Benefits are not payable during the waiting period.
- c. Disqualification. A covered employee shall be disqualified from receiving temporary disability benefits if any one of the following applies:
  - (1) The employee's sick leave computation provides sick leave coverage for a total of three weeks or more at the beginning of the calendar year or at the time of disability. (The Administrative Officer is to compute the employee's sick leave credits in Section K of the Plan.)
  - (2) The employee received temporary disability benefits for the maximum duration allowed in a benefit year based on Section K and the applicable table of the TDB Plan.
  - (3) The employee performed work for remuneration or profit during the disability.
  - (4) The employee was denied unemployment insurance benefits under the Hawaii Employment Security Law because of a work stoppage due to a labor dispute.
  - (5) The employee's injury was self-inflicted willfully and intentionally or it was received while committing a criminal offense.
  - (6) The employee received or will receive unemployment insurance, workers' compensation, federal disability benefits, or "Act 64" benefits under Section 79-15 (hazardous duties recognized in a position's classification), HRS, for a work related disability.
  - (7) The employee knowingly makes a false statement misrepresents a fact or fails to disclose a material fact in order to obtain benefits.

- (8) The employee fails to meet any other condition or requirement contained in this Plan.

5. Procedures.

a. Employee

An employee must report a disability (total inability to perform duties caused by illness, pregnancy, termination of pregnancy, or nonwork-related accident) to the Administrative Officer personally or by telephone, letter or, other means. A claim form must be filed within ninety,(90) days from the date of disability. (For employees entitled to earn and accrue sick leave, the 90-day period begins on the date the employee exhausts sick leave.)

b. Administrative Officer

- (1) The Administrative Officer is to inform the employees of their rights and responsibilities under the Temporary Disability Benefits Plan (hereinafter 'Plan', Attachment A) by posting on appropriate bulletin boards the Notice to Employees (Attachment B).
- (2) An adequate supply of the following are to be made available for reference and use in the respective offices of the Administrative Officer:
  - (a) Temporary Disability Benefits Plan (Attachment A)
  - (b) Notice to Employees (Attachment B)
  - (c) Claim for Temporary Disability Benefits - DPS (TDI)-1 (Attachment C)
  - (d) Denial of Claim for Disability Benefits TDI-46 (Attachment D)
  - (e) Claimant's Appeal - (reverse side of TDI-46)
  - (f) Payment worksheet for Processing Temporary Disability Benefit Claim (Attachment E)
  - (g) Termination of Temporary Disability Benefits (Attachment P)

c. Filing of Claim

Upon notification of a potential claim for TDB,, the Administrative Officer shall issue the claim for Disability Benefits designated as form DPS(TDI)-1 to the employee to complete Part A, Claimant's Statement and to have the employee's physician complete Part B, Doctor's Statement. The claim must be filed within ninety (90) days from date of disability or the date the employee exhausts sick leave. (See Section L of Plan.) The Administrative Officer is responsible for providing the information requested in Part C - Department's Statement.

Alternate Form: In the event the above-referenced claim form is unavailable, use form TDI-45, 'Claims for Disability Benefits' issued by the Department of Labor and Industrial Relations.

- (1) The Administrative Officer is to consult the Eligibility Requirements, Disqualification Provisions and other provisions of the Plan in order to determine whether the employee is eligible for benefits.
- (2) If the eligibility requirements are satisfied and the claim accepted, the Administrative Officer is to consult the Plan to determine the following:
  - (a) Sick Leave Computation (Section K of Plan)
  - (b) Duration of Temporary Disability Benefits (Tables A through A-10 and B)
  - (c) Amount of Weekly Temporary Disability Benefit (K-2 through K-6)

This information is to be entered on the Temporary Disability Benefits Payment Worksheet - UH/TDB-1 (Attachment E)

The Administrative Officer shall have the

employee complete the Application For Leave Of Absence card (U.H. Form 1). Be sure that item number 3 of the card is coded 08.

The leave of absence card, original DPS(TDI)-1 and UH/TDB-1 plus two copies are to be transmitted to the Employee Development & Benefits Section, Office of Human Resources, Hawaii Hall, 2500 Campus Road, Honolulu, Hawaii 96822.

Until such time the employee returns to regular duties, the Administrative Officer shall submit the leave of absence card and UH/TDB-1 form for each payroll period.

d. Entitlement

(1) Temporary disability benefit payments shall be based on:

(a) 55% of the employee's average weekly wages or

(b) the 'maximum weekly benefit' amounts as annually established by the Disability Compensation Division of the State Department of Labor and Industrial Relations,

whichever is less.

(2) The Office of Human Resources will be responsible at the end of each year to notify the Administrative/Personnel Officers of the maximum weekly benefit amount for the coming calendar year.

e. Denial of Claim

(1) The Administrative/Personnel Officer is to complete in triplicate the form entitled 'Denial Of Claim For Disability Benefits'

(TDI-46) and

- (2) Send the copies of the denial form, with the employee's completed claim form attached, to the Office of Human Resources. The Office of Human Resources shall review the claim denial. If the decision is to affirm the claim denial, the Personnel Management Office will forward a copy of the TDI-46 to the Disability Compensation Division of the State Department of Labor and Industrial Relations. (AT THIS TIME, DO NOT SEND A COPY OF THE DENIAL FORM TO THE EMPLOYEE.)

- (3) Follow Step A or B below.

Step A: If the review by the Disability Compensation (DC) Division results in finding that the denial was:

- (a) in error,
- (b) without proper legal basis, or
- (c) without sufficient supporting evidence,

the DC Division will contact the University through the Office of Human Resources within ten (10) calendar days and make a request that the University reconsider the denial determination. At such time, the University may exercise one of the two following options.

- (i) The University may reconsider the denial and allow benefits. (The DC Division must be notified by the Administrative officer of such action in writing.)
- (ii) The University may disagree with the DC Division's request to reconsider the denial. In such event, the Administrative officer must send the

employee three (3) copies of the denial notice and inform the DC Division of its action in writing. If the DC Division disagrees with the University's denial, a Review of Denial Claim (Form DC-46a) will be sent to the University. The Administrative Officer must then complete the bottom portion of such form and return it to the DC Division within five (5) days.

Step B: If the University does not receive a request for reconsideration from the DC Division within ten (10) calendar days, the University may assume that the denial determination is proper. The Administrative/Personnel Officer should immediately send three (3) copies of the denial notice to the employee.

The University may on its own discretion or initiative reconsider an adverse determination if subsequent information or new facts indicate that a reconsideration is in order. In such events the employee and the DC Division must be notified in writing by the Administrative/Personnel Officer immediately so that a hearing will not be scheduled.

f. Appeal Procedure

If a claim for temporary disability benefits is denied the employee may appeal the decision to the Disability Compensation Division of the State Department of Labor & Industrial Relations by filing the form contained on reverse side of Denial of Claim for Disability Benefits (TDI-46):

- (1) within twenty (20) days from mailing date of notice of denial or



- (2) if not mailed, within (20) days from the date the notice of denial was forwarded to the employee.

The claimant's appeal form is contained on the reverse side of the Denial Of Claim For Disability Benefits form (TDI-46).

g. Termination of Benefit Payment

- (1) The Administrative/Personnel Officer is to complete notification form UH/TDB-2 (Attachment F) on the first workday employee returns from disability leave or
- (2) Claim is exhausted for the current benefit year.

STATE OF HAWAII  
TEMPORARY DISABILITY BENEFITS PLAN  
for  
BARGAINING UNIT EMPLOYEES

<u>Section</u>	<u>Title</u>
A	Purpose
B	Policy
C	Coverage
D	Definition
E	Sick Leave Provisions Contained in Collective Bargaining Agreements
F	Eligibility Requirements
G	Disqualification Provisions
H	Waiting Period
I	Benefit Year
I	Employment Status During Period of Disability
K	Procedure for Determining Sick Leave Computation, Duration of Temporary Disability Benefits, and Amount of Weekly TD Benefit Payment
L	Filing of Claim for Temporary Disability Benefits
M	Denial of Claim
N	Appeal Procedure

Attachments

Tables A through A-10	Duration of TD Benefits for All Employees (except BU 11 employees on 56-hour workweek)
Table B	Duration of TD Benefits for BU 11 Employees an 56-Hour Workweek
Form DPS(TDI)-1	Claim for Temporary Disability Benefits
Form TDI-46	Denial of Claim for Disability Benefits (claimant's appeal on reverse side or second page)
	Notice to Employees

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Effective July 1 1986 this Plan amends and replaces the Temporary Disability Benefits Plan issued on March 1, 1985.

- A -

A. PURPOSE

The purpose of this plan is to comply with the applicable requirements of Chapter 392, Hawaii Revised Statutes, and its regulations. To meet these requirements, the State of Hawaii hereby establishes a Temporary Disability Benefits Plan (hereinafter "Plan") for eligible State employees in the executive branch of the government.

- B -

## B. POLICY

Eligible State employees in the executive branch of the government who are unable to work because of a disability due to a non-work related injury or illness and who meet the coverage, eligibility and other requirements of the Plan and Chapter 392, Hawaii Revised Statutes, and its regulations, shall be entitled to temporary disability benefits.

The specific temporary disability benefit shall provide partial wage replacement up to a maximum duration of 26 weeks per benefit year after:

- (1) serving a mandatory seven calendar day waiting period starting from the first day of each disability and
- (2) using all accumulated (unused) sick leave credits before the benefit is allowed.

The amount of the temporary disability benefit shall be based on:

- (1) 55% of the employee's average weekly wages or
- (2) the "maximum weekly benefit amount" as annually established by the Disability Compensation Division of the State Department of Labor and Industrial Relations,

whichever is less.

- C -

## C. COVERAGE

All State employees who are in the executive branch of the government and are included in collective bargaining units 1, 2, 3, 4, 9, 10, 11, and 13, pursuant to Chapter 89, Hawaii Revised Statutes, shall be covered by this Plan, except as noted below.

Exception: Employees who have the same sick leave allowance as school teachers in the Department of Education shall be excluded from coverage under this Plan and shall be covered under the Department of Education School Code Regulation #5405, TEMPORARY DISABILITY INSURANCE (EXTRA SICK LEAVE). Such employees shall include, but not be limited to, the following:

1. School Food Service Managers, BU 2
2. Educational Assistants, BU 3
3. School Security Attendants, BU 3
4. School Health Aids, BU 3

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## D. DEFINITION OF DISABILITY

"Disability" means total inability of an employee to perform the duties of his/her employment caused by sickness, pregnancy, termination of pregnancy, or accident other than a work injury. (A work injury covered under Section 386-3 or 79-15, Hawaii Revised Statutes, shall not be considered as a disability for purposes of this Plan.) Consecutive periods of disability due to the same or related cause and not separated by an interval of more than two weeks shall be considered as a single period of disability.

- E -

## E. SICK LEAVE PROVISIONS CONTAINED IN COLLECTIVE BARGAINING AGREEMENTS

The requirements and conditions contained in this Plan shall not modify or amend any sick leave provisions contained in the respective collective bargaining agreements. However, the Plan, as approved by the State Department of Labor and Industrial Relations, requires that a covered employee who claims entitlement to benefits under the Plan be required to exhaust his/her accumulated (unused) sick leave credits before temporary disability benefits are allowed.

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## F. ELIGIBILITY REQUIREMENTS

To be eligible for benefits, an employee must have during any part of the four completed calendar quarters immediately prior to the first day of disability:

- (1) worked for any covered employer in the State of Hawaii for at least fourteen (14) calendar weeks (need not be consecutive);
- (2) received remuneration in any form for twenty or more hours during each of the fourteen (14) weeks; and
- (3) earned at least \$400.

Before benefits are granted, an eligible employee must meet all of the following conditions:

- (1) The employee's injury or illness is not work related (not caused by the job).
- (2) The injury or illness prevents the employee from performing his/her regular work.
- (3) The employee's disability is certified by a licensed physician, surgeon, dentist, chiropractor, osteopath, naturopath, or an accredited practitioner of a faith-healing group.
- (4) The employee is employed as a covered State employee immediately prior to the date of disability or, if the employee is separated from covered State employment, the disability occurred within two weeks from the date of separation and the separated employee did not enter into new employment with an employer subject to the Hawaii Temporary Disability Insurance Law.
- (5) The employee has used or will use all of his/her accumulated (unused) sick leave credits before receiving benefits.



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## G. DISQUALIFICATION PROVISIONS

A covered employee shall be disqualified from receiving temporary disability benefits if any one of the following applies:

- (1) The employee's Sick Leave Computation provides sick leave coverage for a total of three weeks or more at the beginning of the calendar year or at the time of disability. (See Section K to calculate an employee's Sick Leave Computation.)
- (2) The employee received temporary disability benefits for the maximum duration allowed in a benefit year based on Section K and the applicable table of this Plan.
- (3) The employee performed work for remuneration or profit during the disability.
- (4) The employee was denied unemployment insurance benefits under the Hawaii Employment Security Law because of a work stoppage due to a labor dispute.
- (5) The employee's injury was self-inflicted wilfully and intentionally or it was received while committing a criminal offense.
- (6) The employee received or will receive unemployment insurance, workers' compensation, federal disability benefits, or "Act 6411 benefits under Section 79-15, HRS, for a work related disability.
- (7) The employee knowingly makes a false statement, misrepresents a fact or fails to disclose a material fact in order to obtain benefits.
- (8) The employee fails to meet any other condition or requirement contained in this Plan.

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## H. WAITING PERIOD

An eligible employee shall be required to serve a mandatory waiting period of seven (7) consecutive calendar days starting from the first day of each disability and no temporary disability benefits shall be payable during such waiting period. It is provided that consecutive periods of disability due to the same or related cause and not separated by an interval of more than two weeks shall be considered as a single period of disability.

During the seven (7) calendar day waiting period, the following Shall be applicable:

- (1) All accumulated (unused) sick leave credits, as available, shall be applied to the employee's working days of the waiting period. (It should be noted that the requirement to use all accumulated sick leave credits before temporary disability benefits are allowed is in addition to the waiting period requirement. Consequently, the mandatory usage of accumulated sick leave credits before temporary disability benefits are allowed will result in a situation wherein such usage of accumulated sick leave credits will extend beyond the duration of the waiting period as in the case of a full-time employee who has more than five days of accumulated sick leave credits at the onset of disability.)
- (2) An employee may request the use of accumulated vacation leave credits during the working days of the waiting period after first exhausting his/her accumulated sick leave credits.

Example: At the onset of disability, an employee has two days of accumulated sick leave credits. Such employee must use the two days of accumulated sick leave credits on the first two working days of the waiting period and may request that the remaining three working days of the waiting period be charged against his/her accumulated vacation leave credits.

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I. BENEFIT YEAR

For purposes of this Plan, a "benefit year" shall be the calendar year, beginning on the first day of January and ending on the thirty-first day of December.

For an eligible employee hired after the first day of January, the "benefit year" shall begin on the date of hire and end on the thirty-first day of December of that year. The employee's subsequent "benefit year" shall begin and end as described above.

- J -

## J. EMPLOYMENT STATUS DURING PERIOD OF DISABILITY

Waiting Period (seven calendar days)

- (1) Sick Leave - Employee shall first use all accumulated sick leave credits on the working days of the waiting period.
- (2) Vacation Leave - Employee, after using all accumulated sick leave credits, may request the use of accumulated vacation leave credits, including compensatory time credits, on the working days of the waiting period.
- (3) Leave Without Pay - The working days during the waiting period which are not charged against the employee's accumulated sick leave or vacation leave credits shall be deemed as leave without pay.

Period of Disability During Which Employee Receives or Will Receive Temporary Disability Benefits

- (1) Sick Leave - Employee shall first use all accumulated sick leave credits before temporary disability benefits are allowed.
- (2) Leave Without Pay - Employee, after using all accumulated sick leave credits, shall be deemed to be on leave without pay.
- (3) Employee shall not be permitted to use vacation leave and compensatory time credits during the period of disability in which temporary disability benefits are applicable.

Period of Disability During Which Temporary Disability Benefits Are Not-Applicable

Vacation Leave and/or Leave Without Pay - Employee shall be allowed to request the use of accumulated vacation leave credits, including compensatory time credits, on the working days of the period of disability during which temporary disability benefits are not applicable. If such a request is not made or if made but not approved, the employee shall be deemed to be on leave without pay.

An employee shall not earn and accrue sick leave and vacation leave credits while on leave-without-pay status.

An illustration of an employee's employment status during the various phases of disability is shown on the following page.

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K. PROCEDURE FOR DETERMINING SICK LEAVE COMPUTATION, DURATION OF  
TEMPORARY DISABILITY BENEFITS, AND AMOUNT OF WEEKLY TEMPORARY  
DISABILITY BENEFIT PAYMENT

Sick Leave Computation (SLC)

"Sick Leave Computation" means an employee's combined total of:

- (1) Sick leave hours used from the first  
day of the current calendar year to the  
day preceding the current disability: \_\_\_\_\_ hours
- PLUS
- (2) Sick leave hours earned but not used as  
of the first day of the current  
disability: \_\_\_\_\_ hours
- EQUALS
- (3) SLC (in hours): \_\_\_\_\_ hours

Duration of Temporary (TD) Benefits

The duration of TD benefits in weeks is shown on Tables A through A-10 and B. Such tables are based on the number of hours normally worked by an employee as follows:

<u>Table</u>	<u>For Employees Who Normally Work:</u>
A	More than 38 and up to 40 hours per week.
A-1	More than 36 and up to 38 hours per week.
A-2	More than 34 and up to 36 hours per week.
A-3	More than 32 and up to 34 hours per week.
A-4	More than 30 and up to 32 hours per week.
A-5	More than 28 and up to 30 hours per week.
A-6	More than 26 and up to 28 hours per week.
A-7	More than 24 and up to 26 hours per week.
A-8	More than 22 and up to 24 hours per week.
A-9	More than 20 and up to 22 hours per week.
A-10	More than 18 and up to 20 hours per week.
B	56 hours per week (BU 11 employees).

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(1) First Claim in Calendar Year

After calculating the employee's SLC pursuant to the first paragraph of this section, refer to the applicable table (Table A through A-10 or B) to determine the duration of the employee's entitlement to TD benefits as follows:

- (a) Under the column entitled Sick Leave Computation in the applicable table, locate the number of SLC in hours and read across to determine the maximum duration of TD benefits allowed.

Example: Table A shows that if an employee's SLC is 80 to 87.9 hours, the maximum duration for receipt of TD benefits would be 4 weeks.

- (b) It should be noted that if an employee's SLC provides sick leave coverage for a total of three weeks or more, the employee is not entitled to TD benefits for the calendar year and no further computation is required. However, the employee should be notified that his/her claim is being denied in accordance with the procedure on "Denial of Claim" found in Section M of this Plan.

(2) Other Than First Claim in Calendar Year

- (a) At the onset of the current disability (second, third, etc. in the current calendar year), calculate the employee's SLC pursuant to the first paragraph of this section.
- (b) If the employee's SLC provides sick leave coverage for a total of three weeks or more, the employee is not entitled to further TD benefits in the calendar year. However, if the employee's SLC provides sick leave coverage for less than three weeks, refer to the applicable table to determine the duration of the TD benefits for the current disability.
- (c) Review the employee's previous TD benefit claim(s) to determine the duration of TD benefits actually used or received for previous disabilities in the current calendar year.

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- (d) Subtract the duration of TD benefits actually used or received for the employee's previous claim(s) in the current calendar year from the duration of TD benefits for the current claim as shown below:

(i) Duration of TD benefits for current claim: \_\_\_\_\_

MINUS

(ii) Duration of TD benefits actually used or received for previous claim(s) in the same calendar year: \_\_\_\_\_

EQUALS

(iii) Net duration of TD benefits for current claim: \_\_\_\_\_

Amount of Weekly Temporary Disability Benefit Payment

An employee's average weekly wage (AWW) must be determined before the "amount of the weekly temporary disability benefit payment" can be established. The AWW is dependent upon the employee's gross wages which include wages and other forms of remuneration such as overtime, night differential, cash value of meals and lodging, etc. As such, the AWW for salaried and hourly paid employees shall be computed as follows:

(1) Salaried Employee With No Other Form of Remuneration

Multiply the employee's monthly salary for the month in which the disability commences by 12 and divide the product by 32 as follows:

$$\text{AWW} = \frac{\text{monthly salary} \times 12 \text{ months}}{52 \text{ weeks}}$$

(2) Hourly or Salaried Employee With Other Forms of Remuneration

Divide the employee's gross wages (salary/hourly wages plus other forms of remuneration) for the eight weeks or portion thereof immediately preceding and including the last day worked prior to the date disability began, by the number of weeks or portion thereof of the employment as follows:

$$\text{AWW} = \frac{8 \text{ weeks gross pay (or portion thereof)}}{8 \text{ weeks (or portion thereof)}}$$

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After the AWW is determined, the "amount of the weekly temporary disability benefit payment" can be established.

The "amount of the weekly temporary disability benefit payment" is based on:

- (1) 55% of the employee's average weekly wages (AWW) or
- (2) the "maximum weekly benefit amount" (MWBA) as annually established by the Disability Compensation Division of the State Department of Labor and Industrial Relations,

whichever is less.

To illustrate:

- (a) 55% of the employee's AWW (\$255) is:  
 $(.55 \times \$255 = \$140.25)$ , rounded off  
to the next higher multiple of \$1.00 \$141.00
  - (b) The 1985 MWBA set by Labor Department is: \$194.00
- The amount of the weekly TD benefit is the  
lesser of (a) or (b) above: \$141.00

#### Partial Benefits

An employee who suffers a relapse after returning to work for less than a full day shall:

- (1) be paid partial benefits or
- (2) be given waiting period credit for such day,

provided that, his/her wages for the partial day's work did not equal or exceed the prorated disability benefits to which he/she is entitled. The benefit amount is derived by subtracting the gross wages received for performing less than a full day's work from the prorated disability benefits to which he/she is entitled. (The prorated benefits are not rounded off to the next higher multiple of \$1.00.)



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Examples(1) First Claim in Calendar Year

A full-time employee (40 hours per week) whose average weekly wage is \$255 has used 40 hours of sick leave in the current calendar year and has 40 hours of sick leave credits earned but not used at the onset of disability. Should the employee meet the eligibility and other requirements, the TD benefits would be calculated as follows:

(a) Sick Leave Computation:

40 hrs. of sick leave used  
+40 hrs. of unused sick leave

SLC = 80 hours

(b) Duration of To Benefits:

Per Table A, if the employee's SLC is 80 hours, the duration of TD benefits would be 4 weeks.

(c) Weekly Amount of TD Benefit Payment:

(i) 55% of AWW =  $.55 \times \$255 =$   
 140.25. The product of  
 (.55 X AWW), if not a multiple  
 of \$1.00, is rounded off to the  
 next higher multiple of \$1.00. \$141.00

(ii) MWBA \$194.00

Weekly amount of TD benefit is  
 the lesser of (i) or (ii) above: \$141.00

In the above example, the employee would be entitled to 4 weeks of benefits at \$141.00 per week and the maximum amount of benefits payable would be (4 X 141.00) \$564.00. It should be noted that the employee, as in all cases, must serve a waiting period of 7 calendar days and must exhaust all unused sick leave credits prior to receiving benefits.

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(2) Other Than First Claim in Calendar Year

A full-time employee (40 hours per week) whose average weekly wage is \$255 has used 80 hours of sick leave in the current calendar year and has a zero balance of sick leave credits earned but not used at the onset of the second disability in the same calendar year. The employee received 2 weeks of TD benefits for the first disability in the calendar year. Should the employee meet the eligibility and other requirements, the TD benefits for the current or second disability in the calendar year would be calculated as follows:

(a) Sick Leave Computation:

80 hrs. of sick leave used  
+ 0 hrs. of unused sick leave

SLC = 80 hours

(b) Duration of TD Benefits:

Per Table A1, if the employee's SLC is 80 hours, the duration of TD benefits would be 4 weeks. However, since the employee received 2 weeks of TD benefits for a previous disability in the same calendar year, the employee is entitled to only 2 weeks of benefits for the second disability.

(i) Duration of TD benefits for current claim: 4 weeks

MINUS

(ii) Duration of TD benefits actually used or received for previous claims in same calendar year: 2 weeks

EQUALS

(iii) Net duration of TD benefits current claim: 2 weeks

(c) Weekly Amount of TD Benefit Payment

(i) 55% of AWW = .55 X \$255 = \$141.00

(ii) MWBA = \$194.00

Weekly amount of TD benefit is the lesser of (i) or (ii) above: = \$141.00

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In the foregoing example, the employee would be entitled to 2 weeks of benefits at \$141.00 per week for the second disability in the calendar year and the maximum amount of benefits payable would be (2 X \$141.00) \$282.00. It should be noted that the employee, as in all cases, must serve a waiting period of 7 calendar days prior to receiving benefits.

- L -

L. FILING OF CLAIM FOR TEMPORARY DISABILITY BENEFITS

A claim for temporary disability benefits shall be filed on a form entitled "Claims for Temporary Disability Benefits" and designated as DPS(TDI)-1. All departments shall be responsible for maintaining an adequate supply of such form for internal distribution.

A claim must be filed within ninety (90) days from the date of disability. Any claim filed after ninety (90) days from the date of disability shall be denied. (For employees entitled to earn and accrue sick leave, the 90-day period begins the date the employee exhausts sick leave.)

Alternate Form: In the event the above referenced claim form is not available, claims may be filed on form TDI-45, "Claims for Disability Benefits" issued by the Department of Labor and Industrial Relations.

- M -

M. DENIAL OF CLAIM

The following procedure shall be followed by all State agencies in denying an employee's claim for temporary disability benefits:

- (1) Complete, in duplicate, the form entitled "Denial of Claim for Disability Benefits" (TDI-46).
- (2) Send a copy of the denial form, with the employee's completed claim form attached, to the Disability Compensation Division of the State Department of Labor and Industrial Relations for review. (AT THIS TIME, DO NOT SEND A COPY OF THE DENIAL FORM TO THE EMPLOYEE.)
- (3) Follow Step A or B below:

Step A: If the review by the Disability Compensation (DC) Division results in a finding that the denial was:

- (a) in error,
- (b) without proper legal basis, or
- (c) without sufficient supporting evidence,

the DC Division will contact the agency within ten (10) calendar days and make a request that the agency reconsider the denial determination. At such times the agency may exercise one of the two following options:

- (i) The agency may reconsider the denial and allow benefits. (The DC Division must be notified of such action in writing.)
- (ii) The agency may disagree with the DC Division's request to reconsider the denial. In such event, the agency must send the employee three (3) copies of the denial notice and inform the DC Division of its action in writing. If the DC Division disagrees with the agency's denial, a Review of Denial Claim (Form DC-46a) will be sent to the agency. The agency must then complete the bottom portion of such form and return it to the DC Division within five (3) days.

Step B: If the agency does not receive a request for reconsideration from the DC Division within ten (10) calendar days, the agency may assume that the denial determination is proper. The agency should immediately send three (3) copies of the denial notice to the employee.

- M-1 -

The agency may on its own discretion or initiative reconsider an adverse determination if subsequent information or new facts indicate that a reconsideration is in order. In such event, the employee and the DC Division must be notified in writing immediately so that a hearing will not be scheduled.

- N -

N. APPEAL PROCEDURE

If a claim for temporary disability benefits is denied, the employee may appeal the decision of denial to the Disability Compensation Division of the State Department of Labor and Industrial Relations. The appeal must be filed:

- (1) within twenty (20) days from the mailing date of the notice of denial or
- (2) if not mailed, within twenty (20) days from the date the notice of denial was forwarded to the employee.

The claimant's appeal form is contained on the reverse side or second page of the Denial of Claim for Disability Benefits form (TDI-46).

TABLE A

DURATION OF TEMPORARY DISABILITY (TD) BENEFITS  
(for employees who normally work  
more than 38 and up to 40 hours per week)

<u>*SICK LEAVE COMPUTATION (SLC)</u> (in hours)	<u>DURATION OF TD BENEFITS</u> (in weeks)	<u>DURATION OF TD BENEFITS AFTER FIRST CLAIM IN CALENDAR YEAR</u>
*120 or more	0	The duration of TD benefits for other than the first claim in a calendar year shall be computed as follows:
112 to 119.9	3.2 (16 days)	
104 to 111.9	3.4 (17 days)	
96 to 103.9	3.6 (18 days)	(a) Duration of TD benefits for current claim: _____
88 to 95.9	3.8 (19 days)	
80 to 87.9	4.0 (20 days)	MINUS
72 to 79.9	4.2 (21 days)	(b) Duration of TD benefits actually used for previous claim(s) in the same calendar year: _____
64 to 71.9	4.4 (22 days)	
56 to 63.9	4.6 (23 days)	
48 to 55.9	4.8 (24 days)	EQUALS
40 to 47.9	5.0 (25 days)	(c) Net duration of TD benefits for current claim: _____
39.9 or less	26.0 (130 days)	
-----	-----	-----

\*Sick Leave Computation (SLC) is an employee's combined total of

- (a) sick leave hours used from the first day of the current calendar year to the day preceding the current disability and
- (b) sick leave hours earned but not used as of the first day of current disability.

\*\*SLC provides sick leave coverage for a total of three weeks or more.

Note: Section H of the TD Benefits Plan requires that an employee shall serve a mandatory waiting period of seven consecutive calendar days starting from the first day of each disability before temporary disability benefits become applicable.



TABLE A-1

DURATION OF TEMPORARY DISABILITY (TD) BENEFITS  
(for employees who normally work  
more than 36 and up to 38 hours per week)

<u>SICK LEAVE COMPUTATION (SLC)</u> (in hours)	<u>DURATION OF TD BENEFITS</u> (in weeks)	<u>DURATION OF TD BENEFITS AFTER FIRST CLAIM IN CALENDAR YEAR</u>
**114 or more	0	The duration of TD benefits for other than the first claim in a calendar year shall be computed as follows:
106.4 to 113.9	3.2	
98.8 to 106.3	3.4	
91.2 to 98.7	3.6	(a) Duration of TD benefits for current claim: _____
83.6 to 91.1	3.8	
76 to 83.5	4.0	MINUS
68.4 to 75.9	4.2	(b) Duration of TD benefits actually used for previous claim(s) in the same calendar year: _____
60.8 to 68.3	4.4	
53.2 to 60.7	4.6	
43.6 to 53.1	4.8	EQUALS
38 to 45.5	5.0	(c) Net duration of TD benefits for current claim: _____
37.9 or less	26.0	
-----	-----	-----

\*Sick Leave Computation (SLC) is an employee's combined total of

- (a) sick leave hours used from the first day of the current calendar year to the day preceding the current disability and
- (b) sick leave hours earned but not used as of the first day of current disability.

\*\*SLC provides sick leave coverage for a total of three weeks or more.

Note: Section H of the TD Benefits Plan requires that an employee shall serve a mandatory waiting period of seven consecutive calendar days starting from the first day of each disability before temporary disability benefits become applicable.

TABLE A-2

DURATION OF TEMPORARY DISABILITY (TD) BENEFITS  
(for employees who normally work  
more than 34 and up to 36 hours per week)

<u>SICK LEAVE COMPUTATION (SLC)</u> (in hours)	<u>DURATION OF TD BENEFITS</u> (in weeks)	<u>DURATION OF TD BENEFITS AFTER FIRST CLAIM IN CALENDAR YEAR</u>
**108 or more	0	The duration of TD benefits for other than the first claim in a calendar year shall be computed as follows:
100.8 to 107.9	3.2	
93.6 to 100.7	3.4	
86.4 to 93.5	3.6	(a) Duration of TD benefits for current claim: _____
79.2 to 86.3	3.8	MINUS
72 to 79.1	4.0	
64.8 to 71.9	4.2	(b) Duration of TD benefits actually used for previous claim(s) in the same calendar year: _____
57.6 to 64.7	4.4	
50.4 to 57.5	4.6	
43.2 to 50.3	4.8	EQUALS
36 to 43.1	5.0	(c) Net duration of TD benefits for current claim: _____
35.9 or less	26.0	
-----	-----	-----

\*Sick Leave Computation (SLC) is an employee's combined total of

- (a) sick leave hours used from the first day of the current calendar year to the day preceding the current disability and
- (b) sick leave hours earned but not used as of the first day of current disability.

\*\*SLC provides sick leave coverage for a total of three weeks or more.

Note: Section H of the TD Benefits Plan requires that an employee shall serve a mandatory waiting period of seven consecutive calendar days starting from the first day of each disability before temporary disability benefits become applicable.

TABLE A-3

DURATION OF TEMPORARY DISABILITY (TD) BENEFITS  
(for employees who normally work  
more than 32 and up to 34 hours per week)

<u>SICK LEAVE COMPUTATION (SLC)</u> (in hours)	<u>DURATION OF TD BENEFITS</u> (in weeks)	<u>DURATION OF TD BENEFITS AFTER FIRST CLAIM IN CALENDAR YEAR</u>
**102 or more	0	The duration of TD benefits for other than the first claim in a calendar year shall be computed as follows:
95.2 to 101.9	3.2	
88.4 to 95.1	3.4	
81.6 to 88.3	3.6	(a) Duration of TD benefits for current claim: _____
74.8 to 81.5	3.8	
68 to 74.7	4.0	MINUS
61.2 to 67.9	4.2	(b) Duration of TD benefits actually used for previous claim(s) in the same calendar year: _____
54.4 to 61.1	4.4	
47.6 to 54.3	4.6	
40.8 to 47.5	4.8	EQUALS
34 to 40.7	5.0	(c) Net duration of TD benefits for current claim: _____
33.9 or less	26.0	
-----	-----	-----

\*Sick Leave Computation (SLC) is an employee's combined total of

- (a) sick leave hours used from the first day of the current calendar year to the day preceding the current disability and
- (b) sick leave hours earned but not used as of the first day of current disability.

\*\*SLC provides sick leave coverage for a total of three weeks or more.

Note: Section H of the TD Benefits Plan requires that an employee shall serve a mandatory waiting period of seven consecutive calendar days starting from the first day of each disability before temporary disability benefits become applicable.

TABLE A-4

DURATION OF TEMPORARY DISABILITY (TD) BENEFITS  
(for employees who normally work  
more than 30 and up to 32 hours per week)

<u>SICK LEAVE COMPUTATION (SLC)</u> (in hours)	<u>DURATION OF TD BENEFITS</u> (in weeks)	<u>DURATION OF TD BENEFITS AFTER FIRST CLAIM IN CALENDAR YEAR</u>
**96 or more	0	The duration of TD benefits for other than the first claim in a calendar year shall be computed as follows:
89.6 to 95.9	3.2	
83.2 to 89.5	3.4	
76.8 to 83.1	3.6	(a) Duration of TD benefits for current claim: _____
70.4 to 76.7	3.8	MINUS
64 to 70.3	4.0	
57.6 to 63.9	4.2	(b) Duration of TD benefits actually used for previous claim(s) in the same calendar year: _____
51.2 to 57.5	4.4	
44.8 to 51.1	4.6	
38.4 to 44.7	4.8	EQUALS
32 to 38.3	5.0	(c) Net duration of TD benefits for current claim: _____
31.9 or less	26.0	
-----	-----	-----

\*Sick Leave Computation (SLC) is an employee's combined total of

- (a) sick leave hours used from the first day of the current calendar year to the day preceding the current disability and
- (b) sick leave hours earned but not used as of the first day of current disability.

\*\*SLC provides sick leave coverage for a total of three weeks or more.

Note: Section H of the TD Benefits Plan requires that an employee shall serve a mandatory waiting period of seven consecutive calendar days starting from the first day of each disability before temporary disability benefits become applicable.

TABLE A-5

DURATION OF TEMPORARY DISABILITY (TD) BENEFITS  
(for employees who normally work  
more than 28 and up to 30 hours per week)

<u>SICK LEAVE COMPUTATION (SLC)</u> (in hours)	<u>DURATION OF TD BENEFITS</u> (in weeks)	<u>DURATION OF TD BENEFITS AFTER FIRST CLAIM IN CALENDAR YEAR</u>
**90 or more	0	The duration of TD benefits for other than the first claim in a calendar year shall be computed as follows:
84 to 89.9	3.2	
78 to 83.9	3.4	
72 to 77.9	3.6	(a) Duration of TD benefits for current claim: _____
66 to 71.9	3.8	
60 to 65.9	4.0	MINUS
54 to 59.9	4.2	(b) Duration of TD benefits actually used for previous claim(s) in the same calendar year: _____
48 to 53.9	4.4	
42 to 47.9	4.6	
36 to 41.9	4.8	EQUALS
30 to 35.9	5.0	(c) Net duration of TD benefits for current claim: _____
29.9 or less	26.0	
-----	-----	-----

\*Sick Leave Computation (SLC) is an employee's combined total of

- (a) sick leave hours used from the first day of the current calendar year to the day preceding the current disability and
- (b) sick leave hours earned but not used as of the first day of current disability.

\*\*SLC provides sick leave coverage for a total of three weeks or more.

Note: Section H of the TD Benefits Plan requires that an employee shall serve a mandatory waiting period of seven consecutive calendar days starting from the first day of each disability before temporary disability benefits become applicable.

TABLE A-6

DURATION OF TEMPORARY DISABILITY (TD) BENEFITS  
(for employees who normally work  
more than 26 and up to 28 hours per week)

<u>SICK LEAVE COMPUTATION (SLC)</u> (in hours)	<u>DURATION OF TD BENEFITS</u> (in weeks)	<u>DURATION OF TD BENEFITS AFTER FIRST CLAIM IN CALENDAR YEAR</u>
**84 or more	0	The duration of TD benefits for other than the first claim in a calendar year shall be computed as follows:
78.4 to 83.9	3.2	
72.8 to 78.3	3.4	
67.2 to 72.7	3.6	(a) Duration of TD benefits for current claim: _____
61.6 to 67.1	3.8	
56 to 61.5	4.0	MINUS
50.4 to 55.9	4.2	(b) Duration of TD benefits actually used for previous claim(s) in the same calendar year: _____
44.8 to 50.3	4.4	
39.2 to 44.7	4.6	
33.6 to 39.1	4.8	EQUALS
28 to 33.5	5.0	(c) Net duration of TD benefits for current claim: _____
27.9 or less	26.0	
-----	-----	-----

\*Sick Leave Computation (SLC) is an employee's combined total of

- (a) sick leave hours used from the first day of the current calendar year to the day preceding the current disability and
- (b) sick leave hours earned but not used as of the first day of current disability.

\*\*SLC provides sick leave coverage for a total of three weeks or more.

Note: Section H of the TD Benefits Plan requires that an employee shall serve a mandatory waiting period of seven consecutive calendar days starting from the first day of each disability before temporary disability benefits become applicable.

TABLE A-7

DURATION OF TEMPORARY DISABILITY (TD) BENEFITS  
(for employees who normally work  
more than 24 and up to 26 hours per week)

<u>SICK LEAVE COMPUTATION (SLC)</u> (in hours)	<u>DURATION OF TD BENEFITS</u> (in weeks)	<u>DURATION OF TD BENEFITS AFTER FIRST CLAIM IN CALENDAR YEAR</u>
**78 or more	0	The duration of TD benefits for other than the first claim in a calendar year shall be computed as follows:
72.8 to 77.9	3.2	
67.6 to 72.7	3.4	
62.4 to 67.5	3.6	(a) Duration of TD benefits for current claim: _____
57.2 to 62.3	3.8	MINUS
52 to 57.1	4.0	
46.8 to 51.9	4.2	(b) Duration of TD benefits actually used for previous claim(s) in the same calendar year: _____
41.6 to 46.7	4.4	
36.4 to 41.5	4.6	
31.2 to 36.3	4.8	EQUALS
26 to 31.1	5.0	(c) Net duration of TD benefits for current claim: _____
25.9 or less	26.0	
-----	-----	-----

\*Sick Leave Computation (SLC) is an employee's combined total of

- (a) sick leave hours used from the first day of the current calendar year to the day preceding the current disability and
- (b) sick leave hours earned but not used as of the first day of current disability.

\*\*SLC provides sick leave coverage for a total of three weeks or more.

Note: Section H of the TD Benefits Plan requires that an employee shall serve a mandatory waiting period of seven consecutive calendar days starting from the first day of each disability before temporary disability benefits become applicable.

TABLE A-8

DURATION OF TEMPORARY DISABILITY (TD) BENEFITS  
(for employees who normally work  
more than 22 and up to 24 hours per week)

<u>SICK LEAVE COMPUTATION (SLC)</u> (in hours)	<u>DURATION OF TD BENEFITS</u> (in weeks)	<u>DURATION OF TD BENEFITS AFTER FIRST CLAIM IN CALENDAR YEAR</u>
**72 or more	0	The duration of TD benefits for other than the first claim in a calendar year shall be computed as follows:
67.2 to 71.9	3.2	
62.4 to 67.1	3.4	
57.6 to 62.3	3.6	(a) Duration of TD benefits for current claim: _____
52.6 to 57.5	3.8	MINUS
48 to 52.7	4.0	
43.2 to 47.9	4.2	(b) Duration of TD benefits actually used for previous claim(s) in the same calendar year: _____
38.4 to 43.1	4.4	
33.6 to 38.3	4.6	
28.8 to 33.5	4.8	EQUALS
24 to 28.7	5.0	(c) Net duration of TD benefits for current claim: _____
23.9 or less	26.0	
-----	-----	-----

\*Sick Leave Computation (SLC) is an employee's combined total of

- (a) sick leave hours used from the first day of the current calendar year to the day preceding the current disability and
- (b) sick leave hours earned but not used as of the first day of current disability.

\*\*SLC provides sick leave coverage for a total of three weeks or more.

Note: Section H of the TD Benefits Plan requires that an employee shall serve a mandatory waiting period of seven consecutive calendar days starting from the first day of each disability before temporary disability benefits become applicable.



TABLE A-9

DURATION OF TEMPORARY DISABILITY (TD) BENEFITS  
(for employees who normally work  
more than 20 and up to 22 hours per week)

<u>SICK LEAVE COMPUTATION (SLC)</u> (in hours)	<u>DURATION OF TD BENEFITS</u> (in weeks)	<u>DURATION OF TD BENEFITS AFTER FIRST CLAIM IN CALENDAR YEAR</u>
**66 or more	0	The duration of TD benefits for other than the first claim in a calendar year shall be computed as follows:
61.6 to 65.9	3.2	
57.2 to 61.5	3.4	
52.8 to 57.1	3.6	(a) Duration of TD benefits for current claim: _____
48.4 to 52.7	3.8	
44 to 48.3	4.0	MINUS
39.6 to 43.9	4.2	(b) Duration of TD benefits actually used for previous claim(s) in the same calendar year: _____
35.2 to 39.5	4.4	
30.8 to 35.1	4.6	
26.4 to 30.7	4.8	EQUALS
22 to 26.3	5.0	(c) Net duration of TD benefits for current claim: _____
21.9 or less	26.0	
-----	-----	-----

\*Sick Leave Computation (SLC) is an employee's combined total of

- (a) sick leave hours used from the first day of the current calendar year to the day preceding the current disability and
- (b) sick leave hours earned but not used as of the first day of current disability.

\*\*SLC provides sick leave coverage for a total of three weeks or more.

Note: Section H of the TD Benefits Plan requires that an employee shall serve a mandatory waiting period of seven consecutive calendar days starting from the first day of each disability before temporary disability benefits become applicable.

TABLE A-10

DURATION OF TEMPORARY DISABILITY (TD) BENEFITS  
(for employees who normally work  
more than 18 and up to 20 hours per week)

<u>SICK LEAVE COMPUTATION (SLC)</u> (in hours)	<u>DURATION OF TD BENEFITS</u> (in weeks)	<u>DURATION OF TD BENEFITS AFTER FIRST CLAIM IN CALENDAR YEAR</u>
**60 or more	0	The duration of TD benefits for other than the first claim in a calendar year shall be computed as follows:
56 to 59.9	3.2	
52 to 55.9	3.4	
48 to 51.9	3.6	(a) Duration of TD benefits for current claim: _____
44 to 47.9	3.8	
40 to 43.9	4.0	MINUS
36 to 39.9	4.2	(b) Duration of TD benefits actually used for previous claim(s) in the same calendar year: _____
32 to 35.9	4.4	
28 to 31.9	4.6	
24 to 27.9	4.8	EQUALS
20 to 23.9	5.0	(c) Net duration of TD benefits for current claim: _____
19.9 or less	26.0	
-----	-----	-----

\*Sick Leave Computation (SLC) is an employee's combined total of

- (a) sick leave hours used from the first day of the current calendar year to the day preceding the current disability and
- (b) sick leave hours earned but not used as of the first day of current disability.

\*\*SLC provides sick leave coverage for a total of three weeks or more.

Note: Section H of the TD Benefits Plan requires that an employee shall serve a mandatory waiting period of seven consecutive calendar days starting from the first day of each disability before temporary disability benefits become applicable.

DURATION OF TEMPORARY DISABILITY (TD) BENEFITS  
FOR BU 11 EMPLOYEES ON 56-HOUR WORKWEEK

Notwithstanding any provision contained in the Temporary Disability Benefits Plan to the contrary, the duration of TD benefits for BU 11 employees who work an average of 56 hours per workweek based on 24-hour work shifts shall be determined in the manner provided herein.

A. NO TD BENEFITS

1. If an employee, on the first day of a benefit year (January 1st) or at a time of disability, has a sick leave balance which will provide at least 192 hours or 8 work shifts of sick leave coverage, the employee shall not be entitled to TD benefits in that benefit year.
2. If an employee, at the time of disability, has a combined total of used and unused sick leave credits (hereafter referred to as sick leave computation or SLC) which has provided or will provide at least twenty-one calendar days of sick leave coverage, the employee shall not be entitled to TD benefits in that benefit year.

B. PROCEDURE FOR DETERMINING DURATION OF TD BENEFITS

1. The duration of TD benefits for a disabled employee's first claim in a calendar year shall be determined as follows:
  - a. Refer to Section C of this Table and compute the employee's "Sick Leave Computation" (SLC) in shifts.  

SLC in shifts: \_\_\_\_\_
  - b. Review the employees work schedule starting from the employees first workday of disability and count the number of shifts that the employee is scheduled to work during the:
    - (1) First 7 calendar days: \_\_\_\_\_ shifts
    - (2) 8th through 14th day: \_\_\_\_\_ shifts
    - (3) 15th through 21st day: \_\_\_\_\_ shifts
  - c. Refer to Section D of this Table and determine which "work shift combination" (A, B, C, D, E, F or G) coincides with the employee's work schedule.

Work Shift Combination: \_\_\_\_\_

TABLE B  
cont'd.

- d. Refer to Section E of this Table to find the duration of TD benefits as follows:

Locate the employees SLC in shifts and move horizontally across the Table until you reach the column for the employee's "work shift combination." At this point, the maximum duration of TD benefits for the employee is shown in weeks.

Maximum Duration of TD Benefits: \_\_\_\_\_ weeks

2. The duration of TD benefits for other than the first claim in a calendar year shall be computed as follows:

- a. Duration of TD benefits for current claim: \_\_\_\_\_  
(Repeat procedure 1a to 1d above)

MINUS

- b. Duration of TD benefits actually used for previous claim(s) in same calendar year: \_\_\_\_\_

EQUALS

- c. Net duration of TD benefits for current claim: \_\_\_\_\_

C. SICK LEAVE COMPUTATION (SLC)

"Sick Leave Computation" means an employee's combined total of:

- (1) Sick leave hours used from the first day of the current calendar year to the day preceding the current disability: \_\_\_\_\_ hrs

PLUS

- (2) Sick leave hours earned but not used as of the first day of the current disability: \_\_\_\_\_ hrs

EQUALS

- (3) SLC (in hours): \_\_\_\_\_ hrs

- (4) Convert the SLC hours to 24-hour work shifts as follows:

$$\frac{\text{SLC hours}}{24} = \text{_____ SLC shifts}$$

(Note: For SLC purposes, drop any fraction of a shift.)

Notice to Employees Included in Collective Bargaining  
Units 4, 9, 10, 11, and 13

TEMPORARY DISABILITY BENEFITS PLAN

The Department of Labor and Industrial Relations has approved the State's Temporary Disability Benefits Plan for employees included in collective bargaining units 1, 2, 3, 4, 9, 10, 11, and 13.

The Plan is intended to provide temporary disability benefits to employees who are unable to work because of non-work related injury or illness and who do not have sick leave coverage for a total of three weeks or more at the time of disability or at the beginning of the calendar year.

The specific temporary disability benefit provides partial wage replacement up to a maximum duration of 26 weeks per benefit year after:

- (1) serving a mandatory seven calendar day waiting period starting from the first day of each disability and
- (2) using all accumulated (unused) sick leave credits before the benefit is allowed.

The amount of the temporary disability benefit is based on:

- (1) 55% of the employee's average weekly wages or
- (2) the "maximum weekly benefit amount" as annually established by the Disability Compensation Division of the State

Department of Labor and Industrial Relations,  
whichever is less.

To be eligible for benefits, an employee during any part of the four completed calendar quarters immediately prior to the first day of the disability must have:

- (1) worked for any covered employer in the State of Hawaii for at least 14 calendar weeks,
- (2) received remuneration in any form for twenty or more hours during each of the 14 weeks, and
- (3) earned at least \$400.

(The Plan contains other conditions and requirements which must be met before benefits are allowed.)

If an employee is unable to work because of a non-work related injury or illness and feels that he/she may be eligible for benefits under the Plan, he/she must file a claim within 90 days from the date of disability. Claim forms are available at: \_\_\_\_\_

\_\_\_\_\_. Also a copy of the State's Temporary Disability Benefits Plan is available for review at the same location.

If you have any questions regarding the Plan, please contact: \_\_\_\_\_

Appeal Rights: An employee who disagrees with any decision rendered on his/her claim may file an appeal with the Disability Compensation Division of the State Department of Labor and Industrial Relations.

Department's Mailing Address:

Department:	
Attn:	
Address:	

CLAIM FOR TEMPORARY DISABILITY BENEFITS

**INSTRUCTIONS:** To avoid unnecessary delay, present your claim form to your department under Step 3, below, no later than 90 days after you are unable to perform the duties of your job. If you file beyond 90 days, attach a statement explaining why you were unable to file earlier. After you file your claim, a departmental representative will notify you if you are eligible for benefits. Follow the 3 steps below:

- Step 1. Answer all questions in Part A, Claimant's Statement. Make sure you sign your name, or if you are unable to, have a responsible person sign for you.  
Step 2. Have your doctor complete and sign Part B, Doctor's Statement.  
Step 3. Have your doctor mail this form to your department (see top portion of this page for your department's mailing address).

PART A - CLAIMANT'S STATEMENT

1. My name is: (First, middle, last) Type or print	2. Social Security Number
3. Address (Street, City or Town, State, Zip Code)	4. Telephone Number

DISABILITY INFORMATION

5. My disability was caused by: <input type="checkbox"/> sickness, <input type="checkbox"/> accident. Describe (if accident, give date, place and circumstances):	
6. The first day I was unable to perform the duties of my job: (month) (day) (year)	7. Was this disability caused by your job? <input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Unknown
8. I <input type="checkbox"/> have not <input type="checkbox"/> have recovered from my disability. Date recovered:	9. I <input type="checkbox"/> have not <input type="checkbox"/> have returned to work. Date returned to work:

EMPLOYMENT INFORMATION

10. Department: Divisions:	11. Work Address: (Street) (City) (State) (Zip)																																																									
12. Prior to my disability, I worked for this employer from (Mo.) (Day) (Yr.) to (Mo.) (Day) (Yr.)	13. I worked: _____ hrs. per week	14. I earned: \$ _____ per wk.																																																								
15. Occupation:	16. Bargaining Unit: <input type="checkbox"/> BU _____ or <input type="checkbox"/> Excluded																																																									
17. Other Hawaii employers I worked for during the past 15 months: Employer name and address	<table border="1"> <thead> <tr> <th colspan="6">Period of Employment</th> <th colspan="2">Weekly</th> </tr> <tr> <th colspan="3">From</th> <th colspan="3">To</th> <th>Hours</th> <th>Wages</th> </tr> <tr> <th>Mo.</th> <th>Day</th> <th>Yr.</th> <th>Mo.</th> <th>Day</th> <th>Yr.</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Period of Employment						Weekly		From			To			Hours	Wages	Mo.	Day	Yr.	Mo.	Day	Yr.			a.								b.								c.								d.							
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OTHER BENEFITS

18. In addition to TDI benefits, I am receiving or claiming benefits from the following: <input type="checkbox"/> Fed. Disability Ins. Benefits <input type="checkbox"/> Unemployment Ins. Benefits <input type="checkbox"/> Damages for Personal Injury <input type="checkbox"/> Workers' Comp. Benefits <input type="checkbox"/> State Sick Leave Plan <input type="checkbox"/> Accidental Inj. Lv. (Act 64) <input type="checkbox"/> Other (Health & Welfare Fund, Union Plan, etc.)	
19. During the current calendar year, I have received TDI benefits for other periods of disability. <input type="checkbox"/> Yes, <input type="checkbox"/> No If yes, from whom _____ From _____ to _____	

I hereby claim Temporary Disability Benefits and certify that the foregoing statements including any accompanying statements are true and complete to the best of my knowledge.

Claimant's signature:	Date:
Representative's signature, if claimant unable to sign	Print Representative's Name & Relationship

# PART B - DOCTOR'S STATEMENT

IMPORTANT: Please complete and mail within 7 working days after examination to the employee's department (see top portion of first page for department's mailing address).

1. Claimant's name: _____	2. Physical requirements of claimant's occupation as related by claimant: _____
3. Diagnosis: _____	
4. If pregnancy, advise EDC _____. If disability is pregnancy with complications, advise in item #3 above.	
5. Was claimant's disability caused by his/her employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was Physician's Report WC-2 filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, filed with _____	
6. Was claimant hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from _____ to _____ Surgery indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	
7. Complete the following:	
a. Date of your first treatment of this disability _____	Mo. Day Yr.
b. First date claimant unable to perform the duties of employment (see 2 above) _____	Mo. Day Yr.
c. Date of your most recent treatment of this disability _____	Mo. Day Yr.
d. Estimated date claimant will be able to perform usual work (see 2 above) _____	Mo. Day Yr.
8. Are you referring claimant to another physician <input type="checkbox"/> or was claimant referred to you <input type="checkbox"/> ? Give name of physician: _____	
I hereby certify that the above information is true and complete to the best of my knowledge. Print Dr's. name: _____ Office Add.: _____ Doctor's signature: _____ Tel. No. _____ Date: _____	

# PART C - DEPARTMENT'S STATEMENT

1. Claimant worked: <input type="checkbox"/> Full-time; <input type="checkbox"/> Part-time	2. Date hired: _____ (Mo/day/yr) ____/____/____	3. Date last worked prior to disability: _____ (Mo/day/yr) ____/____/____																																																															
4. If returned to work, give date: _____ (Mo/day/yr) ____/____/____	5. Circle days normally worked: Su M T W Th F Sa. If on rotation, give number of days worked per week: _____ days/week.																																																																
6. Do you think disability was caused by claimant's job? <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown	7. Was an Employer's Report of Industrial Injury WC-1 filed? <input type="checkbox"/> Yes, <input type="checkbox"/> No																																																																
8. Has or will this employee receive wages, salary, sick leave, or vacation pay for all or any part of the period of disability covered by this claim? <input type="checkbox"/> No, <input type="checkbox"/> Yes from _____ (Mo/day/yr) through _____ (Mo/day/yr) . Amount: _____																																																																	
9. Enter the following for each completed calendar quarter prior to date disability began:																																																																	
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Calendar Quarter Ending</th> <th>Number of Weeks Worked</th> <th>No. of Hours Worked per Wk.</th> <th>Total Wages Earned</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Calendar Quarter Ending	Number of Weeks Worked	No. of Hours Worked per Wk.	Total Wages Earned																																																											
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10. In reporting wage information below, use gross wages which include wages and all other remuneration such as the cash value of meals, lodging, etc. (Answer either A or B.) If claimant was paid:																																																																	
A. On a salary basis and received no other form of remuneration, enter monthly salary amount for month disability began: \$ _____.																																																																	
B. On an hourly or salary basis and received other forms of remuneration give rate per hour: \$ _____. Enter weekly earnings for the past 8 weeks prior to date disability began, including last date worked.																																																																	
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TOTAL	XXXX	XXXX	XXXX																																																														
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Complete for A and B</p> <p>Weekly Benefit Amount \$ _____</p> <p>No. of Weeks Eligible _____</p> </div>																																																																	
<input type="checkbox"/> Meets requirements; approved. <input type="checkbox"/> Disapproved; Reason: _____																																																																	
<p style="text-align: right;">Signature of Department Head/Designee _____</p> <p style="text-align: right;">Employee Relations Administrator _____</p>		<p style="text-align: right;">Date _____</p>																																																															

# DENIAL OF CLAIM FOR DISABILITY BENEFITS

ATTACHMENT D

TDI-48  
(Rev. 9/75)

(This form is prescribed for use by employers and insurance carriers for the denial of a claim for disability benefits. This notice is to be mailed to the claimant in triplicate to give the claimant the opportunity of filing an appeal with the Department of Labor and Industrial Relations if he does not agree with the determination.)

Claimant	Social Security No.	Date Notice Sent:	To Dept. To Claimant
Claimant's Address	Claim or File No.	Claimed First Day of Disability	Date Claim Filed
Employer	Address		DOL Acct. No.
Insurance Carrier	Address		

You are hereby notified that your claim for Disability Benefits is denied under the provisions of the Hawaii Temporary Disability Insurance Law for reason(s) checked below. (Check each item on which claim is being denied.)

- ☐ 1. You do not meet the eligibility requirements. During the four completed calendar quarters immediately preceding the first day of disability you were not in the employment of a covered Hawaii employer for at least 14 weeks during each of which you must have worked at least 20 hours and earned \$400.
- ☐ 2. You were not in current employment; i.e., you did not perform regular service in employment immediately or not longer than two weeks prior to onset of the sickness or accident causing disability, or prior to becoming totally disabled because of pregnancy.
- ☐ 3. You were not disabled beyond the 7 consecutive-day waiting period. Statutory benefits commence on the 8th day of disability.
- ☐ 4. You have received 26 weeks of benefits, the maximum payable during a benefit year.
- ☐ 5. Your claim was filed on \_\_\_\_\_. A claim must be filed within 30 days after commencement of disability or as soon thereafter as is reasonably possible. Benefits need not be paid for any period more than 14 days prior to the date the required proof is furnished, unless good cause can be shown for the late filing. No benefits shall be paid unless proof of disability is furnished within 26 weeks after commencement of disability.
  - ☐ No benefits are payable.
  - ☐ Payments will commence 14 days prior to date claim was filed.
- ☐ 6. You have indicated that you are entitled to receive benefits under the Hawaii Workers' Compensation Law.
- ☐ 7. Medical records indicate you were able to perform regular work on \_\_\_\_\_. Payment of benefits is denied after \_\_\_\_\_.
- ☐ 8. The medical certification does not establish that you were unable to perform your regular work due to a disability.
- ☐ 9. You were not under the care of a physician, dentist, chiropractor, osteopath, naturopath, or equivalent during the period \_\_\_\_\_ to \_\_\_\_\_.
  - ☐ No benefits are payable.
  - ☐ Payments will commence \_\_\_\_\_.
- ☐ 10. You are entitled to benefits under your union contract.
- ☐ 11. We are not the insurance carrier for the employer listed above. Your claim is returned. (For correct insurance carrier, call the TDI Office, Ph. 548-7821.)
- ☐ 12. Other reason(s) for denial: \_\_\_\_\_

Authorized Signature	Title
Print Name	Tel. No.

**TO CLAIMANT:** If you do not agree with this denial of your claim, you must file an appeal within 20 days from the date of receipt of this notice by you. Use reverse side of this form to file your appeal.



### INSTRUCTIONS TO CLAIMANT

1. Give specific reasons for appealing for each item of denial checked on the face of this form.
2. Attach any medical evidence and/or employment records that will support your appeal.
3. Complete all copies of this form received from your employer or insurance company.
4. Mail two copies promptly to:  
Department of Labor and Industrial Relations  
Disability Compensation Division  
P. O. Box 3769  
Honolulu, Hawaii 96812
5. Retain one copy for your own record.
6. The Notice of Appeal must be filed within 20 days after the date of the receipt of this notice by you.

[illegible]

Date Notice of Denial of Claim for Disability Benefits received by Claimant: \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF HAWAI'I  
UNIVERSITY OF HAWAI'I

## TEMPORARY DISABILITY BENEFITS PAYMENT WORKSHEET

NAME OF EMPLOYEE	DEPARTMENT/CAMPUS
SOCIAL SECURITY NO.	PAYROLL NO. _____ DISTRIBUTION CODE _____

## I. Sick Leave Credits

- A. Total sick leave credits (in hours) as of January 1 of the current calendar year \_\_\_\_\_
- B. Sick leave hours used current calendar year \_\_\_\_\_
- C. Balance of sick leave hours \_\_\_\_\_ as of disability date.

## II. Salary as of Date of Disability

Monthly Salary \$ \_\_\_\_\_ x 12 \_\_\_\_\_ ÷ 52 \_\_\_\_\_  
AWW

Claimant's entitlement per week 55% x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Maximum weekly TDB for calendar year 19 \_\_\_\_\_ is \$ \_\_\_\_\_

## III. Maximum Number of Workdays Temporary Disability Benefits at 55%

## A. Duration of Benefits

1. TDB entitlement for current claim is \_\_\_\_\_ weeks or \_\_\_\_\_ days (refer to Section K of the Plan).
2. TDB actually used or received for previous claim(s) is same calendar year is \_\_\_\_\_ weeks.
3. Number of TDB weeks remaining for current calendar year is \_\_\_\_\_.  
(Note: Total number of weeks from lines 1 and 2 cannot exceed 26 weeks which is the maximum benefit period permitted.)

## B. Waiting period is seven (7) days.

- C. 1. \_\_\_\_\_ week(s) \_\_\_\_\_ day(s)
2. \_\_\_\_\_ day(s) x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

## IV. Total Entitlement \$ \_\_\_\_\_ for the payroll period ending [ ] 15th of month or [ ] end of month

Pay dates are from \_\_\_\_\_ to \_\_\_\_\_

This form must be submitted for each payroll period until employee returns to work or benefit claim is exhausted.

ATTACHMENT F

UH/TDB-2  
November 1986

TO: Employee Relations Administrator  
Personnel Management Office

FROM: (Personnel Representative or Designee)

SUBJECT: Termination of Temporary Disability Benefits Please

Please terminate Temporary Disability Benefits for

(Employee's Name)

\_\_\_\_\_ due to the following reason:

[ ] Employee has returned to work as of  
(date) \_\_\_\_\_ . Authorization is  
hereby given to initiate SF-5 to place  
employee on regular payroll status.

[ ] TDB claim has been exhausted for the current  
(date) \_\_\_\_\_ .  
benefit year as of \_\_\_\_\_ .

-----  
(FOR PERSONNEL MANAGEMENT OFFICE USE)

Copy sent to Civil Service Section on \_\_\_\_\_ .

Original UH/TDB-2 sent to Payroll on \_\_\_\_\_ .