

FAMILY LEAVE INSURANCE WORKLOAD IN 2019
SUMMARY REPORT

New Jersey Department of Labor and
Workforce Development
Office of Research and Information
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HIGHLIGHTS

FAMILY LEAVE INSURANCE WORKLOAD IN 2019

- There were 42,209 eligible claims during 2019, the 10th full calendar year of New Jersey's Family Leave Insurance Program (FLI), compared with 35,214 eligible claims during 2018.
- More than 83 percent of eligible FLI claims were filed to bond with a newborn, newly adopted child or newly placed foster child, with the remainder of claims to care for a seriously ill family member.
- FLI gross benefit payments totaled \$119.6 million, with an average weekly benefit amount for all claims of \$556.
- The average duration for FLI cases completed in 2019 was 5.2 weeks, similar to the past six years. The average amount of benefits paid for FLI cases completed in 2019 was \$2,885, an increase of about two percent compared with 2018 (\$2,826).
- As in prior years, the largest single group of FLI claimants was females under age 45, which includes most women of childbearing age. This category accounted for about 72 percent of FLI eligible claimants in 2019.
- Nearly all FLI eligible bonding claimants were under age 45 (98.7%), while the majority of FLI family care claimants were over the age of 45 (63.7%).

FAMILY LEAVE INSURANCE PROGRAM

The enactment of P.L. 2008, chapter 17 on May 2, 2008 created the New Jersey Family Leave Insurance Program. This report provides a summary of workload activity for the State Plan for Family Leave Insurance (FLI) during calendar year 2019, with comparative information from calendar years 2015 through 2018. The data are derived from New Jersey's Disability Automated Benefits System (DABS), which was developed in 1989.

Tables 1, 2 and 3 provide data on workload activity and time lapse statistics of family leave claims. Information on the age and sex of eligible and ineligible claimants for 2019 can be found in Tables 4, 4A and 4B. A summary of eligible claims data by type of claim is contained in Table 5. Data for completed cases in 2018 and 2019 by type of claim are shown in Table 6, including average benefit duration and average gross benefits paid. Table 7 contains information on claims with reduced benefit duration due to employer required leave. A list of definitions for key workload items is included on page 8 of this report.

Background

With the enactment of P.L. 2008, chapter 17, on May 2, 2008, New Jersey extended the temporary disability benefits program to provide family leave insurance benefits, a monetary benefit (not a leave entitlement), for covered individuals bonding with newborn or newly adopted children or caring for seriously ill family members. As of February 19, 2019, FLI was expanded to cover bonding with a newly placed foster child and handling affairs related to a domestic or sexual violence situation. Claimants may provide care for themselves, a victim or a family member of a victim.

Beginning July 1, 2009, claimants became eligible for up to six weeks of family leave benefits per 12-month period. Workers can receive weekly family leave benefits equal to two-thirds of their average weekly wage, up to a maximum weekly benefit amount of \$650 in 2019. Leave may be taken either for six consecutive weeks, for intermittent weeks or for up to 42 intermittent days per 12-month period.

In the beginning of the program, a family member was defined as the claimant's child, spouse, domestic partner, civil union partner or parent; this definition was expanded for claims after February 19, 2019 to also include parent-in-law, sibling, grandparent, grandchild, domestic partner and any other individual related by blood to the employee or any other individual who has a close association with the employee that is the equivalent of a family relationship.

A child must be the claimant's biological or adopted child, foster child, stepchild, legal ward or the child of the claimant's domestic or civil union partner. The child must be less than 19 years old, or if 19 or older, must be incapable of self-care because of mental

or physical impairment. For claims after February 19, 2019, the definition also includes the child of a gestational carrier, with a written agreement in place.

The family leave program is funded entirely through worker contributions, which were equal to 0.08 percent of taxable wages in calendar year 2019, down from 0.09 percent in 2018. Worker contributions to the family leave account in the disability benefits fund began on January 1, 2009 at a rate of 0.09 percent of taxable wages. The worker contribution rate is adjusted annually to a rate sufficient to maintain an account balance needed to pay benefits. Since 2009, the contribution rate has varied between 0.06 and 0.12 percent of taxable wages.

All New Jersey employers covered by the Unemployment Compensation Law are also subject to the Family Leave Insurance provisions of the Temporary Disability Benefits Law, including certain government entities that are not automatically covered by temporary disability insurance. A subject employer is automatically covered under the State Plan for family leave insurance unless it has covered its workers under an approved FLI private plan. Estimated State Plan covered employment for family leave insurance averaged 4,019,800 workers in 2019 and 3,981,600 in 2018. Private plan covered employment averaged 14,642 workers in 2019 and 14,239 in 2018.

Summary of 2019 Workload

During calendar year 2019, there were 42,209 eligible FLI claims, an increase of nearly 20 percent from 2018 when 35,214 eligible claims were filed. Of the 2019 total, more than 83 percent were bonding claims (35,244), with the remaining claims for care of a seriously ill family member (6,965). Claims for bonding with a newborn child were the largest single category of claims in 2019 out of the five claimant groups, comprising 83.2 percent of all eligible claims. The next largest category was for care of a family member other than a child or spouse (which includes parents); this category comprised 7.9 percent of total eligible claims.

Gross benefit payments rose to \$119.6 million in 2019, an increase of 20.6 percent from 2018 when benefits totaled \$99.2 million. During 2019, \$104.7 million, or 87.5 percent, of benefit payments were for bonding claims. The average weekly benefit amount for all claims was \$556, ranging from a low of \$514 for care of a seriously ill child to a high of \$598 for bonding with a newly adopted child. The average total benefit per eligible claim was \$2,832. Benefit measures, such as the average weekly benefit amount and gross benefit payments, are influenced by changes in the maximum weekly benefit rate, which rose by 2.0 percent from \$637 in 2018 to \$650 in 2019.

The estimated average duration for all FLI eligible new claims was 5.1 weeks. Generally, bonding claims had a longer average duration of 5.3 weeks, compared with family care claims, which averaged 4.0 weeks.

Original Determinations

During 2019, there were 46,973 total original FLI determinations, an increase of 16.2 percent from 40,408 determinations in 2018 (see Table 1). Original determinations for bonding claims totaled 37,542 and comprised 79.9 percent of total determinations, while original determinations for family care claims were 9,431, or 20.1 percent of the total (see Table 2). The percentages of bonding and family care original determinations were similar to those recorded during since the FLI program began.

Eligible original determinations totaled 38,407 and represented 81.8 percent of total original determinations (46,973), up from 77.2 percent in 2018. For bonding claims, 87.4 percent were determined to be eligible (32,829 out of 37,542 total original determinations for bonding claims), compared with 59.1 percent of family care claims determined eligible (5,578 out of 9,431 total original determinations for family care claims).

Redeterminations

As in previous years, redeterminations comprised a relatively small part of the total family leave workload during 2019. Of the 4,180 total redeterminations during 2019, 65.0 percent (2,717) were for bonding claims, while 35.0 percent (1,463) were for family care claims. Family care claims comprised a much higher percentage of the total for redeterminations than for original determinations (20.1%).

Eligible redeterminations totaled 3,991 and represented 95.5 percent of all claims redetermined during 2019, down from 96.5 percent in 2018.

Eligible Claims

During 2019, the number of eligible claims increased by 19.9 percent to 42,209 from 35,214 in 2018. Of the 2019 total, 83.5 percent were bonding claims (35,244), with the remaining 16.5 percent of claims for care of a seriously ill family member (6,965). Compared with 2015, eligible claims were up by 31.8 percent. Eligible claims are defined as eligible original determinations, plus eligible redeterminations, less ineligible redeterminations.

Reconsiderations

Reconsiderations, which are reviews that do not change a claim's eligibility status, totaled 9,118 during 2019, an increase of 13.4 percent from 2018 (8,043). During 2019, eligible reconsiderations comprised 89.0 percent (8,118) of the yearly total. Reconsiderations for bonding claims accounted for 60.6 percent (5,522) of the annual total, while family care reconsiderations represented 39.4 percent (3,596), similar to the percentages in 2018. As with redeterminations, family care claims comprised a much higher percentage of the total for reconsiderations than for original determinations (20.1%).

In addition to eligibility reviews, reconsiderations include routine activities such as name changes, provision of missing information and updated medical certifications and

can be affected by a variety of factors including claims processing speed and the amount and type of follow-up data that are received.

Payments, Benefits and Average Duration

There were 42,085 FLI first payments issued in 2019, with 83.6 percent of first payments issued for bonding claims (35,166) and 16.4 percent issued for family care claims (6,919). Compared with 2018, first payments rose by 19.4 percent, but proportions of first payments for bonding and family care claims remained similar to prior years. First payments were up by 30.6 percent compared with 2015.

Weeks compensated rose to 214,955 in 2019 from 182,586 in 2018, an increase of 17.7 percent. Days compensated totaled 1,507,194 in 2019, rising by 17.7 percent from 1,280,294 in 2018. Bonding claims represented 86.9 percent of both days and weeks compensated, down from 87.9 percent in 2018.

Gross benefit payments totaled \$119.6 million in 2019, an increase of 20.6 percent from \$99.2 million in 2018. During 2019, there were \$104.7 million in benefit payments for bonding claims (87.5%) with the remaining \$14.9 million for family care claims. The average weekly benefit amount for all claims rose by \$12 from \$544 in 2018 to \$556 in 2019. The average weekly benefit amount in 2019 ranged from a low of \$514 for care of a seriously ill child to a high of \$598 for care of a newly adopted child. The average daily benefit amount during 2019 was \$79, averaging \$80 for bonding claims and \$75 for family care claims.

In 2019, the estimated average duration for all FLI eligible claims was 5.1 weeks, down from 5.2 weeks in 2018. Bonding claims had a longer average duration of 5.3 weeks, compared with family care claims which averaged 4.0 weeks. The estimated duration data, which was calculated for each claim category as weeks compensated divided by eligible claims, may reflect claimants who are just beginning a claim or who are intermittent claimants and therefore have not collected all of their potential weeks of benefits and also may include individuals who began their claims in the prior year. This is therefore different from the duration data for completed cases presented in Table 7.

Time Lapse Data

The percentage of initial determinations made within two weeks of receipt of the claim was 29.9 percent in 2019, increasing from 29.4 percent in 2018, but down from 44.6 percent in 2015 (see Table 3). The service goal for processing initial determinations within two weeks is 65 percent. In 2019, this performance measure fell below the service goal for processing initial determinations within two weeks for the sixth time since the inception of the FLI program.

The percentage of initial determinations that occurred within four weeks was 76.7 percent, an increase from the level attained in 2018 of 67.3 percent and up from 75.9 percent in 2015. The service goal for processing initial determinations within four weeks is 85 percent. In 2019, this performance measure fell below the service goal for processing initial determinations within four weeks for the fifth time since the program began. The

percentage of claims received with insufficient information declined in 2019 to 20.1 percent from 32.9 percent in 2018. The decline in claims received with insufficient information was at least partly due to changes in how wages are calculated and the elimination of previously required bonding documents. Claims received with insufficient information comprised 33.8 percent of claims in 2015.

FLI Claimant Characteristics

Table 4 contains data on the age and sex of all FLI claimants in 2019, with age and sex data for bonding claimants and family care claimants provided in Tables 4A and 4B, respectively. Females represented 79.1 percent of all eligible claimants for whom information was available and 73.7 percent of ineligible claimants (see Table 4). Females under age 45, which includes most women of childbearing age, were the largest single group of family leave claimants again in 2019, accounting for 71.9 percent of eligible and 54.8 percent of ineligible claimants. Claimants under 45 years of age accounted for 89.8 percent of total eligible claimants in 2019. Claimants between the ages of 25 and 34 were the largest subcategory, comprising 54.8 percent of all eligible claimants.

For FLI claimants taking leave to bond with a newborn or newly adopted child, females comprised 79.9 percent of eligible claimants, while males comprised 20.1 percent (see Table 4A). Nearly all eligible bonding claimants were under age 45 (98.7%), with 61.7 percent between the ages of 25 and 34 and 31.3 percent in the age range of 35 to 44.

The majority of FLI eligible claimants taking leave to care for a seriously ill family member were female (73.8% - see Table 4B). Males comprised 26.2 percent of family care claimants, compared with 20.1 percent of bonding claimants. In contrast to bonding claimants, 63.7 percent of eligible family care claimants were over the age of 45. More than one-half of eligible family care claimants were in the age ranges of 45 to 54 (26.4%) and 55 to 64 (29.2%).

FLI Eligible Claims by Type of Claim

Additional information on eligible claims by type of claim is reported in Table 5, based on codes assigned to claims to differentiate between claims for care of a family member, bonding that does not immediately follow a temporary disability insurance (TDI) pregnancy or childbirth claim and bonding that does immediately follow a pregnancy or childbirth TDI claim.

During 2019, eligible bonding claims totaled 35,418, comprising 83.5 percent of all eligible claims (42,414). There were 17,540 bonding claims that immediately followed a TDI claim for pregnancy or childbirth, accounting for 41.1 percent of all eligible claims. Bonding claims that did not immediately follow a claim for TDI pregnancy or childbirth benefits totaled 17,878 in 2019, comprising 42.2 percent of total eligible claims. Claims for the care of a family member totaled 6,996 and accounted for 16.5 percent of total eligible claims.

FLI Completed Cases by Type of Claim, Duration and Benefits

Table 6 contains a summary of average claim duration and average benefit payment data by type of claim for cases that were completed in 2019 and revised data for 2018. Completed cases include those claims formally closed in the FLI database, as well as those with no payment activity for 90 days. While more accurate than the estimated average duration used for the five types of eligible claims in Table 2, the measure of average claim duration computed from completed cases in Table 6 is only currently available for three claim codes: care of a seriously ill family member, bonding claims that immediately follow a TDI claim for pregnancy and childbirth and bonding claims that do not immediately follow a TDI claim for pregnancy and childbirth.

Of the 40,675 total completed FLI cases during 2019, 83.4 percent were for bonding with a newborn, newly adopted child or newly placed foster child (33,914) and 16.6 percent were for care of a seriously ill family member (6,761). Completed cases in 2019 immediately following a TDI claim for pregnancy and childbirth (17,003) accounted for 41.8 percent of total completed cases, while bonding claims not immediately following a TDI claim for pregnancy and childbirth comprised 41.6 percent (16,911) of all completed cases.

The average duration of a family leave claim to bond with a newborn or newly adopted child was 5.4 weeks in 2019. FLI bonding claims immediately following TDI pregnancy and childbirth claims recording slightly longer average durations (5.6 weeks) when compared with bonding claims that did not immediately follow TDI claims (5.1 weeks). Completed cases for care of a seriously ill family member had an average duration of 4.2 weeks, while the average duration for all completed cases was 5.2 weeks.

The average gross benefits paid per completed case was \$2,885, with the average benefit payment for bonding claims (\$3,019) about 36 percent higher than the average for family care claims (\$2,215). The average benefit payment for bonding claims immediately following a TDI claim (\$3,000) was about one percent lower than for bonding claims that did not follow a TDI claim (\$3,037).

FLI Employer Required Leave Resulting in Reduced Benefit Duration

Prior to February 19, 2019, employers had the option of requiring their employees to use up to two weeks of any employer paid leave prior to receiving FLI benefits, with the duration of the employee's FLI claim reduced by the amount of employer paid leave taken. With the enactment of P.L. 2019, chapter 37, effective February 19, 2019, employers can permit, but not require, employees to use paid sick or vacation time prior to receiving FLI benefits. Table 7 contains a summary of claims that had reduced benefit duration because of employer required sick leave, vacation or other fully paid leave.

During 2019, there were 1,280 claims, or 3.0 percent of all eligible family leave claims (42,209), that had reduced benefit duration due to the use of some type of employer required fully paid leave. In contrast, in 2018 there were 4,269 claims, or 12.1 percent of all eligible family leave claims (35,214) that had reduced benefit duration. For these claims, benefits in 2019 were reduced by an average of 10 days, the same as in all prior years of the FLI program.

Definitions of Terms

Claim Information Forms Entered – The FL-1 form is used for care of a family member, bonding if there is a break between the pregnancy leave and the bonding leave or for bonding if the claimant works for an employer not covered by TDI or covered by a private plan carrier for the pregnancy claim. The FL-2 form is used for a bonding claim when it is filed immediately after a TDI pregnancy claim.

Completed Cases – Includes those claims formally closed during the year, as well as those with no payment activity for 90 days.

Eligible Claims – Includes eligible original determinations plus eligible redeterminations, less ineligible redeterminations.

Maximum Weekly Benefit Amount – For family leave and temporary disability claims, the maximum weekly benefit amount is set each year at 53 percent of the statewide average weekly wage in the second preceding calendar year. In 2019, the maximum weekly benefit amount was \$650.

Reconsideration – A claim review that does not result in a change in eligibility status. In addition to eligibility reviews, these include other routine activities such as name changes, provision of missing information and updated medical certification forms. Reconsiderations in any given year can include those for claims filed during earlier years.

Redetermination – A claim review that does result in a change in eligibility status. Redeterminations in any given year can include those for claims filed during earlier years.

State Plan Covered Employers – Employer coverage is the annual average and excludes firms with a combination of State and private plans.

TABLE 1
FAMILY LEAVE INSURANCE – STATE PLAN
SUMMARY OF WORKLOAD ACTIVITY
2015 – 2019

	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Claim/Information					
Forms Entered (FL-1s and FL-2's)	47,838	48,627	43,142	35,926	35,617
Original Determinations					
Eligible	29,662	29,731	31,226	31,176	38,407
Ineligible	5,631	5,903	7,184	9,232	8,566
Total	35,293	35,634	38,410	40,408	46,973
Redeterminations					
Eligible	2,538	2,585	2,971	4,188	3,991
Ineligible	167	145	147	150	189
Total	2,705	2,730	3,118	4,338	4,180
Total Eligible Claims ¹	32,033	32,171	34,050	35,214	42,209
Reconsiderations					
Eligible	7,554	7,922	7,383	7,229	8,118
Ineligible	411	398	427	814	1,000
Total	7,965	8,320	7,810	8,043	9,118
Number of First Payments	32,232	32,251	33,899	35,242	42,085
Number of Weeks Compensated	166,292	167,803	174,352	182,586	214,955
Gross Benefit Payments (millions) ²	\$85.8	\$87.9	\$93.8	\$99.2	\$119.6
Average Weekly Benefit Amount (Gross Benefits/Weeks Compensated)	\$516	\$524	\$538	\$544	\$556
Maximum Weekly Benefit Amount	\$604	\$615	\$633	\$637	\$650

¹Total eligible claims include eligible original determinations plus eligible redeterminations, less ineligible redeterminations. Totals do not match those in Table 5 because of differences in data processing procedures.

²Gross benefit payments are derived from the sum of payment segments without adjustments and do not precisely match data contained in financial reports.

TABLE 2
FAMILY LEAVE INSURANCE – STATE PLAN
SUMMARY OF WORKLOAD ACTIVITY BY TYPE OF CLAIM
Calendar Year 2019

	<u>Claims for Bonding</u>			<u>Claims for Care of Seriously Ill Family Members</u>			<u>Total Care</u>	<u>Total All Claims</u>
	<u>Newborn</u>	<u>Adoption</u>	<u>Total Bonding</u>	<u>Child</u>	<u>Spouse</u>	<u>Other Family¹</u>		
Original Determinations								
Eligible	32,713	116	32,829	1,318	1,630	2,630	5,578	38,407
Ineligible	4,681	32	4,713	1,100	903	1,850	3,853	8,566
Total	37,394	148	37,542	2,418	2,533	4,480	9,431	46,973
Redeterminations								
Eligible	2,542	24	2,566	338	384	703	1,425	3,991
Ineligible	151	0	151	6	14	18	38	189
Total	2,693	24	2,717	344	398	721	1,463	4,180
Total Eligible Claims²	35,104	140	35,244	1,650	2,000	3,315	6,965	42,209
Reconsiderations								
Eligible	5,012	29	5,041	788	942	1,347	3,077	8,118
Ineligible	478	3	481	158	128	233	519	1,000
Total	5,490	32	5,522	946	1,070	1,580	3,596	9,118

TABLE 2 (continued)
FAMILY LEAVE INSURANCE – STATE PLAN
SUMMARY OF WORKLOAD ACTIVITY BY TYPE OF CLAIM
Calendar Year 2019

	<u>Claims for Bonding</u>			<u>Claims for Care of Seriously Ill Family Members</u>			<u>Total Care</u>	<u>Total All Claims</u>
	<u>Newborn</u>	<u>Adoption</u>	<u>Total Bonding</u>	<u>Child</u>	<u>Spouse</u>	<u>Other Family¹</u>		
Number of First Payments	35,026	140	35,166	1,642	1,990	3,287	6,919	42,085
Number of Weeks Compensated	186,055	709	186,764	6,715	8,380	13,096	28,191	214,955
Number of Days Compensated	1,304,398	5,028	1,309,426	47,171	58,844	91,753	197,768	1,507,194
Gross Benefit Payments (millions)	\$104.3	\$0.4	\$104.7	\$3.5	\$4.5	\$6.9	\$14.9	\$119.6
Average Weekly Benefit Amount (Gross Benefits/Weeks Compensated)	\$560	\$598	\$561	\$514	\$538	\$528	\$528	\$556
Average Daily Benefit Amount (Gross Benefits/Days Compensated)	\$80	\$84	\$80	\$73	\$77	\$75	\$75	\$79
Estimated Average Duration ³ (Weeks Compensated/Eligible Claims)	5.3	5.1	5.3	4.1	4.2	4.1	4.1	5.1

¹Other family members include domestic partners, civil union partners and parents.

²Eligible claims are defined as eligible original determinations, plus eligible redeterminations, less ineligible redeterminations.

³Estimated average duration is calculated as weeks compensated divided by eligible claims; duration data may reflect claimants who are just beginning a claim or who are intermittent claimants and therefore have not collected all of their potential weeks of benefits and also may include individuals who began their claims in the prior year. Duration data in Table 2 do not match duration data in Table 6 because of differences in data processing procedures.

TABLE 3

NEW JERSEY FAMILY LEAVE INSURANCE PROGRAM
TIME LAPSE CLAIM DISTRIBUTION
Summary of Original Determinations by
Number of Days Elapsed from Date Entered in Mail Log
Eligible and Ineligible Decisions
2015 – 2019

<u>Number of Days</u>	<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>	
	<u>Number</u>	<u>Cumulative Percent</u>								
7 or less	9,001	25.5	8,106	22.8	7,898	20.6	7,836	19.4	9,959	21.2
8 – 14	6,743	44.6	4,719	36.0	4,721	32.9	4,042	29.4	4,071	29.9
15 – 21	8,477	68.6	8,312	59.4	3,738	42.6	6,683	46.0	10,307	51.8
22 – 28	2,574	75.9	3,954	70.5	3,064	50.6	8,602	67.3	11,687	76.7
29 – 35	2,899	84.1	3,526	80.4	4,387	62.0	4,422	78.2	6,003	89.5
36 – 43	2,553	91.4	2,306	86.8	5,938	77.5	2,994	85.6	2,189	94.2
44 – 49	1,473	95.6	1,520	91.1	2,310	83.5	2,268	91.2	1,506	97.4
50 – 56	692	97.5	1,135	94.3	1,405	87.2	1,269	94.4	580	98.6
57 or more	878	100.0	2,033	100.0	4,922	100.0	2,269	100.0	629	100.0
TOTAL CASES	35,290		35,611		38,383		40,385		46,958	
Claims with Insufficient Data on Receipt	11,919	33.8	11,677	32.8	11,745	30.6	13,287	32.9	9,429	20.1

Note: Because of differences in data processing procedures, totals do not precisely match data shown in Tables 1 and 2.

TABLE 4
FAMILY LEAVE INSURANCE – STATE PLAN
AGE AND SEX OF TOTAL FAMILY LEAVE CLAIMANTS
BY ELIGIBILITY STATUS

Calendar Year 2019

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	38,249	30,240	8,009
Percent*	100.0%	79.1%	20.9%
Total, Under 45 - Percents	89.8%	71.9%	17.9%
<i>Under 25</i>	4.3	3.8	0.5
<i>25 - 34</i>	54.8	45.1	9.7
<i>35 - 44</i>	30.0	23.1	7.7
Total, Over 45 - Percents	10.2%	7.2%	3.1%
<i>45 - 54</i>	4.8	3.2	1.6
<i>55- 64</i>	4.3	3.2	1.1
<i>Over 65</i>	1.2	0.8	0.4
Ineligible Claimants			
Total with Information - Number	8,411	6,198	2,213
Percent*	100.0%	73.7%	26.3%
Total, Under 45 - Percents	74.5%	54.8%	19.7%
<i>Under 25</i>	6.2	5.3	0.9
<i>25 - 34</i>	41.1	31.2	9.8
<i>35 - 44</i>	27.3	18.3	8.9
Total, Over 45 - Percents	25.5%	18.8%	6.7%
<i>45 - 54</i>	12.2	9.1	3.0
<i>55- 64</i>	10.5	7.9	2.6
<i>Over 65</i>	2.8	1.8	1.0

Note: Demographic data for eligible and ineligible claimants are based on original determinations and do not incorporate eligibility changes due to redeterminations. Totals do not match those in Tables 1 and 2 due to differences in data processing procedures.

*Percentages are computed by eligibility status for the total number of claimants with age and sex information. Percents may not add to totals due to rounding.

TABLE 4A
FAMILY LEAVE INSURANCE – STATE PLAN
AGE AND SEX OF BONDING FAMILY LEAVE CLAIMANTS
BY ELIGIBILITY STATUS

Calendar Year 2019

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	32,802	26,221	6,581
Percent*	100.0%	79.9%	20.1%
Total, Under 45 - Percents	98.7%	79.4%	19.2%
<i>Under 25</i>	4.8	4.3	0.6
<i>25 - 34</i>	61.7	51.0	10.7
<i>35 - 44</i>	31.3	24.2	7.9
Total, Over 45 - Percents	1.3%	0.5%	0.9%
<i>45 - 54</i>	1.2	0.4	0.7
<i>55- 64</i>	0.1	0.0	0.1
<i>Over 65</i>	0.0	0.0	0.0
Ineligible Claimants			
Total with Information - Number	4,703	3,556	1,147
Percent*	100.0%	75.6%	24.4%
Total, Under 45 - Percents	98.0%	74.8%	23.2%
<i>Under 25</i>	8.7	7.7	0.9
<i>25 - 34</i>	59.8	47.1	12.8
<i>35 - 44</i>	29.5	20.0	9.5
Total, Over 45 - Percents	2.0%	0.9%	1.2%
<i>45 - 54</i>	1.7	0.7	1.0
<i>55- 64</i>	0.3	0.2	0.1
<i>Over 65</i>	0.0	0.0	0.0

Note: Demographic data for eligible and ineligible claimants are based on original determinations and do not incorporate eligibility changes due to redeterminations. Totals do not match those in Tables 1 and 2 due to differences in data processing procedures.

*Percentages are computed by eligibility status for the total number of claimants with age and sex information. Percents may not add to totals due to rounding.

TABLE 4B
FAMILY LEAVE INSURANCE – STATE PLAN
AGE AND SEX OF FAMILY CARE FAMILY LEAVE CLAIMANTS
BY ELIGIBILITY STATUS

Calendar Year 2019

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	5,447	4,019	1,428
Percent*	100.0%	73.8%	26.2%
Total, Under 45 - Percents	36.3%	26.4%	9.9%
<i>Under 25</i>	<i>1.0</i>	<i>0.8</i>	<i>0.2</i>
<i>25 - 34</i>	<i>12.9</i>	<i>9.4</i>	<i>3.5</i>
<i>35 - 44</i>	<i>22.4</i>	<i>16.2</i>	<i>6.2</i>
Total, Over 45 - Percents	63.7%	47.4%	16.4%
<i>45 - 54</i>	<i>26.4</i>	<i>19.9</i>	<i>6.5</i>
<i>55- 64</i>	<i>29.2</i>	<i>22.3</i>	<i>7.2</i>
<i>Over 65</i>	<i>8.1</i>	<i>5.4</i>	<i>2.7</i>
Ineligible Claimants			
Total with Information - Number	3,708	2,642	1,066
Percent*	100.0%	71.3%	28.7%
Total, Under 45 - Percents	44.7%	29.6%	15.1%
<i>Under 25</i>	<i>3.1</i>	<i>2.3</i>	<i>0.8</i>
<i>25 - 34</i>	<i>17.2</i>	<i>11.1</i>	<i>6.1</i>
<i>35 - 44</i>	<i>24.4</i>	<i>16.2</i>	<i>8.2</i>
Total, Over 45 - Percents	55.3%	41.7%	13.6%
<i>45 - 54</i>	<i>25.5</i>	<i>19.9</i>	<i>5.6</i>
<i>55- 64</i>	<i>23.4</i>	<i>17.6</i>	<i>5.8</i>
<i>Over 65</i>	<i>6.4</i>	<i>4.2</i>	<i>2.2</i>

Note: Demographic data for eligible and ineligible claimants are based on original determinations and do not incorporate eligibility changes due to redeterminations. Totals do not match those in Tables 1 and 2 due to differences in data processing procedures.

*Percentages are computed by eligibility status for the total number of claimants with age and sex information. Percents may not add to totals due to rounding.

TABLE 5
FAMILY LEAVE INSURANCE – STATE PLAN
SUMMARY OF ELIGIBLE NEW CLAIMS DATA
BY TYPE OF CLAIM
Calendar Years 2018 and 2019

<u>Type of Claim</u>	<u>CY 2018</u>		<u>CY 2019</u>	
	REVIS Number of <u>Cases</u>	Percent of <u>Cases</u>	Number of <u>Cases</u>	Percent of <u>Cases</u>
Care of a Family Member	5,507	15.6%	6,996	16.5%
Total Bonding Claims	29,825	84.4	35,418	83.5
<i>Bonding Immediately Following a Pregnancy Claim for TDI</i>	15,866	44.9	17,540	41.4
<i>Bonding That Does Not Immediately Follow a Pregnancy Claim for TDI</i>	13,959	39.5	17,878	42.2
Total*	35,332	100.0%	42,414	100.0%

*Total eligible claims do not exactly match totals in Tables 1 and 2 because of differences in data processing procedures.

TABLE 6

FAMILY LEAVE INSURANCE – STATE PLAN
SUMMARY OF DATA FOR COMPLETED CASES*
BY TYPE OF CLAIM

Calendar Year 2019

<u>Type of Claim</u>	Number of <u>Cases</u>	Percent of <u>Cases</u>	Average Duration <u>(weeks)</u>	Average Gross <u>Benefits</u>
Care of a Family Member	6,761	16.6%	4.2	\$2,215
Total Bonding Claims	33,914	83.4	5.4	\$3,019
<i>Bonding Immediately Following a Pregnancy Claim for TDI</i>	<i>17,003</i>	<i>41.8</i>	<i>5.6</i>	<i>\$3,000</i>
<i>Bonding That Does Not Immediately Follow a Pregnancy Claim for TDI</i>	<i>16,911</i>	<i>41.6</i>	<i>5.1</i>	<i>\$3,037</i>
Total	40,675	100.0%	5.2	\$2,885

Calendar Year 2018 (REVISED)

<u>Type of Claim</u>	Number of <u>Cases</u>	Percent of <u>Cases</u>	Average Duration <u>(weeks)</u>	Average Gross <u>Benefits</u>
Care of a Family Member	5,306	15.2%	4.2	\$2,113
Total Bonding Claims	29,573	84.8	5.4	\$2,954
<i>Bonding Immediately Following a Pregnancy Claim for TDI</i>	<i>15,743</i>	<i>45.1</i>	<i>5.6</i>	<i>\$2,907</i>
<i>Bonding That Does Not Immediately Follow a Pregnancy Claim for TDI</i>	<i>13,830</i>	<i>39.7</i>	<i>5.2</i>	<i>\$3,007</i>
Total	34,879	100.0%	5.2	\$2,826

*Completed cases include those claims formally closed in the FLI database in 2019 and 2018, as well as those with no payment activity for 90 days.

TABLE 7
FAMILY LEAVE INSURANCE – STATE PLAN
PAID EMPLOYER LEAVE RESULTING IN REDUCED BENEFIT DURATION*
2015 - 2019

	<u>CY</u> <u>2015</u>	<u>CY</u> <u>2016</u>	<u>CY</u> <u>2017</u>	<u>CY</u> <u>2018</u>	<u>CY</u> <u>2019</u>
Number of Claims Reduced	5,151	4,986	4,417	4,269	1,280
Total Number of Days Reduced	51,481	48,617	44,138	43,481	12,386
Average Number of Days Reduced	10	10	10	10	10

*Includes all reported sick leave, vacation or other fully paid leave that resulted in reduced FLI benefit duration. Prior to February 19, 2019, employers had the option of requiring their employees to use up to two weeks of any employer paid leave prior to receiving FLI benefits, with the duration of the employee’s FLI claim reduced by the amount of employer paid leave taken. With the enactment of P.L. 2019, chapter 37, effective February 19, 2019, employers can permit, but not require, employees to use paid sick or vacation time prior to receiving FLI benefits.