

FAMILY LEAVE INSURANCE WORKLOAD IN 2014

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 2014

- There were 32,168 eligible claims during 2014, the fifth full calendar year of New Jersey's Family Leave Insurance Program (FLI), compared with 32,065 eligible claims during 2013.
- Over 82 percent of eligible FLI claims were filed to bond with a newborn or newly adopted child, with the remainder of claims to care for a seriously ill family member.
- FLI gross benefit payments totaled \$83.9 million, with an average weekly benefit amount for all claims of \$505.
- The average duration for FLI cases completed in 2014 was 5.2 weeks, the same as in 2013. The average amount of benefits paid for FLI cases completed in 2014 was \$2,601, an increase of about one percent compared with 2013 (\$2,572).
- 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 77 percent of FLI eligible claimants in 2014.
- Nearly all FLI eligible bonding claimants were under age 45 (99.0%), while the majority of FLI family care claimants were over the age of 45 (62.6%).

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 2014, with comparative information from calendar years 2010 - 2013.

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 2014 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 2013 and 2014 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. Beginning July 1, 2009, claimants are 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 \$595 in 2014.

Bonding family leave must be taken for a period of more than seven consecutive days, unless the employer permits the leave to be taken in non-consecutive periods, in which case, each leave period must be at least seven days. In the case of claims to care for a seriously ill family member, leave may be taken either for six consecutive weeks, for intermittent weeks or for up to 42 intermittent days per 12-month period. A family member is defined as the claimant's child, spouse, domestic partner, civil union partner or parent. 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.

The family leave program is funded entirely through worker contributions, which were equal to 0.10 percent of taxable wages in calendar year 2014. 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. During calendar years 2013, 2012, 2011 and 2010, the contribution rate was equal to 0.10, 0.08, 0.06 and 0.12 percent of taxable wages, respectively.

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 which 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 3,754,000 workers in 2013 and 3,782,200 in 2014.

Summary of 2014 Workload

The following paragraphs provide a brief summary of workload during 2014, with a more detailed discussion of the individual workload measures in the sections below. During calendar year 2014, there were 32,168 eligible FLI claims, up by less than one percent from 2013 when 32,065 eligible claims were filed. Of the 2014 total, more than 82 percent were bonding claims (26,442), with the remaining claims for care of a seriously ill family member (5,726). Claims for bonding with a newborn child were the largest single category of claims in 2014 out of the five claimant groups, comprising 81.8 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 7.8 percent of total eligible claims.

Gross benefit payments rose to \$83.9 million in 2014, an increase of 1.9 percent from 2013 when benefits totaled \$82.3 million. During 2014, \$73.2 million, or 87.2 percent, of benefit payments were for bonding claims. The average weekly benefit amount for all claims was \$505, ranging from a low of \$467 for care of other ill family members to a high of \$561 for bonding with a newly adopted child. The average total benefit per eligible claim was \$2,607. 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 1.9 percent from \$584 in 2013 to \$595 in 2014.

The estimated average duration for all FLI eligible new claims was 5.2 weeks. Generally, bonding claims had had a longer average duration of 5.4 weeks, compared with family care claims which averaged 4.0 weeks.

Original Determinations

During 2014, there were 35,062 total original FLI determinations, an increase of 1.7 percent from 34,491 determinations in 2013 (see Table 1). Original determinations for bonding claims totaled 28,397 and comprised 81.0 percent of total determinations, while original determinations for family care claims were 6,665, or 19.0 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 30,075 and represented 85.8 percent of total original determinations (35,062), down slightly from 88.5 percent in 2013. Of the 28,397 total original determinations for bonding claims, 25,200, or 88.7 percent, were

determined to be eligible, compared with 73.1 percent of family care claims determined eligible (4,875 out of 6,665 total original determinations for family care claims).

Redeterminations

As in the previous four years, redeterminations comprised a relatively small part of the total family leave workload during 2014. Of the 2,371 total redeterminations during 2014, 60.8 percent (1,442) were for bonding claims, while 39.2 percent (929) were for family care claims. Family care claims comprised a much higher percentage of the total for redeterminations than for original determinations (19.0%).

Eligible redeterminations totaled 2,232 and represented 94.1 percent of all claims redetermined during 2014, up from 90.8 percent in 2013.

Eligible Claims

During 2014, the number of eligible claims increased by 0.3 percent to 32,168 from 32,065 in 2013. Of the 2014 total, 82.2 percent were bonding claims (26,442), with the remaining 17.8 percent of claims for care of a seriously ill family member (5,726). 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 8,751 during 2014, a decrease of 2.9 percent from 2013 (9,013). Of the total reconsiderations during 2014, 8,337, or 95.3 percent, were eligible for benefits. Reconsiderations for bonding claims comprised 54.7 percent (4,786) of the annual total, while family care reconsiderations represented 45.3 percent (3,965), similar to the percentages in 2013. As with redeterminations, family care claims comprised a much higher percentage of the total for reconsiderations than for original determinations (19.0%).

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 32,268 FLI first payments issued in 2014, with 82.3 percent of first payments issued for bonding claims (26,542) and 17.7 percent issued for family care claims (5,726). Compared with 2013, first payments increased by 0.4 percent, with similar proportions of first payments for bonding and family care claims.

Weeks compensated rose from 165,964 in 2013 to 166,199 in 2014, an increase of 0.1 percent. Days compensated totaled 1,165,332 in 2014, up by 0.2 percent from

1,163,593 in 2013. Bonding claims represented 86.2 percent of both days and weeks compensated, compared with 85.4 percent in 2013.

Gross benefit payments totaled \$83.9 million in 2014, an increase of 1.9 percent from \$82.3 million in 2013. During 2014, there were \$73.2 million in benefit payments for bonding claims (87.2%) and the remaining \$10.7 million for family care claims. The average weekly benefit amount for all claims rose by \$9 from \$496 in 2013 to \$505 in 2014. The average weekly benefit amount in 2014 ranged from a low of \$467 for care of other ill family members to a high of \$561 for care of a newly adopted child. The average daily benefit amount during 2014 was \$72, averaging \$73 for bonding claims and \$67 for family care claims.

In 2014, the estimated average duration for all FLI eligible claims was 5.2 weeks, the same as in 2013 and 2012. Generally, bonding claims had had a longer average duration of 5.4 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 60.8 percent in 2014, decreasing from 76.3 percent in 2013 (see Table 3). The performance measure fell below the service goal for processing initial determinations within two weeks of 65 percent for the first time since the inception of the FLI program.

The percentage of initial determinations that occurred within four weeks was 85.9 percent, a decline from the level attained in 2013 of 93.9 percent. The performance measure exceeded the service goal for processing initial determinations within four weeks of 85 percent for the sixth consecutive year. The percentage of claims received with insufficient information rose from 25.0 percent in 2013 to 27.0 percent in 2014.

FLI Claimant Characteristics

Table 4 contains data on the age and sex of all FLI claimants in 2014, with age and sex data for bonding claimants and family care claimants provided in Tables 4A and 4B, respectively. Females represented 85.1 percent of all eligible claimants for whom information was available and 78.3 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 in 2014, accounting for 77.0 percent of eligible and 61.8 percent of ineligible claimants. Claimants under 45 years of age accounted for 89.0 percent of total eligible claimants in 2014. Claimants between the ages of 25 and 34 were the largest subcategory, comprising 56.1 percent of all eligible claimants.

For FLI claimants taking leave to bond with a newborn or newly adopted child, females comprised 87.1 percent of eligible claimants, while males comprised 12.9 percent (see Table 4A). Nearly all eligible bonding claimants were under age 45 (99.0%), with 64.4 percent between the ages of 25 and 34 and 29.5 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 (74.5%). Males comprised 25.5 percent of family care claimants (see Table 4B), compared with 12.9 percent of bonding claimants. In contrast to bonding claimants, 62.6 percent of family care claimants were over the age of 45. Nearly one-third of eligible family care claimants were in the age range of 45 to 54 (30.2%).

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 which does immediately follow a pregnancy or childbirth TDI claim.

During 2014, eligible bonding claims totaled 26,634, comprising 82.3 percent of all eligible claims (32,377). There were 13,312 bonding claims which 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 13,322 in 2014, also comprising 41.1 percent of total eligible claims. Claims for the care of a family member totaled 5,743 and comprised 17.7 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 which were completed in 2014 and revised data for 2013. 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 which do not immediately follow a TDI claim for pregnancy and childbirth.

Of the 32,428 total completed FLI cases during 2014, 82.5 percent were for bonding with a newborn or newly adopted child (26,753) and 17.5 percent were for care of a seriously ill family member (5,675). Approximately 42 percent of total completed cases in 2014 immediately followed a TDI claim for pregnancy and childbirth (13,516), with bonding claims that do not immediately follow a TDI claim for pregnancy and childbirth comprising 41 percent of all completed cases (13,237).

The average duration of a family leave claim to bond with a newborn or newly adopted child was 5.4 weeks in 2014, with 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 (5.2 weeks). Completed cases for care of a seriously ill family member had an average duration of 4.1 weeks, while the average duration for all completed cases was 5.2 weeks.

The average gross benefits paid per completed case was \$2,601, with the average benefit payment for bonding claims (\$2,746) about 43 percent higher than the average for family care claims (\$1,914). The average benefit payment for bonding claims immediately following a TDI claim (\$2,686) were about four percent lower than for bonding claims not following a TDI claim (\$2,808).

FLI Employer Required Leave Resulting in Reduced Benefit Duration

Employers have 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. Table 7 contains a summary of claims which had reduced benefit duration because of employer required sick leave, vacation or other fully paid leave.

During 2014, there were 4,945 claims, or 15.4 percent of all eligible family leave claims (32,168), which had reduced benefit duration due to the use of some type of employer required fully paid leave. For these claims, benefits 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 2014, the maximum weekly benefit amount was \$595.

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
2010 – 2014

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Claim/Information					
Forms Entered (FL-1s and FL-2's)	44,399	42,814	42,771	45,678	46,824
Original Determinations					
Eligible	28,457	29,614	29,653	30,508	30,075
Ineligible	4,074	3,285	3,583	3,983	4,987
Total	32,531	32,899	33,236	34,491	35,062
Redeterminations					
Eligible	1,934	1,268	1,428	1,733	2,232
Ineligible	229	181	189	176	139
Total	2,163	1,449	1,617	1,909	2,371
Total Eligible Claims ¹	30,162	30,701	30,892	32,065	32,168
Reconsiderations					
Eligible	13,263	10,588	8,967	8,700	8,337
Ineligible	945	606	336	313	414
Total	14,208	11,194	9,303	9,013	8,751
Number of First Payments	29,887	30,530	30,976	32,144	32,268
Number of Weeks Compensated	150,042	154,571	159,250	165,964	166,199
Gross Benefit Payments (millions) ²	\$71.9	\$74.5	\$77.5	\$82.3	\$83.9
Average Weekly Benefit Amount (Gross Benefits/Weeks Compensated)	\$479	\$482	\$487	\$496	\$505
Maximum Weekly Benefit Amount	\$561	\$559	\$572	\$584	\$595

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 2014

	<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	25,098	102	25,200	1,193	1,582	2,100	4,875	30,075
Ineligible	3,170	27	3,197	382	479	929	1,790	4,987
Total	28,268	129	28,397	1,575	2,061	3,029	6,665	35,062
Redeterminations								
Eligible	1,325	17	1,342	201	258	431	890	2,232
Ineligible	99	1	100	10	9	20	39	139
Total	1,424	18	1,442	211	267	451	929	2,371
Total Eligible Claims²	26,324	118	26,442	1,384	1,831	2,511	5,726	32,168
Reconsiderations								
Eligible	4,577	33	4,610	1,086	1,157	1,484	3,727	8,337
Ineligible	173	3	176	56	53	129	238	414
Total	4,750	36	4,786	1,142	1,210	1,613	3,965	8,751

TABLE 2 (continued)
FAMILY LEAVE INSURANCE – STATE PLAN
SUMMARY OF WORKLOAD ACTIVITY BY TYPE OF CLAIM
Calendar Year 2014

	<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	26,425	117	26,542	1,374	1,837	2,515	5,726	32,268
Number of Weeks Compensated	142,691	614	143,305	5,267	7,473	10,130	22,870	166,199
Number of Days Compensated	1,000,371	4,333	1,004,704	37,018	52,480	71,130	160,628	1,165,332
Gross Benefit Payments (millions)	\$72.8	\$0.3	\$73.2	\$2.5	\$3.5	\$4.7	\$10.7	\$83.9
Average Weekly Benefit Amount (Gross Benefits/Weeks Compensated)	\$510	\$561	\$510	\$468	\$472	\$467	\$469	\$505
Average Daily Benefit Amount (Gross Benefits/Days Compensated)	\$73	\$79	\$73	\$67	\$67	\$67	\$67	\$72
Estimated Average Duration ³ (Weeks Compensated/Eligible Claims)	5.4	5.2	5.4	3.8	4.1	4.0	4.0	5.2

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

TIME LAPSE CLAIM DISTRIBUTION
 Summary of Original Determinations by
 Number of Days Elapsed from Date Entered in Mail Log
 Eligible and Ineligible Decisions
 2010 - 2014

<u>Number of Days</u>	<u>2010</u>		<u>2011</u>		<u>2012</u>		<u>2013</u>		<u>2014</u>	
	<u>Number</u>	<u>Cumulative Percent</u>								
14 or less	25,040	77.0	26,115	79.4	25,324	76.2	26,323	76.3	21,323	60.8
15 – 21	3,257	87.0	2,423	86.8	2,629	84.1	3,261	85.8	6,047	78.1
22 – 28	2,619	95.1	2,482	94.3	2,590	91.9	2,809	93.9	2,754	85.9
29 – 35	957	98.0	1,171	97.9	1,431	96.2	1,034	96.9	2,384	92.7
36 – 43	383	99.2	363	99.0	588	98.0	509	98.4	1,274	96.4
44 – 49	142	99.6	165	99.5	289	98.9	222	99.1	631	98.2
50 – 56	58	99.8	102	99.8	181	99.4	195	99.6	270	98.9
57 or more	70	100.0	74	100.0	200	76.2	129	100.0	377	100.0
TOTAL CASES	32,526		32,895		33,232		34,482		35,060	
Claims with Insufficient Data on Receipt	8,722	26.8	7,232	22.0	8,547	25.7	8,614	25.0	9,466	27.0

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 2014

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	29,850	25,396	4,454
Percent*	100.0%	85.1%	14.9%
Total, Under 45 - Percents	89.0%	77.0%	12.0%
<i>Under 25</i>	4.4	4.0	0.4
<i>25 - 34</i>	56.1	49.5	6.6
<i>35 - 44</i>	28.5	23.5	5.0
Total, Over 45 - Percents	11.0%	8.1%	2.9%
<i>45 - 54</i>	5.7	4.1	1.6
<i>55- 64</i>	4.1	3.1	1.0
<i>Over 65</i>	1.2	0.9	0.3
Ineligible Claimants			
Total with Information - Number	4,846	3,792	1,054
Percent*	100.0%	78.3%	21.7%
Total, Under 45 - Percents	77.5%	61.8%	15.7%
<i>Under 25</i>	5.8	5.2	0.6
<i>25 - 34</i>	44.6	36.4	8.1
<i>35 - 44</i>	27.1	20.1	7.0
Total, Over 45 - Percents	22.5%	16.5%	6.1%
<i>45 - 54</i>	11.7	8.4	3.3
<i>55- 64</i>	9.1	6.9	2.2
<i>Over 65</i>	1.7	1.2	0.6

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 2014

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	25,033	21,806	3,227
Percent*	100.0%	87.1%	12.9%
Total, Under 45 - Percents	99.0%	86.6%	12.4%
<i>Under 25</i>	5.0	4.6	0.4
<i>25 - 34</i>	64.4	57.3	7.1
<i>35 - 44</i>	29.5	24.7	4.8
Total, Over 45 - Percents	1.0%	0.5%	0.5%
<i>45 - 54</i>	1.0	0.5	0.5
<i>55- 64</i>	0.1	0.0	0.0
<i>Over 65</i>	0.0	0.0	0.0
Ineligible Claimants			
Total with Information - Number	3,100	2,533	567
Percent*	100.0%	81.7%	18.3%
Total, Under 45 - Percents	98.0%	80.8%	17.2%
<i>Under 25</i>	8.6	7.7	0.9
<i>25 - 34</i>	61.5	51.7	9.7
<i>35 - 44</i>	27.9	21.4	6.5
Total, Over 45 - Percents	2.0%	0.9%	1.1%
<i>45 - 54</i>	1.8	0.8	1.0
<i>55- 64</i>	0.2	0.1	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 2014

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	4,817	3,590	1,227
Percent*	100.0%	74.5%	25.5%
Total, Under 45 - Percents	37.4%	27.2%	10.2%
<i>Under 25</i>	<i>1.0</i>	<i>0.7</i>	<i>0.4</i>
<i>25 - 34</i>	<i>12.7</i>	<i>9.2</i>	<i>3.5</i>
<i>35 - 44</i>	<i>23.6</i>	<i>17.3</i>	<i>6.3</i>
Total, Over 45 - Percents	62.6%	47.4%	15.3%
<i>45 - 54</i>	<i>30.2</i>	<i>22.8</i>	<i>7.4</i>
<i>55- 64</i>	<i>25.2</i>	<i>19.3</i>	<i>5.9</i>
<i>Over 65</i>	<i>7.2</i>	<i>5.3</i>	<i>2.0</i>
Ineligible Claimants			
Total with Information - Number	1,746	1,259	487
Percent*	100.0%	72.1%	27.9%
Total, Under 45 - Percents	41.0%	28.0%	12.9%
<i>Under 25</i>	<i>0.9</i>	<i>0.9</i>	<i>0.0</i>
<i>25 - 34</i>	<i>14.5</i>	<i>9.3</i>	<i>5.3</i>
<i>35 - 44</i>	<i>25.5</i>	<i>17.8</i>	<i>7.7</i>
Total, Over 45 - Percents	59.0%	44.1%	14.9%
<i>45 - 54</i>	<i>29.4</i>	<i>21.9</i>	<i>7.4</i>
<i>55- 64</i>	<i>24.9</i>	<i>19.0</i>	<i>5.9</i>
<i>Over 65</i>	<i>4.8</i>	<i>3.2</i>	<i>1.6</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 2013 and 2014

<u>Type of Claim</u>	<u>CY 2013</u>		<u>CY 2014</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	5,932	18.4%	5,743	17.7%
Total Bonding Claims	26,354	81.6	26,634	82.3
<i>Bonding Immediately Following a Pregnancy Claim for TDI</i>	<i>13,444</i>	<i>41.6</i>	<i>13,312</i>	<i>41.1</i>
<i>Bonding That Does Not Immediately Follow a Pregnancy Claim for TDI</i>	<i>12,910</i>	<i>40.0</i>	<i>13,322</i>	<i>41.1</i>
Total*	32,286	100.0%	32,377	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 2014

<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	5,675	17.5%	4.1	\$1,914
Total Bonding Claims	26,753	82.5	5.4	\$2,746
<i>Bonding Immediately Following a Pregnancy Claim for TDI</i>	13,516	41.7	5.6	\$2,686
<i>Bonding That Does Not Immediately Follow a Pregnancy Claim for TDI</i>	13,237	40.8	5.2	\$2,808
Total	32,428	100.0%	5.2	\$2,601

Calendar Year 2013 (**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	5,744	18.0%	4.2	\$1,926
Total Bonding Claims	26,126	82.0	5.4	\$2,714
<i>Bonding Immediately Following a Pregnancy Claim for TDI</i>	13,279	41.7	5.6	\$2,641
<i>Bonding That Does Not Immediately Follow a Pregnancy Claim for TDI</i>	12,847	39.5	5.2	\$2,789
Total	31,870	100.0%	5.2	\$2,572

*Completed cases include those claims formally closed in the FLI database in 2013 and 2014, as well as those with no payment activity for 90 days.

TABLE 7
FAMILY LEAVE INSURANCE – STATE PLAN
EMPLOYER REQUIRED LEAVE RESULTING IN REDUCED BENEFIT DURATION*
2010 - 2014

	<u>CY</u> <u>2010</u>	<u>CY</u> <u>2011</u>	<u>CY</u> <u>2012</u>	<u>CY</u> <u>2013</u>	<u>CY</u> <u>2014</u>
Number of Claims Reduced	6,780	6,187	5,499	5,196	4,945
Total Number of Days Reduced	68,270	60,837	55,683	52,026	49,204
Average Number of Days Reduced	10	10	10	10	10

*Includes all reported sick leave, vacation or other fully paid leave which resulted in reduced FLI benefit duration.