## OREGON PAID FAMILY AND MEDICAL LEAVE INSURANCE (OR PFMLI)

What is Oregon Paid Family and Medical Leave Insurance and when does it begin?	<ul> <li>Beginning September 3, 2023, Oregon Paid Family and Medical Leave Insurance (OR PFMLI) benefits will pay a portion of your earnings if you are a covered individual and cannot work because of your own serious health condition; or if you are away from work to bond with a newly born, adopted, or fostered child, care for a family member with a serious health condition; or need to take leave related to reasons of domestic violence, harassment, sexual assault or stalking.</li> <li>This highlight sheet is an overview of your OR PFMLI benefits.</li> </ul>
OR PFMLI Benefit Durations	<ul> <li>Paid Family, Medical and Safe Leave Durations:</li> <li>Up to 12 weeks combined for: <ul> <li>Bonding with your child,</li> <li>Care of self or family member with a serious health condition,</li> <li>Reasons related to domestic violence, harassment, sexual assault or stalking</li> </ul> </li> <li>All PFML Leaves have a combined entitlement maximum of 12 weeks in each benefit year with up to an additional 2 weeks of leave for limitations related to pregnancy, pre or postnatal.</li> </ul>
Am I eligible for OR PFMLI?	In general, if you are an Oregon employee requesting leave for a qualified purpose and have been paid wages during the base period (i.e. typically, the four completed calendar quarters prior to your leave) and earned at least \$1,000, you are eligible.
When can I enroll?	As an Oregon employee, you are automatically covered by OR PFMLI; you do not have to enroll.
How long before I can receive my OR PFMLI benefit?	There is no waiting period, so once you are approved for benefits and start your leave, you will be eligible to collect your OR PFMLI benefits. Fully insured benefits through The Hartford will always be paid on a weekly basis.
What's the lowest increment of time I may request?	Requests for leave must be made in full day increments.
Will my job be protected while on leave?	You may have job protection if you have worked at least 90 days for your employer.
Am I required to provide notice to my employer of my need for leave?	Yes. You must provide your employer with at least 30-days notice prior to your scheduled date of leave (when your leave is foreseeable), or your first weekly benefit payment may be reduced by 25%. Employees that are unable to provide advance notice, are expected to provide notice as soon as practicable.



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How much will OR PFMLI cover of my wages?	Your employer provides OR PFMLI coverage that pays you a benefit of up to 100% of your weekly earnings, subject to a maximum weekly benefit amount of \$1,523.63 per week, depending on your average weekly wage.
	• If your average weekly wage is <b>less than or equal</b> to \$825.30 then your benefit will be 100% of your average weekly wage.
	<ul> <li>If your average weekly wage is greater than \$825.30 then your benefit will be 100% of the first \$825.30 plus 50% of your remaining wages over the \$825.30 up to \$1,523.63 per week.</li> </ul>

## **IMPORTANT DETAILS**

The following is an overview of your coverage.

Benefit Limitations -- OR PFMLI benefits will not be payable:

- Beyond the total maximum allotment for all qualifying Family, Medical, and Safe Leave reasons;
- Beyond the individual maximum allotment for a particular qualifying Family, Medical, or Safe Leave reason;
- For any qualifying Family, Medical, or Safe Leave taken prior to becoming a covered individual;
- For any qualifying Family, Medical, or Safe Leave reason if you willfully made a false statement or representation or willfully withheld a material fact in order to obtain benefits;
- Above the stated maximum weekly benefit; or
- For any other limitations pursuant to applicable law.

Benefit Exclusions – OR PFMLI benefits will not be payable if:

- You're eligible for unemployment compensation; or
- You're eligible for workers' compensation benefits
- Your coverage will terminate on the earliest of the following dates:
  - The policy terminates; or

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• You cease to be a covered individual for any reason

This Benefit Highlights Sheet is an overview of the general provisions of the Insurance being offered, is provided for illustrative purposes only, and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of a discrepancy between the Benefit Highlights Sheet and the policy, the terms of the insurance policy apply.

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