

FAMILY LEAVE INSURANCE WORKLOAD IN 2016

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 2016

- There were 32,171 eligible claims during 2016, the seventh full calendar year of New Jersey's Family Leave Insurance Program (FLI), compared with 32,033 eligible claims during 2015.
- Over 83 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 \$87.9 million, with an average weekly benefit amount for all claims of \$524.
- The average duration for FLI cases completed in 2016 was 5.2 weeks, the same as in the past three years. The average amount of benefits paid for FLI cases completed in 2016 was \$2,711, an increase of nearly two percent compared with 2015 (\$2,671).
- 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 77 percent of FLI eligible claimants in 2016.
- Nearly all FLI eligible bonding claimants were under age 45 (98.9%), 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 2016, with comparative information from calendar years 2012 - 2015.

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 2016 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 2015 and 2016 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 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 \$615 in 2016.

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 0.08 percent of taxable wages in calendar year 2016, down slightly from 0.09 percent in 2015. 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 2014, 2013, 2012, 2011 and 2010,

the contribution rate was equal to 0.10, 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 3,831,200 workers in 2015 and 3,893,900 in 2016.

Summary of 2016 Workload

The following paragraphs provide a brief summary of workload during 2016, with a more detailed discussion of the individual workload measures in the sections below. During calendar year 2016, there were 32,171 eligible FLI claims, up by less than one percent from 2015 when 32,033 eligible claims were filed. Of the 2016 total, nearly 84 percent were bonding claims (26,901), with the remaining claims for care of a seriously ill family member (5,270). Claims for bonding with a newborn child were the largest single category of claims in 2016 out of the five claimant groups, comprising 83.3 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 7.3 percent of total eligible claims.

Gross benefit payments rose to \$87.9 million in 2016, an increase of 2.4 percent from 2015 when benefits totaled \$85.8 million. During 2016, \$77.4 million, or 88.1 percent, of benefit payments were for bonding claims. The average weekly benefit amount for all claims was \$524, ranging from a low of \$486 for care of a seriously ill spouse to a high of \$582 for bonding with a newly adopted child. The average total benefit per eligible claim was \$2,732. 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 1.8 percent from \$604 in 2015 to \$615 in 2016.

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 2016, there were 35,634 total original FLI determinations, an increase of 1.0 percent from 35,293 determinations in 2015 (see Table 1). Original determinations for bonding claims totaled 29,234 and comprised 82.0 percent of total determinations, while original determinations for family care claims were 6,399, or 18.0 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 29,731 and represented 83.4 percent of total original determinations (35,634), down slightly from 84.0 percent in 2015. Of the

29,234 total original determinations for bonding claims, 25,310, or 86.6 percent, were determined to be eligible, compared with 69.1 percent of family care claims determined eligible (4,421 out of 6,399 total original determinations for family care claims).

Redeterminations

As in the previous five years, redeterminations comprised a relatively small part of the total family leave workload during 2016. Of the 2,730 total redeterminations during 2016, 65.8 percent (1,797) were for bonding claims, while 34.2 percent (933) were for family care claims. Family care claims comprised a much higher percentage of the total for redeterminations than for original determinations (18.0%).

Eligible redeterminations totaled 2,585 and represented 94.7 percent of all claims redetermined during 2016, up from 93.8 percent in 2015.

Eligible Claims

During 2016, the number of eligible claims increased by 0.4 percent to 32,171 from 32,033 in 2015. Of the 2016 total, 83.6 percent were bonding claims (26,901), with the remaining 16.4 percent of claims for care of a seriously ill family member (5,270). Compared with 2012, eligible claims were up by 4.1 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 8,320 during 2016, an increase of 4.5 percent from 2015 (7,965). During 2016, eligible reconsiderations comprised 95.2 percent (7,922) of the yearly total. Reconsiderations for bonding claims accounted for 56.7 percent (4,719) of the annual total, while family care reconsiderations represented 43.3 percent (3,601), similar to the percentages in 2015. As with redeterminations, family care claims comprised a much higher percentage of the total for reconsiderations than for original determinations (18.0%).

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 32,251 FLI first payments issued in 2016, with 83.6 percent of first payments issued for bonding claims (26,961) and 16.4 percent issued for family care claims (5,290). Compared with 2015, first payments rose by 0.1 percent, but maintained similar proportions of first payments for bonding and family care claims.

Weeks compensated rose to 167,803 in 2016 from 166,292 in 2015, an increase of 0.9 percent. Days compensated totaled 1,176,678 in 2016, up by 0.9 percent from 1,166,045 in 2015. Bonding claims represented 87.3 percent of both days and weeks compensated, the same percentage as in 2015.

Gross benefit payments totaled \$87.9 million in 2016, an increase of 2.4 percent from \$85.8 million in 2015. During 2016, there were \$77.4 million in benefit payments for bonding claims (88.1%) with the remaining \$10.4 million for family care claims. The average weekly benefit amount for all claims rose by \$8 from \$516 in 2015 to \$524 in 2016. The average weekly benefit amount in 2016 ranged from a low of \$486 for care of a seriously ill spouse to a high of \$582 for care of a newly adopted child. The average daily benefit amount during 2016 was \$75, averaging \$75 for bonding claims and \$70 for family care claims.

In 2016, the estimated average duration for all FLI eligible claims was 5.2 weeks, the same as in the previous four years. 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 36.0 percent in 2016, decreasing from 44.6 percent in 2015 and down from 76.2 percent in 2012 (see Table 3). The performance measure was below the service goal for processing initial determinations within two weeks of 65 percent for the third time since the inception of the FLI program.

The percentage of initial determinations that occurred within four weeks was 70.5 percent, a decline from the level attained in 2015 of 75.9 percent. The performance measure fell below the service goal for processing initial determinations within four weeks of 85 percent for the second time since the program began. The percentage of claims received with insufficient information remained at a high level in 2016, but edged down to 32.8 percent from 33.8 percent in 2015. Claims received with insufficient information comprised 25.7 percent of claims in 2012.

FLI Claimant Characteristics

Table 4 contains data on the age and sex of all FLI claimants in 2016, with age and sex data for bonding claimants and family care claimants provided in Tables 4A and 4B, respectively. Females represented 84.5 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 again in 2016, accounting for 76.8 percent of

eligible and 63.4 percent of ineligible claimants. Claimants under 45 years of age accounted for 89.7 percent of total eligible claimants in 2016. Claimants between the ages of 25 and 34 were the largest subcategory, comprising 55.9 percent of all eligible claimants.

For FLI claimants taking leave to bond with a newborn or newly adopted child, females comprised 85.9 percent of eligible claimants, while males comprised 14.1 percent (see Table 4A). Nearly all eligible bonding claimants were under age 45 (98.9%), with 63.5 percent between the ages of 25 and 34 and 31.0 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 (76.3%). Males comprised 23.7 percent of family care claimants (see Table 4B), compared with 14.1 percent of bonding claimants. In contrast to bonding claimants, 63.7 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 (29.6%).

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 2016, eligible bonding claims totaled 27,070, comprising 83.6 percent of all eligible claims (32,398). There were 14,290 bonding claims which immediately followed a TDI claim for pregnancy or childbirth, accounting for 44.1 percent of all eligible claims. Bonding claims that did not immediately follow a claim for TDI pregnancy or childbirth benefits totaled 12,780 in 2016, comprising 39.4 percent of total eligible claims. Claims for the care of a family member totaled 5,328 and accounted for 16.4 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 2016 and revised data for 2015. 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 32,791 total completed FLI cases during 2016, 83.8 percent were for bonding with a newborn or newly adopted child (27,466) and 16.2 percent were for care

of a seriously ill family member (5,325). Completed cases in 2016 immediately following a TDI claim for pregnancy and childbirth (14,537) accounted for 44.3 percent of total completed cases, with bonding claims not immediately following a TDI claim for pregnancy and childbirth comprised 39.4 percent (12,929) 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 2016, 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 \$2,711, with the average benefit payment for bonding claims (\$2,847) about 42 percent higher than the average for family care claims (\$2,012). The average benefit payment for bonding claims immediately following a TDI claim (\$2,794) were about four percent lower than for bonding claims that did not follow a TDI claim (\$2,905).

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 2016, there were 4,986 claims, or 15.5 percent of all eligible family leave claims (32,171), 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 2016, the maximum weekly benefit amount was \$615.

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
2012 – 2016

	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Claim/Information					
Forms Entered (FL-1s and FL-2's)	42,771	45,678	46,824	47,838	48,627
Original Determinations					
Eligible	29,653	30,508	30,075	29,662	29,731
Ineligible	3,583	3,983	4,987	5,631	5,903
Total	33,236	34,491	35,062	35,293	35,634
Redeterminations					
Eligible	1,428	1,733	2,232	2,538	2,585
Ineligible	189	176	139	167	145
Total	1,617	1,909	2,371	2,705	2,730
Total Eligible Claims ¹	30,892	32,065	32,168	32,033	32,171
Reconsiderations					
Eligible	8,967	8,700	8,337	7,554	7,922
Ineligible	336	313	414	411	398
Total	9,303	9,013	8,751	7,965	8,320
Number of First Payments	30,976	32,144	32,268	32,232	32,251
Number of Weeks Compensated	159,250	165,964	166,199	166,292	167,803
Gross Benefit Payments (millions) ²	\$77.5	\$82.3	\$83.9	\$85.8	\$87.9
Average Weekly Benefit Amount (Gross Benefits/Weeks Compensated)	\$487	\$496	\$505	\$516	\$524
Maximum Weekly Benefit Amount	\$572	\$584	\$595	\$604	\$615

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 2016

	<u>Claims for Bonding</u>			<u>Claims for Care of Seriously Ill Family Members</u>				
	<u>Newborn</u>	<u>Adoption</u>	<u>Total Bonding</u>	<u>Child</u>	<u>Spouse</u>	<u>Other Family¹</u>	<u>Total Care</u>	<u>Total All Claims</u>
Original Determinations								
Eligible	25,215	95	25,310	1,123	1,341	1,957	4,421	29,731
Ineligible	3,896	28	3,924	504	502	972	1,978	5,903
Total	29,111	123	29,234	1,627	1,843	2,929	6,399	35,634
Redeterminations								
Eligible	1,684	10	1,694	216	269	406	891	2,585
Ineligible	103	0	103	6	16	20	42	145
Total	1,787	10	1,797	222	285	426	933	2,730
Total Eligible Claims ²	26,796	105	26,901	1,333	1,594	2,343	5,270	32,171
Reconsiderations								
Eligible	4,502	25	4,527	1,074	1,003	1,318	3,395	7,922
Ineligible	190	2	192	60	57	89	206	398
Total	4,692	27	4,719	1,134	1,060	1,407	3,601	8,320

TABLE 2 (continued)
FAMILY LEAVE INSURANCE – STATE PLAN
SUMMARY OF WORKLOAD ACTIVITY BY TYPE OF CLAIM
Calendar Year 2016

	<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	26,853	108	26,961	1,331	1,606	2,353	5,290	32,251
Number of Weeks Compensated	145,951	561	146,512	5,317	6,557	9,389	21,263	167,803
Number of Days Compensated	1,023,313	3,976	1,027,289	37,378	46,069	65,942	149,389	1,176,678
Gross Benefit Payments (millions)	\$77.1	\$0.3	\$77.4	\$2.6	\$3.2	\$4.7	\$10.4	\$87.9
Average Weekly Benefit Amount (Gross Benefits/Weeks Compensated)	\$528	\$582	\$529	\$488	\$486	\$497	\$491	\$524
Average Daily Benefit Amount (Gross Benefits/Days Compensated)	\$75	\$82	\$75	\$69	\$69	\$71	\$70	\$75
Estimated Average Duration ³ (Weeks Compensated/Eligible Claims)	5.4	5.3	5.4	4.0	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
2012 – 2016

	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
<u>Number of Days</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>
14 or less	25,324	76.2	26,323	76.3	21,323	60.8	15,744	44.6	12,825	36.0
15 – 21	2,629	84.1	3,261	85.8	6,047	78.1	8,477	68.6	8,312	59.4
22 – 28	2,590	91.9	2,809	93.9	2,754	85.9	2,574	75.9	3,954	70.5
29 – 35	1,431	96.2	1,034	96.9	2,384	92.7	2,899	84.1	3,526	80.4
36 – 43	588	98.0	509	98.4	1,274	96.4	2,553	91.4	2,306	86.8
44 – 49	289	98.9	222	99.1	631	98.2	1,473	95.6	1,520	91.1
50 – 56	181	99.4	195	99.6	270	98.9	692	97.5	1,135	94.3
57 or more	200	100.0	129	100.0	377	100.0	878	100.0	2,033	100.0
TOTAL CASES	33,232		34,482		35,060		35,290		35,611	
Claims with Insufficient Data on Receipt	8,547	25.7	8,614	25.0	9,466	27.0	11,919	33.8	11,677	32.8

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 2016

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	29,542	24,972	4,570
Percent*	100.0%	84.5%	15.5%
Total, Under 45 - Percents	89.7%	76.8%	12.8%
<i>Under 25</i>	3.9	3.5	0.4
25 - 34	55.9	48.9	7.1
35 - 44	29.8	24.4	5.4
Total, Over 45 - Percents	10.3%	7.7%	2.6%
45 - 54	5.2	3.8	1.4
55- 64	4.0	3.1	0.9
Over 65	1.1	0.8	0.3
Ineligible Claimants			
Total with Information - Number	5,768	4,516	1,252
Percent*	100.0%	78.3%	21.7%
Total, Under 45 - Percents	79.0%	63.4%	15.7%
<i>Under 25</i>	5.8	5.2	0.6
25 - 34	46.2	37.7	8.5
35 - 44	27.0	20.5	6.5
Total, Over 45 - Percents	21.0%	14.9%	6.1%
45 - 54	11.0	7.5	3.5
55- 64	8.1	6.2	1.9
Over 65	1.9	1.3	0.7

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 2016

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	25,187	21,647	3,540
Percent*	100.0%	85.9%	14.1%
Total, Under 45 - Percents	98.9%	85.4%	13.5%
<i>Under 25</i>	<i>4.4</i>	<i>4.0</i>	<i>0.4</i>
<i>25 - 34</i>	<i>63.5</i>	<i>55.8</i>	<i>7.7</i>
<i>35 - 44</i>	<i>31.0</i>	<i>25.6</i>	<i>5.4</i>
Total, Over 45 - Percents	1.1%	0.5%	0.6%
<i>45 - 54</i>	<i>1.0</i>	<i>0.5</i>	<i>0.5</i>
<i>55- 64</i>	<i>0.1</i>	<i>0.0</i>	<i>0.0</i>
<i>Over 65</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>
Ineligible Claimants			
Total with Information - Number	3,843	3,144	699
Percent*	100.0%	81.8%	18.2%
Total, Under 45 - Percents	98.3%	81.3%	17.0%
<i>Under 25</i>	<i>8.1</i>	<i>7.3</i>	<i>0.8</i>
<i>25 - 34</i>	<i>61.9</i>	<i>52.0</i>	<i>9.9</i>
<i>35 - 44</i>	<i>28.3</i>	<i>22.0</i>	<i>6.3</i>
Total, Over 45 - Percents	1.7%	0.5%	1.2%
<i>45 - 54</i>	<i>1.6</i>	<i>0.4</i>	<i>1.1</i>
<i>55- 64</i>	<i>0.1</i>	<i>0.1</i>	<i>0.0</i>
<i>Over 65</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</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 4B
FAMILY LEAVE INSURANCE – STATE PLAN
AGE AND SEX OF FAMILY CARE FAMILY LEAVE CLAIMANTS
BY ELIGIBILITY STATUS
Calendar Year 2016

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	4,355	3,325	1,030
Percent*	100.0%	76.3%	23.7%
Total, Under 45 - Percents	36.3%	27.0%	9.2%
<i>Under 25</i>	0.9	0.7	0.3
25 - 34	12.1	8.9	3.2
35 - 44	23.3	17.5	5.8
Total, Over 45 - Percents	63.7%	49.3%	14.4%
45 - 54	29.6	23.3	6.4
55- 64	27.0	21.0	6.0
Over 65	7.1	5.0	2.1
Ineligible Claimants			
Total with Information - Number	1,925	1,372	553
Percent*	100.0%	71.3%	28.7%
Total, Under 45 - Percents	40.6%	27.6%	13.0%
<i>Under 25</i>	1.4	1.0	0.4
25 - 34	14.9	9.1	5.8
35 - 44	24.3	17.5	6.8
Total, Over 45 - Percents	59.4%	43.7%	15.7%
45 - 54	29.7	21.6	8.1
55- 64	24.0	18.3	5.7
Over 65	5.7	3.8	1.9

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 2015 and 2016

<u>Type of Claim</u>	<u>CY 2015</u> REVISED		<u>CY 2016</u>	
	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	5,306	16.4%	5,328	16.4%
Total Bonding Claims	26,979	83.6	27,070	83.6
<i>Bonding Immediately Following a Pregnancy Claim for TDI</i>	14,373	44.5	14,290	44.1
<i>Bonding That Does Not Immediately Follow a Pregnancy Claim for TDI</i>	12,606	39.0	12,780	39.4
Total*	32,285	100.0%	32,398	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 2016

<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	5,325	16.2%	4.1	\$2,012
Total Bonding Claims	27,466	83.8	5.4	\$2,847
<i>Bonding Immediately Following a Pregnancy Claim for TDI</i>	14,537	44.3	5.6	\$2,794
<i>Bonding That Does Not Immediately Follow a Pregnancy Claim for TDI</i>	12,929	39.4	5.2	\$2,905
Total	32,791	100.0%	5.2	\$2,711

Calendar Year 2015 **(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	5,208	16.3%	4.1	\$1,969
Total Bonding Claims	26,830	83.7	5.4	\$2,807
<i>Bonding Immediately Following a Pregnancy Claim for TDI</i>	14,320	44.7	5.6	\$2,754
<i>Bonding That Does Not Immediately Follow a Pregnancy Claim for TDI</i>	12,510	39.0	5.2	\$2,869
Total	32,038	100.0%	5.2	\$2,671

*Completed cases include those claims formally closed in the FLI database in 2015 and 2016, 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*
2012 - 2016

	<u>CY 2012</u>	<u>CY 2013</u>	<u>CY 2014</u>	<u>CY 2015</u>	<u>CY 2016</u>
Number of Claims Reduced	5,499	5,196	4,945	5,151	4,986
Total Number of Days Reduced	55,683	52,026	49,204	51,481	48,617
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.