



SANTA ROSA JUNIOR COLLEGE

መምርሒ ሕክምናዊ ዕረፍቲ ኣብ ሰንታ ሮዛ ጁንየር ኮሌጅ



በጃኹም ኣስተብህሉሉ :- እዚ መምርሒ እዚ ነቶም ብሰንኪ ናይ ብሕቲ ወይ ናይ ስድራ ቤት ሕማም ወይ ጉድኣት ካብ ስራሕ ዚወጹ ሰራሕተኛታት እዩ :: ነዚ ጥቕላል እዚ ምስቲ ሕጂ ዘሎ ግዝኣት ካሊፎርንያ ከምኡውን ፈደራላዊ ሕጊ ሓዲግካ ምኻድ ከነሰማምዓዮ ዝከኣልና ኹሉ ንገብር እኳ እንተ ኹንና እዚ ሕግታት እዚ ወትሩ ይቕየር ከም ዘሎ ክንዝክር ኣሎና :: ኣብ ውሽጢ እዚ ጥቕላል እዚ ዘሎ ሓበሬታ ብዘይ ገለ መጠንቀቕታ ክቕየር ይክእል ኣዩ::

ሕክምናዊ ዕረፍቲ ካብ ሳንታ ሮዛ ጁንየር ኮሌጅ

ንስኻ ወይ ኣባል ስድራ ቤትካ እንተ ተገዲእካ (ምስኡ እተተሓሓዘ ስራሕ ዘይኮነስ) እሞ ንልዕሊ ኽልተ ሰሙን ካብ ስራሕ ዕረፍቲ እንድሕር ዘድሊዮካ ኮይኑ፣ ንግዚኡ ካብ ድስትሪክት ወይ ስራሕ ብሕክምናዊ መኽንያት ጠጠው ክትብል ኢኻ። እዚ መምርሒ እዚ ነቲ መስርሕ ንኽትወጽኡን ሓበሬታ ንኽህበካን ዚሕግዘካ እዩ። ድሌትና ንኽንሕግዝ እዮ። ክትሓውዩን ናብ ስራሕ ክትምለሱን ብሃንቀውታ ኢና እንጽቦ።

ንንውሕ ዝበለ ግዜ ሕክምናዊ ዕረፍቲ ኣድላዪ ምኽኒ ንምድጋፍ ሕክምናዊ መርመራ ይደሊ። እዚ ሓበሬታ እዚ HREmployeeHealth@santarosa.edu ወይ [ከኣ](#) ነቲ ናይ ሕክምና ምርመራኻ ናብ 707-527-4311 ብፋክስ ክትልእኾ ትኽእል ኢኻ።

ዝያዳ ሓበሬታ እንተ ደሊኻ በጃኻ ነዛ መሓበሪ እዚኣ ኣንብባ።

ንፋኩልቲ ንኣተሓባባሪ ኮሌጅ ከምኡውን ንኣመሓደርቲ ትምህርቲ [ዝኸውን ውዕል ኤ.ኤፋ.ኤ](#) ዓንቀጽ 18 ዕረፍቲ ኣንብብ።

ነቲ እተኸፋፈለ ውዕል SEIU ዓንቀጽ 12 ዕረፍቲ ካብ ስራሕ ነቶም እተሓብኡ ክኢላታት ንእተኸፋፈለ ኣመሓደርቲ ንእተሓብኡ ተቐጻጻርቲ ከምኡውን ንሰራሕተኛታት ምስጢር ኣንብቦ።

ብመሰረት [ናይ ኤስ. ኣር. ጀይ. ቢ. ማነጅመንት ቲም ሃንድቡክ](#) ከምዚ ይብል - "ኣመሓደርቲ ትምህርቲ ነቲ ናይ ዕረፍቲ ምድላዎት ኣብቲ ናይ ኤፋ/ኣውራጃ ሓባራዊ ውዕል ክስዕብዎ ኢዮም እተመደቡ ኣመሓደርትን እተመደቡ ተቐጻጻርትን ምስጢራዊ ሰራሕተኛታትን ከኣ ነቲ ናይ ዕረፍቲ ምድላዎት ኣብቲ ኣብ ከባቢ 1021 ዝርከብ ናይ ሓባር ውዕል ክስዕብዎ ኢዮም።"

ንሕግታት ሕክምናዊ ዕረፍቲ ዝተነጸረ

ሕገ ናይ ስድራቤት ዕረፍቲ (ኤፍ. ኤም. ኤ.) ከምኡውን ሕገ መሰል ስድራቤት ካሊፎርንያ (ሲ. ኤፍ. ኣር.

ኤፍ. ኤም. ኤፍ. ኤፍ. ኣር.

- ንረእስኻ ኻብ ሕክምና ዕረፍቲ ውሰድ
- ከቢድ ሕማም ንዝተመመ ኣባል ስድራ ቤትካ ምክንኻን
- ምስ ሓድሽ ቈልዓ ምቅርራብ
- ሓደ ኣባል ስድራቤት ናብ ወጻኢ ሃገር ወተሃደራዊ ኣገልግሎት ስለ ዝህበካ ኣብቲ ብቐዓት ዘለዎ ኣጋጣሚ ተኻፈል

ሕገ ዕረፍቲ ስድራ ቤት (FMLA)

ኤፍ. ኤም. ኤ. ነቶም ብቐዓት ሰራሕተኛታት እተሸፈኑ ኣስራሕቲ ንእተወሰነ ናይ ስድራቤትን ሕክምናን ምክንያታት ብዘይ ክፍሊት ናይ ስራሕ ዕረፍቲ ክወስዱ እቲ ሰራሕተኛ ዕረፍቲ ኸም ዘይወሰደ ገይሮም ድማ ናይ ጉጅለ መድሕን ጥዕናን ክወሃቦም መሰል ኣለዎም።

ብቐዓት፡- ኣብታ ቐድሚኣ ዝነበረት ዓመት 12 ወርሕን 1,250 ሰዓትን ሰራሐ

ብቐዓት ሰራሕተኛታት ከምዚ ዝስዕብ ናይ ምግባር መሰል ኣለዎም -

- ኣብ ውሽጢ ዓሰርተው ክልተ ወርሒ ኸሰዕ 12 ናይ ስራሕ ሰሙናት ዕረፍቲ
- ዘይክፈሎ ዕረፍቲ ደሞዝ ኣብ ዚኸፈሎ ደረጃ ንምቕጻል ዚእከብ ግዜ
- ብኣውራጃ ዚሸፈን ጥቕምታት

ሕገ መሰል ስድራ ቤት ካሊፎርንያ (CFRA)

ሲ. ኤፍ. ኣር. ነቶም ብቐዓት ሰራሕተኛታት ናይ ገዛእ ርእሶም ከቢድ ናይ ጥዕና ኸነታት ወይ ከቢድ ናይ ጥዕና ኸነታት ዘለዎም ኣባል ስድራቤቶም ንክከናኸንዎም ደሞዝ ዘይክፈሎምን ካብ ስራሕ ዝከላኸሉምን ዕረፍቲ ይህቦም ኢዩ።

ብቐዓት፡- ኣብታ ቐድሚኣ ዝነበረት ዓመት 12 ወርሕን 1,250 ሰዓትን ሰራሐ

- ኣብ ውሽጢ ዓሰርተው ክልተ ወርሒ ኸሰዕ 12 ናይ ስራሕ ሰሙናት ዕረፍቲ
- ዘይክፈሎ ዕረፍቲ ደሞዝ ኣብ ዚኸፈሎ ደረጃ ንምቕጻል ዚእከብ ግዜ
- ብኣውራጃ ዚሸፈን ጥቕምታት

ዓይነታት ናይ ስራሕ ዕረፍቲ ኣብ ሰንታ ሮዛ ጁንየር ኮሌጅ

እተሓብኡ ክኢላታት ኣመሓደርትን ተቛጻጸርትን ምስጢራዊ ሰራሕተኛታትን -

ካብ ሕጻን ምውጻእ

- ንሕጻን ሰራሕተኛታት ወይ ናይ ቀረባ ስድራቤት ክትጥቀሙሉ ትኽእል ኢኻ (ኣመሓደርቲ/ተቛጻጸርቲ ናይ ቀረባ ስድራቤት ክውሰዱ ኸለዉ ከም ናይ ብሕቲ ኣድላይነት/ሕጻን ሰራሕተኛቲ ኹይኖም ይዓዩ)
- በዚ ሕጂ ዘሎ ቅጥባባ ዓመት (ዓመት ቀረጽ ካብ ሓምሌ ኸሰዕ ሰነ) ኪግስግስ ይኽእል እዩ
- ሓደ ሓድሽ ኣባል ኣሃዱ ንሽዱሽተ ወርሒ ንጡፍ ኣገልግሎት ክሰዕ ዝውድእ (ንኣመሓደርቲ ዝኸውን ናይ ምጽባይ ግዜ የብሉን) ካብ ሽዱሽተ መዓልቲ ንላዕሊ ናይ ሕሙማት ዕረፍቲ ክወስድ ኣይከእልን ኢዩ
- ኣብ ነፍሲ ወከፍ ወርሒ ደሞዝ ዚኸፈሎ ኣገልግሎት (ካብ ናይ ምሉእ ግዜ/ካብ ዓሰርተው ክልተ ወርሒ ንታሕቲ ንዚሰርሑ ሰራሕተኛታት) ሓንቲ መዓልቲ ኸም ዚኸፈል ዚከሓድ ኣይከኣን።
- ንልዕሊ ኸልተ ሰሙን ኣብ ዘይህልወሉ እዋን ሕክምናዊ መርመራ ተገብረ

መተካእታ ናይ ፍልልይ ክፍሊት

- ሲ. ቲ.ኦ. ከምኡውን ናይ ዕረፍቲ መዓልታት (በዚ መስርዕ እዚ) ደኺሙ ኢዩ
- እቲ ኣባል ኣሃዱ ኣብ መንጎ ደሞዝምን ኣብ መንጎ እቲ ንምትካእ ዚኸፈል ገንዘብን ዘሎ ፍልልይ ብድምር ንሓሙሽተ ወርሒ ይቕበል
- ተተካኢ እንተ ዘይሂቡ እቲ ኣባል ኣሃዱ ምሉእ ደሞዝ ይቕበል

ሓደገኛ ዕረፍቲ

- ንገዛእ ርእሰኻ ንመጻምድትኻን ንመጻምድትኻን ንመጻምድትኻን ንወላዲኻን ወይ ንውሉድኻ ኣብ ሓደጋ ዜእቱ ነባሪ ሕጻን ወይ ጉድኣት ስለ ዘጋጠሞ ተወሳኺ ደሞዝ ዚኸፈሎ ዕረፍቲ
- ኣብ ግዜ ድኻም ክርከብ ይከኣል ኢዩ
- ብሰብ ሞያ ሕክምና ኪረጋገጽ ኣለዎ
- ክሰዕ ክልተ ወርሒ ዚኣክል እተወፈየ ናይ ሕሙማት ዕረፍቲ ኪወሃበኻ ይፈቅድ
- ተወሳኺ ዓሰርተ ሰለስተ መዓልቲ ተወሳኺ ብሕታዊ ኣድላይነት/ዕንገል ዝመልኦ ዕረፍቲ ኸትረክብ ትኽእል ኢኻ

ፋኩልቲ ሓጋዚ ኮሌጅ ኣመሓደርቲ ትምህርቲ -

ካብ ሕጻን ምውጻእ

- ንሰራሕተኛታት ወይ ንስድራ ቤትካ ንምሕጻን ክትጥቀሙሉ ትኽእል
- ኣብዚ ሕጂ ዘሎ ቅጥባባ ዓመት ናይ ምሉእ ግዜ ምሁራትን ኣመሓደርቲ ትምህርትን ወይ ከኣ ኣብዚ እዋን እዚ ኣብ ዚወሃብ ትምህርቲ ኣሳብኦ ፋኩልቲ (ዓመት ቀረጽ ካብ ሓምሌ ኸሰዕ ሰነ) ኪሓልፍ ይኽእል እዩ
- እቲ ኮሌጅ ኣብ ነፍሲ ወከፍ ወርሒ ደሞዝ ዚኸፈሎ ኣገልግሎት (ካብ ናይ ምሉእ ግዜ ሰራሕተኛታት ንታሕቲ እተመዘገበ) ብሓንቲ መዓልቲ እዩ ዚወሃብ
- ሓጋዚ ኮሌጅ ኣብ ነፍሲ ወከፍ 17.5 ናይ ምትንኻፍ ሰዓታት ንሓደ ሰዓት ዝኸውን ናይ ሕሙማት ዕረፍቲ ይእክብ

ተወሳኺ ዕረፍቲ ሕሙማት

- ኩሉ እቲ ኸርከብ ዝከኣል ናይ ሕሙማት ዕረፍቲ ምስ ተወድኦ ኣብ ግብረ ምውዓል
- ንሓደ ተተካኢ ዚኸፈል መጠን ካብ ደሞዝ እቲ ኣባል ኣሃዱ ይንኪ
- መተካእታ እንተ ዘይተሞሰ 1ይ ክፍል እቲ ኣብቲ ኮሌጅ ዚርከብ ተመሳሳሊ ደሞዝ ካብቲ ኣባል እቲ ኣሃዱ ዚኸፈሎ ደሞዝ ይንኪ
- ብቑዕ ንምኺን 100 መዓልቲ ዚወስድ እዋን ኣብ መበል ዓሰርተው ሓደ መዓልቲ ተረፉ
- ምስ ናይ ሕሙማት ዕረፍቲ ብሓባር ይገደ

ሓደገኛ ዕረፍቲ

- ብሰንኪ ነባሪ ኹን ንህይወትኻ ኣብ ሓደጋ ዜእቱ ሕጻን/ጉድኣት ገዛእ ርእሰኻ ወይ ስድራ ቤትካ ኹን ስራሕ ምውጻእ ተወሳኺ ደሞዝ ዚኸፈሎ ዕረፍቲ
- ኣብ እዋን ድኻም ዕረፍቲ ኸትረክብ ትኽእል ኢኻ
- ብሰብ ሞያ ሕክምና ኪረጋገጽ ኣለዎ ::
- ክሰዕ 46 መዓልቲ ዝኣክል እተወፈየ ናይ ሕሙማት ዕረፍቲ ኸትጥቀም ይፈቅድ ::

አብ እዋን ዕረፍቲ ሕክምና ዚርከብ ደሞዝን ጥቕምን

እተሓብኡ ክኢላታት ኣመሓደርትን ተቈጻጻርትን ምስጢራዊ ሰራሕተኛታትን -

ንኩሉ እቲ ክትረኽቦ እትክእል ናይ ሕሙማት ዕረፍቲ ንዕረፍቲ ከምኡውን/ወይ CTO/PTO ክንጥቀመሉ ኢና። ኩሉ እቲ ክትረኽቦ እትክእል ኣቑጽልቲ ሓንሳእ ምስ ተወድኦ እቲ ዝተረፈ ክፍሊትካ ክሳብ ሓሙሽተ ወርሒ ብኡንብኡ ኺውዕል እዩ። ኣብ ትሕቲ እቲ መተካእታ ፍልልይ ዚኸፈል ክፍሊት እቲ ንዓኻ ዚትክእ ደሞዝ ካብ ደሞዝካ ይንኪ ። ንዓኻ ዚትክእ መተካእታ እንተ ዘይተቈጽረካ ኣብ ትሕቲ እቲ ፍልልይ ዚኸፈል ክፍሊት ምሉእ ብምሉእ ክትከፍል ኢኻ።

ኩሉ እቲ ክትረኽቦ እትክእል ዕረፍቲ ምስ ተወድኦ ሓይማኖት ዕረፍቲ ክትረኽብ ትክእል ኢኻ። ሓይማኖት ዕረፍቲ ኺወሃበካ ዚሓትት ሕቶ እዩ። ሓኪምካ ኣብ ገዛእ ርእሰኻ ኣብ መጻምድትኻ ኣብ ወላዲኻ ወይ ኣብ ውሉድካ ነባሪ ወይ ንህይወቱ ኣብ ሓይጋ ዜእቱ ሕማም ወይ ጉድኣት ከም ዘጋጠሞ ኣብ ዜረጋግጽ መረጋገጺ ተመርኩሱ እዩ ዚወሃብ።

ካብቲ እተመደበ ዕንወት ዝመልኦ ናይ ዕረፍቲ ባንክ እተወፈረ ናይ ሕሙማት ዕረፍቲ ተጠቂምካ ምሉእ ደሞዝ ዝኸፈሎ ዕረፍቲ ኢዩ ። እቲ ዕረፍቲ ንሓይ ወርሒ ኺሕተት ድሕሪኡ ንሓይ ወርሒ ኺሕተት ይክእል እዩ ። ሓይማኖት ዕረፍቲ ምስ ናይ ፍልልይ ክፍሊት ኣብ ሓይ እዋን ኢዩ ዝካየድ።

ደሞዝ ክሳብ ዝረኽብካ እቲ ኣብ ኣውራጃ ኻባኻ እትረኽቦ ውጽኢት ኪቕጽል እዩ።

ፋኩልቲ ሓጋዚ ኮለጅ ኣመሓደርቲ ትምህርቲ -

ንኩሉ እቲ ክትረኽቦ እትክእል ናይ ሕሙማት ዕረፍቲ ከምኡውን ንሰዓታት ምልውዋጥ ክንጥቀመሉ ኢና። እቲ ክትረኽቦ እትክእል ዕረፍቲ ምስ ተወድኦ ነቲ ዝተረፈ ክፍል እቲ ዝተረፈ ክሳብ 100 መዓልቲ ብኡንብኡ ክንጥቀመሉ ኢና። ኣብ ትሕቲ ተወሳኺ ዕረፍቲ ሕሙማት ነቲ ኻብ ደሞዝካ ምእንቲ ክትክእካ ንሓይ ተተካኢ ዚኸፈል ደሞዝ ክንቈርጽ ኢና። መተካእታ እንተ ዘይረኺብና ንዝኹነ ይኹን ኣብ ትምህርቲ ዘይረኽብካዮ እዋን ካብ ደሞዝካ 1 ስጉምቲ ክንቈርጽ ኢና።

ተወሳኺ ዕረፍቲ ቕድሚ ምጅማ ኩሉ እቲ ክትረኽቦ እትክእል ዕረፍቲ ምስ ተወድኦ ሓይማኖት ዕረፍቲ ክትረኽብ ትክእል ኢኻ። ሓኪምካ ነባሪ ዝኹነን ንህይወትና ኣብ ሓይጋ ዜእቱን ሕማም ወይ ጉድኣት ኣብ ገዛእ ርእሰኻ ወይ ኣብ ስድራቤትካ ጉድኣት ከም ዝወረዶ ኣብ ዜረጋግጽ መረጋገጺ ተመርኩስካ ሓይማኖት ዕረፍቲ ክትረኽብ ትሓትት ኢኻ።

ካብቲ ኣብ ኮለጅ ዝርከብ ሓይማኖት ናይ ዕረፍቲ ባንክ እተወፈረ ናይ ሕሙማት ዕረፍቲ ተጠቂምካ ምሉእ ደሞዝ ዝኸፈሎ ዕረፍቲ ኢዩ ። እቲ ዕረፍቲ ኻብቲ ውዕል እተገብረሉ ዓመት ን23 መዓልቲ ኺሕተት ይከኣል እዩ ድሕሪኡ ንተወሳኺ 23 መዓልቲ ውዕል ኪጸድቕ ይክእል እዩ ። እቲ ዕንወት ዝመልኦ ዕረፍቲ ምስቲ ተወሳኺ ናይ ሕሙማት ዕረፍቲ ብሓባር ኢዩ ዝካየድ።

እቲ ኮለጅ ነቲ ባንክ እተኸድኖ ጸር ናብ ናይ ሕክምና ዕረፍቲ ናይ ምጥቃም ኣማራጺ ይህልዎ ይኸውን።

ደሞዝ ክሳብ ዝረኽብካ እቲ ኣብ ኣውራጃ ኻባኻ እትረኽቦ ውጽኢት ኪቕጽል እዩ።

መምረሒታት ሕክምናዊ ዕረፍቲ

ብዝተኸኣለ ቅልጣፈ፡

- ብዛዕባ እቲ ንንውሕ ዝበለ ግዜ ዕረፍቲ እትገብረሉ ዕለት ነቲ ክፍሊ ንገሮ። ኣድላዪ እንተ ኹይኑ ነቲ ዘይምህላውካ መተካእታ ንምርካብ ኪዓይ ይኸእሉ እዮም
- ነቲ ናይ ዕረፍቲ መስርሕ ንምጅማር ምስታ ሰብኣዊ ምንጪ ክኢላ ዝኹነት [ጊንዳ ፩፩](#) ተራኹብ ።
- ንንውሕ ዝበለ ግዜ ዕረፍቲ ኸም ዜድልዮካ ዚሕብር ሕክምናዊ መረጋገጺ ንሰብኣዊ ረድኤት ኣቕርብ፣ እዚ ኸኣ ነቲ ኹብ ስራሕ እትወጸሉ ዕለት ዜጠቓልል እዩ።

ዕረፍቲ ኣብ ዝህልወሉ እዋን -

- ብዛዕባ ሰብኣዊ ምንጪ ኸምኡውን ብዛዕባ እቲ ንዕረፍቲ ዚምልከት ዝኹነ ይኹን ምትዕርራዖትን ስፍሓትን ዚገልጽ ክፍሊኻ ኣመሓይሽ።
- እዋናዊ ዝኹነ ሕክምናዊ መርመራን ንሰብኣዊ ምንጪ ኣቕርብ ።

ናብ ስራሕ ክትምለስ ምስ ተዳለኻ -

- ካብ ሕክምና ናጻ ግበር (ቅድሚኡ ሕጂ ብዝረኸብካዮ ናይ ሕክምና ምርመራ እንተ ዘይተገይሩሉ) ናብ ሰብኣዊ ምንጪ ኣቕርብ ። እዚ ሓበሬታ እዚ ዝኹነ ይኹን ቀይድታትን መዓስ ከም ዚዓዩን ኬጠቓልል ኣለዎ ።
- ብዛዕባ እቲ ኸትምለስ ዝሓሰብካሉ ክፍሊ ንገሮ።

ብተደጋጋሚ ዚሕተት ሕቶታት

- ኣብ ውሽጢ ክልተ ሰሙን መጥባሕቲ ክገብር ኣሎኒ :: እንታይ ክገብር?
 - ✓ ምስክር ወረቐት ኣላዪ ክንክን ጥዕና (ገጽ 14 ርአ) ወይ ከኣ ካብ ኣላዪትካ ናብ [ሊንዳ ጀይ](#) እትበሃል ክኢላ ሰብኣዊ ረድኤት ኣቕርብ :: እዚ ሓበሬታ እዚ ነቲ ኹብ ስራሕ እትወጽእሉ ዕለት ዜጠቓልል ኪኸውን ኣለዎ :: እዚ ብኢ-መይል ወይ ብፋክስ ናብ 707-527-4311 ኪለኣኽ ይኽእል እዩ
- ንክንደይ ዚኣክል ግዜ እዩ ክዳዪ ዝኽእል ?
 - ✓ እቲ ኣላዪ ሕክምና ክሳዕ ዝፈቐደልካ ክትሰርሕ ትኽእል ኢኻ :: ሓኪምካ ኹብ ስራሕ ምስ ኣውጽኣካ ብሰንኪ እቲ ኣብ ኣውራጃ ዘሎ ሓላፍነት ኣብ ውብ ሳይት ወይ ኣብ ቤትካ ኣይትሰርሕን ትኸውን ::
- መዓስ እዩ ናብ ስራሕ ክምለስ ዝኽእል ?
 - ✓ ሓኪምካ ምስ ፈትሓካ ናብ ስራሕ ክትምለስ ትኽእል ኢኻ :: ኣብቲ ናይ መጀመርታ መርመራ ሕክምና እንተ ዘይተጠቓሊሉ ናብ ስራሕ ንኺምለስ ናጻ ኺወጽእ ኣለዎ ::
- ሓኪመይ ናብ ስራሕ ክምለስ ከም ዝኽእል ነገረኒ እንተኹን ግን ክገብር ዝኽእል ነገራት ድሩት እዩ :: ሕጂኽ ናብ ስራሕ ክምለስ እኽእል ድዩ ?
 - ✓ ምናልባት ኪኸውን ይኽእል እዩ :: ነቲ እተመሓየሽ ናይ ግዴታ ሓበሬታ ሓንሳእ ምስ ሃብካዮ ሰብኣዊ ምንጪ እቲ ክፍሊ ነቲ ቐይድታትካ ከማልኦ ከም ዝኽእል ከረጋግጽ ኢዩ :: ኬዕርፍ እንተ ዘይክኢሎም ምሉእ ብምሉእ ክሳዕ እትፍታሕ ዕረፍቲ ክትረክብ ኢኻ ::
- እተወሰነ ጸገማት ስለ ዝነበረኒ ዝነውሐ ግዜ ክወጽእ ኣሎኒ :: ዕረፍቲ ምእንቲ ኸናውሕ እንታይ ክገብር ኣሎኒ?
 - ✓ ንንውሕ ዝበለ ግዜ ዕረፍቲ ብዛዕባ ኣላዪ ክንክን ጥዕና ዚገልጽ እዋናዊ ወረቐት ምስክር ወይ ከኣ ካብ ኣላዪኽ ሕክምናዊ መረጋገጺ ሃብ ::
- ዕረፍቲ ኣብ ዝረኽብኩሉ እዋን ብኸመይ እዩ ክሸፈን ?
 - ✓ ፈለማ ነቲ ዝሓመምካዮ ዕረፍቲ ነድክሞ ኢና :: እተመደበልካ ክኢላ እንተ ኳንካ ዝኹን ይኹን ዕረፍቲ ክንረክብ ንኽእል ኢና፣ ንዕረፍቲ ድማ /ወይ CTO/PTO ክንጥቀመሉ ኢና ::
- እቲ ዝኣከብክዎ ግዜ ንዕረፍቲ ኣይሸፍኖን እዩ :: እሞ ደኣ ኸመይ ገይረ እዩ ክሸፈን ?
 - ✓ ሓንሳእ ናይ ምሕማም ዕረፍቲ (ንዕረፍቲ ድማ CTO/PTO ንእተመደቡ ክኢላታት) ምስ ደኸምካ ንተመሃሮ ክሳዕ 100 መዓልቲ ዝኸውን ተወሳኺ ናይ ሕማም ዕረፍቲ ክትረክብ ትኽእል ኢኻ (ኣብ ሓይ እዋን ምስ ናይ ሕሙማት ዕረፍቲ እትጎዱ) ወይ ከኣ ነቶም እተመደቡ ክኢላታት/ኣመሓደርቲ/ተቐጻጻርቲ ክሳዕ 5 ወርሒ ዝኸውን ክፍሊት ክትከፍል ትኽእል ኢኻ ::
- ዕረፍቲ ኣብ ዝረኽብኩሉ እዋን እንታይ ጥቕምታት እዩ ዜጋጥመኒ ?
 - ✓ ደሞዝ ዚኸፈሎ ዕረፍቲ ክትረክብ ከለኻ እቲ እትረኽቦ ጥቕሚ ኪቐጽል እዩ ::
- ናይ መንግስቲ መድሕን ስንክልና (ኤስ. ዲ.
 - ✓ ኤስ. ዲ. ኤን. ኤ. ካብ ካልእ ኣስራሒ ብቐዕ ክትከውን ትኽእል ኢኻ :: ኩነታትካ ንምፍላጥ በጃኽ ብቐጥታ ናብ ክፍሊ ምዕባለ ስራሕ ርአ ::

ብተደጋጋሚ ዚሕተት ሕቶታት

- ካብቲ እተኸትብክዎ ዕረፍቲ ንላዕሊ ንንውሕ ዝበለ ግዜ ንኸይወጽእ ዚግግተኒ ኸቢድ ጸገማት ኣሎኒ ። ኣማራጺታት ኣሎኒ ድዩ?
 - ✓ እተኸፋፈለ ኸኢላታት/ኣመሓደርቲ/ ተቋጻጻርትን ምስጢራዊ ሰራሕተኛታትን ክሳብ ክልተ ወርሒ ዚኣክል እተወፈየ ናይ ሕሙማት ዕረፍቲ ምእንቲ ኺረኽቡ ንገደብ እዋን ወይ ንህይወቶም ኣብ ሓደጋ ዜእቱ ጉድኣት ወይ ሕማም ኬጋጥሞም ይኸእል እዩ።
 - ተወሳኺ ዓሰርተ ሰለስተ መዓልቲ ተወሳኺ ናይ ብሕቲ ኣድላዪነት/ዕንወት ዝመልኦ ዕረፍቲ ንኸትወጽእ ክትሕተት ትኸእል ኢኻ።
 - ✓ ናይ ኮለጅን ትምህርትን ኣመሓደርቲ ን46 መዓልቲ ዝኣክል እተወፈየ ናይ ሕሙማት ዕረፍቲ ንኸወሃቦም ነባሪ ጉድኣት/ሕማም ንኸወሃቦም ብቐዓት ክኹኑ ይኸእሉ ኢዮም
 - ✓ እቲ ኣላዪ ሕክምና ካብ ሓደገኛ ቦታ ኸትወጽእ ብቐፅ እንተ ኳንካ የረጋግጽ ።
- መጻምድተይ ከቢድ ሓደጋ ማኪና ስለ ዘጋጠመ ሓገዝ የድልየኒ እዩ ። እንታይ ኣማራጺታት እዩ ዘሎኒ? ዕረፍቲኸ ብኸመይ እዩ ዚኸፈን?
 - ✓ ኤፍ. ኤም. ኤፍ. ኤፍ. ነቲ ዝኣከብካዮ ግዜ ደሞዝ ከም እትረክብ ንምግባር ክንጥቀመሉ ኢና። እተዓደገ ዕረፍቲ እንተ ዘይተረኺቡ ናይ ቀረባ ስድራቤት (AFA) ወይ ናይ መርዓ ብጻይ/ቤት ብጻት ወለዲ ወይ ውሉድ (SEIU) ሓደገኛ ዕረፍቲ ኸወሃቦም ይኸእል ኢዩ።
- በዓላት ወይ ስራሕ ዘይብሉይ መዓልታት ምስ ዕረፍቲ ዚወዳደር ድዩ?
 - ✓ ኣይፋልን. ካብ ናይ ስራሕ ዘይኮነ መዓልታት ኣብ ወቐቲ ዕረፍቲ ወይ በዓላት ካብቲ ዝሓመምካዮ ዕረፍቲ ኣይንክዮን ኢና። ኤፍ. ኤም. ኤፍ. ኤፍ.
- ዕረፍቲ ኣብ ዝረኽብኩሉ እዋን እውን እንተ ኹን ናይ ሕማም ዕረፍቲ እረክብ ድዩ?
 - ✓ እወ ደሞዝ ኣብ እትኸፈሎ እዋን ዕረፍቲ ሕሙማትካን ዕረፍቲኻን (ዚምልከቶ እንተ ኹይኑ) ኪቐጽል እዩ።
- ዕረፍቲ ኣብ ዝረኽብኩሉ እዋን ብዛዕባ ደሞዘይ ንመን ክዘረበም እኸእል?
 - ✓ እተሓብኡ ክኢላታት ኣባላት ጉጅለ ምምሕዳር ኮለጅ ውዕል - [ቴሪ ማክብሪድ](#) ክኢላ ክፍሊት
 - ✓ ሓጋዚ ኮለጅ :- [ሚሽል ሚሽልስኪ](#) ክኢላ ክፍሊት
 - ✓ ኩሎም ሰራሕተኛታት :- [ዲፓ ደሲ](#) ኣካያዲ ስራሕ ክፍሊት ወይ [ሊሳ ሆቸኪስ](#) ተንታኒት ክፍሊት
- ሕጂ እውን እንተ ኹን ተደናጊረ ኣለኹ መን እዩ እዋን ንኸልእ ሕቶታተይ ኪምልሶ ዚኸእል?
 - ✓ በጃኻ ምስ [ሊንዳ ጀይ](#) ክኢላ ሰብ ሞያ ሕክምና ተራኽብ

ናይ ነዊሕ እዋን/ሓዲር እዋን ስንክልና

ኮለጅ ሰንታ ሮዛ ጁንዮር ንመንግስቲ ስንክልና ኣይከፍልን እዩ (ኤዲዲ) ። ሰንላይፍ ፋይናንሻል ኣቢልና ናይ ነዊሕ ግዜ/ሓዲር ናይ ስንክልና መደባት ንገብር ኢና።

ዕረፍቲኻ 60 መዓልቲ ምስ በጽሖ ናብ LTD/STD ንምሕታት ሓበሬታ ክንልእኽ ኢና። ኣመልኪትካ እንተ ተፈቂዱልካ ንዕረፍቲኻ ንምድጋፍ ተወሳኺ ጥቕምታት ክትረክብ ትክእል ኢኻ ።

ነባሪ ስንክልና ኺርከብ ይከኣል እዩ

- ኩሎም ናይ ምሉእ ግዜ ሰራሕተኛታት (እንተ ወሓደ ኣብ ሰሙን 20 ሰዓት ኪሰርሑ እተመደቡ) እተመደቡ ክኢላታት
- ኣብ ሲስተም ጡረታ ኤስ. ቲ. ኣር.
- ኣባላት ጉጅለ ምምሕዳር ኣብ ስርዓት ጡረታ ፐርሰ ወይ ኣብ ትሕቲ ሓሙሽተ ዓመት ኣብ ስርዓት ጡረታ ኤስ. ኤስ. ኤስ.

ንሓዲር እዋን ዚጸንሑ ስንክልና ኺርከብ ይከኣል እዩ

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WHDNOComm@dol.gov ኢ-ሙይል ክትልእኽ ትክእል ኢኻ። ነቲ ሓበሬታ ብዘይ ክፍሊት በቲ እትመርጹ
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FAMILY CARE AND MEDICAL LEAVE

FACT SHEET



The Fair Employment and Housing Act (FEHA), enforced by the Department of Fair Employment and Housing (DFEH), contains family care and medical leave provisions for California employees.

These leave provisions are known as the California Family Rights Act (CFRA). All employers must provide information about CFRA to their employees and post this information in a conspicuous place where employees tend to gather. A poster that meets this requirement is available on DFEH's "Posters, Brochures and Fact Sheets" webpage (www.dfeh.ca.gov/posters/).

LEAVE REQUIREMENTS

- To be eligible for CFRA leave, an employee must have more than 12 months of service at an employer of five or more full- or part-time employees, and have worked at least 1,250 hours for that employer in the 12-month period before the leave begins.
- An eligible employee may take job-protected leave to bond with a new child¹ by birth, adoption, or foster care placement, within one year of the child's birth, adoption, or foster placement.
- An eligible employee may take job-protected leave to care for a child, spouse, domestic partner, parent², grandparent, grandchild, or sibling with a serious health condition. CFRA leave may also be taken for the employee's own serious health condition.
- An eligible employee may take job-protected leave

1 "Child" means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of an employee or the employee's domestic partner, or a person to whom the employee stands in loco parentis.

2 "Parent" includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

for a qualifying exigency related to the covered active duty or call to covered active duty of a spouse, domestic partner, child, or parent in the Armed Forces of the United States.

- Employees may take leave of up to 12 work weeks in a 12-month period, proportional to an employee's normal work schedule. The leave does not need to be taken in one continuous period of time.

EMPLOYEE'S OBLIGATIONS

- An employer may require an employee to provide 30 days' advance notice of the need for CFRA leave. When this is not possible due to the unexpected nature of the qualifying event, notice should be given as soon as practicable. Notice can be written or verbal and should include the timing and the anticipated duration of the leave, but an employer may not require disclosure of an underlying diagnosis. An employer must respond to a leave request as soon as possible and no later than 5 business days.
- The employer may require written certification from the health-care provider of the individual with a serious health condition stating the reasons for the leave and the probable duration of the condition. However, the health-care provider may not disclose the underlying diagnosis without the consent of the patient.

SALARY AND BENEFITS DURING CFRA LEAVE

- Employers are not required to pay employees during a CFRA leave, but some employers do. In addition, an employee will be paid for any accrued paid time off they elect or are required to use. An employer may require an employee who is taking leave to care for a seriously ill family member or to bond with a new child to use accrued vacation time or other accumulated paid leave other than sick time, unless the employee

FAMILY CARE AND MEDICAL LEAVE



FACT SHEET

is receiving Paid Family Leave (see below). If the CFRA leave is for the employee's own serious health condition, an employer may require use of accrued vacation and sick time, unless the employee is receiving State Disability Insurance.

- If the employer provides health benefits under a group plan, the employer must continue to make these benefits available during the leave. Similarly, the employee is entitled to continue accruing seniority and participate in other benefit plans.

RETURN RIGHTS

- After CFRA leave, employees are guaranteed a return to the same or comparable position and can request the guarantee in writing.
- If the same position is no longer available, the employer must offer a position that is comparable in terms of pay, benefits, shift, schedule, geographic location, and working conditions, including privileges, perquisites, and status, unless the employer can prove that no comparable position exists.
- An employee is not entitled to reinstatement if the employee would have been otherwise laid off or terminated for reasons unrelated to their leave.

PREGNANCY DISABILITY LEAVE

- In addition to CFRA leave, employers of five or more employees must provide job-protected leave or accommodations to employees disabled by pregnancy, childbirth, or a related medical condition. Pregnancy disability leave (PDL) is available while an employee is actually disabled, up to a total of four months. This includes time off needed for prenatal or postnatal care, severe morning sickness, doctor-ordered bed rest, childbirth, recovery from childbirth, loss or end of pregnancy, or any other related medical condition. For more information, visit: www.dfeh.ca.gov/family-medical-pregnancy-leave/.

- Employees are entitled to take PDL in addition to any leave entitlement under CFRA.

STATE DISABILITY INSURANCE (SDI) OR PAID FAMILY LEAVE (PFL)

- Employees who are eligible for SDI may receive partial wage replacement for a non-work-related illness, injury, or pregnancy.
- PFL provides benefits to individuals who need to take time off work to care for a family member, to bond with a new child (by birth, adoption, or foster care placement), or for military exigencies. PFL cannot be taken at the same time as SDI.
- SDI and PFL are administered by the Employment Development Department (EDD), not DFEH. For more information, contact EDD at 800.480.3287 or visit: www.edd.ca.gov/Disability/Paid_Family_Leave.htm or www.edd.ca.gov/Disability/About_DI.htm.

If you have been subjected to discrimination, harassment, or retaliation at work, or have been improperly denied leave or reinstatement under CFRA or PDL, file a complaint with DFEH.

TO FILE A COMPLAINT

Department of Fair Employment and Housing

dfeh.ca.gov

Toll Free: 800.884.1684

TTY: 800.700.2320

If you have a disability that requires a reasonable accommodation, DFEH can assist you with your complaint. Contact us through any method above or, for individuals who are deaf or hard of hearing or have speech disabilities, through the California Relay Service (711).

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



CERTIFICATION OF HEALTH CARE PROVIDER

for California Family Rights Act (CFRA) or Family and Medical Leave Act (FMLA)



IMPORTANT NOTE: The California Genetic Information Nondiscrimination Act of 2011 (CalGINA) prohibits employers and other covered entities from requesting, or requiring, genetic information of an individual or family member of the individual except as specifically allowed by law. *To comply with CalGINA, we are asking that you not provide any genetic information when responding to this request for medical information.* “Genetic Information,” as defined by CalGINA, includes information about the individual’s or the individual’s family member’s genetic tests, information regarding the manifestation of a disease or disorder in a family member of the individual, and includes information from genetic services or participation in clinical research that includes genetic services by an individual or any family member of the individual. “Genetic Information” does not include information about an individual’s sex or age.

1. Employee Name: _____

2. Patient’s Name (if other than employee): _____

Is patient the employee’s family member (i.e., child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, domestic partner, or designated person)?

Note: “child” includes a biological, adopted, foster child, a stepchild, a legal ward, a child of the employee’s domestic partner, and a person to whom the employee stands in loco parentis. “Parent” includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child. A biological or legal relationship is not necessary for a person to have stood in loco parentis to the employee as a child. “Designated person” means any individual related by blood or whose association with the employee is the equivalent of a family relationship.

Yes No

3. Date medical condition or need for treatment commenced [NOTE: THE HEALTH CARE PROVIDER IS NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT CONSENT OF THE PATIENT]:

4. Probable duration of medical condition or need for treatment: _____

5. Below is a description of what constitutes a “serious health condition” under both the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). Does the patient’s condition qualify as a serious health condition? Yes No

6. If the certification is for the serious health condition of the employee, please answer the following:

Is the employee able to perform work of any kind? (If “No,” skip next question) Yes No

Is employee unable to perform any one or more of the essential functions of employee’s position? (Answer after reviewing statement from employer of essential functions of employee’s position, or, if none provided, after discussing with employee.) Yes No

7. If the certification is for the care of the employee’s family member, please answer the following:

Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety, or transportation? Yes No

After review of the employee’s signed statement (see item 10 below), does the condition warrant the participation of the employee? (This participation may include psychological comfort and/or arranging for third-party care for the family member.) Yes No

8. Estimate the period of time care is needed or during which the employee's presence would be beneficial:

9. Please answer the following questions only if the employee is asking for intermittent leave or a reduced work schedule:

Intermittent Leave: Is it medically necessary for the employee to be off work on an intermittent basis due to the serious health condition of the employee or family member? Yes No

If yes, please indicate the estimated frequency of the employee's need for intermittent leave due to the serious health condition, and the duration of such leaves (e.g. 1 episode every 3 months lasting 1-2 days):

Frequency: ___ times per ___ week(s) ___ month(s) *Duration:* ___ hours or ___ day(s) per episode

Reduced Schedule Leave: Is it medically necessary for the employee to work less than the employee's normal work schedule due to the serious health condition of the employee or family member? Yes No

If yes, please indicate the part-time or reduced work schedule the employee needs:

Frequency: ___ hour(s) per day; ___ days per week, from _____ through _____.

Time Off for Medical Appointments or Treatment: Is it medically necessary for the employee to take time off work for doctor's visits or medical treatment, either by the health care practitioner or another provider of health services? Yes No

If yes, please indicate the estimated frequency of the employee's need for leave for doctor's visits or medical treatment, and the time required for each appointment, including any recovery period:

Frequency: ___ times per ___ week(s) ___ month(s) *Duration:* ___ hours or ___ day(s) per apt./treatment

ITEM 10 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE.
***TO BE PROVIDED TO THE HEALTH CARE PROVIDER UNDER SEPARATE COVER.

10. When family care leave is needed to care for a seriously-ill family member, the employee shall state the care the employee will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced work schedule:

Printed Name of Health Care Provider: _____	
SIGNATURE OF HEALTH CARE PROVIDER _____	DATE _____
SIGNATURE OF EMPLOYEE _____	DATE _____



SERIOUS HEALTH CONDITION

“Serious health condition” means an illness, injury (including, but not limited to, on-the-job injuries), impairment, or physical or mental condition of the employee or a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, domestic partner, or designated person of the employee that involves either inpatient care or continuing treatment, including, but not limited to, treatment for substance abuse. A serious health condition may involve one or more of the following:

HOSPITAL CARE

Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care. A person is considered an “inpatient” when a health care facility formally admits the person to the facility with the expectation that the person will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or transferred to another facility and does not actually remain overnight.

ABSENCE PLUS TREATMENT

(a) A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

1. Treatment two or more times by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
2. Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

PREGNANCY

[NOTE: An employee’s own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA]

Any period of incapacity due to pregnancy or for prenatal care.

CHRONIC CONDITIONS REQUIRING TREATMENT

A chronic condition, which:

1. Requires periodic visits for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
2. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
3. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

PERMANENT/LONG-TERM CONDITIONS REQUIRING SUPERVISION

A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

MULTIPLE TREATMENTS (NON-CHRONIC CONDITIONS)

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

Employer-paid Long-Term Disability insurance



Benefit Highlights

For all eligible employees of Sonoma County Junior College District, Policy #227016

All full-time (scheduled to work at least 20 hours per week) Classified, Faculty, or Management Team Members in the PERS Retirement System, or with less than 5 years of vested service in the STRS Retirement System.

Long-Term Disability insurance provides you with a monthly cash benefit to help pay for everyday expenses (such as mortgage/rent, utilities, childcare, or groceries) if a covered disability like a back injury or chronic illness takes you away from work for an extended time.

Coverage is provided by your employer—at no cost to you!

Benefits	
Monthly benefit (after your claim is approved)	Get a monthly check that replaces 66.67% of your Total Monthly Earnings, up to \$6,500.
When benefits begin	Benefits begin as soon as 60 days
Benefits may be paid for	Until you reach the Social Security Normal Retirement Age—as long as you are still unable to work due to a covered disability .

Income from other sources could reduce your benefit amount.

Additional plan features

- You're covered for injury or sickness 24 hours a day, seven days a week, on or off the job.

How Sun Life's Long-Term Disability insurance can help

Mark was in his late-40s when he started experiencing blurry vision, and was diagnosed with partial blindness as a complication of diabetes. He was no longer able to perform his duties as a technology professional.

Fortunately, Mark took advantage of the opportunity to sign up for long-term disability insurance through work. After his claim was approved, he started receiving monthly benefits after he satisfied the waiting period (elimination period) and began to work with Sun Life on a transitional return-to-work plan. His employer agreed to make the necessary workplace accommodations to get Mark back to work. As part of his transition plan, Mark worked part-time until he was able to work full-time. His long-term disability coverage helped Mark by:

- replacing a portion of his income while he was unable to work, and
- creating and implementing a return-to-work plan.

Having long-term disability insurance allowed Mark to focus on returning to work and not on his finances.

Long-term disability Q&A

What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim for long-term disability insurance benefits. You will have to wait a certain number of days (see "when benefits begin"), for your benefits to kick in after you are no longer able to work due to a covered disability.



How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the definition of disability.

What if I try to come back to work during a disability?

Your plan has many provisions that encourage and support your return to work. You may receive a portion of your regular long-term disability benefit while working and still be considered disabled.

What if I have a pre-existing condition?

For a period of time following the effective date of your insurance, we may not pay a benefit for a pre-existing condition for which you previously sought medical treatment, consultation, advice, care or services, regardless of whether the condition was diagnosed or suspected at that time; or took prescribed drugs or medicine. Read the exclusions and limitations for more information.

How do I file a claim?

To file your claim, we need to receive information from you about your doctor, your income and your critical condition. We'll ask for you to authorize the release and disclosure of information, like medical records, to help us evaluate your claim. Your doctor will also need to fill out a form that provides us with specific medical information about your condition and expected recovery. Forms can be downloaded from our website. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

Important Plan Provisions

Limitations and exclusions*

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- a Pre-Existing Condition, except:
 - if your Disability begins later than 12 months after your effective date or later than 12 months after the effective date of any increase in your amount of insurance;
 - for the initial amount of insurance or for any subsequent increases if you have been insured under the Policy for the immediately preceding 3 consecutive months prior to your Disability and during that period you have not:
 - sought medical treatment, consultation, advice, care, or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or
 - took prescribed drugs or medicines for the condition.



- your active Participation in a Riot, Rebellion, or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- your operation of any motorized vehicle while under the influence of any illegal substance or medication not prescribed by a Physician, or while Intoxicated.

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us; or
- for any Period of disability during which you are incarcerated.

* The above exclusions and limitations may vary by state law and regulations. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations, where applicable.

Safeguard your finances so you can focus on your health during a long-term disability.



This coverage does not constitute comprehensive health insurance (often referred to as “major medical coverage”) and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

The group insurance policies described in this advertisement provide disability income insurance only. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

If your disability coverage is paid with pre-tax dollars, the benefit payments will be fully or partially taxable under federal tax law based on the percentage of the premiums paid with pre-tax dollars. State tax laws for disability benefit payments vary and other tax considerations apply. Please consult your legal or tax advisor for more information. Sun Life does not provide tax advice.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 15-GP-01, 12-DI-C-01, 12-GPPort-P-01, 12-STDPort-C-01, 16-DI-C-01, TDBPOLICY-2006, and TDI-POLICY. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 13-GP-LH-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 12-GPPort-01, and 12-STDPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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GVL TDBH-EE-6439

SLPC 28406 07/17 (exp. 07/19)

Employer-paid Short-Term Disability insurance¹



Benefit Highlights

For all eligible employees of Sonoma County Junior College District, Policy #227016

All full-time (scheduled to work at least 20 hours per week) Classified, Faculty, or Management Team Members with 5 or more years of vested service in the STRS Retirement System

Short-term disability insurance provides you with a weekly cash benefit to help you pay your bills – mortgage, rent, utilities, childcare, groceries—and keep your life as routine as possible if you are unable to work due to a covered disability (e.g., back injuries, recovery from surgery, or even maternity leave).

Coverage is provided by your employer—at no cost to you!

Benefits	
Weekly benefit (after your claim is approved)	Get a weekly check that replaces 66.67% of your Total Weekly Earnings, up to \$1,650.
When benefits begin	Benefits begin as soon as 60 days from the date you are unable to work due to an injury and 60 days due to an illness.
Benefits may be paid for	Up to 52 weeks—as long as you are still unable to work due to a covered disability.

Income from other sources could reduce your benefit amount.

Additional plan features

- This plan provides a benefit for a disabling illness (including pregnancy) or injury that is not work-related.

How Sun Life’s Short-Term Disability insurance can help

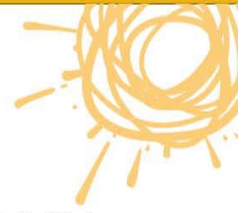
John was in his early-30s when he started experiencing a sharp pain in his knee—which left him unable to work for a month in order to have surgery and recover.

Fortunately, John took advantage of the opportunity to sign up for Short-Term Disability insurance through work. When he found out he would need surgery, he initiated a claim. Once his paperwork was completed and processed, his claim was approved. He started receiving a weekly benefit after he satisfied the elimination period defined by his policy. John used the benefit to help:

- replace a portion of his income while he was unable to work,
- pay for everyday expenses (e.g., rent or groceries), and
- cover other out-of-pocket medical costs (e.g., co-pays or prescriptions).

Having short-term disability insurance allowed John to focus on his recovery and not his finances.

Short-term disability¹ Q&A



What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim for short-term disability insurance benefits. You will have to wait a certain number of days (see “when benefits begin”) for your benefits to begin.

How do I qualify for benefits?

You’ll start receiving disability payments if you satisfy the Elimination Period (see “When benefits begin” in the table) and meet the definition of disability.

What if I try to come back to work during a disability?

Your plan has many provisions that encourage and support your return to work. You may receive a portion of your regular Short-Term Disability benefit while working and still be considered disabled.

How do I file a claim?

To file your claim, we need to receive information from you about your doctor, your income and your condition. We’ll ask for you to authorize the release and disclosure of information, like medical records, to help us evaluate your claim. Your doctor will also need to fill out a form that provides us with specific medical information about your condition and expected recovery. Forms can be downloaded from our website. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

Important plan provisions

Limitations and exclusions*

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- your active Participation in a Riot, Rebellion, or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- an Accident or Sickness for which you are entitled to benefits under any Workers’ Compensation, Occupational Disease, or similar law; or
- an Accident or Sickness sustained while you are doing any act or thing pertaining to any occupation or employment for wage or profit.

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us.

* The above exclusions and limitations may vary by state law and regulations. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations, where applicable.



Make sure your paycheck is protected during a short-term disability and absence from work.



1. In Vermont, the product name is Short-Term Income Replacement insurance when the Maximum Benefit Duration elected is less than 26 weeks. This coverage does not constitute comprehensive health insurance (often referred to as “major medical coverage”) and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

The group insurance policies described in this advertisement provide disability income insurance only. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

If your disability coverage is paid with pre-tax dollars, the benefit payments will be fully or partially taxable under federal tax law based on the percentage of the premiums paid with pre-tax dollars. State tax laws for disability benefit payments vary and other tax considerations apply. Please consult your legal or tax advisor for more information. Sun Life does not provide tax advice.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 15-GP-01, 12-DI-C-01, 12-GPPort-P-01, 12-STDPort-C-01, 16-DI-C-01, TDBPOLICY-2006, and TDI-POLICY. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 13-GP-LH-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 12-GPPort-01, and 12-STDPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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