Postdoc Maternity Disability Leave and Pay Information Documents (in order)

1. Maternity Process Summary
2. Maternity Leave Time Worksheet
3. Maternity scheme
4. Maternity scheme 2
5. Maternity leave fact sheet
6. Maternity leave STD FAQs
7. PSBP Maternity forms

POSTDOC MATERNITY LEAVE PROCESS SUMMARY

TO: Postdoc Scholars preparing for maternity leave
Please review the following pages prior to making a 'maternity counseling' appointment with the PSBP Coordinator in Campus Benefits:

✓ As a FIRST step, please use the maternity leave time worksheet to calculate the number of paid days-off that will be available to you when your maternity leave begins. Sick leave accrues from year to year while PTO (Personal Time Off) does not. Any PTO that is unused on the appointment anniversary is lost.

✓ SECOND, review the 2 maternity scheme spreadsheets. These pages reflect the basic parameters for Postdocs whose maternity leave can be as long as 16 weeks. That is an entitlement for time-off that begins 2 weeks before the baby's due date and continues for 14 weeks postpartum. During this 16 weeks of maternity leave the employer (UC) will continue to pay the monthly premium for PSBP health insurance with the Postdoc monthly contribution collected at the end of the leave.

✓ THIRD, determine how long you wish to be on leave before and after the date-of-birth. Then, determine how you wish to apply your accumulated Sick Leave and PTO balances to your anticipated absence in order to remain on UC salary at 100%.

✓ FOURTH and based upon your intent to use your accrued paid time-off, determine if you will file a claim for Short Term Disability (STD) salary replacement. Under the terms of the STD policy for Postdocs, a maternity disability begins 2 weeks before delivery and continues for 6-8 weeks after the baby's birth. (A Caesarian Section results in the 2 week increased length of the normal postpartum disability period of 6 weeks.) The first week of a disability – the waiting period – will be paid at 100% utilizing 5 days of the Postdoc Sick Leave accumulation. STD insurance payments (again, salary replacement at 70%) will begin on the 2nd week of the disability.

Two important STD features to keep in mind:

- The timing for STD payments is always determined by the baby's expected due date as reported by your physician. A Postdoc cannot receive STD payments at any other period during a maternity leave. In other words, you cannot apply for STD payments to cover any portion of the maternity leave except the 2 weeks pre-partum and the 6-8 post-partum.
- You do not need to use all of the STD time. Many Postdocs forfeit the pre-delivery 2 weeks and work until the delivery date – or they take just 1 week of sick leave before the due date. Many Postdocs are able to cover all or most of their maternity leave at 100% salary through the use of accumulated time-off. In these cases, the Postdoc uses STD payments (at 70%) for just the weeks not covered Sick Leave and/or PTO.

✓ Fifth, you should work with your Department to confirm and record your intended use of leave time(s) on the Staff Leave Request Form that is also attached hereto. Once approved, your Department will enter the proper codes in the UC Payroll system so that you receive pay at 100% based upon your use of Sick Leave and PTO and no UC pay during the weeks that you are receiving STD payments from the insurance company.

✓ Finally, in order to file for STD payments, you will need to complete portions of the attached STDisability Claim Form and return the signed pages to me. I will complete the Employers section for submission to the carrier. You need only to fill-in the bottom of **page 2** and sign it. Then sign the bottom of **page 5** and return those two documents to my attention in Campus Benefits. You can do that by e-mail or fax to 530-752-1993. **Page 3** is to be given to your OB's office. Usually they will send the completed form to the insurance company directly. But, if they return the form to you, you can fax it to the Standard Company or to me and I'll include it with your 2 pages.

For Campus Benefits purposes there is no need to submit the FMLA application. All Postdocs are entitled to Short Term Disability insurance whether they are eligible for FMLA or not. However, if your Department asks you to complete the FMLA paperwork, please do so.

PSBP Coordinator/UC Davis Campus Benefits
530-754-4922

Postdoc name ______________________________

PD ANNIVERSARY DATE			SICK LEAVE	PERSONAL TIME OFF
YR 1	________	banked	12	24
		-used		-24
		balance		0
YR 2	________	banked	12	24
		-used		-24
		balance		0
YR 3	________	banked	12	24
		-used		-24
		balance		0
YR 4	________	banked	12	24
		-used		
		balance		24
YR 5	________	banked	12	24
		-used		
		balance		

Available paid days: [ ]

PREGNANCY / MATERNITY LEAVE FOR UC POSTDOC SCHOLARS

last day at work (start of week 1)

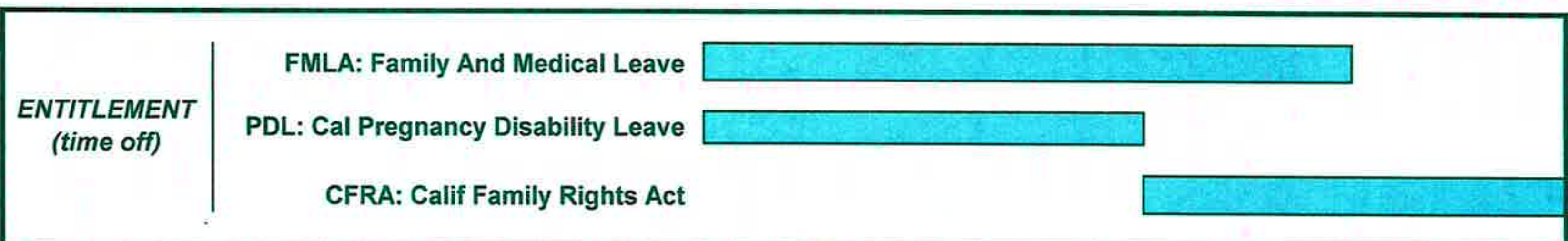
baby's expected date of birth (start of week 3)

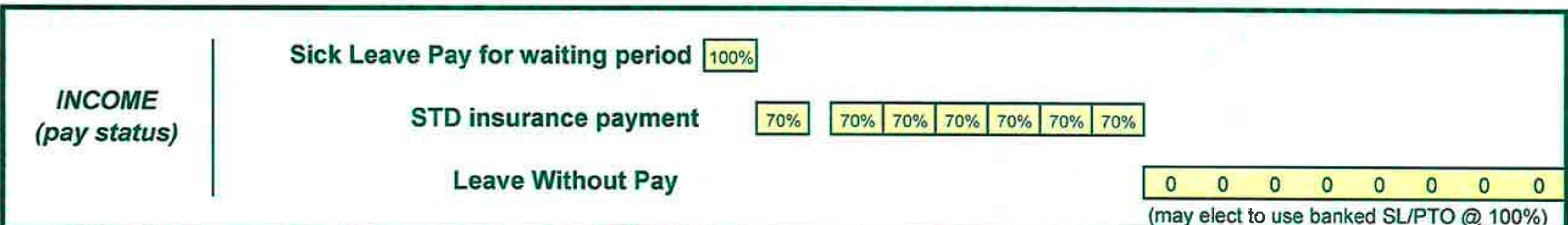
disability normally ends & STD payments end (start of week 9)

leave week #	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**
time-off entitlement	***pregnancy disability period-usually 8 weeks****								***continued maternity leave entitlement***							
	2 wks before birth		*6 weeks after birth (with possible +2 wks for C-Section delivery)*						*The UAW contract guarantees an entitlement of 4 months of Pregnancy Disability leave for pregnancy/childbearing disability purposes*							
pay status	Sick Leave	Short Term Disability Insurance Payments*							Leave Without Pay = No Salary							
pay week #	100%	70%	70%	70%	70%	70%	70%	70%	0	0	0	0	0	0	0	0
									May elect to use banked Sick Leave or PTO to remain on pay @ 100%							

* see attached FAQ for variations to the normal disability period

POSTDOC MATERNITY LEAVE: Sample Entitlement & Income Chart





POSTDOCTORAL SCHOLAR BENEFITS PROGRAM (PSBP)
MATERNITY LEAVE FACT SHEET

The following policy applies to all Postdocs in title codes 3252 Postdoctoral Scholar-Employee; 3253 Postdoctoral Scholar-Fellow; and 3254 Postdoctoral Scholar-Paid Direct

All Postodcs in these titles are automatically enrolled in the UC paid Short-term Disability plan under the PSBP insurance plans. Currently the STD coverage is provided by *The Standard Insurance Company of America* and is administered through the Garnett-Powers Insurance brokers.

Short-term disability (STD) insurance coverage may be used for maternity leave with the following provisions:

- ✓ There is a waiting period of seven calendar days (=5 working days) before STD payments begin. Postdocs must use 5 days of accrued sick leave to continue salary during this mandatory waiting period (*i.e.* benefits begin on the 8th day after the last day of work).
- ✓ Thereafter the STD plan pays 70% of the first $1,429 of weekly earnings during the STD period; the maximum weekly benefit is $1,000.
- ✓ The customary and usual period for pregnancy disability includes the 2 weeks before delivery and 6 weeks after delivery. The post-partum period of 6 weeks can only be extended by virtue of medical necessity as documented by the treating physician. There is no automatic extension of benefit as a result of Cesarean birth; each C-section case will be reviewed and determined individually for a possible 2 week extension of benefits.
- ✓ If the Postdoc elects to remain on leave longer than is deemed medically necessary by her physician (normally 6 weeks after delivery), such leave will be without pay unless the Postdoc has additional accrued Sick Leave or Personal Time Off and elects to use those balances.

Continuation of PSBP health insurance while on maternity leave:

Your enrollment in the Postdoc Scholar Benefit Program (PSBP) health insurance plans continues uninterrupted during maternity leave. While you are on leave, the University will continue to pay the full monthly premium to the carrier for a maximum of 4 months. The Postdoc's monthly contribution towards the PSBP medical plan, will accumulate and be deducted from future earnings once the Postdoc has returned to active pay status.

Enrolling your newborn in the PSBP health insurance plans:

You must enroll your baby in the PSBP insurance plans within 30 days of their birth! The addition of the infant to your PSBP coverage is never automatic. Technically the baby is covered under the parent's enrollment for the first 30 days BUT, by the end of that period, if the baby has not been added as your dependent, the baby's health insurance coverage will stop. Therefore, as soon as possible after delivery, please send the PSBP Coordinator the following information about your baby: COMPLETE NAME (LAST, FIRST, MIDDLE), DATE-OF-BIRTH, GENDER.

The PSBP Coordinator will enter your child in the Postdoc insurance plans and forward an enrollment request to Garnett-Powers. Within 2-3 days, Garnett-Powers will reply directly to the Postdoc parents (*via* e-mail) with the baby's enrollment confirmation and information on selecting a Pediatrician and accessing care through your PSBP plans.

Further information regarding the topics of leave time and disability insurance can be found at the following websites:

- ➢ Short Term Disability: Garnett-Powers website at http://www.garnett-powers.com/postdoc/std.pdf
- ➢ Childbearing,Parental, Family & Medical Leaves: UC Academic Personnel Manual Sections 390.62, 715 and 760 at http://www.ucop.edu/acadadv/acadpers/apm-390
- ➢ All Postdoc Scholar Academic Personnel Policies: UC Academic Personnel Manual Section 390 at http://www.ucop.edu/acadadv/acadpers/apm-390
- ➢ UC-UAW Postdoc Contract beginning on page 32 at: http://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/contract.html

Postdoc Maternity Disability Leave and Pay – Frequently Asked Questions

I've read that pregnancy disability is only 6 weeks, but on the spreadsheet you sent me there are 8 weeks covered – why?

The confusion arises because there is a disability leave entitlement of 2 weeks before delivery and 6 weeks after delivery. However, the Postdoc who elects to remain at work up to the date of delivery forfeits the 2 week leave entitlement before the due date. Their STD clock will only start on the actual date of delivery and cover the 6 week post-partum entitlement. Additionally, that Postdoc must still satisfy the 5 working-day waiting period before STD payments begin. For example: a Postdoc works all day Thursday November 29th and delivers on Friday November 30th. Her STD claim form is filed citing these dates as well as the mandatory 5 day Sick Leave usage which covers Friday the 30th, and Monday December 3nd through Thursday December 6th inclusive. STD payments would begin on Friday December 7th and continue for 5 additional weeks ending on Friday January 11th *.

Total paid time for this Postdoc would be 6 weeks: 1 week @ 100% SL + 5 weeks STD @ 70%.

> *The 6 week post-partum entitlement can only be extended by medical necessity as documented by the treating physician. Postdocs who deliver by Cesarean Section can request an additional 2 weeks post-partum payment, but that will be reviewed by the STD carrier and decided on a case-by case basis.

Is it really 8 weeks paid time-off for Postdocs (= 1 week at 100% with Sick Leave [SL] hours and then 7 weeks at 70% via Short Term Disability [STD]?

Yes, this can be a correct statement although it will vary on a case-by-case basis: The pregnant Postdoc is eligible to leave work 2 weeks before the expected due date. On that date she would file the STD Claim form. The 2 week period before delivery would be paid by SL at 100% for 5 working days and STD insurance at 70% for 5 working days. On the day the baby is delivered, the 6 week post-partum clock begins with that 6 week period paid by the STD at 70%. The post-partum clock can only be extended as noted in the paragraph above*.

Total paid time for this Postdoc would be 8 weeks: 1 week SL @ 100% + 7 weeks STD @ 70%.

What happens if the Postdoc goes out 2 weeks before the due date but delivers early – say 1 week after going on maternity leave?

The STD post-partum clock begins a week early in this case, on the date of birth, and continues for 6 weeks or more depending on medical necessity as discussed in the paragraph above*. This Postdoc would receive 100% Sick Leave pay for the week before delivery and then 70% STD pay for the 6 weeks after delivery.

Total paid time for this Postdoc would be 7 weeks: 1 week SL @ 100% + 6 weeks STD @ 70%.

What happens if the Postdoc goes out 2 weeks before the due date but delivers late – say 1 week past the original due date?

They remain on maternity leave and that time is paid by the STD insurance at 70%. The delay does not impact the post-partum clock which begins on the actual date of delivery and continues for 6 weeks – or more depending on medical necessity as discussed above*.

Total paid time for this Postdoc would be 9 weeks: 1 week SL @ 100% + 2 weeks pre-partum STD @ 70% + 6 weeks post-partum STD @ 70%.

SAMPLE

Campus Benefits will FAX the completed, signed form to the Standard Company. The FAX will include this page (#2) plus signed page 5 and the Physician's page 3 if necessary.

Standard Insurance Company
PO Box 2800 Portland OR 97208-2800 800.368.2859 Tel 800.378.6053 Fax

Postdoctoral Scholar Benefits Plan
Disability Insurance – Employer/Employee Statement

TO BE COMPLETED BY EMPLOYER = **PSBP Coordinator in Campus Benefits**

Employee's Full Name:	Social Security No	Job Title: *(Please attach a copy of the job description.)*	1. Date Employed:

2. Is employee insured for Short Term Disability? ☐ Yes ☐ No
   Effective date: ______
   Is employee insured for Long Term Disability? ☐ Yes ☐ No
   Effective date: ______
   Is employee insured for Group Life Insurance through The Standard? ☐ Yes ☐ No

3. Is disability work related? ☐ Yes ☐ No ☐ Undetermined

4. Has the employee filed for: Workers' Compensation ☐ Yes ☐ No
   State Disability: ☐ Yes ☐ No
   Other: ______ ☐ Yes ☐ No
   Weekly Amount: ______

5. Employee's earnings: $ ______
   (Check one) ☐ hourly ☐ weekly ☐ monthly ☐ annual ☐ commission ☐ other
   Date of last increase: ______ Earnings prior to increase: $ ______

6. Last active day at work:

7. Job status when disability began: ☐ Full-time (____ hours/week) ☐ Part-time (____ hours/week)

8. Date employee returned to work:

9. Last day through which sick leave benefits were paid by employer:

10. Last day through which any compensation was paid by employer:

11. Is employee subject to: Social Security taxes? ☐ Yes ☐ No
    Medicare taxes? ☐ Yes ☐ No

12. What percentage of the STD premium does the **employer** pay? ______%
    What percentage of the LTD premium does the **employer** pay? ______%
    Has either percentage changed within the last three years? ☐Yes ☐No

13. Are employee premiums paid with pre-tax dollars (IRC Section 125 cafeteria plans)? ☐ Yes ☐ No

Employer: Postdoctoral Scholar Benefits Plan	Location Code:	Phone No.: ( )	Policy No.: 643383
Mailing Address:	City:	State:	Zip Code:

Acknowledgement
I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 4 of this form.

Signature: Date:

TO BE COMPLETED BY EMPLOYEE = **Postdoc completes, signs, & returns to Campus Benefits**

Full Name:	Social Security No.:	Phone No.: ( )	
Birthdate:	Sex: ☐ M ☐ F	No. of Dependent Children:	Birthdate of Youngest:
Address:	City:	State:	Zip Code:

1. Is your disability work related? ☐ Yes ☐ No
2. Have you filed a Workers' Compensation claim? ☐ Yes ☐ No
3. Do you intend to file? ☐ Yes ☐ No
4. Last active day at work:
5. Date you became unable to work at your occupation because of disability:
6. Date you returned or expect to return to work:
7. ☐ Accident. When and where did it happen?
   ☐ Illness. When did you first notice and what is the nature of your disability?
8. How does your disability prevent you from working?
9. Have you had a previous disability claim with The Standard? ☐ Yes ☐ No
10. Pregnancy: Expected delivery date: ______
    Actual delivery date: ______
    Type of delivery: ☐ Vaginal ☐ C-section

Acknowledgement
I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 4 of this form.

Signature: Date:

SAMPLE

Your Doctor's Office will complete & sign. They may FAX directly to the Standard Company, or they may return to you. If they give it to you, please include it with pages 2 & 5 to my office to be FAXed.

Standard Insurance Company
PO Box 2800 Portland OR 97208-2800 800.368.2859 Tel 800.378.6053 Fax

Postdoctoral Scholar Benefits Plan
Disability Insurance – Attending Physician's Statement

TO BE COMPLETED BY EMPLOYEE

Full Name: **PRINT YOUR NAME**	Employer: Postdoctoral Scholar Benefits Plan	Group Policy No.: 643383

The following information is needed to document the patient's inability to work. The patient is responsible for completing this form without expense to The Standard. Please complete this form and mail it to The Standard at the address listed above.

TO BE COMPLETED BY THE ATTENDING PHYSICIAN

1. Diagnosis

A. Diagnosis: ICDA Classification:

B. Symptoms: C. Objective Findings: Height: Weight: B/P:

2. Pregnancy *(if applicable)*

A. Expected date of delivery: B. Actual date of delivery: C. Type of delivery: ☐ Vaginal ☐ C-section

D. Significant complications, if any:

3. History

A. Date you recommended the patient stop work: B. When did symptoms appear or accident happen?

C. Has the patient ever had the same or similar condition? ☐ Yes ☐ No If yes, when?

D. Is this condition related to the patient's employment? ☐ Yes ☐ No E. Did you complete a workers' compensation claim form? ☐ Yes ☐ No

4. Treatment

A. Date of first visit: B. Date(s) of subsequent visits: C. Date of most recent visit:

D. Planned course and duration of treatment *(include surgery and medications, if any)*:

5. Level of Functional Impairment

A. Describe the patient's mental and cognitive limitations, if any.

B. In a work day given two breaks and a meal break, your patient can:

Lift *(in pounds)* ☐ 1-10 ☐ 11-20 ☐ 21-50 ☐ 51-75 ☐ 76+
Carry *(in pounds)* ☐ 1-10 ☐ 11-20 ☐ 21-50 ☐ 51-75 ☐ 76+

	Total Hours									With positional change
Sit	8	7	6	5	4	3	2	1	*(hrs)*	
Stand	8	7	6	5	4	3	2	1	*(hrs)*	
Walk	8	7	6	5	4	3	2	1	*(hrs)*	
Alternately sit/stand	8	7	6	5	4	3	2	1	*(hrs)*	

Bend/stoop: ☐ Never ☐ Occasionally ☐ Frequently

C. Is this patient competent to endorse checks and direct the use of proceeds? ☐ Yes ☐ No

6. Hospitalization *(if applicable)*

A. Date admitted: B. Date discharged: C. Reason:

D. Name of hospital:

7. Prognosis

A. Since onset of symptoms, the patient's condition has: ☐ Improved ☐ Not changed ☐ Retrogressed

B. When do you anticipate the patient can return to work? ☐ Date: ☐ Unable to determine, follow up in: weeks ☐ Never

8. Physician Information *(Please type or print.)*

Name of physician completing this form: Phone No.: ( )

Specialty: Tax ID. No.: Fax No.: ( )

Address: City: State: Zip Code:

Acknowledgement

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 4 of this form.

Doctor's
Signature: Date:

SAMPLE

Postdoc completes bottom portion, signs, and returns with page 2 to Campus Benefits

Postdoctoral Scholar Benefits Plan
Disability Insurance
Authorization to Obtain Information

Standard Insurance Company
PO Box 2800 Portland OR 97208-2800 800.368.2859 Tel 800.378.6053 Fax

I AUTHORIZE THESE PERSONS having any records or knowledge of me or my health:

- Any physician, medical practitioner or health care provider.
- Any hospital, clinic, pharmacy or other medical or medically related facility or association.
- Any insurance or annuity company.
- Any employer or plan sponsor.
- Any organization or entity administering a benefit program or an annuity program.
- Any educational, vocational or rehabilitational organization or program.
- Any consumer reporting agency, financial institution, accountant, or tax preparer.
- Any government agency *(for example, Social Security Administration, Public Retirement System, Railroad Retirement Board, etc.)*

TO GIVE THIS INFORMATION:

- Charts, notes, x-rays, operative reports, lab and medication records and all other medical information about me, including medical history, diagnosis, testing and test results. Prognosis and treatment of any physical or mental condition, including:
  - Any disorder of the immune system, including HIV, Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes.
  - Any communicable disease or disorder.
  - Any psychiatric or psychological condition, including test results, but excluding psychotherapy notes. Psychotherapy notes do not include a summary of diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.
  - Any condition, treatment, or therapy related to substance abuse, including alcohol and drugs.

and:

- Any non-medical information requested about me, including such things as education, employment history, earnings or finances, or eligibility for other benefits including retirement benefits and retirement plan contributions *(for example, Social Security Administration, Public Retirement System, Railroad Retirement Board, claims status, benefit amounts and effective dates, etc.)*.

TO STANDARD INSURANCE COMPANY.

- I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct the persons and organizations identified above to release and disclose my entire medical record without restriction. I understand that The Standard will use the information to determine my eligibility or entitlement for insurance benefits.
- I understand and agree that this authorization shall remain in force throughout the duration of my claim for benefits with The Standard. I understand that I have the right to refuse to sign this authorization and a right to revoke this authorization at any time by sending a written statement to The Standard, except to the extent it has been relied upon to disclose requested records. A revocation of the authorization, or the failure to sign the authorization, may impair The Standard's ability to evaluate or process my claim and may be a basis for denying my claim for benefits.
- I understand that in the course of conducting its business, The Standard may disclose to other parties information it has about me. The Standard may release this information about me to a reinsurer, a plan administrator, or any person performing business or legal services for The Standard in connection with my claim.
- I understand that The Standard complies with state and federal laws and regulations enacted to protect my privacy. I also understand that the information disclosed to The Standard pursuant to this authorization may be subject to redisclosure with my authorization or as otherwise permitted or required by law. (Disability coverage is not subject to the Privacy Rules of the Health Insurance Portability and Accountability Act (HIPAA) and therefore the release of information to The Standard is not protected under the Act.)
- I acknowledge that I have read the authorization and the state variations *(if applicable)* on the following page. A photocopy or facsimile of this authorization is as valid as the original and will be provided to me upon request.

______________________________ ______________
Name *(please print)* Social Security No.

______________________________ ______________
Signature of Claimant/Guardian/Representative Date

This Authorization is a two-page document. Please see page 6 for additional terms and information. Both pages are part of the Authorization.

SAMPLE

Postdoc will complete with Supervisor and submit signed copy to the Department Administrator

UNIVERSITY OF CALIFORNIA, DAVIS

Staff Leave Request

Employee: Please complete the top section

Employee: ______________ Employee ID: ______________ Campus Phone: ______________

Home Mailing Address & Phone: ______________

Department: ______________ Title: ______________

Please check reason for leave of absence:

Own serious health condition (not work related) ☐
Care for newborn/placed child ☐
Pregnancy disability ☐
Care for parent/spouse/child w/serious health condition ☐
Work-incurred injury ☐
Other ☐

Requested Start Date: ______________ Anticipated Return to Work Date: ______________

Intermittent or reduced work schedule (describe): ______________

A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave, compensatory time off). Paid leave may be used in accordance with applicable policy/contracts.

I wish to use leave as estimated below:

Type	Hours	From	Through
~~Vacation~~ PTO			
Sick Leave			
Comp Time Off			
Leave w/o Pay			

Postdoc
Employee signature & date: ______________

Designation of Leave

Department: Please complete the bottom section

Initial application? Revision? (describe) ______________

☐ Your leave is provisionally approved – pending medical verification.

☐ Your leave is approved.

☐ Your leave is denied for the following reason(s): ______________

From	Through	
		qualifies as Family & Medical Leave
		qualifies as Pregnancy Disability Leave

If both FML and PDL apply, the begin dates will be the same.

Confirmation of status during leave:

Type	Hours	From	Through
~~Vacation~~ PTO			
Sick Leave			
Comp Time Off			
Leave w/o Pay			
Supplemental FML			
Personal Leave			

Supervisor signature & date: ______________

Supervisor name (please print): ______________ Phone: ______________

Copy to: Employee, Department, Benefits
Retention: 3 Years