



PUBLICIS BENEFITS CONNECTION

LEAVE OF ABSENCE MANUAL

PUBLICIS BENEFITS CONNECTION – BENEFITS SERVICE CENTER

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Important Things You Should Know

1. The Human Resources (“HR”) Department of the Groupe agency with which you are employed is always available to walk you through all of the information you’ll need for any type of leave, and to answer any and all questions you may have about the process. We encourage you to speak with any Human Resources team member about the leave policies at the Groupe agency with which you are employed (“the Company”).
2. In addition to HR, others involved parties may include:
 - a. Publicis Benefits Connection (“Benefits”) – Benefits Service Center: for benefits administration and information;
 - b. The Hartford Group (“The Hartford”) – The Company’s third-party disability & leave benefits administrator;
 - c. The state agency in the particular state that administers State Disability Insurance and any additional state benefits.
3. HR will be your first point of contact on any **request for leave**, including Short-Term and Long-Term disability (“STD” and “LTD”). HR will guide you through the process and, if needed, connect you with The Hartford, Benefits, and/or the applicable state agency. You will not need to provide your HR contact with any medical information.
4. You must submit a Request for Leave of Absence Form (located in the “Guides/Forms” library on the Publicis Benefits Connection website) for all leave requests. HR, The Hartford, Benefits, and/or the applicable state agency will notify you what documents and information are required from you, and when they are required, with regard to all leaves. You are required to effectively communicate and provide information and documentation requested within the time periods requested, unless otherwise dictated by the State and/or Federal laws. Your failure to do so may result in denial of your leave request.
5. You will be notified if and when your leave request has been approved. At that time, HR and/or Benefits will contact you to determine your next steps.
6. If your leave extends beyond 30 days, you will be notified if you must contact HR a minimum of every 30 days regarding the status of your leave. This will provide us with the ongoing information we need to ensure adequate coverage of your position, and/or preparation for your return.
7. If you need to extend your leave beyond the original approved through date, you are required to complete a new Request for Leave of Absence Form, indicating the requested extended return to work date and submit it to HR. You also need to inform The Hartford of your extended leave request, if it pertains to FMLA, Disability or/& any applicable state leave. You will be notified of next steps which may include providing further information from your health care provider to The Hartford.
8. Your Pay While on Leave
 - a. If you are eligible for Salary Continuation benefits under the Short Term Disability Plan, you will be paid your accrued and available sick time during the five (5) day waiting period. If you do not have any or enough accrued sick time to cover this period, the waiting period will be unpaid.

If and when your Salary Continuation benefits under the Short Term Disability Plan are approved, you will remain on the Company’s Payroll and receive your pay as you usually do until your approved through date - not to exceed your Salary Continuation entitlement period end date. In order to be eligible for Salary Continuation benefits you must seek State Disability benefits, if applicable.

Any State Disability Insurance

("SDI") payments that you receive during your approved disability leave period may come from the State Agency which handles disability payments for the state in which you are located. In some cases, you may receive payment of your state benefit from The Hartford, on behalf of the State – i.e. New York or New Jersey.

If you are eligible to and receive state disability payments while receiving Salary Continuation benefits/pay from the Company, you must submit a copy of your state disability payment statement to the Benefits Department upon receipt. The Company will deduct your SDI entitlement or other state benefit from your pay via Payroll, because at no point can you receive more than 100% of your salary.

- b. If you continue to be unable to return to work after your Salary Continuation benefits are exhausted, you will continue to receive all state- approved benefit payments accordingly until the state determines you are no longer qualified.

Steps to Follow for All Leaves

(For specific information, including additional steps, unique to the type of leave, review the specific policy in this Manual. Contact HR with any questions.)

1. Submit a Request for Leave of Absence Form to HR. This is required for all leave of absence requests. The form can be located on the Publicis Benefits Connection website in the Guides/Forms library.
2. If you are seeking leave for a medical reason, you must provide documentation from a health care provider as requested by The Hartford, Benefits, applicable State, and/or HR including the date you need to start your leave and the date you are anticipated to return to work. You will be notified what documentation is required and when it is due. You are required to effectively communicate and provide information and documentation requested within the time periods requested, unless otherwise required by applicable law. Your failure to do so may result in denial of your leave request.
3. If your need for leave is foreseeable, you must notify HR & The Hartford at least 30 days prior to requested leave date. Or, if your leave is not foreseeable, contact HR as soon as possible once you learn of the need for such leave.
4. Schedule a meeting with a HR representative.
5. While out on leave, you will be notified if you need to check in with your HR representative, and, if so, how often.

Publicis Benefits Connection – Salary Continuation/Short Term Disability Benefits

In the event that you need to take time away from the office due to your own medical condition, the Company offers benefits, including salary continuation, pursuant to the terms of the Company's Short Term Disability ("STD") Plan. The following is a summary of key terms of the Short Term Disability Plan.

The Publicis Benefits Connection Short-term Disability benefit *may* cover an expecting mother to go out on STD two (2) weeks prior to delivery. All claims are handled case by case and are contingent upon valid documentation being provided to warrant approval from The Hartford. Short-term disability claims approved prior to delivery will apply towards the employee's eligible STD Salary Continuation.

Who Is Eligible?

Regular full- or part-time employees working a regular schedule of at least 21 hours per week, become eligible on the first of the month following their start date, or immediately if their hire date is the first of the month (for example, if hired on March 1, eligibility begins March 1; if hired March 2-31, eligibility begins April 1).

A statement from your health care provider must be submitted to The Hartford, in the form it requires, certifying you have a medical condition that qualifies you for benefits under the terms of the STD Plan. Your health care provider may submit it directly to The Hartford, however, you are responsible for ensuring it is submitted to The Hartford. The Hartford will determine your eligibility based on information received from you and your health care provider. You are responsible for ensuring The Hartford receives timely communication from you and your health care provider.

Number of Weeks of Salary Continuance Under STD

Salary Continuation benefits will pay the difference between the amount of disability benefits you receive from the state in which you work, if applicable, and your regular weekly base salary, up to 100% of your regular weekly base salary. You will receive Salary Continuation from the Company for the number of weeks you are on approved leave or up to the maximum number of weeks below based on your length of service with the Company (whichever comes first). Please note that the first five (5) business days of a leave of absence are considered sick days (if you have accrued sick time to apply; otherwise it's unpaid).

<u>Years of Service</u>	<u>Number of Weeks of SalaryContinuation</u>
< 1	up to 4 weeks
1-2	up to 8 weeks
2-3	up to 12 weeks
3-4	up to 16 weeks
4-5	up to 20 weeks
5+	up to 26 weeks

Other Benefits

Your Medical, Dental, Vision and other applicable benefits [including 401(k) benefits if you remain on a paid status] continue while you are out on an approved medical leave. During the time that you are receiving Salary Continuation, your benefits premiums will continue to be deducted from your paychecks as they normally were prior to your leave. If you remain out of work on an approved disability leave of absence after your Salary Continuation ceases, you must make arrangements with the Benefits Service Center to pay your monthly benefits premiums each month in order to remain on the Publicis Benefits Connection-Company benefits plan. The Company's obligation to maintain health care coverage ceases if your premium payment is more than 30 days late. If your payment is more than 15 days late, you will receive a letter notifying you that coverage will be dropped on a specified date unless the premium is received before that date. You do not continue to accrue vacation or sick leave while on a STD leave of absence, unless your agency policy provides otherwise (contact your HR representative to confirm agency policy).

A leave of absence in connection with STD shall run concurrently with FMLA leave, which is explained below.

Key Points:

1. The number of weeks that you are able to take off and/or receive Salary Continuation is based on your length of service, your health care provider's medical certification and approval by our third-party disability administrator, The Hartford Group, and applicable state and federal laws.
2. During the time that you are approved for Salary Continuation, you will receive 100% of your salary less any state benefits paid to you, up to the maximum amount set forth in the above chart referencing years of service and number of weeks of salary continuation.
3. A leave of absence in connection with STD shall run concurrently with FMLA leave.

Long Term Disability (“LTD”) Benefits

You may be eligible for Long Term Disability benefits under the terms of the Company’s LTD Plan if you have been unable to work due to your own serious medical condition for more than 26 weeks. The following is a summary of key terms of the LTD Plan.

Who Is Eligible?

Regular full- or part-time employees working a regular schedule of at least 21 hours per week, become eligible on the first of the month following their start date, or immediately if their hire date is the first of the month (for example, if hired on March 1, eligibility begins March 1; if hired March 2-31, eligibility begins April 1). In addition, they must be an employee who has been out for 26 weeks on an approved disability leave of absence pursuant to the Plan; and who remains disabled as defined by the Plan. Your health care provider must submit a statement to The Hartford, in the form it requires, certifying you have a medical condition that qualifies you for benefits under the terms of the LTD Plan. The Hartford will determine your eligibility based on information received from you and your health care provider. You are responsible for ensuring The Hartford receives timely communication from you and your health care provider.

Number of Weeks of Benefits

The length of time you may be eligible to receive LTD benefits varies and is determined by the Company’s LTD insurance carrier, The Hartford, and based on information received from your health care provider and the terms of the LTD Plan.

Salary Continuation Under LTD

Using the Publicis Benefits Connection - Company basic benefit, you are eligible for 40% of your regular weekly base pay up to a monthly maximum of \$10,000 (excluding bonuses and overtime) during the period of approved LTD. Your Salary Continuance for LTD is paid to you directly by The Hartford. If, during Open Enrollment, you elected one of the employee-paid supplemental LTD plans, you would be eligible to receive an additional 20% of your base pay (up to a maximum of \$15,000 monthly for level 1; \$25,000 monthly for level 2) during the period of approved LTD. See your specific plan elections on www.publicisbenefitsconnection.com for further details on the level of coverage you elected during enrollment and other information.

Active Benefits While on LTD

Active benefits no longer continue when an employee goes onto LTD. At that point, you will be offered the option to continue active benefits coverage via COBRA.

Family Medical Leave Act (FMLA)

As an employee, you may be entitled to a leave of absence under the Family and Medical Leave Act (“FMLA”) and/or applicable state medical leave laws. This policy is intended to provide you with information concerning FMLA entitlements and obligations you may have during such leaves. If you have any questions concerning FMLA or other period of leave, please contact the Hartford, Benefits or HR. If your particular state has additional leave laws, the Hartford, Benefits and/or HR can counsel you as to relevant provisions.

Basic FMLA Leave Entitlement

FMLA and any state counterparts provide eligible employees with the right to an unpaid leave, health insurance benefits for up to 12 weeks, and, with some limited exceptions, job restoration.

Leave may be taken for any one, or for a combination, of the following reasons:

- Disability due to pregnancy, childbirth or related medical condition (counts only toward FMLA leave and certain state leave entitlements);
- Bonding and/or caring for a newborn child (counts toward FMLA and certain state leave entitlements);
- For placement with the employee of a child for adoption or foster care and to care for the newly placed child (counts toward FMLA and certain state leave entitlements);
- To care for the employee’s spouse, child, parent or other covered family member with a serious health condition (counts toward FMLA and certain state leave entitlements);
- For the employee’s own serious health condition that makes the employee unable to perform one or more of the essential functions of the employee’s job (counts toward FMLA and certain state leave entitlements); and/or
- Because of any qualifying exigency arising out of the fact that an employee’s spouse, son, daughter or parent is a military member on covered active duty status (or has been notified of an impending call or order to covered active duty status) in the Reserve component of the Armed Forces for deployment to a foreign country in support of a contingency operation or Regular Armed Forces for deployment to a foreign country (counts toward FMLA leave entitlement only).

Who Is Eligible?

You are eligible if you:

- Are employed at a worksite where 50 or more employees are located within a 75-mile radius;
- Have been employed by the Company for at least 12 months (the months do not have to be consecutive); and
- Have worked at least 1,250 hours within the 12 months immediately prior to the leave period.

Length of Time

You are eligible for up to 12 weeks of unpaid family medical leave in a “rolling” 12- month period measured backwards from when you first use FMLA leave. When a holiday occurs during an employee’s scheduled leave, where lawful, the holiday counts against the employee’s 12-week leave entitlement and will not be paid, unless you are receiving Salary Continuation under the Company’s STD Plan.

Additional Military Family Leave Entitlement

In addition to the basic FMLA leave entitlement described above, an eligible employee who is the spouse, son, daughter, parent or next of kin of a covered servicemember is entitled to take up 26 weeks of leave during a 12-month period to care for the service member with a serious injury or illness. Leave to care for a service member shall only be available during a single-12 month period and, when combined with other FMLA-qualifying leave, may not exceed 26 weeks during the single 12-month period. The single 12-month period begins on the first day an eligible employee takes leave to care for the injured servicemember.

A “covered servicemember” is a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is on the temporary retired list, for a serious injury or illness. These individuals are referred to in this policy as “current members of the Armed Forces.” Covered servicemembers also includes a veteran who is discharged or released from military service under conditions other than dishonorable at any time during the five (5) year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation or therapy for a serious injury or illness. These individuals are referred to in this policy as “covered veterans.”

The FMLA definition of a serious illness or injury for current Armed Forces members and covered veterans are distinct from the definition of “serious health condition” applicable to leave for a family member or the employee’s own illness or injury.

Time Off for Military Spouses

If you work, on average, at least twenty (20) hours per week and your spouse is a qualified member of the United States Armed Forces, the National Guard, or the Reserves, you are eligible to take leave for a period of up to ten (10) days while your spouse is home during a qualified leave period. Where an employee is also eligible for military family member exigency leave, leave under this policy shall also count toward an employee’s FMLA leave entitlement where the time off meets the definition of FMLA military exigency leave.

Required Notice to Employer. Within two (2) business days of receiving official notice that your spouse will be on leave, you must provide notice to the Company and The Hartford of your intent to take military spouse leave under FMLA.

Required Documentation. You must submit written documentation to the Company and The Hartford certifying that during your requested time off, your spouse will be on leave from deployment during a period of military conflict.

Leave is Unpaid. Leave granted under this policy is unpaid. Contact HR regarding whether you may substitute accrued, unused vacation time, personal day or personal time off for any period of unpaid military spouse leave.

Definitions.

For the purposes of this policy, the following definitions apply:

“Qualified Member” means any of the following:

- (a) A member of the U.S. Armed Forces who is deployed during a period of military conflict to an area designated as a combat theater or combat zone by the President of the United States; or
- (b) A member of the National Guard who is deployed during a period of military conflict; or
- (c) A member of the Reserves who is deployed during a period of military conflict.

“Period of Military Conflict” means any of the following:

- (a) A period of war declared by the U.S. Congress; or
- (b) A period of deployment for which members of the Reserves are ordered to active duty.

“Qualified Leave Period” means the period during which the qualified member is on leave from deployment during a period of military conflict.

Intermittent Leave and Reduced Leave Schedules

FMLA leave usually will be taken for a period of consecutive days, weeks or months. However, you are also entitled to take FMLA leave intermittently or on a reduced leave schedule when medically necessary due to your own serious health condition, the serious health condition of a covered family member, or the serious injury or illness of a covered servicemember. Intermittent leave can also be taken for any qualifying exigency.

Employees are also eligible for intermittent leave for bonding with a child following birth or placement. Intermittent leave for bonding purposes generally must be taken in two-week increments, but the Company permits two occasions where the leave may be for less than two weeks.

You must notify your HR and The Hartford if you intend to apply an intermittent or reduced leave schedule.

Salary

FMLA is unpaid leave; however, you may be eligible for the Publicis Benefits Connection- Company Salary Continuation under Short Term Disability & any applicable State Disability benefits during some or all of your leave. (For more information, refer to page 3 of this Manual)

Substitution of Paid Leave

If you are eligible for Salary Continuation and you remain unable to work after the Salary Continuation ends, we will require you to utilize all available accrued sick and vacation time for leave taken for your own serious health condition, unless you are receiving compensation from a state agency managing disability or receiving workers' compensation benefits. Where applicable and permitted by law, employees will be required to use vacation and sick time during any waiting period applicable to these programs.

If you are not receiving any compensation (from an applicable state agency, workers compensation or Salary Continuation), the following requirements apply to the leave:

- If FMLA leave is taken for a covered family member with a serious health condition, you must use all accrued, available vacation time. You may also request to use any accrued, available sick time for this purpose.
- If FMLA leave is taken for your own serious health condition, you must first substitute any accrued paid vacation or sick leave for unpaid leave.

If you request FMLA leave because of a disability due to pregnancy, childbirth or related medical conditions, you must first substitute any accrued paid sick leave for unpaid family/medical leave. You may request to substitute accrued, unused vacation benefits for unpaid FMLA leave once your sick time is exhausted. A leave of absence in connection with a workers' compensation injury/illness or for which you receive state disability or paid family leave benefits shall run concurrently with FMLA leave. Upon written request, you will be permitted to use accrued vacation and sick time to supplement any paid workers' compensation or disability benefits.

The substitution of paid time off for unpaid family/medical leave time does not extend the length of FMLA leaves and the paid time off runs concurrently with the FMLA entitlement.

Benefits

Your Medical, Dental, Vision and other applicable benefits [including 401(k) benefits if you remain on a paid status] continue while you are out on FMLA leave. During the time you are receiving Company Salary Continuation benefits, your Benefits premiums will continue to be deducted from your paychecks as they normally were prior to your leave. If you remain on an approved disability leave of absence after your Company Salary Continuation ceases, you must make arrangements with Benefits to pay your Benefits premiums each month in order to remain on the Company Benefits plan. The Company's obligation to maintain health care coverage ceases if your premium payment is more than 30 days late. If your payment is more than 15 days late, you will receive a letter notifying you that coverage will be dropped on a specified date unless the premium is received before that date. You do not continue to accrue vacation or sick leave while on a STD leave of absence, unless your agency policy provides otherwise (contact your HR representative to confirm agency policy).

Once FMLA leave exceeds 12 weeks, you will be notified of your right to continue group health insurance benefits at your own expense. Employees on FMLA military leave also are entitled to receive group health plan coverage for the duration of those FMLA leaves.

If you do not return to work within 30 calendar days at the end of the leave period (unless you cannot return to work because of a serious health condition or other circumstances beyond your control) you will be required to reimburse the Company for the cost of the premiums the Company paid for maintaining coverage during your unpaid FMLA leave.

Returning to Work

At the end of FMLA leave, subject to some exceptions including situations where job restoration of "key employees" will cause the Company substantial and grievous economic injury, you generally have a right to return to the same or equivalent position you held before the FMLA leave, unless such a position no

longer exists. The Company will notify employees if they qualify as “key employees,” if it intends to deny reinstatement, and of their rights in such instances. Use of FMLA leave will not result in the loss of any employment benefit that accrued prior to the start of your FMLA leave. If you fail to return to work as scheduled, and/or have failed to communicate with the Company about your return to work status in a timely basis, or at all, the Company will deem you to have abandoned your position.

If your anticipated return- to- work date changes and it becomes necessary for you to take more or less leave than originally anticipated, you must provide HR and The Hartford with reasonable notice (i.e., within 2 business days) of your changed circumstances and new return to work date. If you give the Company and The Hartford unequivocal notice of your intent not to return to work, you will be considered to have voluntarily resigned and the Company’s obligation to maintain health benefits (subject to COBRA requirements) and to restore your positions will cease.

Notice of Eligibility for, and Designation of, FMLA Leave

Employees requesting FMLA leave are entitled to receive written notice telling them whether they are eligible for FMLA and/or applicable state leave and, if not eligible, the reasons why they are not eligible. FMLA documents will be provided to you by The Hartford after you have reported your request for leave to them. When eligible for FMLA leave, you are entitled to receive written notice of: 1) your rights and responsibilities in connection with such leave; 2) the Company's designation of leave as FMLA/state law-qualifying or non-qualifying, if not FMLA/state law-qualifying, the reasons why; and 3) the amount of leave, if known, that will be counted against your leave entitlement.

The Company may retroactively designate leave as FMLA leave for a period of up to 10 days with appropriate written notice to you, provided the Company's failure to designate leave as FMLA/state law-qualifying at an earlier date did not cause harm or injury to you. In all cases where a leave qualifies only for FMLA protection, the Company and you can mutually agree that leave be retroactively designated as FMLA leave.

Employee Obligations for FMLA Leave

Provide Notice of the Need for Leave

Employees who seek to take FMLA leave must timely notify the Company and The Hartford of their need for FMLA leave. The following describes the content and timing of such employee notices.

To trigger FMLA leave protections, you must inform HR & The Hartford of the need for FMLA qualifying leave and the anticipated timing and duration of the leave, if known. You may do this by either requesting FMLA leave specifically, or explaining the reasons for leave so as to allow the Company to determine that the leave is FMLA-qualifying. For example, employees might explain that:

- a medical condition renders them unable to perform the functions of their job;
- they are pregnant or have been hospitalized overnight;
- they or a covered family member are under the continuing care of a health care provider;
- the leave is due to a qualifying exigency caused by a military member being on covered active duty or called to covered active duty status; or
- if the leave is for a family member, that the condition renders the family member unable to perform daily activities or that the family member is a covered servicemember with a serious injury or illness.

Calling in "sick," without providing the reasons for the needed leave, will not be considered sufficient notice for FMLA/ leave under this policy. You must respond to the Company's and The Hartford's lawful questions to determine if absences are potentially FMLA-qualifying.

If you fail to explain the reasons for FMLA leave, the leave may be denied. When you seek leave due to FMLA-qualifying reasons for which the Company has previously provided FMLA-protected leave, you must specifically reference the qualifying reason for the leave or the need for FMLA leave. Employees requesting any type of leave of absence are required to fill out a Request for Leave of Absence Form and contact The Hartford.

Cooperate in the Scheduling of Leave

When planning medical treatment for you or family member or requesting to take leave on an intermittent or reduced schedule work basis, you must consult with HR and contact The Hartford. Additionally, you must make a reasonable effort to schedule treatment so as not to unduly disrupt the Company's operations. You must consult with HR and the Hartford prior to the scheduling of treatment in order to work out a treatment schedule which best suits the needs of both the Company and you, subject to the approval of the applicable health care provider. When you take intermittent or reduced work schedule leave for foreseeable planned medical treatment for you or a family member, including a period of recovery from a serious health condition, or to care for a covered servicemember, the Company may temporarily transfer you to alternative positions with equivalent pay and benefits for which you are qualified and which better accommodate recurring periods of leave.

Submit Medical Certifications Supporting Need for Leave (Unrelated to Requests for Military Family Leave)

Depending on the nature of FMLA leave sought, you may be required to submit medical certifications to The Hartford supporting your need for FMLA-qualifying leave. As described below, there generally are three types of FMLA medical certifications: an initial certification, a recertification, and a return to work/fitness for duty certification.

It is your responsibility to provide timely, complete and return sufficient medical certifications as requested by The Hartford (if you submit a claim for benefits under the FMLA, a State leave &/or STD Plan), Benefits and/or HR as requested on the form. Whenever The Hartford, Benefits or HR requests you to provide FMLA medical certifications, you must provide the requested certifications within 15 calendar days of the request, unless it is not practicable to do so despite your diligent, good faith efforts. You will be informed if submitted medical certifications are incomplete or insufficient and you will be provided at least seven calendar days to cure deficiencies. FMLA leave will be denied to employees who fail to timely cure deficiencies or otherwise fail to timely submit requested medical certifications. You are responsible for ensuring your health care provider submits requested medical certifications in a timely manner to The Hartford.

With your permission, The Hartford, Benefits or HR (through individuals other than your direct supervisor) may contact your health care provider to authenticate or clarify completed and sufficient medical certifications. If you choose not to provide authorization allowing the Company or The Hartford to clarify or authenticate certifications with health care providers, the Company may deny FMLA leave if certifications are unclear.

Whenever the Company deems it appropriate to do so, it may waive its right to receive timely, complete and/or sufficient FMLA medical certifications.

Initial Medical Certifications

If you request leave because of your own, or a covered relation's, serious health condition, or to care for a covered service member, you must supply medical certification supporting the need for such leave from their health care provider or, if applicable, the health care provider of your covered family or service member to The Hartford. If you provide at least 30 days' notice of medical leave, you should submit the medical certification before leave begins. A new initial medical certification will be required on an annual basis for serious medical conditions lasting beyond a single leave year or when an initial medical certification has expired.

If the Company or The Hartford has reason to doubt initial medical certifications regarding your own serious health condition, you may be required to obtain a second opinion at the Company's expense.

If the opinions of the initial and second health care providers differ, the Company may, at its expense, require you to obtain a third, final and binding certification from a health care provider designated or approved jointly by the Company and you.

The Company will reimburse you for any reasonable “out of pocket” travel expenses incurred to obtain second or third medical opinions. Except in very rare circumstances, the Company will not require you to travel outside normal commuting distance for purposes of obtaining second or third medical opinions.

Medical Recertifications

Depending on the circumstances and duration of the FMLA leave, you may be required to provide recertification of medical conditions giving rise to the need for leave every thirty days (or more frequently in special circumstances) to The Hartford. For chronic or long term conditions, The Hartford/the Company may require certifications every six months. The Company or The Hartford will notify you if recertification is required and will give you at least 15 calendar days to provide medical recertification.

Submit Certifications Supporting Need for Military Family Leave

Upon request, the first time you seek leave due to qualifying exigencies arising out of covered active duty or call to covered active duty status of a military member, The Hartford/the Company may require you to provide: 1) a copy of the military member's active duty orders or other documentation issued by the military indicating the military member is on covered active duty or call to active duty status and the dates of the covered military member's covered active duty service; and 2) a certification from you setting forth information concerning the nature of the qualifying exigency for which leave is requested. You shall provide a copy of new active duty orders or other documentation issued by the military for leaves arising out of qualifying exigencies arising out of a different covered active duty or call to covered active duty status of the same or a different military member.

When leave is taken to care for a covered servicemember with a serious injury or illness, you may be required to obtain certifications completed by an authorized health care provider of the covered servicemember. In addition, and in accordance with the FMLA regulations, The Hartford/the Company may request that the certification submitted by employees set forth additional information provided by you and/or the covered servicemember confirming entitlement to such leave.

Questions and/or Complaints About FMLA and Other Leaves

If you have questions regarding this policy, please contact Human Resources and The Hartford. The Company is committed to complying with the FMLA and applicable state law and, whenever necessary, shall interpret and apply this policy in a manner consistent with the FMLA and applicable state law.

The FMLA makes it unlawful for employers to: 1) interfere with, restrain, or deny the exercise of any right provided under FMLA; or 2) discharge or discriminate against any person for opposing any practice made unlawful by FMLA or involvement in any proceeding under or relating to FMLA. If you believe your FMLA rights have been violated, you should contact the Human Resources Department immediately. The Company will investigate any FMLA complaints and take prompt and appropriate remedial action to address and/or remedy any FMLA violation. You also may file FMLA complaints with the United States Department of Labor or may bring private lawsuits alleging FMLA violations.

Definitions

A "serious health condition" is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, hospice or residential health care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

“Qualifying exigencies” may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, caring for the parents of the military member on covered active duty and attending post-deployment reintegration briefings.

“Spouse” means a husband or wife as defined or recognized under State law for purposes of marriage in the State where the employee resides, including common law marriage in States where it is recognized.

“Parent” means a biological, adoptive, step or foster father or mother, or any other individual who stood “in loco parentis” to the employee when the employee was a child, son or daughter as defined in paragraph (3) of this section. This term does not include parents “in law.”

“Child, son or daughter” means, for purposes of FMLA leave taken for birth or adoption, or to care for a family member with a serious health condition, a biological, adopted, or foster child, a stepchild (including children of a registered domestic partners), a legal ward, or a child of a person standing in loco parentis, who is either under age 18, or age 18 or older and “incapable of self-care because of a mental or physical disability” or an adult dependent child at the time that FMLA leave is to commence. The age the disability occurs is irrelevant to determine whether an adult son or daughter has a mental or physical disability.

(1) “Incapable of self care” means that the individual requires active assistance or supervision to provide daily self care in three or more of the “activities of daily living” (ADLs) or “instrumental activities of daily living” (IADLs). Activities of daily living include adaptive activities such as caring appropriately for one’s grooming and hygiene, bathing, dressing and eating. Instrumental activities of daily living include cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, etc.

(2) “Mental or physical disability” means a physical or mental impairment that limits one or more of the major life activities of an individual.

(3) Persons who are “in loco parentis” include those with day- to- day responsibilities to care for and financially support a child, or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.

“Adoption” means legally and permanently assuming the responsibility of raising a child as one’s own. The source of an adopted child (i.e., whether from a licensed placement agency or otherwise) is not a factor in determining eligibility for FMLA leave.

“Foster care” is 24- hour care for children in substitution for, and away from, their parents or guardian. Such placement is made by or with the agreement of the State as a result of a voluntary agreement between the parent or guardian that the child be removed from the home, or pursuant to a judicial determination of the necessity for foster care, and involves agreement between the State and foster family that the foster family will take care of the child. Although foster care may be with relatives of the child, State action is involved in the removal of the child from parental custody.

“Son or daughter on covered active duty or call to covered active duty status” means the employee’s biological, adopted, or foster child, stepchild, legal ward, or a child for whom the employee stood in loco parentis, who is on active duty or call to active duty status, and who is of any age.

“Son or daughter of a covered servicemember” means the servicemember’s biological, adopted, or foster child, stepchild, legal ward, or a child for whom the servicemember stood in loco parentis, and who is of any age.

“Serious injury or illness” means:

(1) In the case of a current member of the Armed Forces, including a member of the National Guard or Reserves, means an injury or illness that was incurred by the covered servicemember in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member’s active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that may render the member medically unfit to perform the duties of the member’s office, grade, rank or rating; and

(2) In that case of a covered veteran, means an injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member’s active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the member became a veteran, and is:

(i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember’s office, grade, rank, or rating; or

(ii) a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service-Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or

(iii) a physical or mental condition that substantially impairs the covered veteran’s ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or

(iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

“Parent of a covered servicemember” means a covered servicemember’s biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the covered servicemember. This term does not include parents “in law.”

“Next of kin of a covered servicemember” means the nearest blood relative other than the covered servicemember’s spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the covered servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered servicemember, all such family members shall be considered the covered servicemember’s next of kin and may take FMLA leave to provide care to the covered servicemember, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered servicemember’s only next of kin.

“Health Care Provider” means: (1) A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices; (2) podiatrists, dentists, clinical psychologists, optometrists, chiropractors (limited treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-Ray to exist) authorized to practice under the State law and performing within the scope of their practice as defined by State law; (3) nurse practitioners, nurse-midwives, clinical social workers and physician assistants authorized under State law. and performing within the scope of their practice as defined by State law; (4) Christian Science practitioners (may be required to submit to second or third certification through examination - not treatment of a health care provider); (5) any other health care provider from whom the employer or the employee's group health plan benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits; and (7) a health care provider who practices in a country other than the United States who is authorized to practice in accordance with the laws of that country and is performing within the scope of his or her practice as defined under such law. For purposes of leave taken to care for a covered servicemember, any one of the following health care providers may complete such a certification: (1) a United States Department of Defense (“DOD”) health care provider; (2) a United States Department of Veterans Affairs (“VA”) health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider.

“Domestic Partner” means two adults who have established a registered domestic partnership in accordance with the requirements of the law of the state in which you work.

State Leave Entitlements

Depending on the state in which employees work, you may be eligible for additional family and medical leave under State law. This section provides notice, where required by law, of the leave benefits for which employees may qualify, that are greater than or in addition to leave that qualifies under the federal FMLA. The additional notice provided below addresses the major differences in the State law which typically provide additional or greater leave benefits than the federal FMLA. However, the addendum does not notify employees of all differences between State law and the federal FMLA. To the extent that the State law and the federal FMLA provide the same basic leave benefits (or where the federal FMLA provides a greater leave benefit), they are not noted below. The amount of leave for reasons that qualify under both the federal FMLA and State law will be deducted from the amount of leave employees have under both laws whenever possible. Employees who have questions about State and/or Local leave entitlements should contact The Hartford or their local Human Resources representative.

California Family Rights Act Leave and California Pregnancy Disability Leave and Accommodation

See the separate Leave of Absence Manual for California Employees regarding eligibility for family and medical leave if you work in California.

Connecticut Family and Medical Leave Act

Under the Connecticut FMLA (CFMLA), employees who have worked for a Company which employs at least 75 persons in Connecticut for at least twelve (12) months and have worked at least 1000 hours in the preceding twelve (12) months are eligible for up to sixteen (16) weeks of leave in a twenty-four-month period and up to twenty-six (26) weeks of leave in a single twelve-month period when caring for an injured or ill servicemember. The twenty-four-month period is measured backward from the date a Team Member takes any CFMLA Leave. The reasons for the leave are the same as under the FMLA, except that under the CFMLA, employees also can take leave to care for a parent-in-law with a serious health condition, or to serve as an organ or bone marrow donor. The term “spouse” under the CFMLA is not exclusive to marriage between a man and a woman, but also includes same-sex civil union partnerships and same-sex marriages.

District of Columbia Family and Medical Leave

In addition to the leave available under the Company’s Family and Medical Leave Act (“FMLA”) policy, employees in the District of Columbia who work for an employer who employs 20 or more employees in D.C. also are eligible for family/medical leave under the D.C. Family and Medical Leave Act (DC FMLA). In order to be eligible for leave under the DC FMLA, employees must have worked for the Company for 12 consecutive months and must have worked at least 1,000 hours in the 12-month period preceding their request for leave.

Eligible employees may take up to 16 weeks of family leave and an additional 16 weeks of medical leave in a 24-month period. Where both the federal and D.C. FMLA laws apply, any leave taken will be counted under both laws at the same time.

In addition, DC FMLA leave differs from federal FMLA leave as follows:

- In addition to leave for the birth, foster care placement or adoption of a child, eligible employees may take leave for the placement of a child for whom the employee permanently assumes parental responsibility.
- Under the DC FMLA, “family member” includes someone who is related by blood, legal custody, or marriage; a child who lives with the employee and for whom the employee permanently assumes and discharges parental responsibility; and any person with whom the employee has shared a residence in the last year and with whom the employee has a committed relationship. A “committed relationship” may be characterized by economic and domestic interdependence, public presentation of the relationship, and exclusiveness and length of the relationship, among other things.

- Under the DC FMLA, a “serious health condition” may include continuing treatment or supervision at home by a health care provider or other competent individual.
- Under the DC FMLA employees may, but are not required to, substitute appropriate paid leave for unpaid FMLA leave.

Illinois

The Illinois Victims’ Economic Security and Safety Act, allows employees who are victims of or have a family or household member victimized by domestic violence, sexual assault, or stalking, up to 12 weeks of unpaid leave during any 12-month period. The employee must provide 48 hours advance notice when practicable. Employers may require employees to provide certification of the need for leave. The leave is not in excess of unpaid leave allowed under the federal FMLA. Thus, it runs concurrent with FMLA. Employees eligible for other paid or unpaid leaves, at their sole discretion, may substitute any period of such leave for an equivalent period of unpaid leave under the law. Employees are entitled to be restored to the same or an equivalent position, and employers are prohibited from discharging, constructively discharging, harassing, or otherwise discriminating against anyone exercising a right under the leave law or for opposing unlawful practices under the law.

Massachusetts

The Massachusetts Parental Leave Act (PLA) allows for up to eight weeks of unpaid leave to full-time employees. Full-time employees are eligible if they work for a company which employs at least six employees and have completed any initial probationary period set by the Company or if no initial probationary period is set have at least three consecutive months of service. PLA leave is used to care for a child after: the child’s birth, the child’s adoption if the child is under the age of 18 (or under the age of 23 if the child is mentally or physically disabled), or the child’s placement with the employee pursuant to a court order. Since the eight-week period is available for each birth or adoption, an extended period of PLA leave may be applicable in the event of multiple births/adoptions.

An employee must provide at least two weeks’ notice to the Company prior to the date he or she plans to begin PLA leave, as well as the date he or she plans to return from PLA leave. If the delay in providing notice is beyond the employee’s control, notice must be provided as soon as practicable for the employee.

Leaves will run concurrently for employees eligible for both the FMLA and PLA. An employee who does not meet FMLA eligibility requirements or has already exhausted his or her 12 weeks of FMLA leave may still be entitled to PLA leave. A PLA eligible employee may, at his or her election, use any unused vacation accrued prior to the commencement date of PLA leave.

An eligible employee out on PLA leave generally has the right to return to the same or similar position with the same status, pay, length of service credit, and seniority he or she had before leave. An employee returning from PLA leave has no greater right to reinstatement or to other benefits and conditions of employment than other employees who were continuously working during the leave period (e.g., with respect to reductions in force).

If the Company agrees to provide more than eight weeks of PLA leave or agrees to extend the leave period, it must treat the employee as entitled to the same rights upon return from such leave. Unless, the Company also informs the employee in writing before the leave or the extension begins that taking more than eight weeks of leave or utilizing the extension shall result in the loss of reinstatement rights.

New York

The New York Paid Family Leave (NY PFL) provides paid job-protected leave to eligible employees to help them bond with a child, care for an eligible family member with a serious health condition, or help to relieve family pressures when someone is called to active military service.

Eligibility: Employees who have a regular work schedule of 20 or more hours per week and have been employed at least 26 consecutive weeks prior to the date NY PFL begins (or who have a regular work schedule of less than 20 hours per week and have worked at least 175 days prior to the date NY PFL begins) are eligible for NY PFL. Paid time off can be counted toward an employee's eligibility determination. Employees are eligible for NY PFL regardless of citizenship and/or immigration status. An employee has the option to file a waiver of NY PFL and therefore not be subject to deductions when his or her regular employment is: (i) 20 or more hours per week but the employee will not work 26 consecutive weeks; or (ii) less than 20 hours per week and the employee will not work 175 days in a 52 consecutive week period.

Entitlement: Starting January 1, 2018 NY PFL is available to eligible employees for up to 8 weeks (increases to ten (10) weeks on or after January 1, 2019 and up to twelve (12) weeks on or after January 1, 2021) within any 52 consecutive week period: (a) to participate in providing care, including physical or psychological care, for the employee's family member (child, stepchild, spouse, domestic partner, parent, stepparent, parent-in-law, grandchild or grandparent) with a serious health condition; or (b) to bond with the employee's child during the first twelve months after the child's birth, adoption or foster care placement; or (c) for qualifying exigencies, as interpreted by the Family and Medical Leave Act (FMLA), arising out of the fact that the employee's spouse, domestic partner, child, or parent is on active duty (or has been notified of an impending call or order to active duty) in the armed forces of the United States. The 52 consecutive week period is determined retroactively with respect to each day for which NY PFL benefits are currently being claimed.

NY PFL benefits are financed solely through employee contributions via payroll deductions. The weekly monetary benefit will be 50% of the employee's average weekly wage or 50% of the state average weekly wage, whichever is less (*increases to 55% on or after January 1, 2019, 60% on or after January 1, 2020 and 67% or after January 1, 2021*). An employee is not required to supplement NY PFL benefits with paid time off. The Company and an employee may agree to allow the employee to supplement NY PFL benefits up to their full salary with paid time off, to the maximum extent permitted by applicable law.

An employee who is eligible for both statutory short-term disability benefits and NY PFL during the same period of 52 consecutive calendar weeks may not receive more than 26 total weeks of disability and NY PFL benefits during that period of time. Statutory short-term disability benefits and NY PFL benefits may not be used concurrently. If an employee is unable to work and qualifies for workers' compensation benefits, the employee may not use NY PFL benefits at the same time the employee is receiving workers' compensation benefits. An employee receiving reduced earnings may be eligible for NY PFL.

Definition of a Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves: (a) inpatient care in a hospital, hospice or residential health care facility; or (b) continuing treatment or continuing supervision by a health care provider.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently in daily increments. Leave taken on an intermittent basis will not result in a reduction of the total amount of leave to which an employee is entitled beyond the amount of leave actually taken.

The Company will only allow one employee at a time to receive NY PFL to bond with the same child or care for the same family member.

Employee Responsibilities

An employee must provide thirty (30) days' advance notice before the date leave is to begin if the qualifying event is foreseeable. When thirty (30) days' notice is not practicable for reasons such as lack of knowledge of approximately when leave will be required to begin, a change in circumstances, or a medical emergency, the employee must provide notice as soon as practicable and generally must comply with the Company's normal call-in procedures. Failure by the employee to provide (30) days' advance notice of a foreseeable event may result in partial denial of the employee's benefits for a period of up to thirty (30) days from the date notice is provided.

Employees must provide sufficient information to make the Company aware of the qualifying event and the anticipated timing and duration of the leave. Employees must specifically identify the type of family leave requested. Employees also must provide medical certifications and periodic recertification or other supporting documentation or certifications supporting the need for leave.

An employee requesting paid family leave must submit a completed Request for Paid Family Leave or PFL-1 form and additional certification form(s) as follows to the Company's insurance carrier, The Hartford at 1-800-549-6514: (1) Bonding Certification: PFL-2 Form plus documentation; (2) Health Care Provider Certification: PFL-4 Form plus Personal Health Information (PHI) Release (PFL-3 Form); or (3) Military Qualifying Event: PFL-5 Form plus documentation.

To obtain the NY PFL claim forms, employees must contact The Hartford at 1-800-549-6514. To submit a request for NY PFL, employees must complete all requested information from The Hartford in Part A of the PFL-1 Form, and submit it to the Hartford at The Hartford Benefit Management Service Center, P.O. Box 14303, Lexington, KY 40512-4303 or fax to 1-866-411-5613. The Company will separately populate its section of the form and will return it to the Hartford directly within 3 business days. Depending on the type of NY PFL leave employees are seeking, employees will be required to complete an authorization form and submit applicable supporting documentation to The Hartford. Employees must submit the completed NY PFL forms to The Hartford before or within 30 days after the start of their leave.

The Hartford must pay or deny leave requests within 18 calendar days of receiving an employee's completed forms.

Job Benefits and Protection

During any NY PFL taken pursuant to this policy, the Company will maintain coverage under any existing group health insurance benefits plan as if the employee had continued to work. The employee must make arrangements with Human Resources prior to taking leave to pay their portion of any applicable health insurance premiums each month.

The Company's obligation to maintain health insurance coverage ceases if an employee's premium payment is more than 30 days late. If an employee's payment is more than 15 days late, the Company will send a letter notifying the employee that coverage will be dropped on a specified date unless the co-payment is received before that date.

Any employee who exercises his or her right to NY PFL will receive job protection. This means that, upon the expiration of that leave, the employee will be entitled to be restored to the position held by the employee when the leave commenced, or to a comparable position with comparable benefits, pay, and other terms and conditions of employment. The taking of leave covered by NY PFL will not result in the loss of any employment benefit accrued prior to the date on which the leave commenced. Employees will not accrue Company paid time off while on NY PFL.

Leave Concurrent with FMLA & Company Leave

The Company will require an employee who is entitled to leave under both the FMLA and NY PFL, to take NY PFL concurrently with any leave taken pursuant to the FMLA. When the total hours taken for FMLA in less than full-day increments reaches the number of hours in an employee's usual workday, the Company may deduct one (1) day of NY PFL from an employee's annual available PFL.

Additionally, the Company will require an employee who is entitled to NY PFL and any other Company leave policy, to take NY PFL concurrently with any leave taken pursuant to such Company leave policy to the extent permitted by law.

Questions and/or Complaints about NY PFL

If you have questions regarding this NY PFL policy, please contact The Hartford at 1-800-549-6514. For additional information concerning leave entitlements and obligations that might arise when NY PFL is either not available or exhausted, please consult the Company's other leave policies or contact Human Resources. The Company is committed to complying with the NY PFL and shall interpret and apply this policy in a manner consistent with the NY PFL. Employees who disagree with a denial of their claim for NY PFL may submit their dispute to arbitration. Employees will be provided information with information about how to request arbitration.

Employees are protected from discrimination and retaliation for requesting or taking NY PFL. If employees believe their rights have been violated and/or denied job restoration as a result of requesting and/or taking NY PFL, they must send Human Resources a formal request for job reinstatement using the *Formal Request For Reinstatement Regarding Paid Family Leave (Form PFL-DC-19)*, which can be found in the forms section of <https://www.ny.gov/PaidFamilyLeave>.

Employees must file the completed form with the Company and send a copy to: Paid Family Leave, P.O. Box 9030, Endicott, NY 13761-9030. If the Company does not comply with an employee's request for reinstatement within 30 days, the employee may file a NY PFL discrimination complaint with the Workers' Compensation Board using the *Paid Family Leave Discrimination Complaint (Form PFL-DC-120)*, which is also available on the New York Paid Family Leave website. Once an employee's complaint is received, the Board will assemble the employee's case and schedule a preliminary hearing in front of a Workers' Compensation Law Judge.

New Jersey

New Jersey employees who work for New Jersey employers who employ 100 or more employees for each working day during each of 20 or more calendar workweeks in the then current or immediately preceding calendar year, per the New Jersey Family Leave Act, are entitled to up to 12 weeks of unpaid leave in a 24-month period for the birth or adoption of a child or the serious health condition of a child, spouse, parent, parent-in-law or partner in a civil union. In order for employees to be eligible for this leave, they must be employed for at least 12 months within the state (by any employer) and for 1,000 hours in the 12-month period immediately preceding leave.

New Jersey also has a Paid Family Leave Act. This law requires employers to provide eligible employees up to six weeks of family leave benefits to care for sick family members or a newborn or newly adopted child. Covered employees are eligible for two-thirds of their average weekly wage up to \$584 per week. Paid family leave is not available for an employee's own serious health condition.

The New Jersey Security and Financial Empowerment Act provides 20 days of unpaid leave time for an employee who is the victim of domestic violence or sexual assault or whose child, parent, spouse, domestic partner or civil union partner was the victim, within one year of the incident of domestic violence or sexual assault.

Leave may be taken on a reduced schedule or intermittent leave basis in intervals of no less than one day. Eligible employees must have been employed for at least 12 months and at least 1,000 hours during the 12-month period immediately preceding the leave. If leave is foreseeable, the employee must provide written notice of the need for leave, and as far in advance as is reasonable and practicable under the circumstances. Documentation of the domestic abuse or sexually violent offense which is the basis for the leave may be requested.

Washington

The Washington Family Leave Act (WFLA) allows for 12 weeks of leave for the same conditions as the FMLA, except that (1) “leave for sickness or temporary disability because of pregnancy or childbirth” does not count against an employee’s WFLA leave entitlement, even if it counts as FMLA time; (2) under WFLA, registered domestic partners are treated the same as spouses; and (3) WFLA does not provide for military family leave so, in some circumstances, FMLA leave used for qualifying exigencies or military caregiver leave might not qualify as WFLA leave. Otherwise, the WFLA parallels the FMLA, and WFLA leave runs concurrent with FMLA Leave, subject to these exceptions.

Under the Washington Law Against Discrimination, a female employee is entitled to leave “for the period of time that she is sick or temporarily disabled because of pregnancy or childbirth.” Notice and certification requirements, pay and benefits, etc., cannot differ from what the employer requires or provides for similar non-pregnancy-related leaves. This leave does not depend on the employee having available WFLA/FMLA leave and does not count against the employee’s WFLA/FMLA leave, if any is available.

The Washington Family Care Act allows employees to use their choice of sick leave or other paid time off to care for (1) a child with a health condition that requires treatment or supervision or (2) a spouse, parent, parent-in-law, or grandparent of the employee who has a serious health condition or an emergency condition. “Child” includes an adult son or daughter incapable of self-care due to a disability. A “health condition that requires treatment or supervision” is defined as (1) any medical condition requiring medication that the child can’t self-medicate; (2) any medical or mental condition that would endanger the child’s safety or recovery without the presence of a parent or guardian; or (3) any condition warranting preventive health care if a parent must be present to authorize the treatment and the employer allows employees to use their own accrued sick leave for preventive health care.

Washington law also provides for unpaid domestic violence/sexual assault leave for employees who are victims of domestic violence, sexual assault, or stalking or who have family members who are victims. Leave may be used for legal, medical, or safety reasons. The leave may be taken in blocks or intermittently and is restricted to a “reasonable” amount, but is not otherwise limited as to time or length. Employees requesting such leave must provide as much notice as is reasonably foreseeable in the circumstances, and may be requested to provide documentation of the situation giving rise to the request for leave.

Workers Compensation

All employees are covered by the Company's workers' compensation insurance policy. If you are injured at work you may be eligible for a workers' compensation leave of absence. If eligible for such a leave, the workers' compensation leave will run concurrently with applicable FMLA leave.

Length of Time

The duration of workers' compensation leave and benefits will be determined based on medical necessity and applicable laws.

Salary

Please consult HR regarding your eligibility for salary continuation during your approved workers' compensation leave and if eligible, requirements to receive same.

Benefits

Your Medical, Dental, Vision and other applicable benefits [including 401(k) benefits if you remain on a paid status] continue while you are out on an approved workers' compensation leave of absence, unless otherwise notified. You do not continue to accrue vacation or sick leave while on a STD leave of absence, unless your agency policy provides otherwise (contact your HR representative to confirm agency policy).

What Steps Do You Need to Follow if You Are Injured on the Job?

1. Contact HR immediately if you are injured on our premises and/or while performing work on behalf of the Company off-site.
2. HR will coordinate contact with our workers' compensation carrier and file the claim and/or ensure it is filed.
3. The insurance carrier will provide a claim number for your file.
4. The insurance carrier will follow-up with you to verify account of injury, and request necessary paperwork. It is your responsibility to provide timely, complete and sufficient information as requested by the workers' compensation carrier, and/or HR as requested and in the form requested.
5. You may also be eligible for leave under the FMLA and/or state law and will receive notification if you are eligible. HR will coordinate with the Publicis Benefits Team in providing your Worker Comp medical approval to The Hartford, eliminating the need for your health care provider to provide medical information to the Hartford separately. If Worker's Comp is denied, you will be required to have your health care provider provide medical information to The Hartford directly.

Returning to Work

Once you are released to return to work, you may be returned to your former position or to another position to which you are qualified. If you have not been approved nor requested additional leave, failure to return from leave as scheduled may be deemed to be job abandonment. Reinstatement will be determined based on applicable state and federal laws.

Military-Related Leave of Absence

If you are called to active duty in the U.S. military, Reserves, or California National Guard, you are eligible for unpaid military leave of absence in accordance with state and federal law.

Who Is Eligible?

Upon hire, you are eligible to take up to five (5) years of leave of absence for military service if you are a member of uniformed services for:

- Active duty
- Active duty training
- Initial active duty training
- Full-time National Guard
- Exams to determine fitness for duty
- Performing funeral honors duty

Length of Time

You may be eligible for up to five (5) years of leave.

Salary

You may be eligible for salary continuation for a portion of your leave. Contact HR regarding your eligibility pursuant to state and federal law.

Benefits

You may be eligible for continued benefits during a portion of your leave. Contact Benefits regarding your eligibility pursuant to state and federal law.

Returning to Work

You will be reinstated in accordance with state and federal law. You have the right to return to the same position you would have been in had the leave never taken place. If you are released from service in less than 30 days, you must return on your next scheduled workday following a period of time to safely arrive home, plus eight hours.

Key Point:

As soon as you are called up for military leave or any duration, inform your supervisor and discuss the issue with HR.

Leave Under the Americans with Disabilities Act

Leave for Illness or Non-Work Related Injury Not Otherwise Covered by Another Policy

If you are not eligible for Family and Medical Leave or have exhausted your FMLA entitlement, you may be eligible for an unpaid medical leave of absence due to qualifying illness or injury under the Americans With Disabilities Act (“ADA”).

If you are disabled due to illness or injury and you are not eligible for any of the leaves and/or programs discussed herein, and are requesting a leave of absence (continuous or intermittent) you must submit a Request for Leave of Absence Form to HR as soon as possible. Requests for leaves for elective surgery should be submitted at least 30 days in advance, and may be eligible for STD or LTD. Upon notice of your request for leave, you will be contacted by a representative from HR and/or Benefits regarding your eligibility, if any, for benefits under the STD Plan or LTD Plan and you will be required to submit a certification from your healthcare provider in a form provided by the Company stating the date on which the condition began, the probable duration of the leave, a statement you are unable to work at all or are unable to perform one or more of the essential functions of your position with or without reasonable accommodation, and the expected date of return to work. You also must submit a medical certification from your health care provider establishing your continuing need for leave to HR generally every 30 days during your leave, unless otherwise notified by the Company.

You are required to effectively communicate and provide information and documentation requested within the time periods requested unless otherwise provided by state and/or federal laws. Your failure to do so may result in denial of your leave request.

You must use any accrued paid time off, including vacation and sick time, during a leave under this policy. The substitution of paid leave for unpaid leave will not extend the maximum duration of your leave. We encourage you to contact the Employment Development Department regarding your eligibility for state disability insurance for the unpaid portion of your leave.

Contact your HR representative about your Benefit entitlement during this leave.

Requests for leaves and extensions by an employee who is disabled by a medical condition will be evaluated on a case-by-case basis as a possible reasonable accommodation, consistent with applicable federal and state law. If you request an extension of your leave, you must submit a certification from your health care provider of continued need for medical leave for each extension request. In some cases, the Company may ask that you provide medical information to the Company or a medical professional of its choosing supporting your request for further leave.

When you are able to return to work, you must give the Company at least one (1) weeks’ notice of your intent to return to work. This notice is important so your return to work is properly scheduled. The Company cannot guarantee that you will be able to return to your regular position.

If you do not return from work on the originally scheduled return date or request in advance an extension of the agreed upon leave with appropriate medical documentation, you may be deemed to have voluntarily terminated your employment with the Company.

EMPLOYEE ACKNOWLEDGEMENT

I acknowledge I have received a copy of the Publicis Benefits Connection - Leave of Absence Manual ("Manual"). I understand I am responsible for reading the contents of the Manual and for complying with the policies and rules outlined therein except as otherwise provided and/or prohibited under local, state and/or federal law. I understand that if I have any questions, I may ask Benefits and/or Human Resources.

I further acknowledge that I have read the Manual in its entirety in accordance with this responsibility. I further understand that any rules, policies, and benefits described in the Manual may be modified or varied by the Company at any time.

Date

Employee Name

Employee Signature

(Return Signed Acknowledgement to Human Resources)