

## 2<sup>nd</sup> Reading – College Affairs, 5/17/17

### **Proposal → REMOVE GPM Policy G-6-9.8** Medical Leave Assistance Program Disbursement Committee (MLAP)

~~CHARGE: The Medical Leave Assistance (MLAP) Program is a voluntary contribution program to provide income assistance for employees who do not have sufficient accrued leave(s) to cover their own medical leave of absence; complete details of the MLAP plan are available through the Office of Human Resources. The MLAP Disbursement Committee develops the operational guidelines for use of MLAP dollars and review applications from potential recipients.~~

#### Membership, Voting Status and Terms

<del>Administrator (1)</del>	<del>Appointed by the President</del>	<del>Voting</del>	<del>2yr</del>
<del>Faculty (1)</del>	<del>Elected by Faculty Forum</del>	<del>Voting</del>	<del>2yr</del>
<del>Classified Staff (1)</del>	<del>Selected by CACOGC President or designee</del>	<del>Voting</del>	<del>2yr</del>
<del>At-large Employee (2)</del>	<del>Elected by MLAP Committee</del>	<del>Voting</del>	<del>2yr</del>
<del>Human Resources (1)</del>	<del>Appointed by the Director of HR</del>	<del>Non-Voting</del>	<del>Standing</del>

**ADD NEW GPM Procedure** – include under HR-7 as a new leave program item

#### **HR-7-1 Medical Leave Assistance Program**

The Medical Leave Assistance Program (MLAP) is a voluntary leave program available to benefited employees. MLAP provides income assistance to eligible employees on approved medical leave of absence who have exhausted sick pay and vacation accruals. Employees receiving assistance must be approved for protected leave under federal and state leave laws. Employees must contribute to the MLAP fund in order to receive income assistance.

Human Resources will maintain the MLAP voluntary leave program, in alignment with federal and state leave laws when verifying eligibility to participate and disbursement of funds. **The participating employee is responsible to pay monthly contributions to the MLAP fund based on their FTE. Additionally, should the employee need income assistance, the employee must complete an application to draw funds from the MLAP program. If approved, the employee will be responsible to continue paying their monthly health insurance premium costs and any other voluntary benefit selections while receiving MLAP funds.** Income assistance for eligible members shall consist of wages (subject to a cap) and

employer paid benefits at the same levels prior to their absence for up to a maximum of sixty (60) contracted workdays. Enrollment is only offered during the new hire process or the annual open enrollment period. For more information, employees can contact Human Resources or visit the HR website on the COCC employee intranet.

# Central Oregon Community College Medical Leave Assistance Program (MLAP)

## Intent

The Medical Leave Assistance (MLAP) Program is a voluntary contribution program to provide income assistance to benefit eligible **employees** (hereafter referred to as “members”) who do not have sufficient accrued leave hours to cover **their own** medical leave of absence. Employees may *not* use MLAP to care for family members. MLAP can also be a “bridge” for those employees eligible for long-term disability and/or PERS disability. Under certain circumstances, intermittent absences due to serious illness and treatment may be considered for MLAP-eligible employees. This voluntary benefit is not subject to the Flexible Spending Account and is subject to normal payroll taxes and deductions.

## Eligibility

1. All benefited employees of the College are eligible to participate as members of the program, during the annual benefits open enrollment period.
2. Only participating MLAP members will be eligible to draw income assistance from the program funds.
3. The member must have a serious health condition and be approved for OFLA and/or FMLA to qualify.\*\*
4. The member’s need for and anticipated length of the leave must be certified by a physician in writing and on file in the Human Resources Department.
5. The members’ sick leave and vacation accrual hours must be exhausted before income assistance will be disbursed.
6. Income assistance will begin following ten (10) working days of leave without pay (after all accrued leaves are exhausted) based on the duration of the medical condition stated on the physician certification.
7. Members are not eligible for income assistance if they are receiving assistance from:
  - a. Worker’s Compensation Benefits \*\*
  - b. PERS disability benefits
  - c. Social Security disability benefits
  - d. Long-Term Disability insurance benefits (LTD)

\*\*MLAP may cover unpaid leave while an employee is still under Worker’s Compensation (WC) when the employee has returned to work and needs to take time, not covered by WC, for doctor appointments. The employee must still serve the 10-day waiting period, and the 3-day WC waiting period does count toward the 10 days. The employee must be out of sick and vacation time (as applicable) for the MLAP benefit to start. Only 40 hours may be used under MLAP to cover unpaid leave for doctor appointments during the 80 calendar-day eligibility period.

## Income Disbursements

Income assistance shall consist of wages (subject to a cap) and employer paid benefits at the same levels that existed prior to their absence, up to a maximum of sixty (60) contracted work days. Assistance is based on assigned FTE, and will be pro-rated for part-time employees. Disbursements continue until qualified for Long Term Disability benefits, or one of the disqualifying benefit programs (listed above) occurs earlier than 60 days.

The maximum wage for members shall be the member’s gross monthly salary not to exceed the cap of \$5,021 per month for the 2018-19 plan year. The cap is subject to annual adjustment at the start of each new benefit plan year. The initial allocation is for 20 workdays, after which the member is required to submit an additional application and updated medical certification to Human Resources. Human Resources may consider waiving one or both of the 20-day “re-applications” in specific situations. All approvals and re-approvals are also conditional on adequate MLAP fund balance.

1. Benefit availability for all members is limited to the funds actually available in the COCC MLAP fund account. The College is not required to advance funds to meet eligible member benefit levels.
2. Members are required to notify Human Resources immediately if there is any change in their medical condition that would result in an adjustment to this benefit.
3. Upon determination of a member’s eligibility and initiation of payment of benefits to a member, the College may withdraw from MLAP program funds and disburse to itself reimbursement for the actual expended cost of the eligible member.

## **Funding**

1. Full-time members will pay a premium of \$10.00/month, deducted from the employee's monthly paycheck. Part-time members will pay a prorated premium per month based on their FTE. A member who is .75 FTE pays \$7.50/month, and a member who is .50 FTE will pay \$5.00/month.
2. The College will match annual member subscription fees up to \$5,000. The College match obligation is annual, and the amount is determined each year by that year's annual member fees (i.e., irrespective of any carryover). If at any time the program fund exceeds \$15,000, the College will suspend its matching contributions until the fund falls below \$15,000;
3. Any year-end fund balance shall be carried over to the following fiscal year.
4. The existence and operation of MLAP shall be at the sole discretion of the College. If the College elects to discontinue the program, any existing fund balance will be distributed to the College Wellness fund.
5. To adequately fund the program a minimum of a fifty (50) eligible employees will be required to implement the program. That number may be reduced in subsequent years based on the program fund balance.

## **Enrollment**

1. Members may enroll at time of hire, or during the annual benefits open enrollment period each year.
2. Payroll deductions begin on the first regular scheduled pay date, following enrollment.
3. Re-enrollment of existing members shall be automatic each year that the program is continued, unless the Payroll department is notified in writing of the member's desire to discontinue enrollment by the payroll deadline date in September (mid month).
4. Members who have enrolled and later choose to opt out of the program may do so only during the College annual open enrollment period. There will be no refunds of members' contributions.

## **Administration**

1. Human Resources will develop operational guidelines<sup>1</sup>. The HR Employment and Benefits Supervisor will review applications and determine eligibility and fund distribution in collaboration with:
  - a) Director of Human Resources
  - b) Payroll Supervisor
  - c) Director of Risk Management and Contracts
2. The program continuation each year is at the sole discretion of the College.
3. Human Resources will manage funds and records, and provide accounting reports upon request.
4. The College reserves the right to amend the program.

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<sup>1</sup> Human Resources will establish guidelines for limitations on disbursement (e.g., aggregate limits, periodic limits, etc.).

# Central Oregon Community College Medical Leave Assistance Program (MLAP)

## Enrollment Form

NAME: \_\_\_\_\_  
Please print

COCC Employee I.D. number: \_\_\_\_\_

I hereby authorize a monthly payroll deduction from my salary to participate in the COCC Employee Medical Assistance Program.

Re-enrollment of existing subscribers shall be **automatic** each year that the program is continued, unless the COCC Payroll department is notified in writing by the payroll deadline date in September (mid month) of your desire to discontinue enrollment.

Assigned FTE (Check box)	Number of months on contract	Monthly Deduction Amount
<input type="checkbox"/> .50	_____	\$5.00/month (\$60 annually)
<input type="checkbox"/> .75	_____	\$7.50/month (\$90 annually)
<input type="checkbox"/> 1.0	_____	\$10.00/month (\$120 annually)

Check this box if you choose to **Cancel or Opt out** of MLAP Coverage. Cancellation effective date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR HR OFFICE USE ONLY

Hire Date: \_\_\_\_\_ Benefit Start Date: \_\_\_\_\_ Benefit End Date: \_\_\_\_\_

**CONFIDENTIAL – MLAP APPLICATION**

**Medical Leave Assistance Program Application for Assistance**

(to be completed by applicant)

- Initial Application
- 2<sup>nd</sup> Application
- 3<sup>rd</sup> Application

FMLA / OFLA Forms Submitted to HR:      YES       NO

If NO, please obtain from HR and submit required documentation "Certification of Health Care Provider" WH-380-E

Date of accident or onset of medical condition:

Date first unable to work:

Date you plan to return to work (if known)

Reason for requesting Medical Leave Assistance benefit:

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**FOR HR OFFICE USE ONLY**

Application #                      (assigned by HR Office)

Date submitted:

Hire Date:

Eligibility Date:

First Absence Date:

Benefit Start Date:

Additional information:

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**Instructions:**

Employee and then HR complete appropriate sections of application.  
HR to review Certification of Health Care Provider for final determination.  
HR to inform Payroll begin and end dates if approved.