

# Central Oregon Community College Employee Medical Leave Assistance Program

## Intent

The Employee Medical Leave Assistance (EMLAP or MLAP) Program is a voluntary contribution program to provide income assistance for **employees** (hereafter referred to as “members”) who do not have sufficient accrued leave(s) to cover **their own** medical leave of absence for their own serious health conditions. Employees may *not* use MLAP to care for family members. It is intended to be a “bridge” between the point when an employee runs out of paid leave time and long-term disability benefits start, to include long-term disability insurance and PERS disability. Under certain circumstances, intermittent absences due to serious illness and treatment may be considered for 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.
2. Only 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. All of the member’s accrued leave(s) must be exhausted before income assistance will be paid.
6. Income assistance will be paid following ten (10) working days of leave without pay (after all accrued leaves are exhausted) based on a physician’s certification.
7. Members are not eligible for income assistance if receiving:
  - a. \*\*Worker’s Compensation Benefits
  - b. PERS disability benefits; or
  - 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 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 Assistance Disbursements

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 work days or the end of an annual contract. Assistance is pro-rated for part-time employees based on their assigned FTE, or, for full-time employees, until qualified for LTD benefits or one of the disqualifying benefit programs (listed above) if earlier than 60 days. The maximum wage for members shall be the member’s gross monthly salary not to exceed the cap of \$4,606 per month for the 2015-2016 plan year (the cap amount is currently under review). 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. The committee 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 fund balance.

1. Benefit availability for all members is limited to the funds actually available in the 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 member’s eligibility and initiation of payment of benefits to members, the College may withdraw from EMLAP program funds and disburse to itself reimbursement for the actual expended cost of the eligible member.

## **Funding**

1. Full time members will pay a fee of \$120.00/subscriber/year, deducted in equal monthly amounts.
2. The college will match annual 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 it's 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 the Employee Medical Leave Assistance Program 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. The open enrollment period shall be September 1 to September 30 of each year.
2. The 15<sup>th</sup> of the month following hire date for new employees.
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 choose to opt out of the program may do so only during the open enrollment period. There will be no refunds of members' contributions.

## **Administration**

1. The EMLAP Committee will develop operational guidelines<sup>1</sup> and consider updates to the policy and guidelines, as needed. Committee composition:
  - a. Two members, elected to committee by EMLAP members in an election coordinated by Human Resources.
  - b. One person from the HR staff will serve as a permanent non-voting member in an advisory capacity.
  - c. One faculty member appointed by Faculty Forum Executive Committee.
  - d. One member appointed by the Classified Employee Association.
  - e. One exempt member appointed by President of the College.
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 on request.
4. Employee applications for the MLAP benefit will be reviewed confidentially and approved by Human Resources based on the employee's serious health condition as certified by a licensed practitioner.
5. The College reserves the right to amend the program.

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<sup>1</sup> The Disbursement Committee will be expected to establish guidelines for limitations on disbursement (e.g., aggregate limits, periodic limits, etc.).

# Central Oregon Community College Employee Medical Leave Assistance Program

## Enrollment Form

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

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

I hereby authorize a payroll deduction of \$120, \$90, or \$60 (based on my assigned FTE) annually from my salary to participate in the COCC Employee Medical Assistance Program, to be deducted in equal monthly amounts through payroll deduction.

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
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<input type="checkbox"/> .50	_____
<input type="checkbox"/> .75	_____
<input type="checkbox"/> 1.0	_____

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

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

### FOR HR OFFICE USE ONLY

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