

COCC MEDICAL LEAVE ASSISTANCE PROGRAM APPLICATION

The Medical Leave Assistance Program (MLAP) is a voluntary contribution program to provide income assistance for employees (hereafter referred to as "members") who do not have sufficient accrued leave(s) during a medical leave of absence. It is intended to be a "bridge" between a medical leave of absence and long term disability benefits 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. All of the member's accrued leave(s) must be exhausted before income assistance will be paid.
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. Income assistance will be paid following ten (10) consecutive working days of leave without pay (after all accrued leaves are exhausted) based on a physician's certification for the extended leave.
6. 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 (LTD)

**MLAP may cover unpaid leave while an employee is still under Worker's compensation. For example, if an employee is back at work, but is required to go to doctor appointments as part of the recovery plan, MLAP will cover the unpaid time to go to doctor appointments as this time is not covered by WC. 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 vacation and sick time for MLAP to pick up the hours. 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 \$4,136 per month for the 2011-2012 plan year. The cap is subject to annual adjustment at the start of each new benefit plan year. **The initial allocation is for 20 work days, 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.

I hereby authorize COCC to release information concerning my MLAP application to the committee for the purpose of evaluating my application. _____ (sign)

I have read and understand the guidelines and rules above:

Signature: _____

Name:

MLAP Application # _____ (assigned by HR Office)

Date:

COCC ID#:

CONFIDENTIAL – MLAP APPLICATION

Medical Leave Assistance Program Application for Assistance

(to be completed by applicant)

- Initial Application
- 2nd Application
- 3rd Application

FMLA Forms Submitted to HR: YES NO

If NO- please submit the form "Certification of Health Care Provider for Employee's Serious Health Condition"

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 Assistance benefit:

FOR HR OFFICE USE ONLY

Application # (assigned by HR Office)

Date submitted:

Hire Date:

Eligibility Date:

First Absence Date:

Benefit Start Date:

Additional information:

HR/Committee Instructions:

Employee and then HR complete appropriate sections of application.

Copies of pages 2 and 3 are then prepared for MLAP Committee review.

Employee name on page 3 (Certification of Health Care Provider) will be blacked out by HR prior to committee review.