

NATIONAL BENEFIT LIFE INSURANCE COMPANY

2008-2009 STATUTORY PLANS AROUND THE COUNTRY

STATE, DATE OF ENACTMENT	WHO MUST HAVE COVERAGE	WAITING PERIOD	DISABILITY PAYMENTS	DISABILITY BENEFIT	OTHER BENEFITS	EMPLOYEE COST	EMPLOYER COST	HOW COVERAGE IS PROVIDED	TITLE OF LAW; RESPONSIBLE AGENCY
RHODE ISLAND 1942	Employers of one or more employees who earn more than \$1,000/qr.	7 days. Waiting period is waived if disability extends beyond 28 days or if on unemployment.	36% of total base period wages divided by their weekly benefit rate-up to 30 weeks per benefit year.	4.62% of total high Base Period quarterly wages minimum \$ 69 maximum \$ 671	\$10 or 7% of individual benefit, whichever is greater, per dependent child under 18 years, up to 5 children, over 18 years if incapable of employment. Partial disability return to work program	1.5% of first \$56,000	None.	State only. Insured or self insured plans not allowed.	Temporary Disability Insurance; Rhode Island Dept. of Labor and Training, P.O. Box 20100 1511 Pontiac Avenue, Cranston, RI 02920-0941 (401) 462-8740
CALIFORNIA 1946	Employers of one or more employees with a payroll of \$100/qr employers of domestic employees with a qtrly payroll of \$750 or more.	7 days.	52 weeks per disability.	55% of avg wkly earning in highest qtr of base period minimum \$50 maximum \$917	6 weeks paid family leave	.8% of first \$86,698 of gross annual wages. max of \$693.58/yr	Optional-may elect to pay all or part of cost	State, private carrier, or self-insured - must equal or exceed state requirements (majority of employees covered by State).	State Disability Insurance, Employment Development Department, 750 N Street, Sacramento, CA 95814 (916) 653 - 0707 800 480-3287
NEW JERSEY 1948	Employers of one or more employees for at least 30 days/yr.	7 days. Waiting period is compensable if benefits are payable for longer than 21 days.	1/3 of total wages for base year, or 26 times benefit rate- whichever is less.	2/3 average weekly wage. Maximum \$546	6 weeks paid family leave	0.5% of first \$28,900 of annual wages. If private plan, cannot exceed cost of State Plan.	Based on factor (assigned by experience) of first \$28,900 per year. Tax base changes annually based on 53% of statewide averages for previous year.	State, private carrier, or approved private plan. Private plan must be approved by majority of employees.	New Jersey Temporary Disability Benefits Law; Department of Labor and Industry, Division of Employment and Disability Insurance, Labor Building CN 387 Trenton, NJ 08625 (609) 292-2681 (609) 984 - 5510
NEW YORK 1949	Employers who have one or more employees for 30 days/yr.	7 days.	26 weeks disability per 52 weeks.	50% of average weekly wage Minimum \$20 or avg wage if less Maximum \$ 170	None.	0.5% of covered payroll. Maximum of \$.60 per week.	Balance of cost.	Private carrier, self -insured, State Fund. (Majority of employers covered by private carrier).	Disability Benefits Law; Workers' Compensation Board 100 Broadway-Menands, Albany, NY 12241 (518) 474 - 6681 800 353 3092
PUERTO RICO 1968	Employers of one or more employees during any day of the current or preceding year.	7 days, or first day in hospital if earlier.	26 weeks disability per 52 weeks.	\$12 to \$113 (non agricultural) per week, according to a schedule which would approx. 65% of earnings. Agricultural workers \$12 to \$55.	Death Benefit: \$4,000-except if caused by an auto accident covered under "no fault". (benefits for dismemberment)	\$0.6% of first \$9,000/yr.	Employer and employee may share cost of contribution	State, private carrier, or approved private plan. Must be approved by majority of employees (1 of 3 employers covered by State).	Temporary Disability Benefits Program; Bureau of Employment Security, Department of Labor and Human Resources, 505 Munoz Rivera Avenue, Hato Rey, PR 00918 (787) 754 - 5353
HAWAII 1969	Employers of one or more employees; employers of domestic employees with a qtrly payroll of \$225 or more.	7 days.	26 weeks disability per benefit year.	58% of average weekly wage. Maximum \$489, minimum \$14 or average weekly wage, whichever is less.	None.	50% of cost up to 0.5% of weekly wage. Maximum of \$4.21 per week.	Balance of cost.	Private carrier or approved self insured plan. No State plan.	Temporary Disability Insurance Law; Department of Labor and Industrial Relations, Disability Compensation Division, 830 Punch Bowl Street Honolulu, HI 96813 (808) 586 - 9188