

Pennsylvania Child Care Association

FocusHRO: Carrier Coverages, Unemployment Rules, & Employer Documentation

HR Specialist Linda Hostetter and FocusHRO Founder & CEO Sam Boore will talk about concerns that are on your mind right now. Topics addressed will include Unemployment Compensation and the Federal CARES Act, employee benefits in a time of furloughs and layoffs, and documentation requirements under the Families First Coronavirus Response Act (FFCRA).

FocusHRO is a PACCA shared services business partner



Before we begin

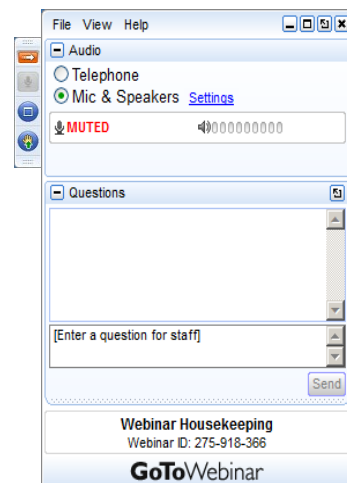
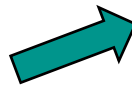
HAVING TROUBLE HEARING THE AUDIO?

Are you having audio issues?

- Click on the Audio button in the control panel and a drop down menu will display a phone number you can call to listen into the audio portion of the webinar.
- Over 300 people registered for this webinar. Participants are in **LISTEN** only mode.
- But to be sure, please mute your computer, tablet or phones.

Technical Support:

Teresa Rine at 717-350-8166 or email
membership@pacca.org





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Your association membership gives you and your practice access to **the best programs and pricing:**

FOR YOUR PRACTICE	FOR YOUR EMPLOYEES
<ul style="list-style-type: none"> Workers Compensation Payroll Services <ul style="list-style-type: none"> Direct Deposit Integrated Benefit Administration Employee Onboarding HR and Compliance Documents <ul style="list-style-type: none"> Employee Handbooks Wrap SPD's Section 125 Compliance Administrative Support Web Design and Management 	<ul style="list-style-type: none"> Voluntary Products <ul style="list-style-type: none"> Life Insurance Long Term Disability Short Term Disability Accident/Hospital Plan Dental/Vision Plan Group Health Insurance Medicare Telemedicine Employee Assistance Programs Free Discount Services (for your employees and family)

Take advantage of these offers, many at deep discounts, only available through FocusHRO! Get free quotes to make sure you are getting the best for your practice AND your employees!

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HOW TO GET A QUOTE

www.FocusHRO.com/PACCA

The screenshot shows the FocusHRO.com/PACCA website. On the left is a registration form titled "PACCA and FocusHRO Welcome You!". The form includes fields for "Company name (if contacting on behalf of a company)", "First name", "Last name", "Position", "Phone", "Email", and "Address". To the right of the form is a section titled "EXCLUSIVE MEMBERSHIP BENEFITS" which lists various services for practices and employees, including Workers Compensation, Payroll Services, Group Health Insurance, and more.

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CARRIER COVERAGES, UNEMPLOYMENT RULES, AND EMPLOYER DOCUMENTATION

Linda Hostetter and Sam Boore



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This webinar, as well as the information and opinions provided herein, are not intended as a substitute for proper legal advice. The host, the panel members and their respective employers, cannot be held responsible for errors, omissions, or changes to the law.

Please seek legal counsel for specific advice for your specific situation.

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UNEMPLOYMENT BENEFITS

Your employees may be eligible for UC Benefits if:

- You temporarily close or go out of business because of COVID-19
- You reduce employee hours because of COVID-19
- You have told your employees not to report to work because you feel employees might get or spread COVID-19
- Your employees have been told to quarantine or self-isolate, or live/work in a county under government-recommended mitigation efforts

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Federal CARES Act

Signed into law March 27, 2020, the Act provides enhanced Unemployment Compensation (UC) benefits and Pandemic Unemployment Assistance (PUA) for Pennsylvanians.

Pandemic Unemployment Compensation (FPUC) - Additional Benefits

An additional \$600 per week, on top of regular benefits, to all UC recipients

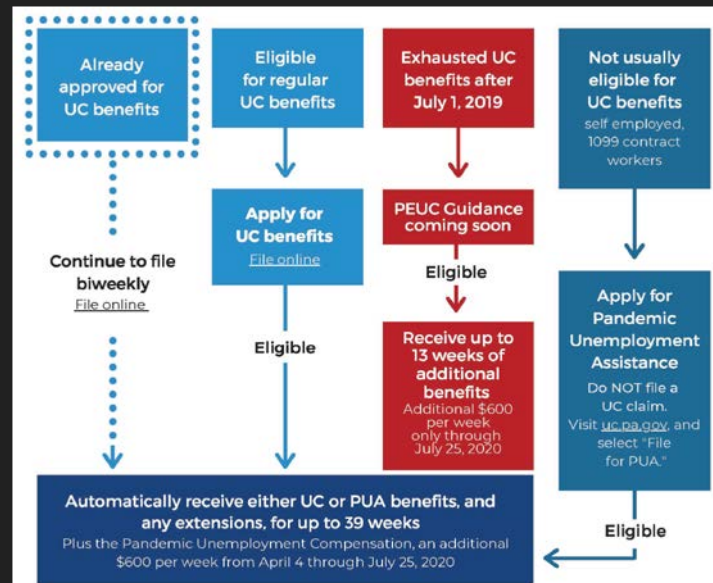
Pandemic Emergency Unemployment Compensation (PEUC) - For UC Benefit Exhaustees

An additional 13 weeks of UC benefits, beyond the regular 26 weeks already provided, for a total of 39 weeks of coverage.

The waiting week and proof of employment search has been waived under this act as well.

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MORE INFORMATION AND DOCUMENTS AVAILABLE

Information on what happens if your employee refuses to report to work, the UC-1921W Refusal form and more information available at www.FocusHRO.com/PACCA

WHAT YOU NEED TO KNOW ABOUT YOUR EMPLOYEES' UNEMPLOYMENT BENEFITS

EMPLOYER QUESTIONNAIRE REFUSAL SUITABLE WORK

Submit the completed form, along with any additional documentation, within seven (7) days of the refusal of a job offer or referral. (All fields marked in red must be completed prior to submission.)

Client's Name: _____ Social Security No.: XXX-XX-XXXX

Employee's Name: _____ Title: _____

Contact Person: _____ Email: _____

Employee's Address: _____ Telephone No.: _____

Temporary Staffing Agency? Yes ☐ No ☐

In order for the department to determine the claimant's eligibility for unemployment compensation and to protect your employer's account, please answer the following questions:

1. Did the claimant refuse to accept a referral to employment? Yes ☐ No ☐
 - If Yes:
 - (a) In what manner was the referral made? _____
 - (b) Who made the referral? _____
 - (c) Please explain the type of employment to which the claimant was referred. _____
2. Did you offer the claimant a specific job that the claimant refused? Yes ☐ No ☐
 - If Yes:
 - (a) Was the claimant ever worked for you? Yes ☐ No ☐
 - (b) On what date was the job offer made? _____
 - (c) How was the job offer made? _____
 - (d) Who made the job offer? _____
3. What reason did the claimant give for refusing the job offer or refusal to employment? _____
4. What were the duties of the job that was offered/refused?
 - (a) What was the job's title of job? _____ Temporary ☐ Permanent ☐
 - (b) What were the scheduled working hours? Full time ☐ Part time ☐
 - (c) Where was the job located? _____
 - (d) Please describe any unusual responsibility or conditions of work. _____
 - (e) When was the job scheduled to start? _____
 - (f) If the job was temporary, when was it scheduled to end? _____

I certify that all information I have provided is true and correct.

Signature: _____ Date: _____

RESET SAVE AS PRINT SUBMIT

UC 1921W REV 10-18

Additional rules and penalties are available upon request to individuals with disabilities. Email: Disability@unemployment.org

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CARRIER COVERAGES

With much of the country in a lock down due to COVID19, many of you have concerns regarding your employee benefit programs. This can be caused from reduction in hours, terminations, furloughs and laying off employees.

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THE PROBLEM

Plan documents do not usually differentiate between an employee who is terminated versus one who is laid off versus one who is furloughed. For benefits purposes, eligibility is generally described as an active full-time employee or an employee who works at least a minimum number of hours per week (e.g., 30). If an employee is under protected leave, such as FMLA, benefits continue during leave.

This means that any employee who is not meeting the hours requirement or is not actively at work (work from home is considered actively at work) based on being terminated, furloughed, or laid off—even temporarily—will generally have their benefits terminated and receive an offering of COBRA, state continuation, or no offer of continuation depending on the employer's size and state in which they are located.

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WHAT TO DO

It is important to work with your carrier to determine if it's relevant to whether leave is paid or unpaid, and to determine how long benefits may continue during a furlough or layoff. It is also important to determine if the carrier will allow coverage to continue as long as premiums continue to be paid, during a public health emergency.

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WHAT TO DO

A reduction in hours, which includes a temporary lay-off and furlough, is considered a COBRA qualifying event if it results in a loss of coverage. If an employer has fewer than 20 employees, state continuation law ("mini-COBRA") may apply. The IRS COBRA regulations provide that a reduction in hours for a qualifying employee occurs when there is a decrease in hours an employee is required to work or actually works, and is not accompanied by an immediate termination of employment.

If a group health plan eligibility depends on number of hours worked in a given period (such as 30 hours per week) and the employee is not working or has not worked those hours, it is considered a reduction in hours.

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WHAT TO DO

If there is no difference in the plan documents for furloughed, laid-off, or terminated employees and the carrier will not grant a concession, then a reduction in hours or no longer working is a qualifying event and employees should be terminated from the group health plan.

We understand this can be hardship and difficult decision to make during a public health emergency.

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WHAT TO DO

Our carriers have been very generous and have given their clients grace periods in which your employees' coverage can continue without having to elect COBRA coverage at a very high cost. This time frame varies from carrier to carrier. If you would like to discuss your individual carrier's regulations, please contact us directly.

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WHAT TO DO

We would also like to inform you that the carriers are providing **Telemedicine** for their members to utilize. This is available even if their plan did not previously offer it. It is at a low to no cost for your employees. Please encourage your employees to utilize this benefit.

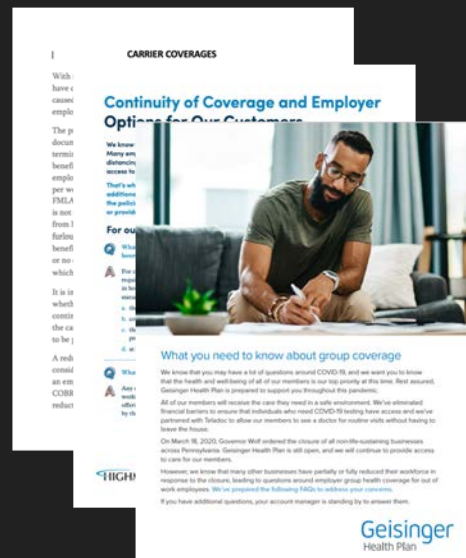
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MORE INFORMATION AND DOCUMENTS AVAILABLE

Advice on how to help employees continue to pay premiums, information for specific carriers, and more available at

<http://www.FocusHRO.com/PACCA>



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Required FFCRA Documentation, Recordkeeping for New Federal Paid Leave (COVID-19)

The new FFCRA regulations require employees to provide notice to their employers about their need to take either paid sick leave or expanded family and medical leave for reasons related to COVID-19, also known as coronavirus, and the notice must include the following information:

- Employee's name
- Date(s) for which leave is requested;
- Qualifying reason for the leave; and
- Oral or written statement that the employee is unable to work because of the qualified reason.
- Additional information specific to the qualifying reason for leave.

The new regulation requires employers to keep the documentation for four years, regardless of whether the employee was granted leave or not.

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MORE INFORMATION AND DOCUMENTS AVAILABLE

Businesses are required to display
an FFCRA poster by the Department
of Labor.

A sample request form for extended
FMLA, the required FFCRA Poster,
and more information on the
Families First Coronavirus Response
Act and more available at
<http://www.FocusHRO.com/PACCA>

EMPLOYEE RIGHTS
PAID SICK LEAVE
UNDER THE FFCRA

The Families First Coronavirus Response Act (FFCRA) provides certain employees with paid sick leave and paid family leave.

PAID SICK LEAVE
Generally, employees are eligible for paid sick leave if they are unable to work because of COVID-19 or a family member with COVID-19.

PAID FAMILY LEAVE
Generally, employees are eligible for paid family leave if they are unable to work because of the birth, placement with the employee, or care of a child under the age of 18.

ELIGIBLE EMPLOYER
The FFCRA applies to employers with at least 50 employees in the United States.

QUALIFYING REASON
An employee is eligible for paid sick leave or paid family leave if they are unable to work for one of the following reasons:

1. is subject to a Federal quarantine order;
2. has been advised by a health care provider to self-quarantine because of COVID-19;
3. is experiencing COVID-19 symptoms;
4. is caring for an individual who is self-quarantined.

ENFORCEMENT
The U.S. Department of Labor is responsible for enforcing the FFCRA. Employees who believe their employer is not complying with the FFCRA may file a complaint with the DOL.

BASE AND: UNITED STATES

An employee must complete a request form and return to Human Resources. A verbal notice is acceptable until a form can be provided.

Sample Notice:
To request expanded FMLA leave as provided under the Families First Coronavirus Response Act and Company Name's Expanded Family and Medical Leave Policy, please complete the following request form and submit to your manager or the human resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave Policy.

Employee Name (print clearly): _____
Department: _____
Manager: _____
Requested Leave Start Date: _____ End Date: _____

I am requesting this expanded FMLA leave due to my inability to work (or telework) because I am needed to care for my child due to:
☐ The closing of my child's school or place of care, due to concerns related to COVID-19.
☐ The unavailability of my child's regular child care provider due to concerns related to COVID-19.

Furthermore,
☐ I attest that no other suitable person is available to care for my child during the requested period of leave.
☐ I attest that special circumstances exist requiring my need for leave to care for a child under 18.

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WE'RE HERE TO HELP



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THANK YOU to our Presenters

Please Keep in Touch

- PACCA Facebook Page
- PACCA Members-Only Facebook Directors' Group
- Email: links to staff email addresses are on the PACCA website at pacca.org

**Not a member of PACCA? Please join us at
<https://pacca.org>**