

2020 State Mandated Non-Occupational Disability Benefits

State	New York	New Jersey
Benefit	DBL Disability Benefits Law	TDB Temporary Disability Benefits
Providers	Private carrier State Fund Self-insured (state approved)	State Fund Private carrier Self-insured (state approved)
Benefit Percentage	50% of average weekly wage	85% of average weekly wage
Weekly benefit, max.	\$170	\$881
Elimination period	7 days	7 days; Retroactive to the first day after 22 consecutive days of disability
Maximum duration	26 weeks	Up to 26 weeks, capped at 1/3 base year wages
Employee cost	0.05% of coverage wages to a max \$0.60 per week	\$0.26% of taxable wages of the first \$134,900 to a max of \$350.74 annually
Employer cost	Balance	Private plan – balance of cost State Fund – rate varies from 0.10% to 0.75% (between \$32.00 and \$240.00 on the first \$32,000 earned by each employee)
State Ins Dept Tel #	(718) 802-6964	(609) 292-7060
State Website	www.wcb.state.ny.us/index	myleavebenefits.nj.gov/worker/tdi

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State	California	Hawaii	Puerto Rico	Rhode Island
Benefit	SDI State Disability Insurance	TDI Temporary Disability Insurance	DBA Disability Benefits Act	TDI Temporary Disability Insurance Act
Providers	State Fund Self-insured	Private carrier Self-insured	Private carrier State Fund Self-insured	State Fund
Benefit percentage	60-70% of employees base period earnings	58% of average weekly wage.	Private plan – at least equal to state plan State plan – minimums <u>Industrial:</u> 65% - \$113 <u>Agricultural:</u> 65% - \$55	60% * For employees with dependants, per dependant: the greater of 7% of weekly benefit or \$10 per dependent up to 5 dependents max.
Weekly benefit, max.	\$1,300	\$650	See above	\$887
Elimination period	7 days	7 days	7 days (unless hospitalized)	7 days (retroactive to first after 28 consecutive days of disability)
Maximum duration	52 weeks	26 weeks	26 weeks	30 weeks
Employee cost	1% of first \$122,909 of annual taxable wages to a max of \$1,229.09 annually	0.5% of \$58,210.88 of annual taxable wages to a max of \$291.20 annually	\$0.30 per \$100 covered wages, combined employee/employer is 0.6% of the first \$9,000. Employee cost must not exceed employer cost	1.3% of first \$72,300 year to a max of \$939.90 annually
Employer cost	Optional, employer may elect to pay 0-100% of the employee cost	Balance, employer is required to pay for ½ or more of cost of plan	Same as employee	N/A
State Ins Dept Tel #	(800) 480-3287	(808) 586-9161	(787) 754-2172	(401) 462-8420
State website	www.edd.ca.gov/direp/diind	labor.hawaii.gov	N/A	www.dlt.ri.gov/tdi/

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