STATE OF CALIFORNIA - DEPARTMENT OF HUMAN RESOURCES

INDUSTRIAL DISABILITY LEAVE WITH SUPPLEMENTATION BENEFITS INFORMATION AND OPTION SELECTION STD. 618S (Rev. 10/2019) (FRONT)

EMPLOYEE NAME	DATE MAILED TO EMPLOYEE
EFFECTIVE DATE	DATE OF INJURY
CBID	RESPONSE DUE DATE

It has been determined that you have been industrially injured and that you are eligible for an income continuation program. You have a choice of receiving Industrial Disability Leave payments with or without supplementation of your available leave credits. Review this information carefully because the choice is an irrevocable one. The reverse side of this form provides you with detailed information based on your own salary, voluntary deductions and available leave credits.

You must sign the form and return it to your departmental personnel office within 15 days. Failure to respond will result in you being placed on Basic IDL without supplementation.

DESCRIPTION OF BENEFITS								
Question	Industrial Disability Leave (IDL)	Industrial Disability Leave Using Available Leave Credits (IDL/S)						
Is there a waiting period before benefits start?	Yes, three days. This is waived if you are hospitalized, disabled as a result of a criminal act of violence, or off more than 14 days.							
How much may I receive?	Amount varies and is limited to 52 weeks, or 2080 work hours (for full-time and prorated for other time bases) of payments within a two-year period beginning on the first day of disability. For the first 22 dates, (176 hours for full-time and prorated for other time bases) of disability, you will receive your regular monthly net pay. Thereafter, you will receive 2/3 gross pay less voluntary deductions for the remaining eligibility period. No leave credits are used.	For the first 22 dates, (176 hours for full-time and prorated for other time bases) of disability, you will receive your regular monthly net pay. Thereafter you may supplement the 2/3 gross pay with accrued leave credits in an amount necessary to approximate normal net pay. Once the level of supplementation is chosen it cannot be increased but may be decreased on a prospective basis at your discretion.						
What leave credits may be used?	N/A	Sick leave, CTO-compensating time off, vacation or annual leave, or other leave credits such as personal leave.						
Instead of Industrial Disability Leave may I opt to supplement a workers' compensation payment such as temporary disability?	No, this option is no longer available to you as long as you are eligible to receive Industrial Disability Leave. Once IDL is exhausted you may supplement the workers' compensation payment with available leave credits.							
Does the state contribution for my health, dental and other insurance premiums continue?	Yes, state contribution continues.							
Do I continue to earn annual leave, vacation, and sick leave credits?	Yes, you continue to receive full credit.							
Do I continue to make my PERS/ STRS contribution and earn full retirement credit?	Yes, you continue to make your full PERS/STRS contribution and you continue to earn full retirement credit.							
Will disability payments from other sources affect my IDL benefits?	Your benefits may be reduced if you receive Social Security disability payments. Any benefit that you pay for yourself will not be affected.							

We recommend that you keep a copy of this notice. You can then refer to it if you need further information or any questions answered. The rules governing employees of the state university system may be slightly different from those described. If you are an employee of that system please check with your personnel department.

	DISABIL	LITY LEA					N BENEFITS	INFO	RMATION AND	OPTION SEL	ECTION	
STD. 618S (Rev. 10/2019) (REVERSE) NAME					CBID		SOCIAL SE			All computat Salary for:	All computations based on Salary for:	
POSITION NUMBER SALARY RATE RET				RET	IREMENT RATE			TATUS State	ADDITIONAL TAX		pay period	
1. REGULAR - FIRST 22 V						LITY LEAVE	2. INDUSTRIAL DISABILITY LEAVE - AFTER FIRST 22 WORKING DAYS (BASIC IDL)					
GROSS SALA		•			•		DATE MAILED TO EMPLOYEE					
LESS PERS/STRS							GROSS SALARY					
LESS FEDERAL INCOME TAX							LESS 1/3 ADJUSTMENT					
LESS SOCI	AL SECUI	RITY/MEDI	CARE				GROSS IDL BENEFIT PAYMENT					
LESS STAT	E INCOM	E TAX					LESS PERS/STRS RETIREMENT					
LESS STAT	E DISABII	LITY INSUI	RANCE (S	DI)			2/3 OF NET PAY					
FULL NET PA	λΥ						MISCELLANEOUS DEDUCTIONS					
	MISCE	LLANEO	JS DEDU	ICTIO	NS		CODE		ORGANIZAT	ION	AMOUNT	
CODE		ORGAN	NIZATION	I	Α	MOUNT						
							LESS TOTAL MISCELLANEOUS DEDUCTIONS					
LESS TOTAL	MISCELL	ANEOUS [DEDUCTIO	ONS			NET IDL BENEFIT PAY					
REGULAR NE	ET PAY/*N	NET IDL BE	NEFIT PA	Υ			3. IDL WITH SUPPLEMENTATION (IDL/S)					
TAX DEFERF	RED COM	PENSATIO	N NET				GROSS SUPPLEMENTATION PAY					
*ADJUSTED BY: FEDERAL, STATE AND OTHER TAXES						S	LESS DEFERRED COMPENSATION OR TAX					
	AVAIL	ABLE LE	AVE CRE	EDITS	;		SHELTERED ANNUITIES TAXABLE SUPPLEMENTATION PAY					
SICK LEAVE	С	TO	VAC	OITA	N	ANNUAL	LESS FEDERAL INCOME TAX					
HOLIDAY	PERSONA	L HOLIDAY	PERSON	IAI I F	=A\/F	OTHER	LESS STATE INCOME TAX					
HOLIDATI			Liteon		_, , , , _	OTTLER	LESS SOCIAL SECURITY/MEDICARE					
							NET SUPPLEMENTATION PAY					
HOURS OF CREDIT NEEDED FOR SUPPLEMENTATION IN A						JIN IIN A	NET IDL BE	NEFIT	PAY (from # 2 abo	ve column)		
21 22 (Check One) DAY PAY PERIOD ARE					TOTAL NET	IDL/S	BENEFIT PAY					
PLEASE NOTE: ALL CALCULATIONS ARE BASED ON THE PAY PERIOD INDICATED ABOVE. LEAVE CREDITS NEEDED FOR					SPECIAL IDL CONDITIONS AND RESTRICTIONS Deductions for deferred compensation cannot be taken on the basic Industrial disability benefit. Deductions for deferred compensations							
SUPPLEMENTAL PAY WILL VARY DEPENDING ON THE NUMBER OF WORK DATES IN THE PAY PERIOD.												
Please indicate your benefit selection in the space below and					 can only be taken on industrial disability leave with supplementation (IDL/S) and only if there is enough money generated by the 							
return this form to your personnel office within 15 calendar days or no later than the date indicated above. Failure to respond in the					supplementation pay to cover the deduction. Employees must keep their personnel office informed of any							
allowed time will result in you being placed on IDL without					industrial disability benefits received from other programs.							
supplementation					EMPLOYEE CERTIFICATION AND SIGNATURE I have received a copy of the Industrial Disability Leave Benefit Option							
Industrial Disability Leave (IDL) without supplementation							Comparison (form STD. 618S) and I understand that the election I made above regarding my choices related to IDL and IDL/S are subject to the restrictions outlined in this form.					
Industrial Disability Leave with supplementation (IDL/S)						•						
If you select IDL/S please indicate the level of supplementation requested. Please be advised that the Personnel Office may be						may be	EMPLOYE	E'S SI	GNATURE		DATE SIGNED	
required to change this supplementation level because of changes						f changes	PERSONN	IEL SP	ECIALIST'S SIGNA	ATURE	DATE SIGNED	

in your monthly pay status and available leave credits.

Partial Supplementation in the amount of

Full Supplementation in the amount indicated above.

hours.

Contact the Personnel Office if you have questions regarding this form.
Please contact the Return to Work Coordinator if you have questions regarding your disability benefits.