# Nonindustrial Disability Insurance (NDI) Employee Information

### **Eligibility requirements:**

You must:

- 1. be an active CalPERS/STRS member in compensated employment, and
- 2. have a permanent/probationary full-time CSU appointment, or

have a permanent, part-time or hourly CSU appointment and have received pay for six pay periods in the eighteen months prior to the disability, or

have an appointment at half-time or more for one year of service or one academic year, and

- 3. have a disability which has been verified and accepted by the Employment Development Department (EDD), and
- 4. submit to a medical examination if requested by EDD.

### How to Apply:

Complete the Employee Questionnaire contained in this packet and return it to Payroll Services, CP-320. A First Claim for Nonindustrial Disability Insurance form will be prepared for you to complete and forward to EDD. You will be notified of the status of your claim by EDD approximately 7-10 days after your application has been received.

## **Effect on CSUF position:**

While on NDI you will be placed on inactive pay status. For pay periods where you do not receive at least eleven days of regular pay, you will not receive credit towards SSIs, state service, sick leave or vacation. Regular pay is defined as pay for time worked as well as time covered by leave credits or holidays.

Probationary employees will have their probationary period extended for each calendar day on NDI.

Reminder: It is still your responsibility to keep your department and Human Resources informed of your status. Before returning to work you must provide a written statement of release from the attending physician. If you are still unable to return to work after you are released to return to work by your physician, please contact the Human Resources Office for your options.

# Please read the following information before requesting that Payroll Services prepare your disability application.

A Request for Formal Leave of Absence form must be completed and submitted to Human Resources (available on Informed Filler in the Benefits folder).

All sick leave must be exhausted before benefit payments will begin.

Vacation and/or CTO credits may be used. If vacation or CTO credits are used, they must be exhausted before NDI benefits will begin. If the entire period of absence is covered by sick leave and vacation/CTO credits, you will receive no NDI benefits. You must file a written statement with Payroll Services indicating your desire to use vacation or CTO credits.

Employees may also be entitled to paid maternity leave. Please consult the CBA for your bargaining unit.

The Catastrophic Leave Program may be available to you. Please contact Human Resources for information.

The waiting period (the period before disability benefits begin) is seven calendar days beginning the day after the date you are disabled and may be with or without pay depending upon whether you are using accrued sick leave (required) or vacation/CTO (optional). The waiting period is waived if you are hospitalized for a 24-hour period.

Example: Employed full-time Not hospitalized for 24 hours Absent 2 weeks

30 hours sick leave Does not want to use vacation (100 hours available)

Injured on Sunday

The waiting period in this situation would be 7 (seven) calendar days. Since the employee elected not to use vacation/CTO credits, part of the waiting period is not covered by leave credits. Monday is the first day of the waiting period. Sick leave would be used as follows:

Sunday: Date of injury
Monday: Sick leave 8 hours
Tuesday: Sick leave 8 hours
Wednesday: Sick leave 8 hours
Thursday: Sick leave 6 hours

No pay for 2 hours

Friday: No pay for 8 hours

Saturday: Sixth day of waiting period Sunday: Seventh day of waiting period

Monday: Benefits begin (if authorization is received)

(Note: If the employee in this scenario had elected to use vacation, there would be no need to apply for NDI since the entire period of absence would have been covered by leave credits.)

## **Benefit period:**

The maximum period of payment per disability is 26 weeks (182 calendar days). Only one period of disability will be granted when two disability periods are separated by 14 days or less.

#### Maximum weekly benefits are:

\$250.00 for employees in C99, M80, M98, and collective bargaining units 2, 5, 7, and 9; \$135.00 for employees in collective bargaining unit 1;

\$125.00 for employees in E99 and collective bargaining units 3, 4, 6, and 8.

Your actual weekly amount will be based on your salary. The maximum benefit will be paid if your monthly salary is at least \$1170.00 for bargaining units 1,2,5,7 and 9, or at least \$1083.00 for all others. Payment is for calendar days, not just work days.

Payments are subject to federal and state taxes, Social Security/Medicare tax, and any voluntary deductions (such as health, dental, vision, credit unions, etc.) if sufficient gross is available. If you do not want your voluntary deductions to continue, you must cancel them through the usual channels (contact Payroll Services if you need specific information). No retirement will be deducted and no credit will be earned toward retirement service.

Payments are made monthly, usually within a few days following the end of the state pay period. Payments may be delayed if authorization is not received from EDD in a timely manner.

Your direct deposit may be canceled administratively by Payroll Services while you are disabled.

### Payments cease when:

You return to work full-time (no NDI payments will be made for any days where the time worked or the leave credits used exceeds 4 hours); you resign, are dismissed, retire, die, or are laid off; or your temporary appointment ends.

# EMPLOYEE QUESTIONNAIRE

Name:			SSN:				
	(Print)						
1. Do you wish to appl		yes	_	no			
2. Do you want to use	your						
	vacation credits	??	yes		no		
	CTO credits?		yes		no		
	personal holida	y?	yes		no		
	paid maternity	leave?	yes		no		
3. The last day you wi	ll physically wor	k? <u>Mo.</u>	Day Y	<u></u>			
4. Do you want your d	isability applicat	ion to be:					
Mailed?							
	Address:	Street					
Picked Up?		City		State		Zip	
	By whom?	Name (pleas	e print)				
5. Would you like your disability checks:							
Released to department?							
Mailed?							
	Address:	Street					
		City		State		Zip	
6. I have received the of authorization from E		et and unders	tand that pa	ayments	may be d	lelayed per	nding receipt
Signature					Date		