

YOUR EMPLOYER'S PAID LEAVE EQUIVALENT PLAN

United of Omaha Life Insurance Company

3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 1-833-928-2179
www.mutualofomaha.com

What You Need to Know

Starting in September 2023, Paid Leave Oregon will serve most employees in Oregon by providing paid leave for the birth or adoption of a child, you or a loved one's serious illness, or if you experience sexual assault, domestic violence, harassment or stalking. Your employer has been approved to offer paid leave benefits through an equivalent plan. This means that your paid leave benefits will come from your employer or plan administrator.

What benefits are provided through my employer's Equivalent Plan and who is eligible?

Employees in Oregon that have earned at least \$1,000 in the prior year may qualify for up to 12 weeks of paid family, medical or safe leave in a benefit year. While on leave, the employer's equivalent plan provider pays employees a percentage of their wages. Benefit amounts depend on what an employee earned in the prior year.

Who pays for Equivalent Plans?

Contributions are calculated as a percentage of wages and your employer will deduct your contribution from your paycheck, if applicable.

When do I need to tell my employer about taking leave?

If your leave is foreseeable, you are required to give notice to your employer at least 30 days before starting paid family, medical or safe leave.

How do I apply for paid leave under the Equivalent Plan?

In September 2023, you can apply for paid leave benefits under your equivalent plan by:

Calling 1-833-928-2179 to begin the process, or by completing claim forms.

Claim forms are available at www.mutualofomaha.com/support/forms

Forms can be submitted online or completed and emailed to submitgroupPFML@mutualofomaha.com or mailed to:

Mutual of Omaha Insurance Company
Group Insurance Claims
3300 Mutual of Omaha Plaza
Omaha, NE 68175-0001

How can I appeal my claim decision?

If your application is denied, you can appeal the decision with your plan administrator by submitting a written request within 20 days to:

Group Insurance Claims Management, 8th Floor
Appeals Department
3300 Mutual of Omaha Plaza
Omaha, NE 68175

How do I dispute my claim decision?

If the appeal does not resolve your disagreement with your claim, you can request support from Paid Leave Oregon for dispute resolution. Visit paidleave.org or call 888-854-0166 for more information.

What are my rights?

If you are eligible for paid leave, your employer cannot prevent you from taking it. Your job is protected while you take paid leave if you have worked for your employer for at least 90 consecutive calendar days. You will not lose your pension rights while on leave and your employer must give you the same health benefits as when you are working.

How is my information protected?

Health information related to family, medical, or safe leave that you choose to share with your employer is confidential and can only be released with your permission, unless the release is required by law.

What if I have questions about my rights?

It is unlawful for your employer to discriminate or retaliate against you because you asked about or claimed paid leave benefits. If your employer is not following the law, you have the right to bring a civil suit in court or to file a complaint with the Oregon Bureau of Labor & Industries (BOLI). You can file a complaint with BOLI online, via phone or email:

Web: www.oregon.gov/boli | **Call:** 971-245-3844 | **Email:** help@boli.oregon.gov

Learn more about our Equivalent Plan:

INSTRUCTIONS

How to use the Equivalent Plan Model Notice template

Employers with an approved equivalent plan are required to provide their employees with a notice poster that provides required information about their approved plan. This template outlines the required information for that notice poster and can be used to create the written notice about your equivalent plan. For more details on notice poster requirements, see [OAR 471-070-2330](#).

To use this notice template, you must update the provided text to accurately reflect your plan information, including completing the information that was left blank. If you provide a plan that is more beneficial than the state Paid Leave Oregon plan, you should edit the provided text to describe how your plan works. For example, if you offer more paid leave types or you don't withhold contributions from employees, you should edit the provided text to explain your plan.

Your notice poster must include information on:

- Benefits provided under your plan
- How to file a claim for benefits
- Employee notice requirements and penalties
- How to appeal a decision
- Employee deductions, if any
- An employee's right to dispute a decision through the Employment Department
- A statement that discrimination and retaliatory personnel actions against an employee for asking about paid leave benefits, giving notice of paid leave, taking leave or claiming paid leave benefits are prohibited.
- The right to job protections and benefits continuation
- The right to bring civil action or file a complaint with the Bureau of Labor & Industries (BOLI) for violation of job protections or protections from discrimination or retaliation.
- That any health information received is confidential and may not be released without the employee's permission unless state or federal law or a court order permits or requires disclosure.

Your completed notice poster must be displayed in each of your buildings or worksites in an area that is accessible to and regularly frequented by employees. You must provide the notice to remote employees by hand delivery, regular mail, or through email or other electronic means.

The notice poster must be displayed in the language(s) you typically use to communicate with employees in your buildings or worksites, and must be provided to remote workers in the language you typically use to communicate with your employees.