



TO: Consumers of the RI VDC Program

FROM: Fiscal Intermediary Department

RE: Employment Packages

Welcome to the Tempus Unlimited, Inc. Fiscal Intermediary (FI) program. Enclosed please find all the pre-populated forms you will need to sign, date and return to us in order to start your participation in the FI Program. The following is a list of the forms and a brief description of their use:

VDC Veteran and ADNA Agreement: The Agreement explains the roles and responsibilities for the Consumer and the Aging and Disability Network Agencies (ADNA) to manage the Veteran Directed Care (VDC) program. The Consumer completes and signs this form.

SS-4 Application for Employer Identification Number (EIN): Each Veteran is an employer in the FI program. You will need an Employer Identification Number (EIN) in order for Tempus Unlimited, Inc. to report tax withholding and other information for your workers, to the Internal Revenue Service. This form is required by the Federal Government. The Veteran, Legal Guardian, or POA completes and signs this form.

RI Business Application and Registration Form (BAR): This application is similar to the SS-4 above, however it is required by the State of Rhode Island. The Veteran, Legal Guardian, or POA completes and signs this form.

8821 Tax Information Authorization: This form will allow Tempus Unlimited, Inc. to inspect and receive information about the tax forms indicated on line 3(b) and for the tax periods indicated on line 3(c) on form 8821. The Veteran, Legal Guardian, or POA completes and signs this form.

2678 Employer Appointment of Agent: This form will allow Tempus Unlimited, Inc. to file the appropriate forms with the Internal Revenue Service (IRS) as an agent of the Veteran. The Veteran, Legal Guardian, or POA completes and signs this form.

RI-2848 Power of Attorney and Declaration of Representative: This form allows Tempus Unlimited, Inc. the Power of Attorney for the following forms we file on your behalf: The State Income Tax withholding and the BAR Form. The Veteran, Legal Guardian, or POA completes and signs this form.

Fiscal Intermediary Procedure for Submitting Complaints and Grievances: This policy explains how you would proceed in filing a grievance if you were ever unhappy with the services Tempus Unlimited, Inc. provides.

Tempus Unlimited, Inc. Notice of Privacy Practices (NPP): The NPP describes how Protected Health Information (PHI) about you may be used or disclosed, and how you may access this information.

Consent to the Use and Disclosure of Protected Health Information: By completing and signing this form, the Veteran acknowledges consent/non-consent regarding the release of PHI and permission to leave detailed voicemails on home/cell phone. The Veteran, Surrogate or Legal Guardian completes and signs this form.

RI Department of labor and Training Notice (DLT): As an employer in Rhode Island, you need to post this Notice where your Direct Care Workers (DCWs) can see it. In the event that one of your DCWs is injured while working for you, the name and telephone number of your Workers' Compensation Insurance Company are on the form. **Please fill in your name and address before posting.**

Change of Veteran Address Form: If you (Veteran) should move, we require a signed change of address form or a letter of instruction to make the change (**we cannot accept changes over the phone**). Payroll packages are mailed directly to the Veteran/Surrogate address and we cannot re-direct the payroll package unless we have received a signed request.

Emergency Notification System (RAVE): We will use the system to notify you of office closings, important updates and other information that we need to provide quickly. Registration is not required however; an opt-out letter is mailed for those that prefer to not receive these notifications.

Please complete these forms as soon as possible and return them via the fax at the number listed below or mail them to our office at the address listed below. Once we have received your completed FI forms and your ADNA Case Manager submits the final approved Veteran Spending plan from the VA informing you of the approved start date to begin payroll, we will mail timesheets and forms for your DCWs to complete in order to process their payrolls.

If you have any questions, please contact Tempus Unlimited, Inc. at Toll-Free at 1-877-479-7577 Monday through Friday between the hours of 7:30AM and 4:30PM. One of our Consumer Relations Specialists will be happy to assist you.



Fiscal Intermediary Procedure for submitting Complaints and Grievances

Tempus Unlimited, Inc. processes payrolls and related tax filings as the Fiscal Intermediary (FI) for consumers in the Veterans Directed Care (VDC) Program. Tempus Unlimited, Inc. is obligated to provide these services in a professional, courteous and timely manner. Consumers or Surrogates should feel free to voice their concerns whenever they believe these standards are not being met.

- I. If a consumer or surrogate is unhappy with the service, or with a representative of the FI, they can call (toll-free at 877-479-7577), fax, (800-359-2884) , email to: MAFMS@tempusunlimited.org, include the word “Complaint” in the subject line, or mail your letter to the Consumer Relations Supervisor at Tempus Unlimited, Inc., 600 Technology Center Drive, Stoughton, MA 02072. The Consumer Relations Supervisor will review the circumstances regarding the complaint and attempt to resolve the issue within 24 hours of receiving the request. The consumer will be informed of the resolution using the same method as the complainant (telephone, fax, or mail).
- II. If a consumer is not satisfied with the action taken by the Consumer Relations Supervisor, and they feel strongly that their complaint is the result of a violation of law, or regulation, or egregious error or service, they can send an email to: Grievance@tempusunlimited.org, or mail to 600 Technology Center Drive, Stoughton, MA. 02072, ATTN: Compliance Department. The Compliance Office will review the circumstances regarding the grievance and will attempt to resolve the issue within 24 hours of receiving the request. The consumer will be informed of the resolution using the same method as the complainant (telephone, fax, or mail).
- III. If a consumer is not satisfied with the action taken by the Compliance Department, the grievance will be forwarded to the CEO/FI Director via email and/or consumer should submit their grievance by US Mail to Chief Executive Officer/Fiscal Intermediary Director, 600 Technology Center, Stoughton, MA 02072. The CEO/FI Director will conduct an investigation of the circumstances through telephone interviews, personal interviews and/or reviews of written or printed documents relating to the issues.
- IV. Within ten days of receiving the written grievance, the CEO/FI Director will issue a decision in writing to the consumer using the same method as the complainant (email or mail).
- V. If the consumer is dissatisfied with the decision of the CEO/FI Director, the grievance will be transferred to the appropriate parties at the Aging Service Access Point (ASAP) and Veterans Affairs (VA).



Notice of Privacy Practices

August 2024

This notice describes how Protected Health Information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

This notice is provided on behalf of Tempus Unlimited, Inc. herein named the Agency.

PURPOSE: This notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out payment for Fiscal Intermediary program services, required by the contract entered into between the Massachusetts Executive Office of Health and Human Services and Tempus Unlimited, Inc. Protected Health Information is information that may identify the Consumer and that relates to the consumer's past, present or future physical or mental health, and may include name, address, phone numbers and other identifying information.

We are required by law to give you this notice and to maintain the privacy and security of your protected health information.

We must abide by this Notice, but we reserve the right to change the privacy practices described in it. A current version of this Notice, may be obtained from the Agency website, www.tempusunlimited.org, and will be posted in our offices. You may also request a current copy by sending a written request to the Agency Compliance Department, 600 Technology Center Drive, Stoughton, MA 02072

We understand that medical information about you and your health is personal and confidential, and we are committed to protecting the confidentiality of your Protected Health Information. We create a record of the care and services you receive at the Agency. We need this record to provide services to you and to comply with certain legal requirements. This Notice will tell you about the ways we may use and disclose your information. We also describe your rights and certain obligations we have to use and disclose your protected health information.

If you believe your Privacy Rights have been violated, you may make a complaint to us or to the US Secretary of Health and Human Services at: <http://www.hhs.gov/>. To file a complaint with us, you may send a letter describing the violation to Tempus Unlimited, Inc. Compliance Department, 600 Technology Center Drive, Stoughton, MA 02072. You also may email a complaint to Grievance@TempusUnlimited.org.

There will be no retaliation for filing a complaint.

WHO WILL FOLLOW THIS NOTICE: This notice describes the practices of Agency health care professionals, employees, volunteers and others who work in any of the Tempus Unlimited, Inc. Programs that you may participate in.

Your Privacy Rights:

You have the following rights relating to your Protected Health Information and may:

- Obtain a current paper copy of this Notice.
- Inspect or obtain a copy of Agency created documents. Your request to obtain a copy of these documents must be in writing or in a format that allows us to verify the requestor as the Consumer or Guardian or other designated individual.
- Request that we amend your Protected Health Information (PHI), if you feel the information is incomplete or incorrect.
- Obtain a record of certain disclosures of Protected Health Information.
- We will obtain your written permission for uses and disclosures of your Protected Health information sent to you by alternative means or at alternative locations.
- We will obtain your permission for uses and disclosures of your Protected Health Information that are not covered by the Notice or permitted by law. Except to the extent that the use or disclosure has already occurred, you may cancel this permission. This request to cancel must be put in writing or in a format that allows us to verify the requestor as the Consumer or Guardian or other designated individual.

Our Responsibilities:

We are required by law, to maintain the privacy and security of your protected health information and to abide by the terms of this Notice. We will let you know promptly if an incident occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can. If you tell us we can, you may change your mind at any time. We will request that you submit that request in writing. We will offer an accommodation to document your request if needed.

Examples of Uses and Disclosures

We will use your Protected Health information to provide services.

- Public Health: We may give your Protected Health Information to public health agencies who are charged with preventing or controlling disease, injury or disability and is required by law.
- Communicable Disease: We may disclose your Protected Health information to a person who may have been exposed to a communicable disease or may be otherwise at risk of contracting or spreading the disease or condition, if authorized by law to do so, such as a disease requiring isolation.
- Law Enforcement: We must disclose your Protected Health Information for law enforcement purposes as required by law (e.g. a court order, subpoena, discovery request or other lawful process).
- As Required by Law: We must disclose your protected health Information when required by federal, state or local law.
- Health Oversight: We must disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as investigations and inspections. Oversight Agencies are those that oversee the healthcare system, government benefit programs, such as Medicaid, and other government regulatory programs.
- Abuse or Neglect: we must disclose your Protected Health Information to government authorities that are authorized by law to receive reports of suspected abuse or neglect.
- Legal Proceedings: We may disclose your protected Health information in the course of any judicial or administrative proceeding or in response to a court order, subpoena, discovery request or other lawful process.
- Required Uses and Disclosures: We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Regulations.
- To Avoid Harm: We may use and disclose information about you when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person.
- For Specific Government Functions: In certain situations, we may disclose Protected Health Information of veterans. We may disclose your Protected Health Information for national security activities required by law.

Notice of Privacy Practices Revised 8-2024 TU



Aviso sobre las prácticas de privacidad

Agosto 2024

Este aviso describe como la Información de Salud Protegida sobre usted puede ser utilizada y divulgada y la manera en la que usted puede adquirir acceso a esta información. Por favor revise este aviso cuidadosamente.

Este aviso es provisto por parte de Tempus Unlimited, Inc., aquí nombrado como la Agencia.

PROPÓSITO: Este aviso sobre las prácticas de privacidad describe cómo podemos utilizar y divulgar su información médica protegida para llevar a cabo tratamientos, pagos u operaciones de atención médica y para otros fines permitidos o requeridos por la ley. La información médica protegida es información que puede identificar al consumidor y que está relacionada con la salud física o mental del consumidor, ya sea pasada, presente o futura y podría incluir el nombre, la dirección, los números telefónicos y otra información identificativa.

Se nos requiere por ley darle este aviso a usted y mantener la privacidad y la seguridad de su información médica protegida.

Debemos cumplir con este Aviso, pero nos reservamos el derecho de cambiar las prácticas de privacidad descritas en él. Se puede obtener una versión actualizada de este Aviso en la página de web de la agencia, www.tempusunlimited.org, y estará publicado en nuestras oficinas. También puede solicitar una copia actualizada enviando una solicitud por escrito al Departamento de Cumplimiento de la Agencia, 600 Technology Center Drive, Stoughton, MA 02072.

Entendemos que la información médica sobre usted y sobre su salud es personal y confidencial y estamos comprometidos a proteger la confidencialidad de su información de salud protegida. Hemos creado un registro sobre el cuidado y los servicios que usted recibe a través de la agencia. Necesitamos este registro para poder proveer servicios y para poder cumplir con ciertos requisitos legales. Este Aviso le informará sobre las formas en que podemos utilizar y divulgar su información. También le describimos sus derechos y ciertas obligaciones que tenemos para utilizar y divulgar su información médica protegida.

Si usted cree que sus derechos de privacidad han sido violados, usted puede someter una queja a nosotros o al Secretario de la Salud y Servicios Humanos de Estados Unidos en la página de web <http://www.hhs.gov/>. Para someter una queja ante nosotros, puede enviar una carta a la agencia describiendo la violación al Departamento de Cumplimiento 600 Technology Center Drive, Stoughton, MA 02072. También puede someter una queja a través de correo electrónico dirigido a Grievance@TempusUnlimited.org.

No habrá represalias por someter una queja.

QUIENES SEGUIRÁN ESTE AVISO: Este aviso describe las prácticas de la agencia, los profesionales de la salud, los empleados, los voluntarios y otras personas que trabajan en cualquiera de los programas de Tempus Unlimited, Inc. en los que usted posiblemente participe.

Sus derechos de privacidad:

Usted tiene los siguientes derechos en relación a su información de salud protegida y puede:

- Obtener una copia impresa actualizada de este Aviso.
- Inspeccionar u obtener una copia de los documentos creados por la agencia. Su solicitud para obtener una copia de estos documentos tiene que ser sometida por escrito o en un formato que nos permita verificar al solicitante como el consumidor o guardián u otra persona designada.
- Solicitar que modifiquemos su información médica protegida (PHI, por sus siglas en inglés) si usted cree que la información está incompleta o incorrecta.

- Obtener un registro de ciertas divulgaciones de información médica protegida.
- Obtendremos su permiso por escrito para que los usos y divulgaciones de su información de salud protegida se le envíe a través de medios alternativos o en localizaciones alternativas.
- Obtendremos su permiso por escrito para que los usos y divulgaciones de su información de salud protegida que no sea cubierta por el aviso o permitido a través de la ley. Usted puede cancelar este permiso excepto en la medida en que el uso o la divulgación ya haya ocurrido. Este pedido para ser cancelado tiene que ser sometido por escrito o en un formato que nos permita verificar al solicitante como el consumidor o guardián u otra persona designada.

Nuestras responsabilidades:

Se nos requiere por ley mantener la privacidad y la seguridad de su información médica protegida y cumplir con los términos de este aviso. Le dejaremos saber prontamente si ocurre algún incidente que pueda haber comprometido la privacidad o seguridad de su información. Debemos de seguir los deberes y prácticas de privacidad que se describen en este aviso y darle una copia a usted. No usaremos ni compartiremos su información de otra manera que no sea la descrita aquí a menos que usted nos diga que podemos. Si nos dice que podemos, puede cambiar de opinión en cualquier momento. Le solicitaremos que envíe esa solicitud por escrito. Ofreceremos una adaptación para documentar su solicitud si es necesario.

Ejemplos de usos y divulgaciones:

Utilizaremos su información médica protegida para brindar servicios.

- Salud pública: Podemos compartir su información médica protegida con agencias de salud pública que están encargadas de prevenir o controlar enfermedades, lesiones o discapacidades y que sea requerido por la ley.
- Enfermedad contagiosa: Podemos divulgar su información médica protegida a alguna persona que pueda haber estado expuesta a alguna enfermedad contagiosa o que pueda estar en riesgo de contraer o propagar la enfermedad o condición, como alguna enfermedad que requiera aislamiento, si así lo autoriza la ley.
- Ejecución de la ley: Debemos divulgar su información médica protegida para fines de la ejecución de la ley, según sea requerido por la ley (e.g. una orden judicial, citación, solicitud de proposición u otro proceso legal)
- Según lo exija la ley: Debemos divulgar su información médica protegida cuando así lo exija la ley federal, estatal o local.
- Supervisión de la salud: Debemos divulgar su información de salud protegida a una agencia de supervisión de la salud para las actividades autorizadas por la ley, tales como investigaciones e inspecciones. Las agencias de supervisión son aquellas que supervisan el sistema de salud, los programas de beneficios del gobierno como Medicaid, y otros programas regulatorios gubernamentales.
- Abuso o negligencia: Debemos divulgar su información médica protegida a las autoridades gubernamentales que están autorizadas por la ley para recibir informes sobre sospechas de abuso o de negligencia.
- Procedimientos legales: Podemos divulgar su información médica protegida en durante el curso de cualquier procedimiento judicial o administrativo o en respuesta a una orden judicial, citación, solicitud de proposición u otro proceso legal.
- Requerimiento de usos y divulgaciones: Debemos hacer divulgaciones cuando así lo requiera el Secretario del Departamento de Salud y Servicios Humanos para investigar o determinar nuestro cumplimiento con las Regulaciones de Privacidad de HIPAA.
- Para evitar daños: Podemos utilizar y divulgar información sobre usted cuando sea necesario para prevenir una amenaza grave a su salud o seguridad o la salud o seguridad del público o de otra persona.
- Para funciones gubernamentales específicas: Podemos divulgar información médica protegida de veteranos en ciertas situaciones. Podemos divulgar su información médica protegida para actividades de seguridad nacional requeridas por la ley.

Change Form and Supply Request

Tempus Unlimited, Inc. 600 Technology Center Drive Stoughton MA 02072 Phone (877)479-7577 Fax (800)359-2884 Email MAFMS@tempusunlimited.org

This Change Form is submitted to change information for **(check one)**: Consumer/Participant PCA/Worker Surrogate

Consumer/Participant # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Consumer/Participant Name <input style="width: 100%;" type="text"/>	Type of Change (Required) <input type="checkbox"/> Consumer/Participant Address <input type="checkbox"/> PCA/Worker Address <input type="checkbox"/> Surrogate Address	Change Requested By (Required) <input type="checkbox"/> Consumer/Participant <input type="checkbox"/> Surrogate <input type="checkbox"/> PCA/Worker <input type="checkbox"/> PCM/CM
Last 4 Digits of SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PCA/Worker Name <input style="width: 100%;" type="text"/>		

If you have terminated a PCA/Worker, you must complete a PCA/Worker Employment Termination Form. You can obtain this form from our website <https://tempusunlimited.org/> or by contacting us @ 1-877-479-7577. A Consumer Relations Specialist will be happy to assist.

First Name <input style="width: 100%;" type="text"/>	Initial <input style="width: 20px; height: 20px;" type="text"/>
Last Name <input style="width: 100%;" type="text"/>	
Address <input style="width: 100%;" type="text"/>	
City <input style="width: 80%;" type="text"/>	State <input style="width: 20px; height: 20px;" type="text"/>
ZIP Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Phone Number <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> - <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/>	Cell Phone Number <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> - <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/>
Email Address <input style="width: 100%;" type="text"/>	

Name (Print) _____
Signature (only the signature of the requestor is required) _____
Date

Supply Request:

- Timesheets
 FI Paid Time Off Timesheets
 Payment Schedule
 New Hire Paperwork (NHP)
 Form W4
 E-Timesheet Application
 Direct Deposit Application
 Debit Card Application
 Change Forms
 Other: _____

Change Form and Supply Request Instructions

Change Form

- Check who the change form is being submitted for (Consumer/Participant, PCA/Worker or Surrogate)

This Change Form is submitted to change information for **(check one)**: Consumer/Participant PCA/Worker Surrogate

- Enter Consumer/Participant # and Participant/ Consumer Name
- Enter Last 4 of SSN and PCA/Worker Name (if applicable)
- Check Type of Change and Change Requested By

Type of Change (Required)	Change Requested By (Required)
<input type="checkbox"/> Consumer/Participant Address	<input type="checkbox"/> Consumer/Participant
<input type="checkbox"/> PCA/Worker Address	<input type="checkbox"/> Surrogate
<input type="checkbox"/> Surrogate Address	<input type="checkbox"/> PCA/Worker
	<input type="checkbox"/> PCM/CM

- Enter information to be updated
 - Address
 - City, State and Zip Code
 - Phone Number
 - Cell Number
 - Email Address
 - Appropriate Individual should Print Name, Sign and Date the form

Signatures

- Only the signature of the requestor is required
- Only the Consumer/Participant/Surrogate or PCM Staff can update Consumer Information
- Only the Surrogate can update Surrogate Information
- Only the PCA/Worker can update PCA Information

Supply Request

- Check the forms you would like to be mailed to you (you can check more than one box).

Completed forms can be sent via Mail, Fax or Email (see top of page one). All requests will be processed in the order they are received



WHO MAY NOT BE A WORKER

Surrogate

Any Legally Responsible Relative
of the Waiver Participant

Rhode Island Department of Labor and Training (DLT) Notice to All Employees - Information Employers Must Post



Attention Employees - MINIMUM WAGE - Rhode Island

Effective JANUARY 1, 2024 - THIS LAW PROVIDES

HOURLY MINIMUM WAGE FOR ALL EMPLOYEES

EXCEPT: Full-time students under 19 years of age working in a non-profit religious, educational, librarial or community services organization.	\$14.00 \$12.60 (90% of Minimum Wage)
Minors 14 and 15 years of age working not more than 24 hours in a week.	\$10.50 (75% of Minimum Wage)
Employees receiving gratuities (as of Jan. 1, 2017):	\$3.89

Overtime Pay - At least 1 ½ times the regular rate of pay for all hours worked over 40 in any one workweek. The law contains exemptions from minimum wage and/or overtime pay requirements for certain occupations or establishments.

Mandatory Nurse Overtime - a hospital may not require certain nurses and certified nurse assistants to work overtime except in an unforeseeable emergency.

Minimum Shift Hours - Employees requested or permitted to report for duty at the beginning of a work shift must be provided with 3 hours work or 3 hours wages. Retail establishment employees must be provided with 4 hours work on Sundays and Holidays.

Child Labor - Employees must be at least 16 years old to work in most nonfarm jobs and 18 to work in nonfarm jobs declared hazardous by the U.S. Secretary of Labor. Youths 14 and 15 may work, with a special permit issued by local school officials, in various jobs outside school hours under certain conditions. Different rules apply to agriculture employment.

Enforcement - DLT may bring criminal action against any employer who pays substandard wages to an employee, and may seek, upon conviction, a penalty up to \$500 and/or imprisonment of up to 90 days. Each week an employer fails to pay the applicable minimum wage constitutes a separate violation.

Any employer who hinders or delays the DLT Director or authorized representative in the performance of duties in the enforcement of the law; refuses to admit the Director or said representative to any place of employment; fails to make, keep, and preserve, any records as required; falsifies any such record; refuses to make such record accessible to the Director or said representative upon demand; or refuses to furnish a sworn statement of such record or any other information needed for the proper enforcement of this law, shall be deemed in violation and subject to a fine of up to \$500. Each day such violation occurs constitutes a separate offense.

Visit www.dlt.ri.gov/ls or call (401) 462-WAGE (9243) for more information.

DLT-L-58 (Rev. 1/2019)

Prevailing Wage for work on State/Municipal Financed Construction Project

Prevailing Wage - Workers must not be paid less than the Davis Bacon wage rate for each trade listed on the Wage Determination schedule posted with this notice. **Overtime** rate applies when working over 8 hours a day or 40 hours a week. **Apprentice** rates apply only to properly registered apprentices in approved state apprenticeship programs.

Workers who do not receive **Proper Pay** may file a complaint with the DLT; claims will be investigated. Contact the Prevailing Wage Unit at (401) 462-8580, option #7 for more information. RI General Law §37-13-17 also provides for a private right of action to collect wages and benefits. DLT-L-39 (Rev. 1/2018)

RHODE ISLAND PARENTAL AND FAMILY MEDICAL LEAVE ACT

Employers with 50 or more employees must grant an unpaid leave of absence upon the request of an eligible employee, for 13 consecutive weeks in any two calendar years, under certain conditions.

Employees are Eligible to apply for leave if they work full-time, an average of 30 hours or more per week and have been employed continuously for at least 12 months.

Purpose of Leave - Under the Act, the leave must be for one or more of the following reasons:

1. Birth of a child of an employee.
2. Placement of a child 16 years of age or less with an employee in connection with the adoption of such child by the employee.
3. "Serious illness" of the employee or the employee's parent, spouse, child, mother-in-law, or father-in-law. (Serious Illness is defined to mean a disabling physical or mental illness, injury, impairment or condition that involves in-patient care in a hospital, nursing home, hospice or out-patient care requiring continuing treatment or supervision by a health care provider).

Requests for Leave - To be entitled to the leave, the employee must give at least 30 days notice of the intended date upon which the requested leave is to begin and end, unless prevented by medical emergency from doing so. Employees may be requested to provide written certification from the physician of the person who is the reason for the leave request, which certification shall specify the probable duration of the requested leave.

School Involvement Leave - An employee who has been employed for 12 consecutive months is entitled to 10 hours of leave during any 12-month period to attend school conferences or other school-related activities for a child of whom the employee is the parent, foster parent, or guardian. A notice of 24 hours prior to the leave must be given to the employer by the employee. The leave is not required to be paid; however, an employee may substitute any accrued paid vacation leave or other appropriate paid leave.

Use of Sick Leave by Adoptive Parent - Any employer who allows sick time or sick leave of an employee to be used after the birth of a child shall allow the same time to be used for the placement of a child 16 years of age or less with an employee in connection with the adoption of the child by the employee.

Continuation of Health Benefits - Prior to the commencement of leave, the employee must pay his employer a sum equal to the premium required to maintain the employee's health benefits in force during the period of leave, which sum is required to be returned to the employee within 10 days following return to work.

Return from Leave - Employees who are granted leave under the Act are entitled to be restored to the position held when the leave commenced, or to a position with equivalent seniority, status, employment benefits, pay and other terms and conditions of employment, including all fringe benefits and service credits that the employee had been entitled to at the commencement of the leave.

Prohibited Acts - It is unlawful for any employer to interfere with, restrain or deny employees the rights provided under the Act. Any discrimination or disciplinary action taken against an employee for exercising these rights under the Act, or for opposing any practice made unlawful by the Act, is also prohibited.

Enforcement - Alleged violations of the Act may be complained of (1) in a civil action brought by an employee, (2) by a complaint filed with the DLT Director. Civil penalties are provided for violations of the Act or any order issued by the Director of Labor and Training. (Rev. 01/2018)

HEALTHY AND SAFE FAMILIES and WORKPLACES ACT

Pursuant to RI General Law §28-57, you are entitled to sick and safe leave to address your own health and safety needs as well as those of your family. This leave may or may not be paid depending on the size of your employer and other factors as detailed in the law.

Visit www.dlt.ri.gov/wrs or call (401) 462-WAGE (9243) for more information.

(Rev. 1/2018)

You Are Protected under Provisions of the RI EMPLOYMENT SECURITY ACT and the TEMPORARY DISABILITY INSURANCE ACT

UNEMPLOYMENT INSURANCE BENEFITS

If you become totally/partially unemployed:

1. File your claim for benefits with the DLT the same week you are unemployed or working reduced hours.
2. File your claim online at www.dlt.ri.gov/ui or by telephone at (401) 243-9100. Visit www.dlt.ri.gov/ui for hours of operation. For more information, visit www.dlt.ri.gov/ui or call (401) 243-9100.
3. Monday is a high-volume telephone day; you may prefer to file your claim later in the week. You will need your Social Security number and name, address and telephone numbers of your employers for the last two years. If you are not a U.S. citizen, your alien registration number is required.
4. To collect unemployment benefits, the law requires that you must:
 - a. Be unemployed through no fault of your own,
 - b. Have earned minimum qualifying wages while you were working,
 - c. Be physically able to work, available for work, and actively seeking work, and
 - d. Register for work with DLT.

TEMPORARY DISABILITY INSURANCE BENEFITS

Eligible for TDI Benefits - If you have become ill or injured and meet all of the requirements, you may be entitled to receive benefits:

1. You are unemployed due to illness, surgery, or injury for a minimum of seven consecutive days or more, and
2. You are under the care of an approved Qualified Health Care Provider and
3. You have a timely exam: an in-office physical exam the week within the calendar week in which the first day of unemployment due to sickness occurs or within the calendar week prior or subsequent thereto.
4. You earned enough qualifying wages during the base period to be monetarily eligible.

Eligible for Temporary Caregiver Insurance Benefits - If you are caring for a seriously ill: child, spouse, parent, parent in-law, grandparent, domestic partner or you are bonding with a newborn child, adopted child or foster child within the first 12 months of parenting; you may be eligible to receive benefits if you meet the following requirements:

1. You are unemployed because you are caring for a seriously ill family member or bonding with a child and
2. You provide the department with the required medical evidence of the seriously ill family member and your need to care for him/her or the required proof of parent child relationship for bonding claims and
3. You earned enough in qualifying wages to be monetarily eligible.

To Apply - Complete a TDI/TCI application. TDI claims must be filed within 90 days of the first week out of work due to illness. The DLT Director may extend this period up to 26 weeks if the individual can show a good medical reason for the delay in filing. TCI claims must be filed within 30 days after the first day of leave is taken for reasons of bonding or caregiving. TDI/TCI application may be obtained online at www.dlt.ri.gov/tci, or call (401) 462-8420, Option #1 to request an application be mailed to you. For more information, visit www.dlt.ri.gov/tci or call (401) 462-8420.

NOTE: You may be entitled to a refund of a portion of your contributions if during the calendar year TDI contributions were deducted from your pay by more than one employer. Information may be obtained regarding a refund by calling (401) 574-8700 or writing to the RI Division of Taxation, Employer Tax Section, One Capitol Hill, Suite 36, Providence, RI 02908-5829.

EMPLOYMENT AND TRAINING SERVICES

If you need help finding a job, DLT offers free employment and training related services including:

1. Job referral and placement services.
2. Resource rooms with a wide range of employment and training resources.
3. Career counseling and testing to help assess aptitudes and interests.
4. Internet access for employment and training information.
5. Job Search workshops to help you develop interviewing skills.
6. Résumé writing seminars to help you create an effective résumé and cover letter.

Visit dlt.ri.gov for a location near you. You can access many services online at www.employri.org.

DLT-TX-6 (Rev. 1/2019)

WORKERS' COMPENSATION ACT of the State of Rhode Island

Workers' Compensation Insurance Company: _____

Adjusting Company: _____

Telephone: _____ Policy Effective Date: _____

In accordance with RI General Law §28-32-1, employers must report to the DLT Director every personal injury sustained by an employee if the injury incapacitates the employee from earning full wages for at least 3 days or requires medical treatment, regardless of the period of incapacity. If the injury proves fatal, the report must be filed within 48 hours. If not fatal, the report shall be made within 10 days of the injury.

An injured employee shall have freedom to choose medical treatment initially. The employee's first visit to any facility under contract or agreement with the employer or insurer to provide priority care shall not be considered the employee's initial choice. For more information, call the Education Unit at (401) 462-8100, press #1. If you suspect fraud, contact the Fraud Prevention Unit at (401) 462-8100, press #7.

DWC-8 (Rev. 1/2013)

BAN-THE-BOX

Pursuant to RI General Law §28-6.14-1, it is unlawful for an employer to include on a job application any questions regarding whether an applicant has ever been arrested, charged with or convicted of any crime. Limited exceptions exist for law enforcement agencies and related positions. Employers in violation of this law may be fined between \$100-\$500 per offense.

Visit www.dlt.ri.gov/ls or call (401) 462-WAGE (9243) for more information.

(Rev. 1/2018)

RHODE ISLAND RIGHT-TO-KNOW Ignoring This Poster Can Be Hazardous To Your Health

Under the RI Right-To-Know Law, your employer must tell you about the dangers of any hazardous substances in your workplace. You have a right to know:

- the common name or trade names of the substance, including the chemical name;
- the level at which exposure to the substance is hazardous, if known;
- the effects and symptoms of exposure at hazardous levels;
- the potential for flammability, explosion and reactivity of the substance;
- appropriate emergency treatment;
- proper procedures for the safe use of and exposure to the substance;
- proper protective equipment for safe use; and
- procedures for clean-up of leaks and spills.

Your employer must provide you with the above information. If he or she has not, make sure you ask about it. Your company representative is: _____

The Right-To-Know Law was created to protect you. Visit <http://www.dlt.ri.gov/occupsafe> or call (401)462-8570, option #4 for more information.

"Because not knowing about the hazardous substances you work with is the greatest hazard of all."

DLT-L-47 The RI Right-To-Know Law (Rev. 1/2018)

RI General Laws §28-29-13, §28-44-38 and §28-41-15 state that these notices **must be posted and maintained in conspicuous places where workers are employed.** Fines may be imposed for noncompliance.

DLT is an equal opportunity employer/program, auxiliary aids and services are available on request to individuals with disabilities. TTY via RI Relay 711

1/1/2024