

Washington  
**Paid Family & Medical Leave**

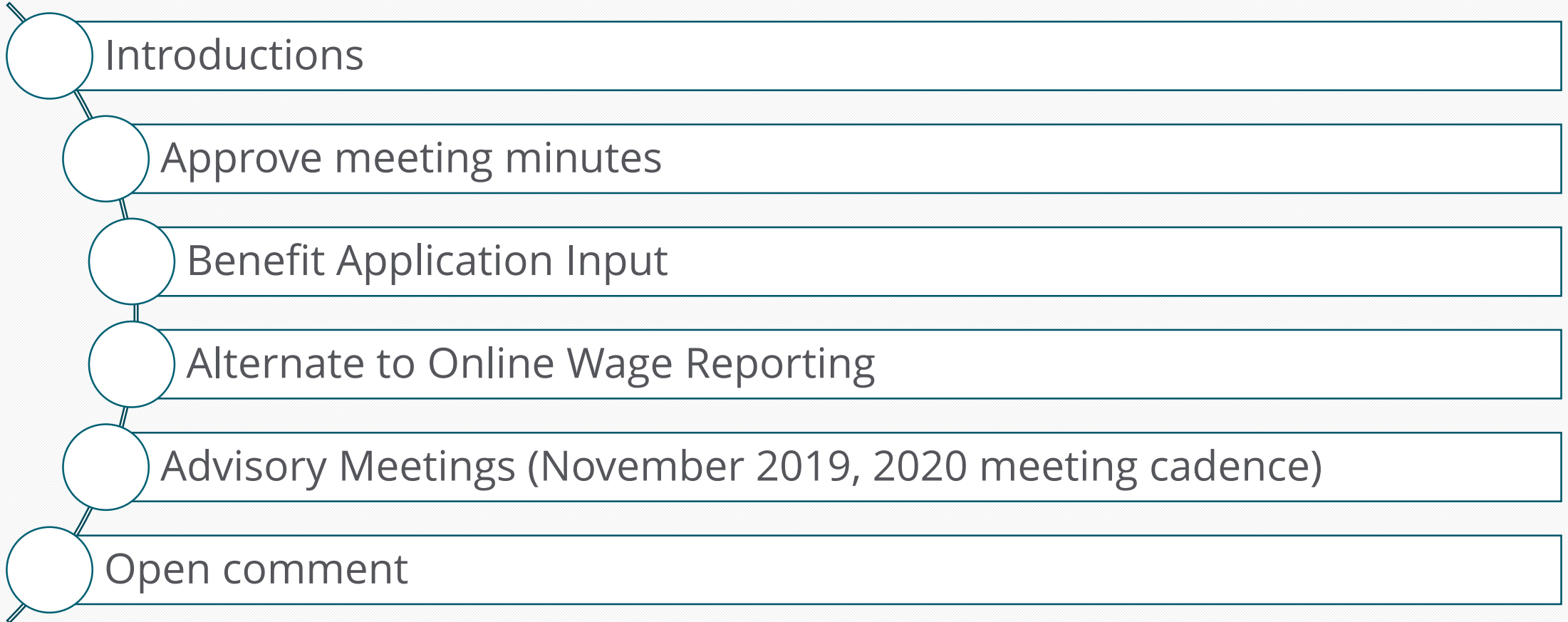


**Employment Security Department**  
WASHINGTON STATE

**Advisory Committee Meeting**  
**September 11, 2019**



# Presentation overview



# Introductions

- Advisory Committee
- In-person attendees

*(Note: We will use the conference call feature to identify who is on the phone rather than announcing during meeting)*

# Approve August minutes

- Discussion

# Benefit Application

- Advisory input received
- Committee review

# Create an Account

### Provide Your Information

#### Personal Information

Paid Family and Medical Leave requires your personal information to set up your account.

<b>First Name*</b>	<input type="text"/>	<b>Middle Initial</b>	<input type="text"/>
<b>Last Name*</b>	<input type="text"/>	<b>SSN/ITIN*</b>	<input type="text"/>

#### Primary Contact Information

Domestic  International

<b>Phone Number (###-###-####)*</b>	<input type="text"/>	<b>Phone Ext.</b>	<input type="text"/>
<b>Email Address*</b>	<input type="text"/>		

#### Mailing Address


Paid Family and Medical Leave may need to send mail regarding your account.

<b>Address Line 1*</b>	<input type="text"/>	<b>Address Line 2</b>	<input type="text"/>
<b>City*</b>	<input type="text"/>	<b>State*</b>	<input type="text"/>
<b>ZIP Code*</b>	<input type="text"/>	<b>ZIP Code Ext</b>	<input type="text"/>

# Create an Account


## Address Validation

We were unable to verify the address you entered.

 **Address Validation Response**

---

**It looks like you've provided an invalid address.**

 **You entered**

---

1111 Lovely Lane  
Lacey, WA 98503

We encourage you to provide a valid address to ensure proper delivery of all Paid Family and Medical Leave correspondence. If you still want to proceed with your entered address, click "Confirm". If you need to make changes, click "Previous".

[Previous](#) [Confirm](#)

# Confirm Your Information

## Confirm Your Information

Review your information. If it's correct, click "Submit". To make changes, click "Previous".

### Personal Information

<b>First Name</b>	<b>Middle Initial</b>
Hansel	A
<b>Last Name</b>	<b>SSN/ITIN</b>
Gretel	181-20-1812

### Primary Contact Information

<b>Phone Number</b>	<b>Phone Ext.</b>
555-555-5555	
<b>Email Address</b>	
hgretel@grimmbros.com	

### Mailing Address

<b>Address Line 1</b>	<b>Address Line 2</b>
1111 Lovely Lane	
<b>City</b>	<b>State</b>
Lacey	WA - Washington
<b>ZIP Code</b>	<b>ZIP Code Ext</b>
98503	

[Previous](#) [Cancel](#) [Submit](#)



# Benefit Account Creation Confirmation

## Benefit Account Creation Confirmation

You've successfully created a Paid Family and Medical Leave benefits account.

**Your Customer ID is F002KCFLDH**

[Home](#)

# Manage Benefit Application

The screenshot shows a web application interface for managing benefit applications. At the top, there is a dark teal navigation bar with a 'Home' icon and a 'Benefits' dropdown menu. The 'Benefits' dropdown is open, showing a 'Manage Benefit Applications' option. Below the navigation bar, a welcome message reads: 'Welcome to your Paid Family and Medical Leave benefits account.' followed by a link to 'https://www.paidleave.wa.gov'. The main content area features a 'Manage Benefit Applications' section with a table. The table has four columns: 'Claim ID', 'Claim Effective Start Date', 'Claim Effective End Date', and 'Claim Status'. Below the table, it states 'No records'. A green button labeled 'Apply for Benefits' is positioned below the table.

Home Benefits

Manage Benefit Applications

Welcome to your Paid Family and Medical Leave benefits account.

To learn more, visit our website at <https://www.paidleave.wa.gov>.

### Manage Benefit Applications

Claim ID	Claim Effective Start Date	Claim Effective End Date	Claim Status
No records			

Apply for Benefits

# Before You Begin

## Before You Begin

As part of the application process, you will need to provide personal information and documentation that supports your claim. You can begin your application now and upload your documents later, but your application can't be approved without it.

Visit [paidleave.wa.gov/workers](https://paidleave.wa.gov/workers) for a list of the documentation we accept.

**You must read and agree to the following before you can continue:**

We may verify the information you provide, and we may request additional information. Misrepresenting or knowingly withholding information is fraud. If you provide inaccurate information, we may deny your benefit application or require that you pay back benefits you were given, and you could face fines or criminal prosecution.

I agree to answer the application questions truthfully.

Cancel

Next

# Benefit Application

### Provide Contact Information

---

#### Personal Information

Customer ID	SSN/ITIN
F00055C8K9	181-20-1812
First Name	Middle Initial
Hansel	A
Last Name	Date of Birth*
GreteI	<input type="text"/>

---

#### Primary Contact Information

Domestic  International

Phone Number (### ### ####)*	Phone Ext.
<input type="text" value="555-555-5555"/>	<input type="text"/>
Email Address*	Preferred Contact Method*
<input type="text" value="hgretel@grimbros.com"/>	<input type="text" value="Select One"/>

---


#### Mailing Address

Address Line 1*	Address Line 2
<input type="text" value="1111 Lovely Lane"/>	<input type="text"/>
City*	State*
<input type="text" value="Lacey"/>	<input type="text" value="WA - Washington"/>
ZIP Code*	ZIP Code Ext
<input type="text" value="98503"/>	<input type="text"/>

# Address Validation


## Address Validation

We were unable to verify the address you entered.

 **Address Validation Response**

---

**It looks like you've provided an invalid address.**

 **You entered**

---

1111 Lovely Lane  
Lacey, WA 98503

We encourage you to provide a valid address to ensure proper delivery of all Paid Family and Medical Leave correspondence. If you still want to proceed with your entered address, click "Confirm". If you need to make changes, click "Previous".

[Previous](#) [Confirm](#)

# Additional Information

**Additional Information**

**Gender\***

**Are you of Hispanic, Latinx or Spanish origin?\***

Yes  No

**Which of the following best describes your ethnic heritage? Check all that apply.\***

- White
- Black or African American
- American Indian or Alaska Native
- South Asian or South Asian American
- East Asian or East Asian American
- Southeast Asian or Southeast Asian American
- Native Hawaiian or other Pacific Islander
- Hispanic or Latinx
- Middle Eastern or Arab American
- Prefer not to say
- Other

# Employment Information

### Employment Information

Are you currently employed with at least one employer as a full-time salaried employee?

Yes  No  Unemployed

The following employers reported you as an employee beginning MM/DD/YYYY. Please review the list and select the additional fields as necessary.

Employer Name	Employer address	I did not work here	I currently work here
<ul style="list-style-type: none"><li>Test Business 1</li><li>Test Business 2</li></ul>	<ul style="list-style-type: none"><li>Lacey</li><li>Seattle</li></ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Did you work for any employer in the State of Washington from MM/DD/YYYY to today's date that is not listed above? Please add them below.

[Add Employer](#)

UBI	Employer Name	Employment Start Date	Employment End Date	Current Employer	Employer Address	Employer Phone	Delete

1 record

[← Previous](#) **1** [Next →](#) 100 ▾

[Previous](#) [Cancel](#) [Next](#)

# Employer Search

**Employer Search**

**Employer Name**

**Search Results**

Select your employer from the list below and update any missing information.

Unified Business Identifier	Employer Name	Employer Address	Actions
345666777	Logan Corporation	345, Galer St, Olympia - 98334	Select
786123444	Logitech Technologies		Select

If your employer is not found, please select 'Add Missing Employer'.



# Employment Details

### Employment Details

<b>Employer Name</b> <input type="text" value="Target"/>	<b>UBI</b> <input type="text"/>
<b>Is this your current employer?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>Employment Start Date</b> <input type="text" value="01/05/2016"/>	<b>Employment End Date</b> <input type="text"/>
<b>Phone Contact Information</b> <input checked="" type="radio"/> Domestic <input type="radio"/> International	
<b>Phone Number (###-###-####)</b> <input type="text" value="3154567700"/>	<b>Phone Ext.</b> <input type="text"/>

---


### Mailing Address

<input checked="" type="radio"/> Domestic <input type="radio"/> International	
<b>Address Line 1</b> <input type="text" value="665 Slater Kenny Rd SE"/>	<b>Address Line 2</b> <input type="text"/>
<b>City</b> <input type="text" value="Lacey"/>	<b>State</b> <input type="text" value="Washington"/>
<b>ZIP Code</b> <input type="text" value="98503"/>	<b>ZIP Code Ext.</b> <input type="text"/>

# Address Validation


## Address Validation

We've updated your address to meet address validation standards.

 **Standardized Address**

---

665 SLEATER KINNEY RD SE  
LACEY, WA 98503 - 1007

 **You entered**

---

665 Sleater Kinney Rd SE  
Lacey, WA 98503

We encourage you to provide a valid address to ensure proper delivery of all Paid Family and Medical Leave correspondence. Please select one of the above addresses to proceed. If you need to make changes, select "Previous".

[Previous](#) [Confirm](#)

# Leave Information

**Leave Information**

Select the type of leave requested:

Which family member are you taking leave for?

If other, please specify:

Are you unable to work due to a serious health condition related to pregnancy?  
 Yes  No

How long do you expect to be on leave?  
From  To

Did you or will you receive workers' compensation or unemployment insurance benefits for the time period for which you're requesting leave?  
 Yes  No

Did you know you would need to take leave beforehand? ⓘ  
 Yes  No

Did you notify your employer?  
 Yes  No  Not Applicable  Unemployed

When did you give notice?

# Review Benefit Application

## Review Benefit Application

[Download your benefit application](#) to review before submitting. If you want to make any changes to it, please click on "Previous". Once the changes are made, please click on "Continue" to proceed with your benefit application.

Previous

Cancel

Continue

# Application Confirmation

## Application Confirmation

We've received your benefit application. Your Claim ID is CLM2019Q1MED. You should receive an email confirmation soon.

Next steps:

- Click "Next" to tell us how you would like to receive your benefit payments.
- Upload your supporting documents. Applications without supporting documents will not be approved. For a list of the types of documentation we can accept, visit [paidleave.wa.gov/workers](https://paidleave.wa.gov/workers).

Next

# Preferred Payment Method: Pre-paid card

### Preferred Payment Method

Paid Family and Medical Leave requires your preferred payment method to make payments

Direct Deposit  Pre-paid Card

I hereby acknowledge that I have read the disclosure and agree with the terms and conditions.

[Previous](#) [Cancel](#) [Next](#)

# Preferred Payment Method: Direct Deposit

### Preferred Payment Method

Paid Family and Medical Leave requires your preferred payment method to make payments

Direct Deposit  Pre-paid Card

The Employment Security Department is hereby authorized to directly deposit to the account referenced in this form. This authorization will remain in effect until I modify or cancel it in writing in a format approved by the department.

**Account Type\***

**Deposit Type\***

**Routing Number\***

**Account Number\***

**Re-Enter Account Number\***

# Upload Document

### Upload Documents

If you're not ready yet, come back and upload your documents later by going to your 'Manage Benefits Application' tab.

To upload a document now, choose the file from your computer and select "Upload". You may upload up to 20 documents at a time; you will not be able to modify or delete files you upload.

- File formats allowed: .pdf, .doc, .docx, .xls, .xlsx, .tif, .tiff, .jpeg, .jpg, .png
- Maximum file size allowed: 5 MB

**Document Type**

Medical Certification

Choose File No file chosen

Upload

Document Name	Document Type
Adam Smith_St John's Childrens Hospital	Birth Certificate
Adam Smith_Passport	Proof of Relationship/Dependency

Previous Done



# Offline Wage Reporting

Last Advisory Committee  
Presentation 6/20/2019

We are not implementing an offline (paper) wage reporting process in July 2019. We will ask employers that cannot file electronically to contact the Customer Care Team so we can gain insight into why they can't file electronically. We will use this insight to determine:

1. Whether an alternative to electronic filing is necessary;
2. What alternate path(s) meet the needs of our customers and the agency; and
3. What amount of resources we should use to implement any alternate path deemed necessary.

# ALTERNATIVE TO ONLINE FILING FOR WAGE REPORTS

## Customer Care Team data collected:

Reasons for Paper Reporting	No. of Requests	Average Number Employees	6.11
No Computer	66	Worksource Distance from Employer Average*	27 Miles
No Internet Access	37	*This is only based on employers that provided mileage	
Security	4		
To Keep Record of Filing	0		
Can File With Paper For Other Agencies	25		
Unfamiliar with Online Reporting	14		
Not Tech Savvy	18		
Other*	8		
Total	172		

\*No reason Provided

**9/5 Executive Steering Decision:** Provide alternate method for 1-year; paper form will only be offered upon demand; ESD enter wage report based on form. *Effective January 2021- no paper filing.*

# Customer Journey / Personas

- Continuing to refine our personas (see packet)
- Developing Customer Journey maps
- Continuing to refine our business processes (see “happy path” in your packet)

# November- Advisory Committee meeting

## 2019 remaining meetings

- October 17 - Olympia
- November (see below)
- December 19- Olympia

## Need Advisory Decision:

## Proposing November 20 (Wed)

Time TBD?, Location- in Olympia?

- House assembly days: Nov 21 & 22
- Senate assembly day: Nov 18 & 19

# For the good of the order: open comment

Next meeting Thursday, October 17, 2019

# Continue the conversation

**Carla Reyes**

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Employment Security Department

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Visit us online at  
[www.paidleave.wa.gov](http://www.paidleave.wa.gov)



Join our listserv at  
[bit.ly/PaidLeaveList](http://bit.ly/PaidLeaveList)



Ask questions and make  
comments on our public forum  
at [bit.ly/CommentForum](http://bit.ly/CommentForum)

# Voluntary plan update

As of 09/09/2019

**379 preliminary applications**

45 medical

27 family

307 both



**323 completed applications received**



**293 applications fully processed**

241 approved

31 denied

21 withdrawn