Presentation overview

- Introductions
- Approve meeting minutes
- Benefit Application Input
- Alternate to Online Wage Reporting
- Advisory Meetings (November 2019, 2020 meeting cadence)
- Open comment
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
  - First Name
  - Last Name
  - Middle Initial
  - SSN/TIN

- Primary Contact Information
  - Domestic
  - International
  - Phone Number (###-###-####)
  - Phone Ext.
  - Email Address

- Mailing Address
  - Address Line 1
  - Address Line 2
  - City
  - State
  - ZIP Code
  - ZIP Code Ext
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

First Name
Hansel
Middle Initial
M

Last Name
Gretel
SSN/TIN
181-23-1832

Primary Contact Information

Phone Number
555-555-5555
Phone Ext.

Email Address
hgrete@gpmmbros.com

Mailing Address

Address Line 1
1111 Lonely Lane
City
Lacey
State
WA - Washington
ZIP Code
98502
ZIP Code Ext.
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

Welcome to your Paid Family and Medical Leave benefits account.

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

[ ] I agree to answer the application questions truthfully.

[ ] Cancel
[ ] Next
Benefit Application

Provide Contact Information

Personal Information
- Customer ID: F06665GJ90
- First Name: 
- Last Name: 
- Middle Initial: A
- Date of Birth: 

Primary Contact Information
- Domestic: 
- International: 
- Phone Number: 555-555-5555
- Email Address: hgewel@gormnbros.com
- Preferred Contact Method: Select One

Mailing Address
- Address Line 1: 1111 Lovely Lane
- City: 
- State: WA - Washington
- ZIP Code: 98503
- ZIP Code Ext: 

Cancel  Next
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

Gender*  Female

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

Previous  Cancel  Next
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.

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Employer address</th>
<th>I did not work here</th>
<th>I currently work here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Business 1</td>
<td>Lacey</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Test Business 2</td>
<td>Seattle</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>UBI</th>
<th>Employer Name</th>
<th>Employment Start Date</th>
<th>Employment End Date</th>
<th>Current Employer</th>
<th>Employer Address</th>
<th>Employer Phone</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 record

Previous 1 Next → 100
Employer Search

Employer Search

Employer Name

Search

Search Results

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

<table>
<thead>
<tr>
<th>Unified Business Identifier</th>
<th>Employer Name</th>
<th>Employer Address</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>345666777</td>
<td>Logan Corporation</td>
<td>345, Galer St, Olympia - 98334</td>
<td>Select</td>
</tr>
<tr>
<td>786123444</td>
<td>Logitech Technologies</td>
<td></td>
<td>Select</td>
</tr>
</tbody>
</table>

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

Add Missing Employer
Employment Details

Employer Name
Target

Is this your current employer?
☐ Yes  ☐ No

Employment Start Date
01/05/2016

Employment End Date

Phone Contact Information
☐ Domestic  ☐ International

Phone Number (###-###-####)
315456700

Phone Ext.

Mailing Address

Address Line 1
665 Slater Kenny Rd SE

City
Lacey

ZIP Code
98503

Address Line 2

State
Washington

ZIP Code Ext.
Address Validation

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

**Standardized Address**

- 655 SLEATER KINNEY RD SE
  LACEY, WA 98503 - 1007

**You entered**

- 655 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

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

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

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.

Next
Preferred Payment Method: Pre-paid card

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

<table>
<thead>
<tr>
<th>Account Type*</th>
<th>Deposit Type*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select One</td>
<td>Select One</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Routing Number*</th>
<th>Re-Enter Account Number*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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.
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:

<table>
<thead>
<tr>
<th>Reasons for Paper Reporting</th>
<th>No. of Requests</th>
<th>Average Number Employees</th>
<th>Worksource Distance from Employer Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Computer</td>
<td>66</td>
<td>6.11</td>
<td>27 Miles</td>
</tr>
<tr>
<td>No Internet Access</td>
<td>37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To Keep Record of Filing</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can File With Paper For Other Agencies</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unfamiliar with Online Reporting</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Tech Savvy</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other*</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>172</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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
360-485-2349
creyes@esd.wa.gov

Visit us online at
www.paidleave.wa.gov

Join our listserv at
bit.ly/PaidLeaveList

Ask questions and make
comments on our public forum
at 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