



FMLA Refresher Course - are you in compliance?

The Family Medical Leave Act of 1993 (FMLA) has been in effect for nearly 20 years now, but if you don't deal with it often, it can be tricky and difficult to understand, so let's take a tour of the key points.

FMLA applies to all employers who employed 50 or more employees within a 75 mile radius in 20 or more workweeks in the current or preceding calendar year. This includes joint employers, companies with common ownership and successor employers.

To be eligible for FMLA, an employee must:

- Work for a covered employer;
- Worked for the employer for a total of at least 12 months;
- Have worked at least 1,250 hours over the past 12 months; and
- Work at a location where at least 50 employees are employed by the employer within 75 miles

Any covered employer must grant an eligible employee up to a total of 12 weeks (workweeks) of unpaid leave during any 12 month period for one or more qualifying reasons.

Qualifying reasons for FMLA leave entitlement include:

- Birth and care of a newborn child of the employee;
- Placement of a child for adoption or foster care with the employee;
- To care for a spouse, son, daughter or parent with a serious health condition;
- Personal medical leave when the employee is unable to work due to a serious health condition; or
- For certain qualifying circumstances when the employee's spouse, son,

daughter or parent is on or called to active duty with the Armed Forces, National Guard or Reserve

Maintenance of Health Benefits - A covered employer is required to maintain group health insurance coverage for an employee on FMLA leave on the same terms as if the employee were still actively at work.

- The employee is still responsible to pay for their portion of the premium - however the employer can NOT cancel coverage if it is not received.
- In some instances, the employer may recover premiums it paid to maintain coverage for an employee who fails to return to work from FMLA leave
- COBRA is applicable if the employee fails to return to work. The COBRA qualifying event date is the earlier of the date the employee informs the employer of their intent to not return, or the expiration of qualified FMLA leave & the employee fails to return to work.

Job Restoration - upon return from FMLA leave, the employee must be restored to their original job or an equivalent job with equivalent pay, benefits, or other terms and conditions of employment.

Employee Notice and Certification - in most cases employees must provide 30 day advance notice of their intent to use FMLA leave.

- If leave is foreseeable, notice must be provided 30 days in advance;
- If leave is foreseeable less than 30 days in advance, then notice must be provided as soon as practicable (the same or next business day);
- When the need is NOT foreseeable, the notice must be provided as soon as practicable based on the circum-



stances of the individual case.

- Employees must provide adequate information for an employer to determine whether FMLA applies to the leave request
- *If an employee seeks leave for the first time for an FMLA-qualifying reason, they do NOT need to expressly state or even mention FMLA.* (this does not apply for any future FMLA leave for the same circumstance)
- Employers may require certification from a health care provider of the serious health condition precipitating the FMLA request.

The Wage and Hour Division of the U.S. Department of Labor investigates all complaints and violations may be brought to court to compel compliance. Individuals are also able to bring private civil action against an employer for violations.

For more information, visit the DOL Wage & Hour Division Website at <http://www.wagehour.dol.gov> or call their toll-free helpline at 1-866-847-9423.

We Can Help! Call or Visit Us Today.

Toll-free: 1-800-644-2568 or on the web at www.olympiccrest.com

IRS Posts W-2 Health Reporting Guidance

One of the provisions of the PPACA (Healthcare Reform Act) was the requirement for employers to begin reporting premiums paid for healthcare in 2011. This was delayed until 2012 (this year), but small employers still get a pass (for now) on this cumbersome reporting mandate.

The purpose of this reporting to employees on the cost of their employer-sponsored group health plan coverage is to *“provide useful and comparable consumer information to employees on the cost of their health care coverage.”* Currently nothing in the regulations or guidance causes, or will cause employer-provided health care coverage to become taxable.

Here is (some of) what you need to know right now:

- 2012 W-2 Forms, which will be distributed in January 2013 must include the aggregate cost of employer-sponsored health coverage.
- In 2012, employers filing fewer than 250 W-2 forms for the preceding calendar year are exempted from the reporting requirement. This exemption will stand, until further guidance by the IRS is issued.
- Employers that are Federally recognized as Indian tribal governments are NOT subject to the reporting requirements.
- The aggregate reportable cost is reposted on Form W-2 in box 12, using code DD.
- The aggregate cost of applicable employer-sponsored coverage is the TOTAL cost of coverage under all applicable employer-sponsored coverage provided to the employee. This means coverage under any group health plan made available to the employee by an employer that is excludable from the employee’s gross income under Section 106.
- A group health plan is defined as meaning “a plan (including self-funded plans) that an employer contributed to in order to provide health care (directly or otherwise) to the employees, former employees, the employer, others associated or formerly associated with the employer in a business relationship, or their families.”
- The cost of coverage for a dental plan or vision plan is not required to be included in the aggregate cost UNLESS is attached to the health plan in such a manner that participants do not have the right to decline dental or vision coverage separately from the health plan.
- The aggregate reportable cost generally includes both the portion paid by the employer and the portion paid by the employee, regardless of whether the employee paid for that cost through pre or post-tax contributions. This also includes any amounts the employee paid for dependent coverage.

For more information, refer to [IRS Notice 2012-9](#).



Tips for a Healthier You in 2012!

Every January, many people vow to get in shape and focus on healthier eating. Here are some tips to help you succeed in 2013!

Eat a variety of nutrient rich foods.

You need more than 40 different nutrients for good health. Your daily food selection should include fruits, vegetables, dairy, protein and whole grain products.

Enjoy plenty of whole grains, fruits and vegetables.

Your daily intake should include 3 servings of whole grains, 3-5 servings of vegetables and 2-4 servings of fruit. Look through cookbooks for tasty ways to prepare unfamiliar foods.

Maintain a healthy weight.

Excess body fat increase your chances for high blood pressure, heart disease, stroke, diabetes, some types of cancer and other illnesses.

Eat moderate portions.

If you keep your portion sizes reasonable, it’s easier to eat the foods you want and stay healthy. A serving of meat is 3 ounces, about the size of the palm of your hand.

Eat regular meals.

Skipping meals can lead to runaway hunger, often resulting in overeating. Packing small healthy snacks can help curb hunger and keep your metabolism up.

Get moving...with baby steps.

Make this the year you get off the couch, but do it slowly. Take the stairs instead of the elevator. Try parking at a little further away from the office or store.

Stretch!

Don’t forget to stretch. It will help reduce sore muscles and prevent injuries. Stretch both before and after exercising.

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