

# 2017 State Mandated Non-Occupational Disability Benefits

State	New York	New Jersey
Benefit	DBL Disability Benefits Law	TDB Temporary Disability Benefits
Providers	Private carrier State Fund Self-insured (state approved)	State Fund Private carrier Self-insured (state approved)
Benefit Percentage	50.00% of average weekly wage	66.67% of average weekly wage
Weekly benefit, max.	\$170	\$633
Elimination period	7 days	7 days; Retroactive to the first day after 22 consecutive days of disability
Maximum duration	26 weeks	Up to 26 weeks, capped at 1/3 base year wages
Employee cost	0.05% of coverage wages to a max \$0.60 per week	\$0.24% of taxable wages of the first \$33,500 to a max of \$80.40 annually
Employer cost	Balance	Private plan – balance of cost  State Fund – rate varies from 0.10% to 0.75% (between \$32.00 and \$240.00 on the first \$32,000 earned by each employee)
State Ins Dept Tel #	(718) 802-6964	(609) 292-7060
State Website	<a href="http://www.wcb.state.ny.us/index">www.wcb.state.ny.us/index</a>	<a href="http://www.nj.gov/labor/tdi/tdiindex">www.nj.gov/labor/tdi/tdiindex</a>

## MSM General Agency

2300 Hylan Boulevard Staten Island New York 10306 Ph: (718) 979-0200 Fx: (718) 979-3791

[www.MSMGeneral.com](http://www.MSMGeneral.com)

# 2017 State Mandated Non-Occupational Disability Benefits

State	California	Hawaii	Puerto Rico	Rhode Island
<b>Benefit</b>	SDI State Disability Insurance	TDI Temporary Disability Insurance	DBA Disability Benefits Act	TDI Temporary Disability Insurance Act
<b>Providers</b>	State Fund Self-insured	Private carrier Self-insured	Private carrier State Fund Self-insured	State Fund
<b>Benefit percentage</b>	55% of average weekly wages in highest quarter of base period	58% of average weekly wage.	Private plan – at least equal to state plan  State plan – minimums  <u>Industrial:</u> 65% - \$113 <u>Agricultural:</u> 65% - \$55	60%  * For employees with dependants, per dependant: the greater of 7% of weekly benefit or \$10 per dependent up to a max of benefit of \$1,073 (5 dependents max.)
<b>Weekly benefit, max.</b>	\$1,173	\$594	See above	\$795-1,073 (see above)
<b>Elimination period</b>	7 days	7 days	7 days (unless hospitalized)	7 days (retroactive to first after 28 consecutive days of disability)
<b>Maximum duration</b>	52 weeks	26 weeks	26 weeks	30 weeks
<b>Employee cost</b>	0.9% of first \$110,902 of annual taxable wages to a max of \$998.12 annually	0.5% of \$53,212 of annual taxable wages to a max of \$266.24 annually	\$0.30 per \$100 covered wages, combined employee/employer is 0.6% of the first \$9,000. Employee cost must not exceed employer cost	1.2% of first \$68,100 year to a max of \$817.20 annually
<b>Employer cost</b>	Optional, employer may elect to pay 0-100% of the employee cost	Balance, employer is required to pay for ½ or more of cost of plan	Same as employee	N/A
<b>State Ins Dept Tel #</b>	(800) 480-3287	(808) 586-9161	(787) 754-2172	(401) 462-8420
<b>State website</b>	<a href="http://www.edd.ca.gov/direp/diind">www.edd.ca.gov/direp/diind</a>	<a href="http://www.hiwi.org">www.hiwi.org</a>	N/A	<a href="http://www.dlt.ri.gov/lis">www.dlt.ri.gov/lis</a>

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