

Registro de empleador en Paid Leave

Una vez que su empresa se haya registrado en Delaware LaborFirst, siga estos pasos para completar el registro en el programa Paid Leave (Licencia con goce de sueldo) y seleccionar las líneas de cobertura correspondientes:

- 1. Divisions (Divisiones):** Esta pantalla conduce a las líneas de negocios de Delaware LaborFirst. Seleccione "Paid Leave" para acceder a los servicios del DPL.
- 2. Paid Family Medical Leave (Licencia por razones médicas y familiares con goce de sueldo):** Esta pantalla describe las líneas de cobertura requeridas. Su inscripción en el plan Delaware Paid Leave es automática. Puede solicitar el uso de un plan privado como alternativa e inscribirse voluntariamente en líneas de cobertura que no esté obligado a proporcionar.
- 3. Private Plan Details (Datos del plan privado):** Si cuenta con un plan privado para las líneas de cobertura requeridas, esta pantalla le permite proporcionar los detalles de dicho plan. Todos los campos identificados con un asterisco son obligatorios.
- 4. Registration Summary (Resumen de registro):** Muestra todos los campos y respuestas del proceso de registro. Revise todas las respuestas para corroborar que no haya errores.
- 5. Confirmation (Confirmación):** Confirmación de las líneas y tipos de cobertura de la División de Licencias con Goce de Sueldo (Division of Paid Leave).

Nota: La línea de navegación a la derecha siempre muestra el paso del proceso en el que se encuentra.

Steps



Antes de comenzar:

Si aún no registró su empresa en Delaware One Stop, primero visite <https://onestop.delaware.gov>. Creará su cuenta a través de My Delaware en <https://my.delaware.gov>. Una vez que haya iniciado sesión, seleccione el recuadro con el logotipo de Delaware LaborFirst.

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Pantalla Divisions (Divisiones)

Department of Labor Division

☒ Paid Leave

Delaware Paid Leave (DPL) provides wage-replacement benefits for employees on approved leave to either bond with a healthy new child or to care for themselves or a loved one in case of serious illness or injury. This online portal provides employers with the ability to manage their Paid Leave account, regardless of whether this benefit is provided through the Delaware Paid Leave plan, a Division-approved private insurance carrier or a self-insurance plan. To manage your Paid Leave account, check this box and select "Next" below.

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Steps

Department of Labor Division

Paid Family Medical Leave

Registration Summary

Confirmation

Conduce a las líneas de negocios de Delaware LaborFirst. Seleccione “Paid Leave” para acceder a los servicios del DPL.

2

Pantalla Paid Family Medical Leave (Licencia por razones médicas y familiares con goce de sueldo)

Paid Family Medical Leave

You are automatically enrolled in the Delaware Paid Leave plan for Parental Leave. You can apply to provide this coverage with a private insurance carrier as an alternative. You can also voluntarily enroll in the Delaware Paid Leave plan to offer your employees Family Caregiving and Medical Leave benefits!

* Is your business utilizing a private plan to provide paid leave benefits for one or more lines of coverage?

☐ Yes ☐ No

* Would you like to voluntarily enroll in the Delaware Paid Leave plan to provide your employees with Family Caregiving / Qualified Exigency and/or Medical Leave benefits?

☐ Yes ☐ No

Would you like to provide your employees with additional PFML benefits (beyond what is required under the program) through a self-insured "top-up" plan administered through Delaware LaborFirst?

☐ Yes ☐ No

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Describe las líneas de cobertura requeridas y permite solicitar el uso de un plan privado, así como la opción de inscribirse en líneas de cobertura adicionales de manera voluntaria.

3

Private Plan Details (Datos del plan privado)

Private Plan Details

Please provide the name and policy number for each insurance carrier providing these benefits, by type of benefit. Please use the "Add" button located on the top right of this page to add additional insurance carrier information.

* Insurance Carrier

* Insurance Policy Number

* Please indicate the line(s) of coverage addressed by the approved private insurance carrier policy.

Parental Leave	<input type="radio"/> Included	<input type="radio"/> N/A
Medical Leave	<input type="radio"/> Included	<input type="radio"/> N/A
Family Caregiver/Qualified Exigency Leave	<input type="radio"/> Included	<input type="radio"/> N/A

* Please upload a copy of your paid leave insurance policy declaration page. If you have separate policies for the different lines of coverage (Family Caregiving / Qualified Exigency, Medical, and Parental), please upload each declaration page separately.

Upload Files

Or drop files

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Si solicita el uso de un plan privado para las líneas de cobertura requeridas, esta pantalla le permite proporcionar los detalles de dicho plan.

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Pantalla Registration Summary (Resumen de registro)

Registration Summary

▼ Paid Family Medical Leave

Is your business enrolled into a private certified plan covering one or more lines of Paid Leave coverage?.

No

Would you like to opt-into one or more lines of state provided coverage?

Yes

You have confirmed enrollment into the following plans:

Parental Leave

Medical Leave

Family Caregiver/Qualified Exigency Leave

Delaware Paid Leave

Not Enrolled

Not Enrolled

▼ Certification

By checking this box, I certify, under penalty of perjury, that the information provided in this filing is true and correct to the best of my knowledge and belief.

☒

Muestra todos los campos y respuestas del proceso de registro. Revise todas las respuestas para corroborar que no haya errores.

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Confirmation (Confirmación)

Confirmation

Confirmation Number: CON-00662

You have made the following selections for paid leave coverage:

Parental Leave : Delaware Paid Leave

Medical Leave : Not Enrolled

Family Caregiving/Qualified Exigency Leave : Not Enrolled

Please print a copy of this registration confirmation for your records.

If you disagree with this determination, you can appeal the decision. The appeal information will be listed on the determination that is sent to you via email or mail based on your preferred method of communication.

Proporciona una confirmación de sus elecciones con respecto a las líneas y tipos de cobertura de la División de Licencias con Goce de Sueldo.