

OVERVIEW

A new child, whether birthed, adopted, or fostered is a wonderful and great change in a person's life, but a complicated one. In between the avalanche of diapers, feedings, sleep schedules, friends and family checking in, congratulatory phone calls, emails, and legal matters, there is a special bonding process that takes place. Work life often precludes spending much – if any – time to bond with this new addition to your family. Now there is a new resource available to help you during this period.

In the 2020 negotiations, the employers and the WGA agreed to a new benefit for writers: Paid Parental Leave (PPL). The purpose of this benefit is to provide income replacement for Participants who take leave from employment to bond with their newborn, newly adopted, or newly fostered child.

Beginning May 2, 2021, the Paid Parental Leave (PPL) benefit is available to all covered Health Fund Participants with qualifying coverage if a child is born, or if the Participant newly adopts or fosters (or has a child placed for adoption) after that date. The PPL benefit is available for a 12-month window from the date of birth, adoption, or fostership, and can be broken into non-concurrent weeks should you desire. The PPL benefit is \$2,000 per week, for up to 8 weeks, and the weeks do not need to be taken sequentially.

You should receive a PPL enrollment package once you declare your new dependent. If this doesn't happen, or if you have any questions or concerns, please feel free to contact the Health Fund at (818) 846-1015 or toll-free (800) 227-7863 or via email at: Pmailbox@wgaplans.org.

ELIGIBILITY

In order to qualify for the Paid Parental Leave benefit, the Participant must have qualifying Writers' Guild-Industry Health Fund health coverage at the time of the birth, date of adoption of the child, or the date of formally fostering of a child. The Participant's qualifying health coverage only needs to be in place at that time – the coverage need not be maintained throughout the leave period.

For this purpose, adoption includes placement for adoption. Fostering of a child means that the child is placed with the Participant by an authorized placement agency or a court order. In all cases, the child must be new to the Participant. (Thus, for example, if the Participant adopts the child of a spouse or partner and the child has already lived with the Participant for an extended period of time, the Paid Parental Leave benefit would not be available.)

Paid Parental Leave Guide

The qualifying Writers' Guild-Industry Health Fund health coverage may be Active Coverage, Extended Points Coverage, or COBRA Coverage (but not Total Disability Extension Coverage or Retiree Coverage). The qualifying health coverage must have been earned from contributions of employers that contribute for the Paid Parental Leave benefit.

A Participant can only take one Paid Parental Leave benefit in any 12-month period. However, if both parents are Participants with qualifying Writers' Guild-Industry Health Fund health coverage then each Participant is separately eligible for their own, individual Paid Parental Leave benefit, which can be taken concurrently or separately.

If both parents are Participants with qualifying Health Fund coverage at the time of birth, adoption, or foster placement, then each can separately claim a PPL benefit. The PPL benefit can be used separately or concurrently – the decision is entirely up to the parents.

The Paid Parental Leave benefit is not available to employees of Named Employers. In addition, dependents of Participants are not eligible to receive the Paid Parental Leave benefit should they have a child, adopt a child, or foster a child.

If there are multiple births, adoptions, or foster placements at a time, there is only one Paid Parental Leave benefit.

ELECTING PAID PARENTAL LEAVE

Paid Parental Leave is intended as a replacement for income lost during a parental leave as a result of not working. In order to receive PPL benefits you must not work for an employer during, or be paid by an employer for, the period for which the Paid Parental Leave is taken.

To get started, you simply fill out an application provided by the Administrative Office. As part of this application, you must sign an attestation that you will not perform work for an employer during, or be paid by an employer for, the period for which you are receiving the Paid Parental Leave benefit.

If you lose your qualifying Health Fund coverage after a qualifying birth, adoption, or foster placement, the PPL benefit remains available to you.

You may also have to disclose whether you are receiving or will receive any state-mandated family leave benefits in connection with your newly-acquired child. Under the rules that apply to the PPL benefit, state-mandated family leave benefits are offset against the Paid Parental Leave benefit. This disclosure and offset requirement is temporarily waived until December 31, 2022.

You must advise the Fund Office immediately if, after applying for Paid Parental Leave, you decide to return to work for an employer during (or are going to be paid by an employer for) any portion of the period for which you applied for Paid Parental Leave.

PAYMENT DURATION AND AMOUNT

Once the Paid Parental Leave benefit is elected, and the attestation is signed, you will receive \$2,000 per week for a period of up to 8 weeks, for a total of up to \$16,000.

The Paid Parental Leave benefit may be taken sequentially or it can be broken into non-consecutive weekly increments, not to exceed the total number of sequential Paid Parental Leave benefit weeks (and, as described above, not to be paid beyond 12 months after birth/adoption/fostership). The minimum increment is one week. Payment will be made on a weekly basis. The child must be in the Participant's home for all weeks for which payment is made.

Make sure you use your PPL benefit within 12 months of the birth, adoption, or foster placement of a child. Once the 12-month window expires, no further PPL benefit is available.

Once twelve months have passed since the birth, adoption, or fostering of a child, you are no longer eligible to receive the Paid Parental Leave benefit, regardless of whether the full available amount has been used.

MISCELLANEOUS ISSUES

The monies distributed via the Paid Parental Leave benefit will not be counted toward pension benefits or vesting or toward health coverage eligibility.

All Paid Parental Leave benefits are subject to the applicable tax deductions and withholdings. This is a taxable benefit for which you will receive a W-2.

FAQs

How do I get started?

Once the child is born, adopted, or placed with you, contact the Health Fund and let them know you have a new dependent. A PPL benefit package should be sent to you which

includes an application for the benefit and an attestation that you will not work while receiving the PPL benefit.

If you don't receive your PPL benefit package, or if you have any questions or concerns about how to fill out the application you can contact the Fund at (818) 846-1015 or toll-free (800) 227-7863 or via email at: Pmailbox@wgaplans.org.

Do I have to use the PPL benefit immediately?

As long as you have qualifying Health Fund coverage when the child is born to, adopted by or placed/fostered with you, you have 12 months in which to use the PPL benefit. You can start right away, or at a time that is more convenient to you. Please keep in mind that the benefit is 8 weeks in length and ends at the close of the 12-month window, regardless of whether all of the weeks have been used, so you should plan accordingly.

What if I only want to use a few weeks of the benefit, can I do that?

Yes. You can use all 8 weeks, or as many as are convenient to you. Please keep in mind that there is a 12-month window in which to use some or all of the PPL benefit.

Both myself and the child's other parent are Participants with qualifying Health Fund coverage. Do we each get an individual PPL benefit?

If you both are Participants with qualifying Health Fund coverage on the date of the child's birth, adoption, or fostering, each of you will have your own individual PPL benefit. You can each take your leave payments as you see fit. If you want to have 8 consecutive weeks, then each of you will receive the \$2,000 payment for 8 weeks. You can use the weeks concurrently or discretely. There can be gaps if you need to work, or find that this is better for your family. The PPL benefit is very flexible in this regard: how you use it is entirely up to you (subject to your getting the time off from your employer – see below).

Please note that dependents with Health Fund coverage are not eligible to receive the PPL benefit. If you are a Participant with qualifying Health Fund coverage and your spouse has dependent coverage under the Health Fund, your spouse is **not** eligible for the PPL benefit.

If I want to take the PPL benefit for a few weeks then go back to work and then take more weeks when my assignment is done can I do that?

You can use your 8 weeks of benefits in any order that best suits you. There are four caveats to keep in mind: 1) The PPL benefit begins with the birth, adoption or foster placement of a child. From that date, you have a 12-month window in which to use some or all of your PPL benefit, 2) If you do not use all your benefit within the 12-month period, you cannot reclaim the unused weeks at a later date, 3) Each time you seek to renew your PPL benefit payments during the 12-month window, you will have to fill out a new PPL benefit application and attestation form, and 4) The amount of time you can take for parental leave is between you and your employer (see below).

What if I get a residual or production payment or some other non-work payment while taking the PPL benefit?

As long as you are not working and the payment is not for the period for which you are taking leave, you may receive your PPL benefit. A residual, production bonus, or other similar payment will not interfere with this. If you're not sure about a situation, or have any questions, please feel free to contact the Fund at (818) 846-1015 or toll-free (800) 227-7863 or via email at: Pmailbox@wgaplans.org.

Is the PPL benefit taxable?

The PPL benefit is taxable. You will need to fill out a withholding form when you apply for the benefit. You will receive a W-2 and or all monies you receive and will have to fill out a W-4 form (or W-8BEN, if applicable).

What if I have a second child during the PPL benefit period, do I get a second PPL benefit?

There is only one PPL benefit available in any 12-month window. If a Participant has qualifying Health Fund coverage at the time of the second child's birth, adoption, or fostering during the first PPL benefit period, the Participant is eligible to apply for the second PPL benefit **after** the first PPL benefit period expires. The Participant will have 12 months from the date of the second child's birth, adoption, or fostering to utilize the second PPL benefit – regardless of when the Participant is eligible to apply for the second PPL benefit.

Does this new rule require my employer to give me time off if I have a child?

The Plan's PPL benefit provides a benefit that is available to you when you receive time off from your employer. However, it does not govern when you are entitled to that time off.

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We hope this guide provides you the information you need about the Paid Parental Leave benefit. If you have any questions or concerns, please feel free to contact the Fund at (818) 846-1015 or toll-free (800) 227-7863 or via email at: Pmailbox@wgaplans.org and we will be happy to assist you.

February 15, 2022

- Please complete both the application form and the attestation form
- Once completed, the forms may be returned to the Eligibility Department by mail or electronically
- If you have any questions or concerns, please feel free to contact the Eligibility Department (818) 846-1015 and then select Option #1, and then Option #2 or call toll-free (800) 227-7863 or via email at: emailbox@wgaplans.org

Dear Participant:

**WRITERS' GUILD-INDUSTRY HEALTH FUND
APPLICATION FOR PAID PARENTAL LEAVE BENEFIT**

You must complete Part I and Part II of this form.

Please return the completed form, along with all supporting documentation, including W-4 (or W-8BEN if applicable), to the Eligibility Department by email at emailbox@wgaplans.org or by sending the completed forms to the Fund Office, attn: Eligibility Department.

If you have any questions or concerns, please feel free to contact the Eligibility Department (818) 846-1015 and then select Option #1, and then Option #2 or call toll-free (800) 227-7863 or via email at: emailbox@wgaplans.org

PART I – PAYMENT REQUEST

To be completed by Participant (each question must be fully answered)

Name

Address (with apartment or unit number if relevant)

City, State, and Zip Code

Federal Income Tax:

If we do not receive the Participant's completed election form, we will automatically begin to withhold Federal Income Tax from the Participant's benefit checks. As required by the law, we will determine the amount of the withholding based upon IRS tables for income tax withholding, and assume that the Participant is married and entitled to 3 exemptions. If the Participant wants us to withhold a different amount, the Participant must provide us with a completed IRS withholding certificate (IRS Form W-4P). If the Participant is a foreign-person, then the Participant must complete the IRS Form W-8BEN. If the Participant is a foreign-person and does not provide the Plan with the Participant's desired tax withholding, we will withhold at a rate of 30%.

CITIZENSHIP (THE PLAN IS REQUESTING THIS INFORMATION FOR PROPER TAX WITHHOLDING ONLY AND NOT FOR ANY OTHER PURPOSE)

- U.S. CITIZEN OR RESIDENT ALIEN
- NON-U.S. CITIZEN, NON-RESIDENT ALIEN NOR OTHER U.S. PERSON

COUNTRY OF CITIZENSHIP (NON-U.S.)

Current (or most recent) employer

Type of work being performed (feature, MOW, etc.)

Start date (current employment)

Stop date (if applicable)

Current (or most recent) employer

Type of work being performed (feature, MOW, etc.)

Start date (current employment)

Stop date (if applicable)

I newly acquired a child on:

Date of birth/adoption/placement

If you have not done so previously, please submit the following items to the Fund Office along with this application:

- Birth certificate
- Adoption order
- Other verifying paperwork

I am requesting Paid Parental Leave for the following weeks listed below.

Please note that while you need not take all 8 weeks at once, the benefit request must be a minimum of one week (5 consecutive days).

	Benefit Begin Date	Benefit End Date
WEEK 1		
WEEK 2		
WEEK 3		
WEEK 4		
WEEK 5		
WEEK 6		
WEEK 7		
WEEK 8		

PART II - ATTESTATION

Writers' Guild-Industry Health Fund Paid Parental Leave Benefit Attestation

The Writers' Guild-Industry Health Fund has established a weekly Paid Parental Leave (PPL) benefit. The sole purpose of this benefit is to provide income replacement while a Participant takes unpaid time off from work to bond with a new child. The benefit is paid to eligible Participants weekly for up to 8 weeks in the 12-month period after a new child is acquired, but the weeks need not be taken concurrently.

For any work week for which I receive the Writers' Guild-Industry Health Fund Paid Parental Leave benefit, I attest that all of the following will remain true for the entire work week:

- (1) I am one of my newly-acquired child's (or children's) caregivers, I will be actively engaged in bonding with and caring for my newly-acquired child (or children), and not more than twelve (12) months have passed since the birth, adoption, placement for adoption or fostership of my newly-acquired child (or children).
- (2) I will not perform work for **any employer** for any portion of that work week (including both employers who are obligated to contribute to the Writers' Guild-Industry Health Fund and employers who are not).
- (3) I will not be paid by **any employer** for any portion of that work week (including both employers who are obligated to contribute to the Writers' Guild-Industry Health Fund and employers who are not).

I understand that I must inform the Writers' Guild-Industry Health Fund if I return to work during, or am paid for, a week in which I have received or had applied to receive the Paid Parental Leave benefit. I understand that if I return to work during, or am paid for, a week in which I received the Paid Parental Leave benefit, I will be required to return or repay the Paid Parental Leave benefit I received.

The Writers' Guild-Industry Health Fund Paid Parental Leave Plan ("Paid Parental Leave Plan") is an income replacement benefit. Per California Unemployment Insurance Code 2656, your wages (including certain paid benefits) when added to your weekly California Paid Family Leave and California Disability Insurance cannot exceed 100 percent of your gross normal weekly salary immediately prior to the commencement of your disability or period of family care leave. New York state and other states with state-mandated family leave may have similar laws. By signing this form, you attest that your weekly benefit from the Paid Parental Leave Plan when added to your weekly state-mandated family leave or

disability benefits does not exceed 100 percent of your gross normal weekly salary. If your weekly Paid Parental Plan Leave benefit when added to your weekly state-mandated family leave or disability benefits will exceed 100 percent of your gross normal weekly salary, please notify the PWGA fund office so that the PWGA fund office can make necessary adjustments to your benefit.

I have enclosed my completed W-4 tax form (or W-8BEN, if applicable). I understand that this is a taxable benefit for which I will receive a W-2 tax form.

I understand that if I make a false statement on this attestation form, I will be required to return any Paid Parental Leave benefit payments I have received and I may be disqualified from receiving future Paid Parental Leave benefits.

Date: _____

Signature: _____

Name: _____

If you have any questions or concerns, please feel free to contact the Eligibility Department (818) 846-1015 and then select Option #1, and then Option #2 or call toll-free (800) 227-7863 or via email at: Emailbox@wgaplans.org

Yours truly,

Writers' Guild-Industry Health Fund

If you live in the U.S., you will need to submit a W-4 form. To obtain the latest version, click [HERE](#) and fill it out completely. Make sure you remember to sign it.

If you live outside the U.S., please fill out the W-8 BEN. To obtain the latest version, click [HERE](#). As with the W-4 form, please remember to sign once you have filled out the form.

GENERAL STATEMENT OF NONDISCRIMINATION: (DISCRIMINATION IS AGAINST THE LAW)

The Fund's health care plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, or sex. The Plan:

- a) Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- b) Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters and information written in other languages

If you need these services, please contact Linda Abruzzo, Program and Compliance Manager, at 1-800-227-7863.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Linda Abruzzo, Program and Compliance Manager, 2900 W. Alameda Avenue, Suite 1100, Burbank CA 91505, Telephone: 1-818-846-1015, TTY: 1-818-526-3199, Fax: 1-818-526-6522, Email: Compliance@wgaplans.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Linda Abruzzo, Program and Compliance Manager is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHS Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/filing-with-ocr/index.html>.

ATTENTION: FREE LANGUAGE ASSISTANCE	
This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
Language	Message About Language Assistance
English	ATTENTION: Language assistance services are available to you free of charge. Call 1-800-227-7863 (TTY: 1-818-526-3199).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم - 800-227-7863 ! (رقم هاتف الصم والبكم: 1-818-526-3199).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-227-7863 (TTY: 1-818-526-3199)。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-227-7863 (ATS: 1-818-526-3199).
French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-227-7863 (TTY: 1-818-526-3199).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-227-7863 (TTY: 1-818-526-3199).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-227-7863 (TTY: 1-818-526-3199).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-227-7863 (TTY:1-818-526-3199) まで、お電話にてご連絡ください。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-227-7863 (TTY: 1-818-526-3199) 번으로 전화해 주십시오.
Persian	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-227-7863 تماس بگیرید. (TTY: 1-818-526-3199)
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-227-7863 (TTY: 1-818-526-3199).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-227-7863 (TTY: 1-818-526-3199).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-227-7863 (телетайп: 1-818-526-3199).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-227-7863 (TTY: 1-818-526-3199).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-227-7863 (TTY: 1-818-526-3199).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-227-7863 (TTY: 1-818-526-3199).