

INTRODUCTION TO CIS BENEFIT

Effective January 1, 2003, the District implemented a new benefit to employees who experience a catastrophic illness or injury. This benefit is called the Catastrophic Illness Supplement Benefit (CIS). This benefit provides paid leave identical to the employee's base pay to those employees who have exhausted all accumulated paid leave due to a catastrophic illness or injury for which they are currently seeking medical treatment up to 30 work days annually, with a lifetime maximum benefit of 60 work days.

This benefit is subject to the Internal Revenue Code, and State and Federal laws, which may affect your rights.

All medical information will be held in strict confidence and properly secured.

FREQUENTLY ASKED QUESTIONS

What kind of benefit is this?

CIS benefit is a supplemental benefit designed to provide paid leave identical to employee's **base** pay to those employees who have exhausted all accumulated paid leave because of a catastrophic illness or injury that prevents them from working, and for which they are currently seeking medical treatment up to 30 work days annually, with a lifetime maximum benefit of 60 work days. **All the required forms are accessible by clicking on the underlined words below.**

Am I eligible to participate in the benefit?

You are eligible to participate if you meet all of the following criteria:

1. You are a full-time employee who is eligible for leave under the Family and Medical Leave Act (FMLA).
2. You have been diagnosed with a catastrophic illness or injury. Examples include, but are not limited to those in [Attachment "A" – Catastrophic Illnesses and Injuries](#).
3. Your attending health care provider has provided a medical report stating that you will require an extended absence from work for treatment or recovery directly related to your catastrophic illness or injury.
4. You have exhausted all accumulated paid leave allotments.

What is the application process to receive benefits?

A [Catastrophic Illness Supplement Benefits Application](#) form must be submitted to the Leaves Office. If the employee is incapacitated, and/or unable to file an application, an immediate family member may initiate the process. In addition to the CIS application form, the employee must have the attending physician complete and sign a [Request for Medical Report](#) form and submit it along with the CIS application form. Each form must be completed in its entirety.

Upon receipt of the health care provider's written report, the District may require additional information from the employee or the attending health care provider in order to determine eligibility to receive this benefit.

What is the approval process once an application has been submitted?

1. Paid leave will be reviewed to ensure that all accumulated paid leave entitlements are exhausted.
2. Once all required documentation is received and reviewed, you will receive written notification as to whether your application is approved or denied.
 - a. If approved, paid leave may be issued up to 30 days annually, excluding pay for non-work days.
 - b. If denied, you will receive written notification as to the reason(s) for denial.

How is my benefit amount determined?

The CIS benefit will pay your daily rate of base pay (less applicable withholding) up to 30 work days annually, with a lifetime maximum benefit of 60 work days.

Can this benefit be amended?

Yes. The District retains the right to change or eliminate this benefit at any time and for any reason.

DEFINITIONS

Base Pay: Earnings that an employee is paid for performing the material and substantial duties of their regular occupation, excluding stipends, overtime pay, reimbursements or other expense allowances, fringe benefits (cash or non-cash), and any other type of payment which is not considered base pay.

Catastrophic Illness or Injury: An acute or prolonged illness or injury that is considered life-threatening with the threat of serious residual disability which results in the employee's inability to work.

Full-time Employee: An employee who is regularly scheduled to work and is participating in TRS, unless exempted by law.

Health Care Provider: A licensed physician (M.D.) acting within the scope of applicable state licensing/certification requirements.

Immediate Family Member: Anyone related to the employee in the following manner:

- Spouse.
- Son or daughter, including a biological, adopted, or foster child, a son- or daughter-in-law, a step child, a legal ward, or a child for whom the employee stands *in loco parentis*.
- Parent, stepparent, parent-in-law, or other individual who stands *in loco parentis* to the employee.
- Sibling, stepsibling, and sibling-in-law.
- Grandparent and grandchild.
- Any person residing in the employee's household at the time of illness or injury.

EXAMPLES OF CATASTROPHIC ILLNESS OR INJURY

- Serious, debilitation illness, impairment, or physical/mental condition that involves treatment in connection with an extended overnight stay in a hospital, hospice, or residential medical facility.
- High intensity/high frequency of treatment encounters necessary for a chronic or long-term condition that is so serious that, if not treated, would likely result in an extended period of incapacity or death.
- Terminal illness.

EXCLUSIONS

This benefit is subject to the following exclusions:

- Elective surgery unless complications arise resulting in a serious health condition.
- Most leave associated with pregnancy unless complications arise resulting in a serious health condition for the mother or child.
- A job-incurred injury or illness covered by Workers' Compensation benefits.
- Injury or illness resulting from war, declared or undeclared, any act of war or terrorist act, or any type of military conflict.
- Injury or illness resulting from or occurring during the commission of a crime, irrespective of whether the employee has been convicted and/or adjudicated guilty.
- Injury or illness in connection with experimental or investigational surgery or treatment not considered reasonable and necessary as classified by the Health Care Financing Administration of the United States Department of Health and Human Services.
- Injury or illness resulting from acupuncture or acupressure treatment and hypnotherapy.
- Injury or illness resulting from the transplantation or implantation of non-human, artificial or mechanical organs, or any part thereof, unless approved by the Food and Drug Administration.
- Injury or illness incurred in connection with an employee's participation in a riot or insurrection.
- Injury or illness resulting from the use of medicines that are not approved by the Food and Drug Administration.

GENERAL INFORMATION

The benefit year begins on January 1 and ends on December 31.