

# MAINE STATE LEGISLATURE

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# 118th MAINE LEGISLATURE

## SECOND REGULAR SESSION-1998

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Legislative Document

No. 2186

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H.P. 1557

House of Representatives, February 2, 1998

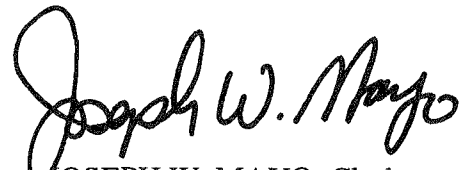
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### **An Act to Create the Maine Temporary Disability Benefits Law.**

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Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

Reference to the Committee on Labor suggested and ordered printed.

  
JOSEPH W. MAYO, Clerk

Presented by Representative CAMERON of Rumford.

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 26 MRSA c. 13, sub-c. X is enacted to read:

**SUBCHAPTER X**

**TEMPORARY DISABILITY BENEFITS**

**§1271. Definitions**

As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Base week. "Base week" means any calendar week during which an individual earned in employment from an employer remuneration equal to or not less than 20% of the statewide annual average weekly wage.

2. Covered individual. "Covered individual" means an individual in employment or an individual who has been out of employment for less than 2 weeks.

3. Disability. "Disability" means an accident or sickness not arising out of or in the course of a covered individual's employment or not otherwise covered under Title 39-A that results in the covered individual's total inability to perform the duties of employment.

4. Individual's average weekly wage. "Individual's average weekly wage" means the amount derived by dividing a covered individual's total wages earned from the individual's most recent employer during the base weeks in the 8 calendar weeks immediately preceding the calendar week in which disability commenced, by the number of base weeks. If this computation yields a result that is less than the individual's average weekly earnings in employment with all employers during the 8 calendar weeks, then the individual's average weekly wage must be computed on the basis of earnings from all employers during the 8 base weeks immediately preceding the week in which disability commenced.

5. Period of disability. "Period of disability" means the entire period of time during which a covered individual is continuously and totally unable to perform the duties of employment, except that 2 periods of disability due to the same related cause or condition and separated by a period of not more than 14 days are considered one continuous period of disability if the individual has earned wages during the 14-day period with the employer who was the employee's last employer immediately preceding the first period of disability.

2           6. Private plan. "Private plan" means a plan for the  
3 payment of disability benefits established by an employer under  
4 section 1273.

6           7. State fund. "State fund" means the State Temporary  
7 Disability Fund established in section 1279.

8           8. State plan. "State plan" means the system established  
9 by this subchapter for the payment of temporary disability  
10 benefits by the State.

12           §1272. Nonduplication of benefits

14           1. Unemployment or workers' compensation benefits. An  
15 individual is not eligible for benefits under this subchapter  
16 during any period when:

18           A. Benefits are paid or payable under any unemployment  
19 compensation or similar law or under any disability or cash  
20 sickness benefit or similar law of this State, other state  
21 or the Federal Government; or

24           B. Benefits, other than benefits for permanent partial or  
25 permanent total disability previously incurred, are paid or  
26 payable because of disability of the covered individual  
27 under any workers' compensation law, occupational disease  
28 law or similar law.

30           2. Pending determination of other benefits. If a  
31 claimant's claim for compensation under Title 39-A is delayed  
32 because the claim is contested, the claimant, if otherwise  
33 eligible, must be paid benefits under this subchapter until the  
34 claimant receives compensation under Title 39-A. If workers'  
35 compensation benefits, other than benefits for permanent partial  
36 or permanent total disability previously incurred, are  
37 subsequently awarded for weeks for which the claimant has  
38 received benefits under this subsection, the state plan or  
39 private plan paying benefits under this subsection must be  
40 surrogated to the claimant's rights to the award to the extent of  
41 the amount of disability payments made under this subsection.

42           3. Other benefits. Benefits under this subchapter must be  
43 reduced by the amount paid concurrently under any governmental or  
44 private retirement, pension or permanent disability benefit or  
45 allowance program to which the individual's most recent employer  
46 contributed on the individual's behalf.

48           §1273. Establishment of private plans

1. Private plans authorized. Subject to approval as provided in subsection 3, an employer may establish a private plan for the payment of disability benefits in lieu of the state plan. Benefits under a private plan may be provided by:

A. A contract of insurance issued by an insurer licensed to do business in this State;

B. An agreement between the employer and a union or association representing the employer's employees; or

C. A specific undertaking by the employer as a self-insurer.

2. Requirements. The contract of insurance authorized under subsection 1 may be between the insurer and the employer, between the insurer and 2 or more employers acting for the purposes of this subchapter through a nominee, designee or trustee, or between the insurer and the union or association of employees with which the employer has an agreement with respect to the insurance.

3. Approval of bureau. A private plan must be submitted in detail to the bureau for approval. The bureau shall approve a private plan if the bureau finds all of the following.

A. All employees of the employer are covered under the plan with respect to any disability beginning after the effective date of the plan, except as otherwise provided in this section.

B. The eligibility requirements for benefits under the plan are not more restrictive than the eligibility requirements for benefits under the state plan.

C. The weekly benefits payable under the plan for any week of disability are at least equal to the weekly benefit amount payable under this subchapter, taking into consideration any coverage with respect to concurrent employment with another employer, and the total number of weeks of disability for which benefits are payable under the plan is at least equal to the total number of weeks for which benefits would have been payable under the state plan.

D. Employees are not required to pay more toward the cost of benefits under the plan than the amount of worker contributions to the state fund for covered individuals under this subchapter.

E. Coverage is continued under the plan while an employee remains a covered individual but not after the employee

2 becomes employed by another employer following termination  
3 of employment to which the plan relates.

4 F. A majority of the employees that would be covered by the  
5 plan agree to the plan as provided in section 1273-A before  
6 the effective date of the plan.

8 G. The administration or application of the plan does not  
9 result in any profit to the employer, union or association  
10 administering the plan.

12 4. Exclusions. Subject to approval of the bureau, a  
13 private plan authorized by this section may exclude a class or  
14 classes of employees, except a class determined by the age,  
15 gender or race of the employees or by the wages paid the  
16 employees, the exclusion of which will result in a substantial  
17 selection of risk adverse to the state plan. Covered employees  
18 so excluded must be covered by the state plan and are subject to  
19 the employee contribution to the state fund.

20 5. Financial responsibility. If a private plan does not  
21 provide for the assumption by a licensed insurer of the liability  
22 to pay the benefits payable under the plan, the bureau may not  
23 approve the plan unless the employer files with the bureau a bond  
24 acceptable to the bureau or deposits with the bureau securities  
25 sufficient to secure the payment of the employer's obligations  
26 under this subchapter. The bond or security must be equal to the  
27 greater of 1/2 of the contributions that would have been paid by  
28 the employees to be covered by the plan during the previous year  
29 or 1/2 of the estimated contributions of the employees for the  
30 ensuing year. An employer who is a workers' compensation  
31 self-insurer and who is exempt from insuring workers'  
32 compensation liability is exempt from the bond and surety  
33 requirements of this section. The bureau may exempt an employer  
34 from the requirements of this section if it finds that the  
35 employer demonstrates the permanence of the employer's business  
36 and the employer's financial ability to pay the benefits provided  
37 by a private plan submitted for approval. The bureau make revoke  
38 the exemption at any time.

40 **§1273-A. Election by employees; deduction of contributions**

42 1. Election. If employees will be required to contribute  
43 toward the cost of benefits under a private plan, the plan may  
44 not become effective unless a majority of the employees in the  
45 class or classes to be covered by the plan have agreed to the  
46 plan by a written election.

48 2. Deduction of contributions. If a private plan is  
49 approved, the employer may collect the contributions required of  
50

2 employees by deductions from wages paid to covered individuals.  
4 The deductions may be combined with deductions under subchapter  
6 VII if reasonable notice is given to covered individuals that the  
8 employer intends to combine deductions. If an employer fails to  
deduct the contribution of employees at the time wages are paid  
or fails to make a deduction at the time wages are paid for the  
next succeeding payroll period, the employer may not thereafter  
collect that contribution.

10 3. Exclusive source of benefits. A covered individual may  
12 not receive benefits from the state fund for any period of  
14 disability beginning while the individual is covered under a  
private plan.

16 **§1273-B. Existing plans deemed private plans**

18 If the employer has a plan in effect on July 1, 1999 for the  
20 payment of disability benefits to employees or to any class or  
22 classes of employees or has in effect an agreement with a union  
24 or association whereby there is in effect a plan for the payment  
26 of cash disability benefits to employees or to any class or  
28 classes of employees, and the employer is required to contribute  
30 to the cost of the plan or agreement, the plan or agreement is  
32 deemed an approved private plan until the earliest date upon  
34 which the employer has the right to modify the benefits of the  
36 plan, discontinue the plan or discontinue contributions to the  
plan. The employer shall notify the bureau of the existence of  
the plan or agreement. During the continuance of a private plan  
or agreement under this section, the employees covered under the  
plan or agreement are not entitled to benefits under the state  
plan for any period of disability beginning while the employees  
are covered under the private plan or agreement. If the private  
plan or agreement covers only a class or classes of covered  
individuals, the employer may implement another private plan or  
agreement for the remaining employees or a class or classes of  
those employees, subject to the requirements and limitations of  
section 1273.

38 **§1273-C. Termination of private plans**

40 1. Request of employees. If the bureau receives evidence  
42 that a majority of the employees covered by an approved private  
44 plan have elected in writing to discontinue the plan, the bureau  
46 shall withdraw its approval of the plan effective at the end of  
48 the calendar quarter after that in which the evidence is  
received. Upon receipt of a petition for discontinuance signed  
by not less than 10% of the employees covered by a private plan,  
the bureau shall require the employer, upon 30 days' written  
notice, to conduct an election by ballot in writing to determine  
50 whether a majority of the employees covered by the

2 private plan favor discontinuance of the plan. An election may  
3 not be required more often than once in a 12-month period.

4 2. Termination by employer. An approved private plan may  
5 be terminated by an employer, in whole or in part, if at least 30  
6 days' written notice has been given by the employer to the bureau  
7 and to covered employees. Notice to covered employees may be  
8 provided by conspicuously posting the notice in the place of  
9 employment so as reasonably to ensure that the notice will be  
10 seen by covered employees or by providing individual notices to  
11 all covered employees.

12 3. Withdrawal of approval by bureau. The bureau may, after  
13 notice and hearing, withdraw its approval of a private plan if it  
14 finds that:

15 A. There is danger that the benefits accrued or to accrue  
16 will not be paid;

17 B. The security for the payment of benefits is insufficient;

18 C. The employer, union or association of employees is  
19 administering or applying the provisions of an approved  
20 private plan so as to derive profit from the plan; or

21 D. Withdrawal of approval is in the public interest.

22 4. Effect on benefits. The termination of an approved  
23 private plan may not affect the payment of benefits under the  
24 plan to eligible employees whose period of disability began  
25 before the date of termination of the private plan. Employees  
26 who have ceased to be covered by a private plan because of its  
27 termination are eligible for benefits under the state plan for a  
28 disability beginning after the cessation of coverage, and  
29 employer contributions must be made to the state fund.

#### 30 §1273-D. Additional benefits

31 This subchapter does not prohibit the establishment by an  
32 employer, without bureau approval, of a supplementary plan or  
33 plans providing for the payment to employees, or to any class or  
34 classes of employees, of benefits in addition to the benefits of  
35 an approved private plan, or to prohibit the collection or  
36 receipt of additional voluntary contributions from employees  
37 toward the cost of the additional benefits.

#### 38 §1274. State plan

39 1. Eligibility for benefits. A covered individual who on  
40 the date of the commencement of a period of disability is not  
41 eligible for benefits under the state plan unless he has been  
42 covered by a private plan for a period of at least 12 months  
43 immediately preceding the date of the commencement of the  
44 period of disability.



2 entitled to disability benefits under an approved private plan is  
3 entitled to disability benefits under the state plan, if the  
4 covered individual has established at least 20 base weeks or has  
5 earned at least 12 times the statewide average weekly wage in the  
6 52 calendar weeks preceding the week in which the period of  
7 disability commenced. The covered individual shall provide  
8 information and submit to reasonable examinations required by the  
9 bureau to determine eligibility.

10 2. Limitations. Benefits are not payable under the state  
11 plan to any person:

12 A. For the first 7 consecutive days of each period of  
13 disability, except that, if benefits are payable for 3  
14 consecutive weeks of a period of disability, benefits must  
15 be paid for the first 7 days;

16 B. For more than 26 weeks with respect to any one period of  
17 disability;

18 C. For any period of disability that did not begin when the  
19 claimant was a covered individual;

20 D. For any period during which the claimant is not under  
21 the care of a licensed physician, dentist, optometrist,  
22 podiatrist, psychologist or chiropractor who, when requested  
23 by the bureau, certifies within the scope of the  
24 practitioner's practice the disability of the claimant, the  
25 probable duration of the disability and, when applicable,  
26 the medical facts within the practitioner's knowledge;

27 E. For any period of disability due to willfully and  
28 intentionally self-inflicted injury or to injury sustained  
29 in the perpetration by the claimant of a felony;

30 F. For any period during which the claimant performs any  
31 work for remuneration or profit;

32 G. In a weekly amount that, together with any remuneration  
33 the claimant continues to receive from the employer, would  
34 exceed the regular weekly wages immediately before the onset  
35 of the disability; or

36 H. For any period during which a covered individual would  
37 be disqualified for unemployment compensation benefits under  
38 section 1193.

39 3. Amount of benefits. A covered individual's weekly  
40 benefit under this subchapter is computed in the same way as the  
41 weekly benefit rate is determined under section 1191. The  
42 weekly benefit rate is determined under section 1191. The  
43 weekly benefit rate is determined under section 1191. The  
44 weekly benefit rate is determined under section 1191. The  
45 weekly benefit rate is determined under section 1191. The  
46 weekly benefit rate is determined under section 1191. The  
47 weekly benefit rate is determined under section 1191. The  
48 weekly benefit rate is determined under section 1191. The  
49 weekly benefit rate is determined under section 1191. The  
50 weekly benefit rate is determined under section 1191. The

2 amount of benefits for each day of disability for which benefits  
are payable is 1/7 of the weekly benefit amount.

4 4. Maximum benefits. The maximum total benefits payable to  
a covered individual for a period of disability is 26 times the  
6 covered individual's weekly benefit amount or 1/3 of the covered  
individual's total wages in the calendar year preceding the onset  
8 of the individual's disability.

10 **§1274-A. Payment of benefits**

12 1. Source of payment. Disability benefits payable under  
this subchapter must be paid out of the state fund.

14 2. Deceased claimants. If a claim for disability benefits  
16 is not filed by an otherwise eligible individual before the  
individual's death, the first claim for benefits may be filed by  
18 the surviving spouse or any other person legally entitled to the  
benefits. Benefits must be paid by the bureau if it receives a  
20 completed first claim form accompanied by an affidavit executed  
by the person making the claim stating the basis of the claim and  
22 the basis of the person's right to make the claim. Payment of  
benefits pursuant to this subsection discharges the obligations  
24 of the bureau with respect to the payment.

26 3. Payment due to minors. If a person under 18 years of  
age is entitled to receive disability benefits under this  
28 subchapter, the bureau may make payment to the parent or guardian  
of the person.

30 4. Appointment of representative. If it appears to the  
32 Director of Unemployment Compensation that the person entitled to  
disability benefits under this subchapter is mentally, legally or  
34 physically unable to receive or disburse the payments or if the  
person can not be located, the director may appoint a  
36 representative with power to act for the person in the receipt  
and disbursement of payments.

38 **§1274-B. Notice and claim for disability benefits**

40 1. Notice. In the event of a disability of a covered  
42 individual under the state plan, the employer shall, on the 9th  
day of disability, provide to the covered individual and to the  
44 bureau a written notice containing the name, address and social  
security number of the covered individual and any other  
46 information required by the bureau to determine the covered  
individual's eligibility for benefits. The employer shall, at  
48 the same time, provide the covered individual with instructions  
provided by the bureau for applying for benefits.

50

2        2. Claim.    Not later than 30 days after the commencement  
4        of a period of disability, the covered individual shall file a  
6        claim with the bureau for benefits under the state plan. After  
8        receipt of this claim and the notice provided by the employer  
10       under subsection 1, the bureau may issue benefit payments for  
12       periods not exceeding 3 weeks pending receipt of medical proof of  
14       disability. The bureau may request certification of total  
16       disability by the covered individual's physician or a record of  
18       hospital confinement. The bureau may accept a claim that is not  
20       filed in the time or manner required if the bureau finds that the  
22       it was not reasonably possible to furnish the claim and proof in  
24       time and that the claim and proof were filed as soon as  
26       reasonably possible.

3. Periodic examination. A covered individual claiming  
benefits under the state plan shall, when requested by the  
bureau, submit at intervals, but not more frequently than once a  
week, to an examination at a reasonable time and place by a  
licensed physician, dentist, podiatrist, chiropractor or public  
health nurse designated by the bureau. If requested by the  
claimant, the practitioner must be the same sex as the claimant.  
The bureau shall pay for the examination. Refusal by the  
claimant to submit to examination under this subsection is  
grounds for disqualification for benefits for the period of the  
disability.

4. Confidentiality. All medical records retained by the  
bureau, except to the extent necessary for the proper  
administration of this subchapter, are confidential and are not  
public records for purposes of Title 1, chapter 13. Records may  
not be disclosed in any manner revealing the identity of the  
claimant or the nature or cause of disability. Records are not  
admissible in evidence in any legal proceeding other than a legal  
proceeding arising under this subchapter.

#### §1275. Review

1. Private plans. If a claimant under an approved private  
plan is unable to agree with the employer or insurer about  
benefits under the plan, the claimant may, within one year after  
the beginning of the period for which benefits are claimed, file  
a complaint with the bureau. Upon receipt of a complaint, the  
bureau shall conduct an investigation of the facts stated in the  
complaint. If the issues raised in the complaint are not  
settled, the bureau shall conduct a hearing. The bureau shall  
provide notice of the hearing to the claimant, the employer and  
the insurer, if any. Evidence may be presented at the hearing by  
any party. The hearing officer is not bound by the rules of  
evidence. The hearing must be recorded. The hearing officer  
shall make a determination of facts and issue an order disposing

of the issues presented by the complaint. The order of the hearing officer is final agency action for purposes of Title 5, chapter 375 and binding on the claimant, the employer and the insurer. A copy of the order must be served on the claimant, the employer and the insurer by registered mail addressed to their last known addresses. The cost of recording the hearing and of transcribing the proceeding and preparing the record if review is requested is a cost of administering this subchapter.

2. State plan. A claimant of benefits under the state plan is entitled to the same hearing, determination and appeal as provided in unemployment compensation cases.

3. Fees of attorney and medical witnesses. In any proceeding resulting from a complaint under this section, the hearing officer may:

A. If an award is made to an employee, allow a reasonable fee, not exceeding 20% of the amount of the award, to be paid by the employer or insurer to the attorney representing the employee; and

B. Allow reasonable appearance fees to medical witnesses, the payment of which may be assessed wholly or in part against the employee, the employer or the insurer, as the hearing officer determines.

Except for amounts allowed under this subsection, a person may not ask for or receive any fee for services in securing or attempting to secure any benefits under this subchapter. A medical witness may not charge any fee for an appearance at a hearing held under this section.

#### §1276. Records and reports

1. Employer records. Each employer shall keep accurate employment records containing information required by the bureau. The records must be open to inspection by the bureau at any time during ordinary business hours for the purpose of ascertaining whether the employer is covered by this subchapter and, if covered, whether the employer is complying with the provisions of this subchapter. Records obtained by the bureau under this subsection are not public records for purposes of Title 1, chapter 13 and may not be disclosed by the bureau in any manner revealing an employee's or an employer's identity. A claimant at a hearing before the bureau must be provided information from the records to the extent necessary for the proper presentation of the claim.

2           2. Private plans. Employers whose employees are  
participating in an approved private plan and insurers of  
4 approved private plans shall furnish reports and information and  
make available to the bureau any records that the bureau requires  
6 for the proper administration of this subchapter.

8           3. Availability to insurer or self-insurer. The bureau  
shall make available to an insurer or self-insurer, on request,  
10 any information from the bureau's records that is necessary to  
determine liability under an approved private plan.

12           **§1277. Rights to payments**

14           Benefits payable under an approved private plan by an  
employer as a self-insurer have the same preference against the  
16 assets of the employer as a claim for unpaid wages for labor.  
Benefits under the state plan or under an approved private plan  
18 are not assignable or subject to levy, execution, attachment or  
other process for the satisfaction of debts.

20           **§1278. Penalties**

22           1. Receipt of benefits. A person who makes a false  
24 statement or representation knowing it to be false or knowingly  
fails to disclose a material fact to obtain or increase any  
26 benefit under the state plan or an approved private plan for the  
person or for any other person commits a civil violation for  
28 which a forfeiture of \$20 must be paid to the bureau. Each false  
statement, misrepresentation or failure to disclose a material  
30 fact is a separate violation. A person who incorrectly received  
benefits under this subchapter because of a false statement, a  
32 misrepresentation or a failure to disclose a material fact shall  
reimburse to the bureau, the employer or the insurer an amount  
34 equal to the sum of any benefits received to which the person was  
not entitled. The person is not entitled to further benefits  
36 under this subchapter until penalties and reimbursements are paid.

38           2. Employer. An employer or an officer or agent of an  
employer or any other person commits a civil violation for which  
40 a forfeiture of \$20 may be assessed as follows.

42           A. The person makes a false statement or representation  
knowing it to be false or knowingly fails to disclose a  
44 material fact to:

46           (1) Prevent or reduce the benefits payable to any  
person entitled to benefits or to avoid becoming or  
48 remaining subject to this subchapter; or

2                   (2) Avoid or reduce any contribution or other payment  
3                   required from an employer under this subchapter.

4                   B. The person fails or refuses to make any contribution or  
5                   other payment or to furnish any report required under this  
6                   subchapter or to produce or permit the inspection or copying  
7                   of records required under this subchapter.

8  
9                   3. Other violations of this subchapter. A person who  
10                   willfully violates any provision of this subchapter or rules  
11                   adopted under this subchapter for which no other penalty is  
12                   prescribed commits a civil violation for which a forfeiture of  
13                   \$50 may be assessed.

14  
15                   4. Intent to defraud. A person committing a violation  
16                   under subsections 1 to 3 with intent to defraud the bureau  
17                   commits a Class E crime. Any fines assessed under this  
18                   subsection must be paid to the state fund.

20                   §1279. Contributions; fund

21                   1. State fund. The State Temporary Disability Fund is  
22                   established as a special fund, separate and apart from all public  
23                   money or funds of this State. It must be administered by the  
24                   commissioner exclusively for the purposes of this subchapter.  
25                   Disbursements from the state fund are limited to the payment of  
26                   benefits, the costs of administering this subchapter and any  
27                   necessary refunds of contributions. This fund consists of:

28  
29                   A. All contributions, assessments and penalties collected  
30                   under this subchapter;

31                   B. Interest earned upon any money in the fund;

32                   C. Any property or securities acquired through the use of  
33                   money belonging to the fund;

34                   D. All earnings from such property or securities; and

35                   E. All other money received for the fund under any Act of  
36                   Congress or from any other source.

37  
38                   Sec. 2. Investigation; recommendation. The Bureau of  
39                   Unemployment Compensation shall investigate the experience of the  
40                   State of New Jersey and make recommendations by January 1, 1999  
41                   to the First Regular Session of the 119th Legislature, including  
42                   legislation establishing an employer and an employee  
43                   contributions to the State Temporary Disability Fund established  
44                   in the Maine Revised Statutes, Title 26, section 1279 that are  
45                   similar to the levels of contributions under the New Jersey  
46                   similar to the levels of contributions under the New Jersey  
47                   similar to the levels of contributions under the New Jersey  
48                   similar to the levels of contributions under the New Jersey  
49                   similar to the levels of contributions under the New Jersey  
50                   similar to the levels of contributions under the New Jersey

2 plan. The recommended levels of contributions must provide for  
the continued solvency of the fund based upon anticipated claims  
4 and administrative costs. The recommended legislation must  
contain any other provisions necessary for the implementation of  
6 Title 26, chapter 13, subchapter 10.

8 **Sec. 3. Effective date.** Section 1 of this Act takes effect  
October 1, 1999.

10  
12 **SUMMARY**

14 This bill establishes a state plan administered by the  
Bureau of Unemployment Compensation in the Department of Labor to  
16 provide temporary disability benefits to workers covered under  
the unemployment compensation laws. The state plan protects  
18 against wage loss when an individual can not work because of  
sickness or injury that is not compensable under the workers'  
20 compensation laws. Employers may opt out of the state plan, with  
the approval of their employees, by providing a minimum private  
22 plan. The state plan is modeled after a state plan in effect in  
New Jersey. The state plan takes effect October 1, 1999. The  
24 Bureau of Unemployment Compensation is required to recommend  
levels of employer and employee contributions to the State  
26 Temporary Disability Fund similar to contributions made in New  
Jersey.