

ATTENTION: IMPORTANT INFORMATION

Please be advised that it is much faster to submit your **TDI** application online at:
DLT.RI.GOV

Online applications are usually processed within three days, whereas paper applications must be manually entered and can take over two weeks to be received and processed.

- **To apply online**, please go to DLT.RI.GOV and select “For Individuals” in the light blue bar, select “Temporary Disability/Caregiver Insurance” from the drop-down menu, select “For Claimants”, and then “Apply for TDI or TCI”

In addition, forms and updates about your claim will be emailed to you when you submit an online application (submitted with an email address).

- When you submit a paper application, all documentation, forms, and updates about your claim are mailed to you via regular mail, which can take up to 2 weeks or more to be received by you.

Instructions for Completing the TDI/TCI Application

Enclosed you will find the requested application. You must answer all questions completely. Failure to complete all questions and/or submit all required material will delay the processing of your claim. When complete, mail it to the above address for processing. Please **do not** fax it.

Temporary Disability (TDI) benefits may be provided for a maximum of 26 weeks to workers who are temporarily unemployed for weeks due to a temporary disability or injury.

- The required TDI Medical Certification form (TDI-3 or TDI-3C) will be mailed to your home address. It is your responsibility to present the required form to your treating Qualified Healthcare Provider (physician) to complete as instructed.
- If you are applying for TDI (illness/injury/surgery), it is required by law for you to have an in-office examination by your Qualified Healthcare Provider (QHP) the week prior to, the week of, or the week following the date of disability indicated by your QHP.
- TDI benefits are not taxable.

Temporary Caregiver Insurance (TCI) benefits may be provided up to a maximum of 7 weeks to care for a seriously ill family member or to bond with a child. TCI benefits must be filed within 30 days of the first day of leave. Social Security numbers are not required for children less than 12 months of age. Do not wait to file a TCI claim, since the 30-day rule cannot be extended.

- If you are applying for **benefits to care for a seriously ill family member**, a special medical form (TCI-3G) is required. It will be mailed to your home address after your application is received and processed by department staff. It is your responsibility to have the medical form completed by your family member's treating physician. It may be either mailed or faxed to the office listed above for processing.
- If you are applying for **benefits to bond with a child**, it is required by law for you to provide proof of parental relationship, such as a birth certificate, proof of legal guardianship, proof of foster care placement, proof of adoption placement, or an independent adoption placement agreement. Such documents may be submitted at a later date; however, **benefit payments will not be processed without this proof.**
- **TCI benefits are taxable.** A 1099-G form will be mailed to you at the end of the year, indicating the total benefits you received. You are responsible to claim and pay taxes on TCI benefits each year.

Visit our website for more detailed information regarding TCI and TDI claim inquiries at www.dlt.ri.gov/tdi.

Filing false or misleading information to defraud TDI or TCI insurance programs is a crime and may result in criminal and civil penalties.

Temporary Disability/Caregiver Insurance

Benefit Rights and Responsibilities

General Information & Eligibility

Temporary Disability Insurance (TDI) protects workers against wage loss and provides partial wage payments to insured RI workers who can't work due to a temporary, non-work-related disability or injury.

Temporary Caregiver Insurance (TCI) provides benefits to eligible workers who care for a seriously ill family member or bond with a newborn, newly adopted, or new foster-care child. Both programs are funded exclusively by employees' TDI/TCI payroll deductions.

To be eligible for TDI/TCI, you must have earned enough wages in the base period, as explained on your [Benefit Computation Statement](#), and must have had enough of your wages deducted into the TDI/TCI fund.

- To be medically eligible for TDI benefits, a Qualified Healthcare Provider (QHP) must certify that you are functionally unable to perform your customary and regular work duties.
- To be medically eligible for TCI benefits, you are responsible for obtaining the medical documentation necessary for caregiver claims, and for bonding claims, you are responsible for providing proof of the child/parenting relationship.

Your Responsibilities

Accurate Claim Information: You are responsible for providing correct information and answers to the questions on the application for TDI or TCI benefits. The state may verify the accuracy of all information provided at any time. Failure to complete all questions and/or submit all required material will delay the processing of your claim.

Personal Identification Number (PIN): Your claim number is your 9-digit Social Security number (SSN) plus the 3 or 4 digits following it, which signify your benefit year ending date and record number. For security purposes, only the last 4 digits of your SSN plus the digits following it are included on the forms we send to you. Your PIN# is on the "Notice of Claim Received" form that is sent to you when your application is processed.

Do not share your PIN with anyone.

Overpayments & Fraud: Intentional failure to provide accurate information or knowingly providing false or fraudulent information is considered fraud. This can result in felony prosecution, imprisonment, a criminal record, and potential financial penalties. The Department uses several methods to detect fraud and abuse.

If an overpayment is made and you are determined to be at fault, the Department may recoup overpayments by intercepting the amount from your federal or state income tax refund or lottery winnings.

Contact Information: The Department requires your current contact information. Please notify the department of any changes to your home address, email, or telephone number. This can be done by (401) 462-8420 or emailing DLT.TDI@dlt.ri.gov. You may call between 8:00 AM and 3:30 PM on Monday, Tuesday & Thursday or between 9:00 AM and 3:30 PM on Friday to speak with a TDI representative. You must provide your claim and personal identification (PIN) number when you call or email.

Income Tax: TDI benefits paid to you are not taxable. TCI benefits paid to you are taxable. A 1099-G form will be mailed to you at the end of the year, indicating the total benefits you received. You are responsible for claiming and paying taxes on TCI benefits each year.

Report Your Return to Work/Recovery Date: You are responsible for reporting your recovery date and/or return to work date to the Department. There are several ways to do so.

- Call (401) 462-8700 - no waiting required. Follow the instructions and enter the claim number and PIN; the first question will ask for your return to work or recuperation date.
- Complete and mail the "Return to Work" form sent to you with your PIN Letter.
- Mail TDI a letter/note with your information, providing your return to work or recuperation date.
- Contact TDI's Customer Service Unit at (401) 462-8420 or email DLT.TDI@dlt.ri.gov with your return-to-work information.

Your Rights

Weekly Benefit Amount: Your weekly benefit rate on TDI and TCI will be equal to 4.62% of the wages paid to you in the highest quarter of your Base Period. Your weekly benefit rate remains the same throughout your benefit year. By law, the maximum benefit rate is determined by the average weekly wage in RI and is recalculated annually. Information on how this amount is calculated can be found on the [Benefit Computation Statement](#) that was mailed to you.

Dependency Allowance: If you have dependent children who are under the age of 18, you may be eligible for a dependency allowance. Incapacitated children over 18 may also qualify for the allowance. The dependency allowance is limited to 5 dependents and is equal to the greater of \$20 or 7% of your benefit rate. Your dependency allowance is determined at the start of your benefit year and remains the same for the entire period.

Partial Payment: If your QHP tells you that you can return to work part-time and your employer has work available for you, you may be eligible to collect partial TDI payments. Partial payments are available for a short term basis to allow an individual to transition back to their customary work schedule. A standard of eight (8) weeks is allowed and may be extended for an additional one (1) to four (4) weeks when clearly supported by medical documentation and subject to Agency approval. The maximum weeks of partial payments on any claim cannot exceed twelve (12). To be eligible, you have to have gross earnings less than your weekly benefit rate and be totally unable to work for at least seven (7) consecutive days before you are eligible to receive partial benefits.

TCI Claims: the Partial Return to Work Program (PRTW) is not for Bonding and Caregiver claims. The PRTW Program exists to transition an individual to return to their normal working hours while continuing their recuperation; therefore, not pertinent to TCI.

Denial of Benefits & Appeals: If you are denied benefits, you will receive a written decision. You have the right to appeal any decision in which you do not agree within fifteen (15) calendar days of the decision by submitting a request in writing to the TDI/TCI Appeals Unit at PO Box 20100, Cranston, RI 02920-0941 or by FAX at (401) 462-8466. Your case will be forwarded to the Board of Review, which will schedule a hearing. You may bring witnesses or someone to represent you and bring any documents or other evidence that will support your claim.

For More Information

You can visit our website for a list of Frequently Asked Questions & Answers at dlt.ri.gov/tci/faq.

You can find the Rhode Island Code of Regulations (R.1.C.R.) for the Unemployment Insurance and Temporary Disability Insurance Programs at rules.sos.ri.gov/regulations/Part/260-40-05-1 and the Rhode Island General Laws (R.I.G.L.) for the Department can be found at webserver.rilegislature.gov/Statutes/TITLE28/INDEX.HTM.

APPLICATION FOR BENEFITS - TEMPORARY DISABILITY INSURANCE

YOUR DEPENDENTS ALLOWANCE - REQUIRED TO CALCULATE THE CLAIM'S BENEFIT RATE

How many dependent children do you support? (Include children under 18 and those 18 and older who are incapacitated.)

List only the names of children who are your natural, adopted, or stepchildren, or are court-appointed wards to whom you provide support. (Documentation is required for court-appointed wards and for children over 18 who are incapacitated).

Name (First, Middle Initial, Last, Suffix)	Relationship to You	Birth Date (mm/dd/yyyy)	Social Security Number

Do you have legal custody of the above child(ren)? Yes No
 Do all the children listed above live with you? Yes No

If no, list the name, address, and Social Security number of the person they live with below.

Is any other person claiming your child/children as dependents under the Rhode Island Temporary Disability Act? Yes No

If yes, indicate the name, address, and Social Security Number of the person claiming such children.

Name (First, Middle Initial, Last, Suffix)

Name (First, Middle Initial, Last, Suffix)

Address

Address

Social Security Number

Social Security Number

If any legal dependent named above is 18 or older, please indicate the type of incapacity (mental or physical).

Name: _____ Incapacity Type: _____

WORKERS' COMPENSATION INFORMATION - Complete if injury/illness is work connected

Do you have a job-related illness or Workers' Compensation issue? Yes No

Have you filed a Workers' Compensation claim for this disability or any other disability? Yes No

Date of injury or start of illness (mm/dd/yyyy): _____

Name of company where injury occurred: _____ Address: _____

Have you received any Workers' Compensation payments for this or any other disability? Yes No

If yes, dates: From: _____ To: _____

If yes, please provide the contact information for your Workers' Compensation Company.

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

If you have a lawyer representing you in this matter, please provide his/her name and address

Lawyer Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

If no, please explain why not: _____

SELECT YOUR PREFERRED BENEFIT PAYMENT METHOD

Direct Deposit into my account (Complete the Direct Deposit Form) or **Electronic Payment Card - EPC** (Works like a debit card, fees may apply if not used properly)

SIGNATURE REQUIRED

I understand that to claim TDI benefits I am/was physically unable to work, including self-employment, during the period for which I am claiming benefits, and that the information I have provided on this application is true and complete. Also, I hereby authorize my Qualified Healthcare Provider, hospital, or other health care provider to make available to TDI any medical information, including hospital records, which may be requested. I understand that I am responsible to report to TDI the date that I return to work part-time or full-time to prevent any overpayment of benefits. I understand that I'm responsible for costs/fees incurred by my QHP for providing medical records to TDI.

By signing this acknowledgment, I am indicating that I have been informed of the TDI Program requirements above and understand them.

Your Signature

Social Security Number

Date



RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING
Temporary Disability Insurance (TDI) | Temporary Caregivers Insurance (TCI)
 P.O. Box 20100, Cranston, RI 02920-0941
 Telephone: (401) 462-8420



Electronic Payment Card Request and Direct Deposit Authorization/Cancellation

Mail this form to the address above together with your application.

For an Electronic Payment Card (EPC): Please read the back of this page, check the EPC box below, sign and date the form, and mail it to TDI using the address above.

For Direct Deposit: Please fill out all of **your personal and bank information** below.

- If you're using a checking account, attach a check that says "VOID" across it or include a document from your bank that shows your routing and account numbers.
- If you're using a savings account, include a document from your bank that shows your routing and account numbers.

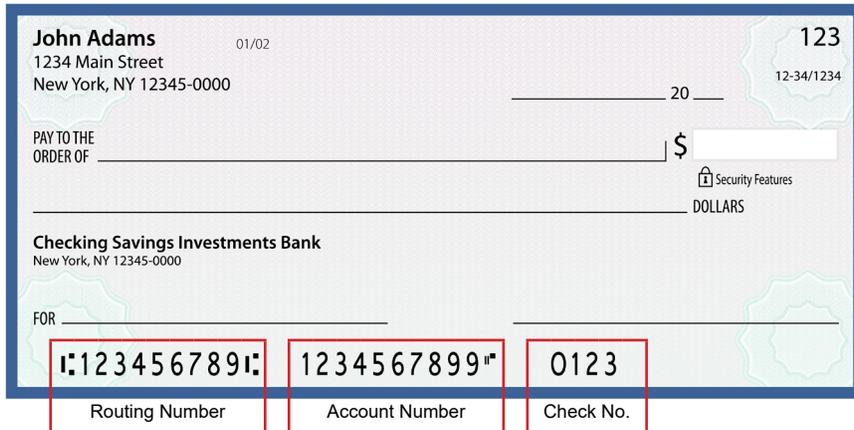
You may need to call your bank to get the correct routing number. Do not use a deposit slip—those aren't accepted.

To Cancel Direct Deposit: Fill out your personal information, but you don't need to fill in the bank details. Check the box to cancel, then sign and date the form and mail it to the address above.

PERSONAL AND BANK INFORMATION *(Please Print Clearly)*

Your Name (First, Middle Initial, Last, Suffix)		Social Security Number	
Name of Your Bank		Account Type (Check one)	
		Checking	Savings
Bank's Routing Number (See sample check below)	Account Number (Attach voided check)		

Sample Check (Where to obtain routing and account numbers)



PLEASE CHECK ONE:

- I authorize my net benefits to be deposited onto an Electronic Payment Card.
- I authorize my net benefits to be direct deposited to the account indicated above.
- I request cancellation of direct deposit.

Your Signature: _____ Date: _____

If you have questions about this process, call TDI/TCI at (401) 462-8420 or visit www.dlt.ri.gov/tdi.

List of all fees (Long Form) for the Money Network® State Government Disbursement Program

All Fees	Program Fees	Details
Monthly Usage		
Account Opening and Card Receipt	\$0.00	No fee for account opening and initial card.
Monthly Maintenance Fee	\$0.00	We do not assess a monthly maintenance fee.
Add Money		
Payer Deposit	\$0.00	Funds are loaded only by your payer.
Spend Money		
Signature Debit Transactions	\$0.00	Select "Credit" or sign at point-of-sale (POS). International Service Assessment or Cross Border Assessment may also apply to international transactions.
PIN Debit Transactions	\$0.00	Select "Debit" and enter PIN at POS; cash back option at participating merchants. International Service Assessment or Cross Border Assessment may also apply to International Transactions
Get Cash or Send Cash		
ATM Withdrawal Fee or ATM Decline Fee In-Network	\$0.00	Withdrawal or Decline from ATM that is a part of our network. To find in-network ATMs, use the locator on our mobile app (data rates may apply) or on our website, or call Customer Service.
ATM Withdrawal Fee Out-of-Network	\$1.00	This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. "Out-of-Network" means ATMs that are not in-network ATMs. To find in-network ATMs, use the locator on our mobile app (data rates may apply) or on our website, or call Customer Service.
ATM Decline Fee Out-of-Network	\$0.00	We do not charge a fee for this service. You may be charged a fee by the ATM operator.
Bank Teller Over the Counter Cash Withdrawal	\$0.00	At banks displaying the card association logo on your card's front side. This is our fee. International Service Assessment or Cross Border Assessment may also apply to International Transactions.
Transfer to Customer Bank Fee	\$0.00	Domestic ACH transactions are subject to additional terms that are disclosed when transaction is initiated.
International ACH Withdrawal Fee	Not Available	You can use this service to send money to an international bank account through ACH. We charge a fee of up to \$7 plus up to 3.5% on the exchange rate. The fee might be lower depending on how much you send and current market conditions. Any required taxes will also be added. Before you finish the transaction, we'll show you the exact fees and taxes we're charging. The money you send will be converted using an exchange rate, and other banks or third parties may also charge their own fees or taxes. We don't control those extra charges, and they may change. Additional rules may apply, which you'll see when you start the transfer. For more info, visit our website or call Customer Service.
Information		
Monthly Paper Statement	\$0.00	You may also obtain account activity without a fee via mobile app (data rates may apply), our website, or by contacting Customer Service.
Customer Service	\$0.00	24/7 toll free account access, including account balance inquiries.
ATM Balance Inquiry Fee In-Network	\$0.00	To find in-network ATMs, use the locator on our mobile app (data rates may apply) or at our website, or call Customer Service.
ATM Balance Inquiry Fee Out-of-Network	\$0.00	This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Using Your Card Outside the U.S. (International Transactions)		
ATM Withdrawal INT Fee (Non-U.S.)	\$1.00	This is our fee. The ATM owner might also charge you a fee, even if you don't finish your transaction. Extra fees—like currency conversion or international service fees—may also apply when using an ATM outside the U.S.
ATM Decline INT Fee (Non-U.S.)	\$0.00	
ATM Balance Inquiry INT Fee (Non-U.S.)	\$0.00	
Visa International Service Assessment	2.0%	This fee applies if you make a purchase in a foreign currency and it needs to be converted to U.S. dollars. It's charged as a percentage of the U.S. dollar amount of the transaction. You can find more details in the "International Transactions" section of your Cardholder Agreement. If this fee is charged, it will be included in the total shown on your statement.
Visa Cross Border Assessment	0.8%	This fee applies if you make a purchase in U.S. dollars from a merchant located outside the U.S. It's charged as a percentage of the transaction amount. For more details, check the "International Transactions" section in your Cardholder Agreement. If this fee is charged, it will be included in the total shown on your statement.
Other		
Reissuance of Lost/Stolen Card	\$2.00	Reissued Card shipped via U.S. mail 7-10 business days after order placed. One replacement Card provided at no charge each calendar year.
Priority Shipping Fee	\$8.00	Additional fee to ship replacement card 4-7 business days after order placed. Reissuance of Lost/Stolen Card Fee also applies.
Additional Disclosures		
Your money is protected by the FDIC (Federal Deposit Insurance Corporation) up to \$250,000, as long as certain requirements are met and your card is registered. The money is held at My Banking Direct, part of New York Community Bank, which is FDIC-insured. If the bank fails, your money is still protected. Visit fdic.gov/deposit/deposits/prepaid.html for more details.		
This card does not allow overdrafts or work like a credit card.		
Need help? Call Customer Service at 1-888-292-0059 . Mail: 2900 Westside Parkway, Alpharetta, GA 30004. Visit: mbd.everywherepaycard.com .		
For more about prepaid cards, visit cfpb.gov/prepaid . If you have a complaint, call 1-855-411-2372 or go to cfpb.gov/complaint .		
Cards issued by My Banking Direct, a service of New York Community Bank, Member FDIC. All trademarks, service marks and trade names referenced in these materials are the property of their respective owners. NYCB TPP ST GOV-B 22/3		