

Maternity/Paternity Checklist Your Family Leave Time-Off Guide

FAMILY MEDICAL LEAVE OF ABSENCE

Review the FMLA Frequently Asked Questions | Email FMLA@ladwp.com with additional questions

Schedule Appointment for Consultation: FMLA@ladwp.com Form 1A - Employee Initiated Request for FMLA

Check your Health Benefits

Department Health Plan - (Kaiser/UHC); Dental Enrollment (Delta/United Concordia)

- · Online: ebenefits.ladwp.com
- Email: Healthplans@ladwp.com

Anthem/Guardian - IBEW Local 18

- Online: mybenefitchoices.com/local18
- Phone: (800) 842-6635

EAP Work/Life Services - Employee receives three (3) Pregnancy Packages

- Phone: (888) 439-7327
- · Online: resourcesforliving.com
- User Id: LADWP
- · Password: EAP

Learn what benefits you may be eligible for through the Flex Plan Program | FLEX Benefits Information/Enrollment. Request enrollment within 30 days from the date of birth, adoption or placement for adoption

• Email: FlexPlan@ladwp.com



DISABILITY - Pregnancy Disability Leave/Retirement (Maternity Only)

Visit retirement.ladwp.com/disbenefits.html to review disability benefits and information.

Schedule a meeting with Disability@ladwp.com and Retire@ladwp.com to discuss your disability benefits

IBEW/MEA/ACE/SEIU (If Applicable)

Check with your union representative to make sure your dues are taken care of while you are on leave

PRE-DELIVERY

Proof of Pregnancy (FMLA Documentation) Submit form to:

Supervisor/ FMLA Division Coordinator

Physician's Note - Take Off of Work (Maternity Only) Submit note to each of the following:

- Supervisor/Timekeeper
- FMLA Division Coordinator
- Disability Office

POST-DELIVERY

Hospital Admittance Form

• Submit to: Timekeeper/Disability

Birth Record/Birth Certificate - Birth record may determine start/end dates of FMLA, CFRA, and/or MOU leaves

Submit note to each of the following:

- FMLA Division Coordinator
- Disability (Applicable to mothers only)
- Health Plans: Request enrollment within 31 days from the date of birth, adoption or placement for adoption
 - ° Department-sponsored health plans
 - ° Online: ebenefits.ladwp.com
 - ° Email: Healthplans@ladwp.com
- IBEW Local 18-Sponsored Health Plans (Anthem)
 - ° Online: mybenefitchoices.com/local18
 - ° Phone: (800) 842-6635

Return to Duty: Doctor's note is required to return to work.

Submit note to each of the following:

- Disability
- Supervisor/timekeeper
- FMLA Division Coordinator



LACTATION ACCOMMODATION - 30 Days Before Return

Email: LAP@ladwp.com