



ADDENDUM NO. I

DATE: June 22, 2022
TO: All Potential Proposers
FROM: James McKeehan, Assistant Purchasing Agent, City of Knoxville
SUBJECT: Addendum No. I to RFP-FMLA Administration for Knoxville Area Transit
PROPOSALS TO BE OPENED: July 11, 2022

This addendum is being published to provide clarification regarding the above referenced ITB. This addendum becomes a part of the contract documents and modifies the original specifications as follows:

Note: The deadline for proposals has been extended to July 11, 2022 at 11:00am Eastern Time

Please see Exhibit A: Current document workflow and requirements for routing contracts, included with this Addendum.

Item 1: Who is KAT's current STD/LTD vendor?

Response: US Able Life

Item 2: Would KAT want support with ADA as well?

Response: No, only FMLA Administration is being sought.

Item 3: Due to current team restrictions we will not be able to provide all paperwork and details requested for the RFP, would KAT accept our longform proposal instead of the requested documentation?

Response: All requested documents must be included for the proposal to be considered. The deadline for submissions has been extended to July 11, 2022.

Item 4: Is there claim experience available to include the following?
New claims submission for 2020 and 2021?
Leave types and reasons

Response: Please see the chart included on page three of this addendum.

Item 5: Is there a FMLA policy available for review?

Response: The Knoxville Area Transit FMLA Handbook is included beginning on page four of this addendum



Item 6: Does the leave administration include non-FMLA medical or other leave types?

Response: The leave administration does not include non-FMLA medical or other leave types, only FMLA.

FMLA Status as of June 7, 2022

Row Labels	Count of FMLA Reason	Count of Request Status	Sum of YTD Designated
Caregiver - covered family member serious health condition	27	27	4,300.41
Active	24	24	3,820.41
Exhausted	1	1	480.00
Pending	2	2	-
Employee - own serious health condition	46	46	6,833.65
Active	28	28	4,353.43
Exhausted	3	3	1,440.00
Pending	11	11	980.77
Pending Recertification	4	4	59.45
Grand Total	73	73	11,134.06

The Sum of YTD Designated hours on the report above represents the current total of hours reported for current claims based on each individual's own rolling calendar.

FAMILY AND MEDICAL LEAVE ACT

The policies and procedures set forth in this FMLA Policy apply to leaves requested or taken under The Family and Medical Leave Act of 1993, as amended. These policies and procedures are subject to change in the event of any further amendments to, or interpretations of, The Family and Medical Leave Act of 1993, as made by any authorized federal departments, legislative bodies, or federal courts.

ELIGIBILITY - An employee is eligible for FMLA leave under this policy if he/she has been employed by KAT for at least twelve months and worked at least 1,250 hours during the 12-month period preceding the commencement of the leave.

MEDICAL LEAVE - KAT will provide a medical leave of absence, without pay, to full-time employees who are temporarily unable to work due to their serious health condition or disability. For purposes of this policy, serious health conditions or disabilities include inpatient care in a hospital, hospice or residential medical care facility; continuing treatment by a health care provider; and temporary disabilities associated with pregnancy, childbirth and related medical conditions. Temporary disabilities sustained as the result of a work related injury are also included under this policy. Leave time is limited to 12 weeks within a rotating 12-month period.

FAMILY LEAVE - KAT will provide a family leave of absence, without pay, to full-time employees who wish to take time off from their work duties to fulfill family obligations relating directly to childbirth, adoption, or placement of a foster child in their home; or to care for a child, spouse or parent with a serious health condition. A serious health condition is defined as an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical care facility; or that involves continuing treatment by a health care provider. Leave time is limited to 12 weeks within a rotating 12-month period.

Continuing treatment, as referenced above, includes one or more of the following:

Incapacity and treatment – continuing treatment by a health care provider which includes a period of incapacity of more than three consecutive calendar days and any subsequent treatment by a health care provider for the same condition

Pregnancy or prenatal care – any period of incapacity due to pregnancy, or prenatal care, even if the mother does not receive treatment from a health care provider during the absence from work

Chronic conditions – any period of incapacity or treatment due to a chronic health condition which requires periodic visits (at least twice a year) for treatment by a health care provider which continues over an extended period of time, and which may cause episodic flare-ups rather than a continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc.)

Permanent or long-term conditions – conditions for which treatment may not be

effective (e.g. Alzheimer's, severe stroke, terminal stages of a disease, etc.)

Conditions requiring multiple treatments – any period of absence needed to receive multiple treatments by a health care provider, including any period of recovery (e.g. restorative surgery after an accident or injury), or a condition which would likely result in a period of incapacity of more than three consecutive days [e.g. cancer treatment, severe arthritis (physical therapy) or kidney disease (dialysis)]

KAT reserves the right to require that an employee provide reasonable documentation of a family relationship or next of kin status to the person for whom they are requesting to provide care due to the person's serious health condition.

PROCEDURES FOR FAMILY AND/OR MEDICAL LEAVES - Eligible employees requesting family or medical leave must submit a completed medical certification form (i.e. *Certification of Health Care Provider for Employee's Serious Health Condition* or *Certification of Health Care Provider for Family Member's Serious Health Condition*) to Human Resources within fifteen (15) calendar days of the request for leave, unless it is not practicable under the circumstances despite the employee's good faith efforts. If the certification form is lacking, insufficient, incomplete or deficient, KAT will give an employee seven (7) days to provide acceptable medical certification. KAT may contact the employee's health care provider(s) to authenticate the medical certification. An employee's failure to clarify a medical certification and refusal by the employee or his/her family member to authorize KAT to contact the health care provider will result in denial of the request for FMLA leave.

The health care provider's statement must verify the need for medical or family leave and the beginning and expected ending dates for which an absence from work is necessary. Any changes in this information should be reported promptly to KAT.

KAT requires recertification verifying the need for medical leave and family leave every 30 days (unless the indicated minimum duration of the leave is more than 30 days.) KAT may, at its expense, also require additional medical opinions regarding the need to take the requested medical leave.

Eligible employees may request up to a maximum total of 12 weeks of family and/or medical leave within any revolving 12-month period. Any combination of family leave and medical leave may not exceed this maximum limit.

When the need for FMLA leave is foreseeable at least 30 days in advance, employees must give KAT a 30-days advance notice of the need to take a family or medical leave. When the need to request FMLA is not known 30 days in advance, or is not foreseeable, notice should be given as soon as practicable. In most instances, it should be practicable for the employee to provide same day notice.

Any employee who has been out of work for seven calendar days due to their own serious health condition must present a certification from the employee's health care

provider that the employee is fit for duty with regard to the health condition that caused the need for FMLA.

KAT reserves the right, at company expense, to require that any employee be evaluated by one of the physicians on the company's preferred list before the employee can return to work. KAT also reserves the right to require that an employee provide reasonable documentation of a family relationship or next of kin status to the person for whom they are requesting FMLA leave to care for under the guidelines of The FMLA.

Whenever an employee is absent from work due to an injury or illness for which a claim has been filed under KAT's Workers' Compensation benefits, and the employee's injury meets the criteria for a serious health condition, the time off from work will be designated as FMLA leave, run concurrently with the employee's time off under Workers' Compensation, and will be deducted from the employee's 12-week allowance for their current 12-month FMLA period.

MILITARY – KAT will provide FMLA leave, without pay, to full-time employees in order to care for a covered service member or covered veteran with a serious injury or illness if the employee is the spouse, son, daughter, parent or next of kin of the covered service member; or because of a qualifying exigency involving the employee's spouse, son, daughter, or parent who is a military member on covered active duty or who has been notified of an impending call or order to covered active duty. Qualifying exigencies may include attending military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Employees requesting leave to care for a covered current service member must submit a completed *Certification for Serious Injury or Illness of Covered Current Service Member for Military Family Leave* form.

Employees requesting leave to care for a covered veteran must submit a completed *Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave* form

Leave time, related to Military Family Leave only, is limited to 26 weeks within a rotating 12-month period.

KAT reserves the right to require that an employee provide reasonable documentation of a family relationship or next of kin status to the person for whom they are requesting FMLA leave to care for a covered service member or veteran or due to a qualifying exigency under the guidelines of The FMLA for these purposes.

FMLA Designation – After Human Resources has received sufficient information, the determination will be made as to whether the leave requested or being taken is approved under FMLA. KAT will notify the employee whether their leave is approved as FMLA within five (5) business days, barring extenuating circumstances. Under certain

circumstances, KAT may retroactively designate any leave as FMLA leave.

Substitution of Paid Leave – Employees using FMLA for their own medical condition will be required to first utilize accrued sick leave time. After all sick leave is exhausted, employees will be required to use accrued vacation and/or personal leave time before taking unpaid medical leave. Employees will be required to use accrued vacation and/or personal leave time before taking unpaid family leave. Employees cannot use paid sick leave for family or military FMLA leave.

Married employee couples will be restricted to a combined total of 12 weeks of FMLA leave within any revolving 12-month period for childbirth, adoption, or placement of a foster child in their home, or to care for a parent or child with a serious health condition.

When family or medical leave ends, the employee will be reinstated to the same position, if it is available, or to an equivalent position for which the employee is qualified.

Health Plan Benefits – Subject to the terms, conditions and limitations of the applicable insurance plans, KAT will continue to provide health insurance benefits for the full period of approved family or medical leave. Any share of the group health insurance plan premiums, which had been paid by the employee prior to FMLA leave, must continue to be paid by the employee during FMLA leave. If premium rates are adjusted during the period of FMLA leave, the employee will be responsible for any adjustments. If an employee is using unpaid leave, arrangements will be made for the employee to pay their share of health plan premium payments while they are absent from work. Failure to pay the employee share of the health plan premium, or to make satisfactory arrangements for payment, may result in a loss of coverage. Written notice will be provided to an employee whose payment has not been received in a timely manner.

Fraudulent Leave – An employee who fraudulently applies for, obtains, or uses FMLA leave will be subject to disciplinary action, up to and including termination. KAT may, at anytime, require supporting documentation for any absence claimed as FMLA.

Failure to Return to Work - If an employee fails to report to work promptly at the end of the approved leave period, and/or fails to notify KAT of the employee's status by the end of the approved leave period, KAT will make the reasonable assumption that the employee has voluntarily resigned from their employment at KAT.



END OF ADDENDUM NO. I