



Paid Parental Leave Benefit Guide

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OVERVIEW

Beginning July 1, 2025, the Paid Parental Leave (PPL) benefit is available to all covered Directors Guild of America–Producer Health Plan (the “Health Plan” or “Plan”) Participants with qualifying health coverage. The purpose of this benefit is to provide partial income replacement for Participants who take leave from employment to bond with their newborn, newly adopted or newly fostered child. The PPL benefit is available for a 12-month period from the date of birth, adoption or fostership. A qualifying Participant can take only one Paid Parental Leave benefit in any 24-month period. To qualify, the Participant must be on Earned Coverage (*i.e.*, Earned Active, Earned Inactive, Regular Carry-Over) or COBRA Continuation Coverage at the time of the qualifying event. Extended Self-Pay Coverage, Total Disability Extension or Retiree (*i.e.*, Retiree Carry-Over, Certified Retiree) Coverages are excluded and not eligible for the PPL benefit. Additionally, the qualifying health coverage must have contributions made on your behalf by employers that are obligated to contribute for the PPL benefit (currently employers covered by the Basic Agreement or Freelance Live & Tape Television Agreement) during the applicable earnings period on either initial compensation or residual compensation. If the Participant is on any of the qualifying health coverages, the PPL benefit amount is based on your level of Health Plan coverage at the time of birth, adoption or fostership as follows:

Level of Health Plan Coverage	Paid Parental Leave Benefit Amount	Maximum Benefit Amount at 8 Weeks
Premier Choice, DGA Gold Premier	\$2,000/week	\$16,000
Choice, DGA Gold Choice, DGA Silver, DGA Bronze	\$1,200/week	\$9,600

The PPL benefit is paid weekly for up to 8 weeks, and the weeks do not need to be taken sequentially. However, the benefit may be taken only in full week increments (or 7 consecutive days). Although you must have qualifying health coverage under the Health Plan at the time of birth, adoption or fostering of a child, you do not have to maintain your health coverage throughout the leave period.

To find out how to apply for the PPL benefit, or for more information, you can contact the Health Plan at (323) 866-2200, Ext. 502 or toll-free (877) 866-2200, Ext. 502 or via email at Eligibility@dgaplans.org for a copy of this Benefit Guide to be sent to you. Alternatively, a copy is available on the Plans’ website at www.dgaplans.org/ppl.

ELIGIBILITY

Paid Parental Leave is intended to provide partial income replacement for Participants who take leave from employment to bond with their newborn, newly adopted or newly fostered child. To qualify for the Paid Parental Leave benefit, the following requirements must be satisfied:

- The Participant must have qualifying health coverage under the Health Plan at the time of the birth, date of adoption of the child or the date of formally fostering a child. The Participant's qualifying health coverage only needs to be in place at the time of the birth, adoption or fostering and is not required to be maintained throughout the leave period.
- The qualifying health coverage may be Earned Coverage (*i.e.*, Earned Active, Earned Inactive, Regular Carry-Over) or COBRA Continuation Coverage. Extended Self-Pay Coverage, Total Disability Extension or Retiree (*i.e.*, Retiree Carry-Over, Certified Retiree) Coverages are excluded and not eligible for the PPL benefit.
- At least some of the qualifying health coverage must have been earned from contributions made on your behalf by employers that are obligated to contribute for the Paid Parental Leave benefit during the applicable earnings period on either initial compensation or residual compensation. Notwithstanding the foregoing, individuals will be eligible for the PPL benefit if the qualifying health coverage on or after July 1, 2025 was based on an earnings period that began prior to July 1, 2024 for which no PPL contributions were required and included any initial compensation or residual compensation covered under the Basic Agreement or Freelance Live & Tape Television Agreement (FLTTA). Coverage as a result of work performed solely for employers not obligated to contribute to the Paid Parental Leave benefit is deemed ineligible for the Paid Parental Leave benefit.
- If both parents are Participants with qualifying health coverage then each Participant is separately eligible for an individual Paid Parental Leave benefit, which can be taken concurrently or separately.
- The newborn, adopted or fostered child must be new to the Participant. (If the Participant adopts the child of a spouse or partner and the child has already lived with the Participant, the Paid Parental Leave benefit would not be available. In addition, the Participant is not entitled to a second PPL benefit if the Participant subsequently adopts a child they were fostering.)
- If there are multiple births, adoptions, or foster placements at the same time, there is only one Paid Parental Leave benefit.
- A qualified Participant can take only one Paid Parental Leave benefit in any 24-month period.
- Dependents of Participants are not eligible to receive the Paid Parental Leave benefit.
- You must not work for any employer during, or be paid by any employer for, the period for which the Paid Parental Leave is taken.



If both parents are Participants with qualifying Health Plan coverage, each Participant is separately eligible for their own, individual Paid Parental Leave benefit.

APPLYING FOR PAID PARENTAL LEAVE

To apply for Paid Parental Leave, you must submit the following three items to the Health Plan office:

- ☐ Application Part I – Paid Parental Leave Benefit Payment Request (pages 9-10)
- ☐ Application Part II – Attestation that you will not perform work for any employer -whether in industry or elsewhere - during the period for which you are receiving the Paid Parental Leave benefit, or be paid by any employer for the period for which you are receiving the Paid Parental Leave benefit (pages 10-11)
- ☐ Supporting documentation for your child if it was not previously submitted to the Health Plan office (e.g., birth certificate, adoption/fostering documents, and the like).



Make sure you use your full 8 weeks of PPL leave time within 12 months of the birth, adoption, or foster placement of a child.

NOTE: The Paid Parental Leave benefit is coordinated with any income replacement benefit to which you may be entitled under local, state or federal law. You must, therefore, disclose whether you are receiving or will receive any local-, state- or federal-mandated family leave benefits in connection with your child. Under the rules that apply to the PPL benefit, such family leave benefits are offset against the Paid Parental Leave benefit.

You must advise the Health Plan office immediately if, after applying for Paid Parental Leave, you decide to return to work for an employer during (or are going to be paid by an employer for) any portion of the period for which you applied for Paid Parental Leave benefits.

If you lose your qualifying health coverage after a qualifying birth, adoption, or foster placement, the PPL benefit remains available to you.

PAYMENT DURATION AND AMOUNT

Once you apply for the Paid Parental Leave benefit and the attestation is signed, Health Plan Participants on the Premier Choice and DGA Gold Premier level will receive \$2,000 per week and those on the Choice, DGA Gold Choice level, DGA Silver and DGA Bronze Plans will receive \$1,200 per week for a period of up to 8 weeks.

The Paid Parental Leave benefit may be taken sequentially, or it can be broken into non-consecutive weekly increments. The minimum increment is one week (Monday to Sunday). Payment will be made on a weekly basis. The child must be in the Participant's home for all the weeks for which payment is made.

FREQUENTLY ASKED QUESTIONS

How do I get started?

Once the child is born, adopted, or placed with you for fostering, contact the Health Plan and let it know you have a new dependent. You can request a PPL benefit package be mailed to you. A copy is also available on the Plans' website at www.dgaplans.org/ppl.

For questions on how to fill out the application, please contact the Health Plan office at (323) 866-2200, Ext. 502 or toll-free (877) 866-2200, Ext. 502 or via email at: Eligibility@dgaplans.org.

Do I have to use the PPL benefit immediately?

As long as you have the qualifying health coverage when the child is born to, adopted by or fostered by you, you have 12 months in which to apply for and receive the PPL benefit. You can start right away, or at a time that is more convenient to you. Please keep in mind that the benefit is 8 weeks in duration, you have 12 months to take advantage of the benefit, and it ends after the 12-month period, regardless of whether all of the weeks have been used.

What if I only want to use a few weeks of the benefit, can I do that?

Yes. You can use all 8 weeks sequentially, or it can be broken into non-consecutive weekly increments.



MISCELLANEOUS CONSIDERATIONS

- Make sure you use your full 8 weeks of PPL benefit within 12 months of the birth, adoption or foster placement of a child.
- The monies distributed via the Paid Parental Leave benefit will not be counted toward earning pension benefits or vesting credit or toward eligibility for health coverage.
- All Paid Parental Leave benefits are subject to the applicable tax deductions and withholdings. This is a taxable benefit for which you will receive a W-2.

Both the child's other parent and I are Participants with qualifying Health Plan coverage. Do we each get an individual PPL benefit?

If you both are Participants with the qualifying health coverage on the date of the child's birth, adoption or fostering, each of you will have your own individual PPL benefit. You can each take your leave payments as you see fit. If you want to have 8 consecutive weeks, then each of you will receive the appropriate payment amount for 8 weeks (\$2,000 per week for Participants on Premier Choice and DGA Gold Premier coverage and \$1,200 per week for Participants on all other qualifying health coverages). You can use the weeks sequentially or broken into non-consecutive weekly increments. There can be gaps if you need to work or find that this is better for your family.

Please note dependents with Health Plan coverage are not eligible to receive the PPL benefit. If you are a Participant with the qualifying health coverage and your spouse has dependent coverage under the Health Plan, your spouse is **NOT** eligible for the PPL benefit.

If I want to take the PPL benefit for a few weeks then go back to work and then take more weeks when my assignment is done, can I do that?

You can use your 8 weeks of benefits in any order that best suits you. There are three caveats to keep in mind:

- 1) The PPL benefit begins with the birth, adoption or foster placement of a child. From that date, you have a 12-month period in which to request some or all of your PPL benefit.
- 2) If you do not use all your benefit within the 12-month period, you cannot reclaim the unused weeks at a later date.
- 3) Each time you seek to renew your PPL benefit payments during the 12-month period, you will have to fill out a new PPL benefit application and attestation form.

What if I get a residual or some other non-work payment while taking the PPL benefit?

As long as you are not working and the work payment is not for the period for which you are taking leave, you may continue to receive your PPL benefit. Any residual or other similar non-work payments received during the leave period will not impact your PPL benefit.

Is the PPL benefit taxable?

Yes, the PPL benefit is taxable. Once your application is approved, all federal and state tax information will be collected through an online platform called ADP Workforce Now. **NOTE:** The PPL benefit will only be paid to the individual Participant, not to a corporation or other entity.

What if I have a second child during the PPL benefit period, do I get a second PPL benefit?

There is only one PPL benefit available in any 24-month period. If a Participant has qualifying health coverage at the time of the second child's birth, adoption, or fostering during the first PPL benefit period, the Participant is eligible to apply for the second PPL benefit 24 months **after** the first PPL benefit period began. The Participant will have 12 months from the date of the second child's birth, adoption, or fostering to utilize the second PPL benefit. However, the application for the PPL benefit for the second child will not be accepted until 24 months since the first child's birth, adoption or placement for

fostering and the PPL benefit for the second child must still be taken within 12 months of the second child's birth, adoption or placement for fostering.

Does this new rule require my employer to give me time off if I have a child?

No.

We hope this guide provides you the information you need about the Paid Parental Leave benefit. For questions, please contact the Health Plan office at (323) 866-2200, Ext. 502 or toll-free (877) 866-2200, Ext. 502 or via email at: Eligibility@dgaplans.org for assistance.



Paid Parental Leave Benefit Application

INSTRUCTIONS

- Complete Part I (Paid Parental Leave Benefit Payment Request) and Part II (Attestation) of this application.
- Return your application materials to the Eligibility Department by mail or electronically:

Email: Eligibility@dgaplans.org

Electronically: Log into your myPHP portal account > Documents and Forms > Upload document

Fax: (323) 866-2399

Mail: Directors Guild of America-Producer Health Plan

Attn: Eligibility Department

5055 Wilshire Blvd, Suite 600

Los Angeles, CA 90036

For questions, please contact the Eligibility Department at (323) 866-2200, Ext. 502 or call toll-free (877) 866-2200, Ext. 502 or via email at: Eligibility@dgaplans.org.

PART I – PAID PARENTAL LEAVE BENEFIT PAYMENT REQUEST

To be completed by Participant. Each question must be fully answered.

Participant Information (all information required)

Participant Name	Plan ID#
Address 1	
Address 2	
City, State and Zip Code	
Phone Number	Email Address

Payroll Tax Withholding

As required by law, the Health Plan will determine the amount of federal tax to withhold from the Participant's paid parental leave benefit payments based upon IRS tables for income tax withholding. All federal and state tax documents will be collected through an online platform called ADP Workforce Now. Instructions for how to access the platform will be sent by email if your PPL benefit application is approved.

Verifying Documentation for Your Child



If you have not already done so previously, please submit your child's birth certificate, adoption order or other verifying paperwork to the Health Plan office along with this completed application.

Dates for Paid Parental Leave

Date of Birth/Adoption/Placement:	mm/dd/yyyy
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The PPL benefit is available for a 12-month period from the date of birth, adoption, or fostership. The qualifying health coverage may be Earned Coverage (*i.e.*, Earned Active, Earned Inactive, Regular Carry-Over) or COBRA Continuation Coverage. However, at least some of the qualifying health coverage must have been earned from contributions made on your behalf by employers that are obligated to contribute for the PPL benefit during the applicable earnings period on either initial compensation or residual compensation.

Notwithstanding the foregoing, during the initial implementation period, individuals will be eligible for the PPL if the qualifying health coverage was earned by work covered under the Basic Agreement or Freelance Live & Tape Television Agreement (FLT TA). Extended Self-Pay Coverage, Total Disability Extension or Retiree (*i.e.*, Retiree Carry-Over, Certified Retiree) Coverages are excluded and not eligible for the PPL benefit. The PPL benefit is \$2,000 per week for Participants on Premier Choice and DGA Gold Premier level coverage and \$1,200 per week for Participants on Choice, DGA Gold Choice, DGA Silver, and DGA Bronze Coverage, for up to 8 weeks, and the weeks do not need to be taken sequentially. The benefit may be taken only in full week increments (Monday to Sunday). Only one benefit can be taken in any 24-month period.

I am requesting Paid Parental Leave for the following weeks listed below. Please allow up to 3 weeks for processing.

	Benefit Begin Date (Monday) mm/dd/yyyy	Benefit End Date (Sunday) mm/dd/yyyy
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		
Week 6		
Week 7		
Week 8		

Local-, State- or Federal-Mandated Family Leave or Disability Benefit Status

☐

I will not be receiving a local-, state- or federal-mandated family leave or disability benefit for the duration of the Paid Parental Leave benefit period(s) requested above.

☐

I will be receiving a local-, state- or federal-mandated family leave and/or disability benefit in the amount of \$_____ during the following Paid Parental Leave benefit period(s) requested above: _____

PART II - ATTESTATION

The Directors Guild of America–Producer Health Plan has established a weekly Paid Parental Leave (PPL) benefit. The sole purpose of this benefit is to provide partial income replacement while a Participant takes unpaid time off from work to bond with a new child. The benefit is paid to eligible Participants weekly for up to 8 weeks in the 12-month period after a new child is born, adopted or placed for fostering, but the weeks need not be taken concurrently.

The Directors Guild of America–Producer Health Plan’s Paid Parental Leave benefit is an income replacement benefit. Per California Unemployment Insurance Code 2656, your wages (including certain paid benefits) when added to your weekly California Paid Family Leave and California Disability Insurance cannot exceed 100 percent of your gross normal weekly salary immediately prior to the commencement of your disability or period of family care leave. New York state and other states with state-mandated family leave may have similar laws. By signing this form, you attest that your weekly benefit from the Paid Parental Leave benefit when added to your weekly local-, state- or federal-mandated family leave or disability benefits does not exceed 100 percent of your gross normal weekly salary. If your weekly Paid Parental Leave benefit when added to your weekly local-, state- or federal-mandated family leave or disability benefits will exceed 100 percent of your gross normal weekly salary, please notify the Health Plan office so that the Health Plan office can make necessary adjustments to your benefit.

For any work week for which I receive the Directors Guild of America–Producer Health Plan’s Paid Parental Leave benefit, I attest that all of the following will remain true for the entire work week:

- I am one of my child’s (or children’s) caregivers, I will be actively engaged in bonding with and caring for my child (or children), and not more than twelve (12) months have passed since the birth, adoption, placement for adoption or fostership of my child (or children).
- I will not perform work for **any employer** for any portion of that work week (including both employers who are obligated to contribute to the Directors Guild of America–Producer Health Plan and employers who are not).
- I will not be paid by **any employer** for any portion of that work week (including both employers who are obligated to contribute to the Directors Guild of America–Producer Health Plan and employers who are not).

I understand that I must inform the Directors Guild of America–Producer Health Plan if I return to work during, or am paid for, a week in which I have received or had applied to receive the Paid Parental Leave benefit. I understand that if I return to work during, or am paid for, a week in which I received the Paid Parental Leave benefit, I will be required to return or repay the Paid Parental Leave benefit I received.

I understand that this is a taxable benefit for which I will receive a W-2 tax form. I also understand that depending on where I live, I may be required to have state tax withheld. Once I am notified of my application’s approval, I will submit the necessary tax withholding information in ADP Workforce Now, if applicable.

I understand that if I make a false statement on this attestation, I will be required to return any Paid Parental Leave benefit payments I have received, and I may be disqualified from receiving future Paid Parental Leave benefits.

Date: _____

Signature: _____

Name: _____



For questions, please contact the Health Plan at (323) 866-2200, Ext. 502 or toll-free (877) 866-2200, Ext. 502 or via email at Eligibility@dgaplans.org.