



## **Trinity Health Human Resources Ministry-Wide Policy No. 1015**

**EFFECTIVE DATE: 7/1/25**

### **POLICY TITLE:**

***Bereavement Leave Benefit***

**To be reviewed every three years by:  
Executive Leadership Team**

**REVIEW BY: 7/1/28**

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### **PURPOSE**

The purpose of this Policy is to provide Employees of Trinity Health Corporation (“Trinity Health”) and its Ministries and Subsidiaries paid time away from work during times of bereavement due to the death of a Family Member or the loss of a pregnancy by the Employee or the Employee’s spouse or other partner. Trinity Health is committed to administering this Policy in accordance with its Mission, Core Values, and commitment to the Common Good.

### **POLICY**

#### **Application of Policy**

This Policy applies to all regular full-time and regular part-time, benefits-eligible Employees, unless specifically excluded by the terms of a collective bargaining agreement, or the Employees have employment contracts or agreements that provide for a different bereavement leave benefit. If coverage under this Policy for additional Employees is required by applicable law, this Policy also applies to the Employees for whom coverage is required. Benefits eligibility for purposes of this Policy, as well as regular full-time and regular part-time employment status for the Employer, are determined in accordance with Human Resources Ministry-Wide Procedure No. 1031 (Eligibility for Coverage Under the Trinity Health Corporation Welfare Benefit Plan).

#### **Bereavement Leave Benefit**

Employees are eligible for a bereavement leave benefit as of their date of hire by the Employer and there is no eligibility waiting period. A bereavement leave benefit will be paid at the Employee’s current base hourly rate of pay, exclusive of overtime, premium pay, shift differential, bonus, incentive pay, etc. In instances where an Employee has multiple positions with the Employer, the bereavement leave benefit will be paid in accordance with the primary position.

Eligible Employees may receive up to three (3) paid days off from regularly scheduled work duty as a bereavement leave benefit in the event of the death of a Family Member or the loss of a pregnancy by the Employee or the Employee’s spouse or other partner. If an Employee leaves

work early on the day they are notified of the death of a Family Member or experience the loss of a pregnancy, that day will not count as bereavement leave. The bereavement leave benefit does not need to be taken consecutively but is generally expected to be taken within one year following the death of the Family Member or the loss of a pregnancy.

An Employee who wishes to take time off due to the death of a Family Member or the loss of a pregnancy must notify their supervisor, manager, or other individual responsible for approving the Employee's work absences as soon as possible. In addition to the bereavement leave benefit, an Employee may, with the approval of their manager, supervisor, or other individual responsible for approving the Employee's work, use additional paid time off ("PTO") available as necessary and/or may apply for an elective leave of absence, as applicable.

In general, if the need for bereavement leave benefit occurs while an Employee is using PTO, the Employee will receive a bereavement leave benefit instead of using PTO hours for that day or days. However, if the need for bereavement leave occurs while an Employee is both on a leave of absence due to his or her own health condition and is receiving short-term disability benefits (even if the Employee is supplementing short-term disability benefits with PTO), salary continuation, long-term disability benefits, state paid disability benefits, state paid family leave benefits, or workers' compensation, the Employee will not receive a bereavement leave benefit for all or any day during the leave of absence. In addition, a bereavement leave benefit will not be paid during any unpaid leave of absence.

## **SCOPE/APPLICABILITY**

This Policy is intended to be a system-wide policy that applies to all Employees of Trinity Health and the Ministries and the Subsidiaries that have adopted this Policy as set forth in Appendix A hereto. It replaces and supersedes any existing Policies or Procedures of the Employers regarding any bereavement benefit. The Policy is subject to any modifications necessary to comply with applicable state and local law (as set forth in Appendix B hereto), collective bargaining agreements, written employment agreements, accreditation requirements, or otherwise. The Trinity Health Chief Human Resources Officer (or his or her delegate), in consultation with ELT and the Trinity Health Legal Department as necessary, has the sole right to approve any termination or modifications of this Policy, and has the sole discretionary authority to decide all questions arising in the administration, application, and interpretation of this Policy. For purposes of this Policy, the Trinity Health Vice President, Total Rewards Benefits & Well-Being is an authorized designee to approve modifications.

## **PROCEDURES**

The Trinity Health Human Resources Department is responsible for establishing, implementing, and enforcing Procedures or other Standards or Guidelines to be followed by Trinity Health and its Ministries in the implementation and application of this Policy.

## **DEFINITIONS**

**Employee** means an employee of an Employer, whether that individual's status is permanent or temporary, contingent, part-time, or full-time. Trinity Health often uses the term "colleague" to

refer to its Employees. The Policy does not change an Employee's Primary Employer, defined as the payroll company of record, and does not create a joint employment relationship with any entity.

**Employer** means Trinity Health and each of its Ministries and Subsidiaries that have adopted this Policy as set forth in Appendix A. If the effective date of this Policy for an Employer is different than the effective date of this Policy, the effective date for the Employer will be listed in Appendix A.

**Executive Leadership Team (“ELT”)** means the group that is composed of the highest level of management at Trinity Health.

**Family Member** means an Employee's spouse, son, step-son, daughter, step-daughter, legal ward, mother, step-mother, father, step-father, brother, half-brother, step-brother, sister, half-sister, step-sister, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, grandparents (including great), grandparents-in-law, grandchildren, grandchildren-in-law, step-grandparents, step-grandchildren, or another person residing in the same household as the Employee.

**Ministry** means a first tier (direct) subsidiary, affiliate, or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. A Ministry may be based on a geographic market or dedication to a service line or business. Ministries include Mission Health Ministries, National Health Ministries, and Regional Health Ministries.

**Policy** means a statement of high-level direction on matters of importance to an Employer, or a statement that further interprets an Employer's governing documents. Policies may be either stand alone, Systemwide, or Mirror Policies designated by the approving body.

**Primary Employer** means the entity for which the Employee provides more than 50% of services and is the payroll company of record.

**Procedure** means a document designed to implement a Policy or a description of specific required actions or processes.

**Standards or Guidelines** mean additional guidance which assists an Employee in understanding the employer's rule, policies, and/or procedures, including those developed by accreditation or professional organizations.

**Subsidiary** means a legal entity in which Trinity Health or a Ministry is the sole corporate member or sole shareholder.

## **RESPONSIBLE DEPARTMENT**

Further guidance concerning this Policy may be obtained from the Trinity Health Human Resources Department.

## **RELATED POLICIES, PROCEDURES, AND OTHER MATERIALS**

List and hyperlink:

- Trinity Health Human Resources Ministry-Wide Policy No. 1019 (Paid Time Off – Program A)
- Trinity Health Human Resources Ministry-Wide Procedure No. 1019 (Paid Time Off – Program A)
- Trinity Health Human Resources Ministry-Wide Policy No. 1020 (Paid Time Off – Programs B and C)
- Trinity Health Human Resources Ministry-Wide Procedure No. 1020 (Paid Time Off – Programs B and C)
- Trinity Health Human Resources Ministry-Wide Policy No. 1034 (Definitions of Employment Classifications)

## **APPROVALS**

**Initial Approval:** August 18, 2022

**Subsequent Review/Revision(s):** July 1, 2025

**Initial Approval as Mirror Policy No. 12:** August 13, 2019, effective January 1, 2019

**Subsequent Review/Revision(s) of Mirror Policy No. 12:** None

## **APPENDIX A**

### **Participating Employers**

Click the link [Participating Employer Appendix](#) and follow the instructions in red on the Policy Lookup Instructions tab to see what policies and procedures apply to each Ministry.

**APPENDIX B**  
**Bereavement Leave Benefit**  
**State/Local Law Requirements**

State	State/Local Law Requirement(s)	Links
Alabama	Not Applicable	
Alaska	Not Applicable	
Arizona	Not Applicable	
Arkansas	Not Applicable	
California	Not Applicable	
Colorado	Not Applicable	
Connecticut	Not Applicable	
Delaware	Not Applicable	
Florida	Not Applicable	
Georgia	Not Applicable	
Hawaii	Not Applicable	
Idaho	Not Applicable	
Illinois	Under the Family Bereavement Leave Act, a covered employer must provide an eligible employee with up to two weeks of unpaid bereavement leave for a miscarriage, stillbirth, diagnosis that negatively impacts pregnancy or fertility, an unsuccessful round of intrauterine insemination, an assisted reproductive technology procedure, a failed adoption match or an adoption that is not finalized because it is contested by another party, a failed surrogacy agreement and for a covered family member. For more information please see the link to the Illinois statute.	<a href="#">Illinois Family Bereavement Leave Act</a>
Indiana	Not Applicable	
Iowa	Not Applicable	
Kansas	Not Applicable	
Kentucky	Not Applicable	
Louisiana	Not Applicable	
Maine	Not Applicable	
Maryland	Not Applicable	
Massachusetts	Not Applicable	
Michigan	Not Applicable	
Minnesota	Not Applicable	
Mississippi	Not Applicable	
Missouri	Not Applicable	
Montana	Not Applicable	
Nebraska	Not Applicable	
Nevada	Not Applicable	
New Hampshire	Not Applicable	
New Jersey	Not Applicable	
New Mexico	Not Applicable	
New York	Not Applicable	
North Carolina	Not Applicable	
North Dakota	Not Applicable	
Ohio	Not Applicable	
Oklahoma	Not Applicable	
Oregon	Effective July 1, 2024, eligible employees under the Oregon Family Leave Act may take up to two weeks of bereavement leave for a	<a href="#">Oregon Family Leave Act</a>

	family member's death, not to exceed a total of four weeks in any one-year period.	
Pennsylvania	Not Applicable	
Rhode Island	Not Applicable	
South Carolina	Not Applicable	
South Dakota	Not Applicable	
Tennessee	Not Applicable	
Texas	Not Applicable	
Utah	Not Applicable	
Vermont	Not Applicable	
Virginia	Not Applicable	
Washington	Not Applicable	
West Virginia	Not Applicable	
Wisconsin	Not Applicable	
Wyoming	Not Applicable	