

Notice To Covered Employees or Covered Contract Workers

What to know about Massachusetts Paid Family and Medical Leave

As a Massachusetts employee or covered contract worker, you may be eligible for Massachusetts Paid Family and Medical Leave (MA PFML) benefits through a private plan provided by your employer. PFML is a benefit that allows you to take extended time away from work for needs such as caring for an ill family member, bonding with a new child, caring for your own injury or illness, tending to the needs of a family member who is being/has been deployed to active duty in the military, and caring for an injury or illness of a family member who has served or who is serving in the military.

A private plan of insurance for Massachusetts Paid Family and Medical Leave (MA PFML) is offered to you through:

Employer Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Federal Employer ID Number (FEIN): _____

This Notice will highlight the rights, obligations, and details from the Massachusetts Family and Medical Leave Law, M.G.L. c. 175M, its related regulations, and your employer's private MA PFML plan.

What is included in PFML Benefits:

Under MA PFML, you may be entitled to:

- Up to 12 weeks of **Family Leave** in a benefit year including:
 - Care for a family member with a serious health condition
 - Bond with a new child
 - Attend to the needs resulting from the fact that a family member is on active duty or has been notified of an impending call to active duty.
- Up to 20 weeks of **Medical Leave** in a benefit year to care for your own serious health condition
- Up to 26 weeks of **Family Leave** in a benefit year to care for a family member who is a covered service member who has an injury or illness related to their active duty.

You can use up to a total of 26 weeks of Leave **combined** between Paid Family and Medical Leave in a single benefit year.

What to Know About MA PFML Benefits

- Your **weekly benefit amount** will be based on your earnings and the Massachusetts State Average Weekly Wage, which can change annually. For 2023, the maximum weekly benefit is \$1,129.82.

Things to Note: Employee Rights & Protections

- **Job Protection:** As an employee, when taking Family or Medical Leave, generally, your employer must restore you to your previous position or to an equivalent position, including the same status, pay, employment benefits, length-of-service credit and seniority as of the date of your Leave.
- **Continuation of Health Insurance:** As an employee, your employer must continue to provide for and contribute to your employment-related health insurance benefits, if any, at the level, and under the conditions, coverage would have been provided if you had continued working continuously for the duration of such Leave.
- **No Retaliation:** As an employee, your employer cannot discriminate or retaliate against you for taking a qualified Paid Family and/or Medical Leave. An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, may institute a civil action in the superior court.

Refer to your Employer, HR policies, and/or applicable law, as the above rights and protections may not extend to contract workers or former employees.

Payment for Concurrent Leave

Any paid leave provided under a collective bargaining agreement or employer policy and paid at the same or higher rate than paid leave available under your employer's MA PFML policy of insurance (private plan) shall count against the allotment of leave benefits available under the MA PFML policy.

Filing a MA Paid Family or Medical Leave Claim:

How to File a Claim

You must file claims for Paid Family and Medical Leave benefits with The Hartford. Information about the claims process will be provided to you.

- When requesting a leave from your employer, follow its written or customary policy/procedure.
- When possible, please call The Hartford to report your leave 30 days prior to its anticipated start date.
- If it is not possible to provide 30 days' notice, please follow your employer's call out policy and call The Hartford as soon as practicable.

Filing a MA Paid Family or Medical Leave Claim (Continued):

How to Appeal a Claim:

If the situation occurs where you wish to appeal a Family or Medical Leave claim, you must first appeal to The Hartford.

You:

1. Must apply in writing for a review within ten (10) days of the claim denial.
2. May request copies of all documents, records, and other relevant information related to the claim.
3. May submit written comments, documents, and other relevant information related to the claim.

The Hartford will respond to you in writing with the appeal determination of the claim.

How to Appeal The Hartford's Appeal Determination

If you do not agree with The Hartford's appeal determination and you wish to appeal further, you then have the right to file an appeal with the Massachusetts Department of Family and Medical Leave.

Note that you must appeal within ten (10) days of the receipt of notice of The Hartford's appeal determination to the following:

Massachusetts Department of Family and Medical Leave
Charles F. Hurley Building
19 Staniford Street, 1st Floor
Boston, MA 02114
(617) 626-6565

The Hartford or your employer are required to supply the Massachusetts Department of Family and Medical Leave with all claim documentation within ten business days of the Department's request in connection with your appeal. The resulting determination of the appeal of denial from the Department will then be binding on The Hartford, you and your employer. Following the Department's issuance of a final decision on your appeal, you may take a further appeal by filing a complaint in the district court as specified in the Massachusetts Family and Medical Leave Law.

Please refer to the [Department of Family and Medical Leave website](#) for more information about appeals.



Private Plan Exemption

Your employer has applied and been approved for a Private Plan Exemption. This approval provides a contribution exemption for the employer, the employee and any covered contract worker from paying the Department of Family and Medical Leave Family and Employment Security Trust Fund. Your employer, however, may require that you contribute toward the cost of the Private Plan coverage with The Hartford.

The details of any private plan must be provided to you by your employer as soon as detailed plan information is available.

You maintain all your rights and protections under the MA PFML law, even though your employer is approved for a private plan.

Payment for MA PFML Coverage

Your employer is approved for a MA fully insured Private Plan and has purchased a MA PFML policy of insurance from The Hartford. Your employer will be required to pay premium to The Hartford for the insurance coverage, including your contributions, if any, beginning on _____.

Your employer may deduct contributions toward the cost of coverage from your pay. The contribution amount may be adjusted annually but may never exceed the state mandated contribution amount for covered individuals. If you are contributing toward the cost of MA PFML, the maximum contribution amount for 2023 is .11% of your gross annual earnings towards the cost of coverage for Paid Family Leave and .208% of your gross annual earnings towards the cost of coverage for Paid Medical Leave, up to the Social Security Benefit Limit¹.

¹ The Social Security Benefit Limit is the contribution and benefit base limit established annually by the federal Social Security Administration for purposes of the Federal Old-Age, Survivors, and Disability Insurance program limits pursuant to 42 U.S.C. 430.

Department of Family and Medical Leave (DFML) Contact Information

The Massachusetts Department of Family and Medical Leave

Charles F. Hurley Building
19 Staniford Street, 1st Floor
Boston, MA 02114
(617) 626-6565
www.mass.gov/DFML

More Information is Available

More detailed information regarding your plan is available from your employer. Information pertaining to the regulations and statutory requirements under the MA PFML law is available from the Department of Family and Medical Leave. Visit their website at: www.mass.gov/DFML.

For more information about Massachusetts Paid Family and Medical Leave,
reach out to your _____

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ACKNOWLEDGMENT

Your signature below acknowledges your receipt of the information above within 30 days from the start date of:

- For employees, your date of employment; or
- For covered contract workers, when your contract with the employer was made.

If you are a virtual employee, your employer will determine the format that is acceptable to acknowledge this information (digital or wet signature) and the method for its return. Your employer is required to retain your acknowledgement of this information on file.

☐ I refuse to acknowledge this notice.

Signature

Date

Name (Print)

Your signed acknowledgement will be retained by your employer. Please retain a copy for your own reference.

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2023 Effective Employee and Covered Contract Worker Rates

See below for your percentage of gross wages, up to the Social Security Benefit Limit¹, that are being deducted for Paid Family and Medical Leave coverage:

	Family Leave Contribution	Medical Leave Contribution	Total Contribution Amount
Employee Covered Contract Worker	_____% ²	_____% ³	_____% ⁴ <i>Reflects the sum of Family and Medical Leave contributions</i>

If your employer is requiring contributions toward the cost of coverage, contributions to your employer sponsored fully insured Private Plan underwritten by Hartford Life and Accident Insurance Company will begin on the date you begin working for the employer. Your employer is responsible for sending MA PFML premium to The Hartford.

Under the law, employers are permitted to deduct from employees' or covered contract workers' wages up to 40% of the contribution amount announced by the state for medical leave coverage (.208% of wages) and up to 100% of the contribution amount announced by the state for the family leave coverage (.11% of wages). The employee or covered contract worker contribution amounts are limited, as described in the Massachusetts PFML statute and regulation (M.G.L. c. 175M, § 6 and 458 CMR 2.05), to a certain percentage of wages, up to the Social Security Benefit Limit.

Effective 2023 Employee, Covered Contract Worker and Employer Private Plan Contributions

Private plan family and medical leave contribution rates may vary from the contribution rates announced annually by the state, but **employee contribution** amounts cannot exceed the maximum mandated by the state, as shown above.

Total Combined Contributions	
Medical Leave	_____ Employer Name will contribute ____% of Medical Leave contributions and the remaining ____% will be deducted from your earnings
Total Combined Contributions	
Family Leave	_____ Employer Name will contribute ____% of Family Leave contributions and the remaining ____% will be deducted from your earnings

Your initials for acknowledgement

¹ The Social Security Benefit Limit is the contribution and benefit base limit established annually by the federal Social Security Administration for purposes of the Federal Old-Age, Survivors, and Disability Insurance program limits pursuant to 42 U.S.C. 430

² Amount cannot exceed .11% in 2023.

³ Amount cannot exceed .208% in 2023.

⁴ These rates apply to all workers covered by the policy.

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