

## Employer Notice to W2 Employee

*Covered Entities with 25 or more Workers*

Rights and Obligations under the Massachusetts Family and Medical Leave Law, M.G.L. c. 175M

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

### Explanation of Benefits

- **Beginning January 1, 2021**, you may be entitled to up to
  - 12 weeks of paid family leave in a benefit year for the birth, adoption, or foster care placement of a child, or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces;
  - 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work
  - 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or otherwise addressing consequences of a serious health condition relating to the family member's military service.
- **Beginning July 1, 2021**, you may be entitled to up to
  - 12 weeks of paid family leave in a benefit year to care for a family member with a serious health condition.
  - 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.
- **Your weekly benefit amount** will be based on the employee's earnings, with a maximum benefit of \$850 per week.

## Job Protection, Continuation of Health Insurance, No Retaliation

- **Job Protection:** Generally, if you take family or medical leave under the law you must be restored to your previous position or to an equivalent position, with the same status, pay, employment benefits, length-of-service credit and seniority as of the date of leave.
- **Continuation of Health Insurance:** 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:** It is unlawful for any employer to discriminate or retaliate against you for exercising any right to which you're entitled under the paid family and medical leave law. 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, institute a civil action in the superior court.

## Contributions to the DFML Family and Employment Security Trust Fund

On October 1, 2019, contributions to the Department of Family and Medical Leave (DFML) Employment Security Trust Fund will begin. An employer will be responsible for sending contributions to the DFML for all employees, though they may deduct a portion from employee pay. The contribution rate may be adjusted annually and can be found in the attached effective rate notice.

## How to File a Claim

Employees must file claims for paid family and medical leave benefits with the DFML using the Department's forms. Forms and claim instructions will be available on the Department's website [www.mass.gov/DFML](http://www.mass.gov/DFML) before January 2021.

Employees are required to provide at least 30 days' notice to their employer of the anticipated starting date of any leave, the anticipated length of the leave and the expected date of return. An employee who is unable to provide 30 days' notice due to circumstances beyond his or her control is required to provide notice as soon as practicable.

## 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 this law shall count against the allotment of leave benefits available under this law.

## Private Plan Exemption

An employer that offers paid leave with benefits that are at least as generous as those provided under the law may apply for an exemption from paying the Department of Family and Medical Leave Family and Employment Security Trust Fund contribution. An employer may apply for an exemption from the medical leave contribution, family leave contribution, or both.

The details of any private plan must be provided to employees by an employer at the same time as this Notice.

Employees enjoy rights to job-protected leave and from discrimination and retaliation under the law even if their employer is approved to provide leave benefits through a private plan.

<hr/> (Employer Name)	<input type="checkbox"/> Does not have an approved private plan; <input type="checkbox"/> Has an approved private plan for both family and medical leave; <input type="checkbox"/> Has an approved private plan for family leave only; <input type="checkbox"/> Has an approved private plan for medical leave only.
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**Department of Family and Medical Leave (DFML) Contact Information**

**The Massachusetts Department of Family and Medical Leave**  
 Charles F. Hurley Building  
 19 Staniford Street, 1<sup>st</sup> Floor  
 Boston, MA 02114  
 (617) 626-6565  
[www.mass.gov/DFML](http://www.mass.gov/DFML)

**More Information is Available**

For more detailed information, please consult the Department's website: [www.mass.gov/DFML](http://www.mass.gov/DFML).

**Effective Rates: 2019**

*For employers with 25 or more employees*

Family Leave Contribution	Medical Leave Contribution	Total Contribution Amount
.13%	.62%	.75%

On October 1, 2019, contributions to the Department of Family and Medical Leave (DFML) Employment Security Trust Fund will begin. An employer will be responsible for sending contributions to the DFML for all employees.

Currently, the total contribution amount is 00.75% of wages. Of that 00.75% total contribution amount, there is a split: 17.3% is a family leave contribution and 82.7% is a medical leave contribution.

Under the law, employers are responsible for a minimum of 60% of the medical leave contribution (.372% of wages), but are permitted to deduct from employees' wages up to 40% of the medical leave contribution (.248% of wages) and up to 100% of the family leave contribution (.13% of wages).



<b>Medical Leave</b>	Total Required Contribution: .62%			
	_____	will contribute	___%	of the medical leave contribution
	(Employer Name)	and the remaining	___%	will be deducted from your earnings

<b>Family Leave</b>	Total Required Contribution: .13%			
	_____	will contribute	___%	of the family leave contribution
	(Employer Name)	and the remaining	___%	will be deducted from your earnings

**ACKNOWLEDGMENT**

Your signature below acknowledges your receipt of the information above within 30 days from the start date of your employment or prior to October 1, 2019, whichever is later.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (Print)**

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