**MA Paid Family and Medical Leave**

Your Rights and Obligations under the Massachusetts Family and Medical Leave Law

|  |  |
| --- | --- |
| Massachusetts Technology  | Human Resources |
| 75 North Drive, Westborough, MA 01581  | 04-2773673 |

**Explanation of Benefits**

* **As of January 1, 2023,** 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.
	+ 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 your earnings, with a maximum benefit of $1,129.82 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. If your health insurance is continued during your leave, you must continue to submit payments equal to the contribution levels required while you are actively at work.
* **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.

**Private Plan Exemption**

In accordance with M.G.L. c. 175M, 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. We have secured an exemption and our plans will be insured by Mutual of Omaha.

**How will this work with our existing Disability Benefit Plan?**

Our current disability and parental leave programs will coordinate benefits with MA Paid Leave benefits. This means that you will still be able to qualify for disability and/or paid parental leave benefits through our short-term and/or long-term disability plans and our paid parental leave policy. The amount you receive through these plans will be net of any benefit amount you are entitled to receive through the MA Paid Leave program. For example, if you qualify for a $3,500 per week benefit under our short-term disability plan, and $1,129.82 per week under the MA Paid Leave program, you will still receive $3,500 per week. $1,129.82 would be paid through the MA Paid Leave plan and the balance of $2,370.18 would be paid through our short-term disability plan keeping your total weekly benefit at $3,500.

**Private Plan Rates & Employee Contributions (Premiums)**

|  |  |  |
| --- | --- | --- |
| **Family Leave Contribution** | **Medical Leave Contribution** | **Total Contribution Amount** |
| **0.12%** | **0.56%** | **0.68%** |
| *Rates are effective January 1, 2023 – December 31, 2023. Rates are subject to change annually.**Contributions are calculated based on the above percentages of your W-2 and/or 1099 earnings in accordance with the law. Contributions are applied each pay period until wages meet, or exceed, the calendar year Social Security wage base. The Social Security Administration (SSA) has determined that the wage base subject to the tax will be $160,200 in 2023.* |

**Costs for Employees**

|  |
| --- |
| Medical Leave Plan |
| Employer Contribution |  **100%** of the total Premium | **Effective January 1, 2023** |
| Employee Contribution |  **0%** of the total Premium |

|  |
| --- |
| Family Leave Plan |
| Employer Contribution |  **100%** of the total Premium | **Effective January 1, 2023** |
| Employee Contribution |  **0%** of the total Premium |

The costs outlined above are structured to comply with the regulations relative to the Massachusetts Family and Medical Leave Law, M.G.L. c. 175M. The employer/employee contribution split is subject to change, but the amount you are required to pay is an amount that is equal to, or less than, the amount you would be required to pay if we chose to participate in the public program managed by the MA Department of Family and Medical Leave (DFML). If there are any changes to the amount you are required to pay, a 30 notice will be provided by MassTech. The Department can be contacted at:

 **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](http://www.mass.gov/DFML)

***[Acknowledgement is only required for employees receiving notice for the first time such as a new hire]***

**MASSACHUSETTS FAMILY AND MEDICAL LEAVE LAW**

**ACKNOWLEDGMENT**

Your signature below acknowledges your receipt of the information above within 30 days from the start date of your employment. Please note that the law requires that the employer act in accordance with state regulations. These actions include, but are not limited to, making applicable deductions from your earnings.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (Print)**

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

**DECLINATION OF ACKNOWLEDGEMENT**

Your signature below indicates that you have declined to acknowledge your receipt of the MA Paid Leave Employee Notice previously provided to you. **Your declination of acknowledgement does not change how the law is applied on your behalf.** Please note that the law requires that the employer must continue to act in accordance with state regulations. These actions include, but are not limited to, making applicable deductions from your earnings.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (Print)**

Your employer will retain your signed declination. Please retain a copy for your own reference.