

STATE PFML AND STATUTORY DISABILITY PROGRAMS: A QUICK REFERENCE CHART

Employers with employees in states that have statutory disability and paid family and medical leave programs must comply with the provisions of those programs, including possible wage withholding and notice requirements as well as granting paid time off (PTO) for qualified reasons.

Employers (ERs) with employees (EEs) in states that have statutory disability, paid family leave, and/or paid family and medical leave programs must comply with the provisions of those programs, including possible wage withholding and notice requirements as well as granting paid time off (PTO) for qualified reasons. This publication provides employers with a high-level overview of statutory Disability Insurance (DI), Paid Family Leave (PFL), and Paid Family and Medical Leave (PFML) programs that are currently in force or scheduled to begin in the near future. For additional information, see the PPI publications on state-specific employee benefit considerations.

Statutory DI provides partial wage replacement to eligible employees who are seriously ill, injured, or disabled for a circumstance that is not work related (which would generally be covered by workers' compensation insurance). If an employer sponsors a short-term disability (STD) insurance plan through a private insurer, the STD insurance generally supplements any statutory benefits and runs concurrently with those benefits for the same qualifying reason.

Statutory PFL provides partial wage replacement to eligible employees to care for a qualified family member with a serious health condition; to bond with a newly born, adopted, or foster child; to care for a military family member injured during active duty; or to provide support for family members when deployed abroad on active military duty. Some states also cover "safe leave," generally for an employee or their family member who is a victim of domestic violence, stalking, or sexual assault or abuse. Additionally, some states have combined DI and PFL to create a PFML program that grants coverage for both personal and family reasons under qualified circumstances.

The family relationships that are recognized under statutory programs vary from state to state and often include relationships, such as domestic partners, siblings, grandparents, and grandchildren, that are not otherwise recognized under the federal Family and Medical Leave Act (FMLA). For information about establishing a working definition of domestic partner for the administration of state leave programs, see the PPI publication **Domestic Partner Benefits: A Guide for Employers**.

There are some key points to consider in connection with this publication. First, employers that are covered by federal FMLA (and/or a state's version of FMLA) will generally run such leave concurrently whenever the qualifying reason for leave is the same. Note that if a state's definition of covered family members is broader than the federal FMLA definition, those family members are bolded throughout the Reference Chart to indicate that federal FMLA would not apply. Second, eligibility for DI, PFL, and PFML is generally determined based on an employee's primary work location and not their state of residence. (Employers should confer with their tax consultant as needed to determine the applicable state tax nexus for employees whose worksite of record is in one state but who predominantly work remotely from another state.)

Third, many states allow employers to provide benefits through a private plan instead of contributing to the state fund. The general rule is that the benefits provided under the private plan must be at least as generous as the benefits under the state plan, and any premium charged to employees must not be higher than the maximum employee contribution under the state plan. Lastly, whenever a benefit contribution amount is indicated as an employee's responsibility, employers have discretion to contribute on behalf of their employees but are not required to do so. In some cases, imputed income may apply to such discretionary payments.



The state-by-state details appear in this publication in the order shown on the **At a Glance** chart below.

At a Glance: Statutory Disability (DI) and Paid Family Leave (PFL) Programs

State	DI	PFL	Effective Dates	Private Option Available
California	X	X	In force	X
Colorado	X	X	In force	X
Connecticut	X	X	In force	X
Delaware	X	X	Payroll deduction effective 1/1/2025; Benefits effective 1/1/2026	X
District of Columbia (DC)	X	X	In force	
Hawaii	X		In force	X
Maine	X	X	Payroll deduction effective 1/1/2025; Benefits effective 5/1/2026	X
Maryland	X	X	Payroll deduction effective 1/1/2027; Benefits effective 1/3/2028	X
Massachusetts	X	X	In force	X
Minnesota	X	X	Payroll deduction effective 1/1/2026; Benefits effective 1/1/2026	X
New Hampshire	X (Limited circumstances)	X	In force (Participation is voluntary for private ERs)	X
New Jersey	X	X	In force	X
New York	X	X	In force	X
Oregon	X	X	In force	X
Rhode Island	X	X	In force	
Vermont	X	X	In force (Participation is voluntary for private ERs)	X
Washington	X	X	In force	X

CALIFORNIA

State Disability Insurance (SDI), Disability Insurance (DI), and Paid Family Leave (PFL):

DI Effective 1946 | PFL Effective 2004

Covered Employers

All private sector and some public sector ERs with at least one EE in CA whose quarterly payroll is \$100+ (\$750+ per quarter for domestic EEs).

Funding for the Program

100% paid by CA EEs; (SDI is umbrella term for combined DI and PFL):

2024: 1.1% of total taxable wages

2025: 1.2% of total taxable wages

Eligibility to Take Leave

EEs must have earned wages of at least \$300 from which SDI deductions were withheld during a 12-month base period. The base period is the first 4 of the last 5 completed calendar quarters of covered employment.

Qualified Reasons for Leave

DI

- EE's own non-work-related disability (e.g., illness, injury, pregnancy, childbirth recovery)

PFL

- For an eligible EE to:
 - Care for a seriously ill family member
 - Bond with a new child within one year of the birth or placement of the child through foster care or adoption
 - Participate in a qualifying event because of a family member's military deployment to a foreign country

Qualifying Family Members

Child, parent, **parent-in-law**, **grandparent**, **grandchild**, **sibling**, spouse, or **registered domestic partner**.

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

- 60% to 70% (2024); 70% to 90% (2025) of EE's average weekly earnings in highest quarter of base period (actual benefit percentage varies based on earnings)
- Max weekly benefit is \$1,620 (2024); \$1,681 (2025)

Maximum Benefits Duration

- DI: 52 weeks
- PFL: 8 weeks
- Leave can be taken continuously or intermittently on an hourly, daily, or weekly basis

Waiting Period

- DI: 7 days
- PFL: None

Job Protection & Health Plan Continuation Requirements

- Not included
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA and/or the CA Family Rights Act, or CA Pregnancy Disability Leave for the same qualified reasons

Plan Options

- State-administered
- Voluntary plan
 - Must apply to and get approval from the Employment Development Department following a majority EE vote
 - Must provide at least the same benefits and cannot cost more than the state plan
 - Must provide at least one right or benefit that is better than the state plan
 - Must match any state plan increase in benefits

Coordination with Other Benefits

EEs can receive other benefits, such as other disability benefits, accrued PTO, or ER payment to supplement DI or PFL benefits as long as it does not exceed 100% of normal weekly wages during their DI or PFL benefit period. CA DI and PFL leaves cannot be taken concurrently.

ERs that employ at least one EE in the City of San Francisco and at least 20 EEs worldwide must supplement CA PFL benefits for bonding under the San Francisco Paid Parental Leave Ordinance. ERs must make eligible EEs' salaries whole up to the max benefits amount: \$2,700/week (2024); \$2,402/week (2025). For more details, see the [Paid Parental Leave Ordinance](#) site.

Official Sites:

- [California Disability Insurance](#)
- [California Employer's Guide](#)

COLORADO

Family and Medical Leave Insurance Program (FAMLI): Payroll Deduction Effective 1/1/2023 | Benefits Effective 1/1/2024

Covered Employers

All private sector and some public sector ERs with one or more EEs during at least 20 weeks in the current or immediately preceding calendar year. Local governments may opt out of coverage.

Note: Individuals not covered above or who have been opted-out by their ER may purchase individual coverage.

Funding for the Program

Contributions generally split between ER and EE as a percentage of the EE's wages, capped at the Social Security taxable income limit.

2025 rate: 0.9%

2026 rate: 0.88%

- ERs with 10+ EEs:
 - ER/EE each contribute 50% of total premium
- ERs with <10 EEs and local government EEs opting into the program:
 - ERs do not have to contribute but must collect and remit the EE's share (up to 50% of total premium) to the FAMLI fund

Note: The 10 EE threshold is based on EEs nationwide.

Eligibility to Take Leave

EEs must have earned at least \$2,500 in wages from any ER within the state during the last 4 calendar quarters to be eligible.

Qualified Reasons for Leave

- EE's own non-work-related disability (e.g., illness, injury, pregnancy, childbirth recovery)
- For an eligible EE to:
 - Care for a family member with a serious health condition
 - Bond with a new child (by birth, adoption, or fostering) within one year of the qualifying event
 - Support a family member's qualified military exigency
 - Use safe leave for when an EE or EE's family member is a victim of domestic violence, stalking, or sexual assault

Qualifying Family Members

Child (**any age**), parent, spouse, **grandparent**, **domestic partner**, **grandchild**, **sibling**, or **any individual with whom the EE has a significant personal bond that is like a family relationship**.

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

- 90% of the EE's average weekly wage equal to or less than 50% of the state average weekly wage
- Max weekly benefit is 90% of the state average weekly wage: \$1,324.21 (effective 1/1/2025); \$1,381.45 (effective 7/1/2025)

Maximum Benefits Duration

- 12 weeks/year max combining all qualified leave reasons
- An additional 4 weeks of leave is available to an EE experiencing complications from pregnancy or childbirth
- Leave can be taken continuously or intermittently by any increment allowed by ER policy; benefit not payable until EE accumulates 8 hours

Waiting period

- None

Job Protection & Health Plan Continuation Requirements

- Continuation of healthcare benefits is required during all leaves. Job protection required for EEs who have worked for their ER at least 180 days prior to taking leave
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA and/or the CO Family Care Act (FCA) for the same qualified reasons; the FCA requires Colorado ERs covered by federal FMLA to provide eligible EEs with leave to care for a domestic or civil union partner with a serious health condition

Plan Options

- State-administered
- Private plan (fully insured or self-insured)

Coordination with Other Benefits

ER cannot require EE to use or exhaust any ER-provided PTO prior to or while receiving CO PFML benefits. However, EE and ER may mutually agree to allow EE to use PTO to supplement FAMLI benefits, not to exceed 100% of EE's wages. ER can require payments made under an STD/LTD plan to supplement FAMLI benefits, not to exceed 100% of EE's wages.

Key Dates/Updates:

- Covered ERs must register with [My FAMLI+Employer](#).
- ER must provide notice upon hire and upon learning of a FAMLI qualifying event. Model notice/poster available [here](#).

Official Sites:

- [Colorado FAMLI](#)
- [My FAMLI+Employer, Toolkit for ERs](#)

CONNECTICUT

CT Paid Leave: Effective 1/1/2022

Covered Employers

Most private ERs with at least one EE working in CT with few exceptions. Non-public elementary or secondary schools and railroads are excluded. Public ERs are generally not covered unless required under a collectively bargained agreement.

Funding for the Program

100% paid by CT EEs. ERs are responsible for remitting the deductions to the CT Paid Leave Authority quarterly.

2025 rate: 0.5% of taxable wages up to the Social Security taxable income limit (max \$880.50/year)

2026 rate: 0.5% of taxable wages up to the Social Security taxable income limit (max TBD)

Eligibility to Take Leave

EEs must have earned wages of at least \$2,325 in the highest-earning quarter of the first 4 of the 5 most recent completed quarters (the "base period") and are currently employed, or have been employed within the last 12 weeks (for former EEs) to be eligible.

The wages do not have to be earned from the EE's current ER; they may have been earned under any CT ER. An EE does not need to work a specific number of hours to be eligible for benefits under the CT Paid Leave program.

Qualified Reasons for Leave

- EE's own non-work-related serious health condition (e.g., illness, injury, pregnancy, childbirth recovery)
- For an eligible EE to:
 - Care for a family member with a serious health condition
 - Bond with a new child (by birth, adoption, or fostering) within 52 weeks of the date of the qualifying event
 - Care for a military family member injured during active duty or a qualified exigency related to a family member's call to active duty
 - Seek care, obtain services, relocate, or participate in any legal proceeding related to family violence
 - Serve as a bone marrow or organ donor

Qualifying Family Members

Spouse, **sibling**, child, **grandparent**, **grandchild**, parent; or, **an individual related to the EE by blood or affinity and whose close association with the EE shows to be the equivalent of those family relationships.**

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

- 95% of EE's average weekly wage
- Max weekly benefit is 60x the state minimum wage
 - \$981.00 (effective 1/1/2025)
 - \$1,016.40 (effective 1/1/2026)

Maximum Benefits Duration

- Up to 12 weeks in a 12-month period for all leave reasons combined
 - An additional 2 weeks of CT Paid Leave is available for a serious health condition that occurs during pregnancy and for routine prenatal care
- Up to 12 days for instances of family violence
- Leave can be taken continuously; intermittently in certain circumstances (may require ER consent)

Waiting Period

- None

Job Protection & Health Plan Continuation Requirements

- Not included
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA; job protection (but not benefits protection) may also be available through the CT Family and Medical Leave Act (CTFMLA)

Plan Options

- State-administered
- Private plan (fully insured or self-insured)
 - Requires EE majority vote, and once approved, effective for a three-year period

Coordination with Other Benefits

An ER may require or permit an EE to use any accrued paid leave or PTO while on approved leave, but the EE must be able to retain a balance of at least two weeks of accrued leave. The total amount of the combined compensation cannot exceed 100% of EE's regular rate of pay.

Key Dates/Updates:

- Covered ERs must provide the required notice to all newly hired EEs at the time of hiring and to all EEs on an annual basis. Model notice available [here](#).
- CT rates may be revised each November 1 to take effect the following January 1.

Official Site:

- [Connecticut Paid Leave](#)

DELAWARE

Family and Medical Leave Insurance Program (FMLI) (aka “the Healthy Delaware Families Act”):
Payroll Deduction Effective 1/1/2025 | Benefits Effective 1/1/2026

Covered Employers

- ERs with 10 to 24 covered EEs* must comply with the parental leave requirements only (but ER may opt into medical or caregiver leave lines of FMLI coverage)
- ERs with 25+ covered EEs* must comply with all parental, family caregiving, medical, and qualifying military exigencies leave requirements
- Excludes any business that is closed for at least 30 consecutive days per year and railroad workers
- ERs with 1 to 9 EEs are exempt but may opt in

*Covered EEs are those who report to work at a DE worksite for at least 60% of an EE’s work hours unless otherwise excluded. However, ERs can reclassify an EE as a covered EE even when the EE works at a worksite in another state. Part-time EEs (<25 hours/week) and short-term EEs (<12 months) can co-sign a waiver form with their ER to withdraw from the program.

Funding for the Program

Contributions generally split between ER and EE as a percentage of the EE’s wages, capped at the Social Security taxable income limit. EE contribution cannot be greater than 50% of the total contribution amount.

2025 rate: 0.32% Parental Leave; 0.08% Caregiving Leave; 0.4% Medical Leave

2026 rate: 0.32% Parental Leave; 0.08% Caregiving Leave; 0.4% Medical Leave

ERs must remit the total premium to the state at least quarterly.

Eligibility to Take Leave

EEs who have been employed for at least one year and at least 1,250 hours with a single ER.

Qualified Reasons for Leave

- EE’s own non-work-related serious health condition (e.g., illness, injury, pregnancy, childbirth recovery)
- For an eligible EE to:
 - Care for a family member with a serious health condition
 - Bond with a new child (by birth, adoption, or fostering) during the first 12 months after the child’s birth or placement
 - Attend to a qualifying exigency arising out of a family member’s military deployment

Qualifying Family Members

Spouse, children, and parents (as defined in federal FMLA)

Maximum Benefits Amount

- 80% of EE’s average weekly wage up to \$900 (2026 and 2027)

Maximum Benefits Duration

- Total leave: 12 weeks per application year
- Parental leave: 12 weeks per application year
- Other qualifying reasons: 6 weeks in any 24-month period
- Leave can be taken continuously, intermittently (full-day increments), or on a reduced schedule basis, but only when medically necessary and supported by documentation

Waiting Period

- None

Job Protection & Health Plan Continuation Requirements

- Both included
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA for the same qualified reasons

Plan Options

- State-administered
- Private plan (fully insured or self-insured)

Unlike other states’ PFML programs, ERs are responsible for approving/denying claims within five business days of receiving a completed application. Once approved, DE’s Department of Labor will issue benefits to the EE.

Coordination with Other Benefits

ER may require EEs to use accrued PTO before FMLI benefits.

Key Dates/Updates:

- Contributions effective 1/1/2025.
- Benefits effective 1/1/2026.
- Covered ERs make final determination of their EEs’ claims for the state-based program.
- Covered ERs must notify the DE Department of Labor through the state’s portal, [Delaware LaborFirst](#), if they intend to opt into private plans.
- Covered ERs must provide the “Notice of Employees’ Rights” upon hire or when ER becomes subject to DE FMLI. Model notice available [here](#).

Official Site:

- [Delaware Paid Leave](#)

Legislation:

- [Healthy Delaware Families Act](#)

DISTRICT OF COLUMBIA (DC)

Universal Paid Family Leave Program: Effective 7/1/2020

Covered Employers

All private ERs with at least one EE working in DC.

Funding for the Program

100% paid by ERs as a percentage of quarterly payroll tax based on the immediate past quarter of gross or total wages paid.

Rate effective 7/1/2023 to 6/30/2024: 0.26%

Rate effective 7/1/2024 to 12/31/2025: 0.75%

Eligibility to Take Leave

EEs must spend more than 50% of their time working in DC, including teleworking or telecommuting for a covered ER. EEs don't have to work a certain amount of time to become eligible for the benefit, but must be currently employed by a covered ER in DC.

Qualified Reasons for Leave

- EE's own non-work-related serious health condition (e.g., illness, injury, pregnancy, childbirth recovery)
 - Medical leave also covers medical care related to miscarriage (defined as loss of a pregnancy before 20 weeks' gestation), stillbirth (defined as loss of a pregnancy after 20 weeks' gestation), prenatal care, treatment for pregnancy complications, and pregnancy loss coverage
- For an eligible EE to:
 - Care for a family member with a serious health condition
 - Bond with a new child (by birth, adoption, or fostering) within 52 weeks of the date of the qualifying event

Qualifying Family Members

Spouse, **domestic partner**, child (biological, adopted, foster child, or stepchild), parents, **parent-in-law**, **grandparent**, **grandchild**, **sibling**.

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

- 90% of EE's average weekly wage applied against DC minimum wage limits:
 - \$1,118/week (10/1/2023 to 9/30/2024)
 - \$1,153/week (10/1/2024 to 9/30/2025)

Maximum Benefits Duration

- 12 weeks to bond with a newly born, adopted, or foster child (parental leave)
- 12 weeks to care for a family member with a serious health condition (family leave)
- 12 weeks to care for an EE's own serious health condition
- 2 weeks for prenatal care
- Leave can be taken continuously or intermittently in full-day increments

Note: The max leave period for any combination of parental, family, and medical leave is 12 weeks per year. Exception: when both prenatal and parental leave are taken, total leave time is up to 14 weeks per year.

Waiting Period

- None

Job Protection & Health Plan Continuation Requirements

- Not included
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA and/or the DC FMLA for the same qualified reasons. DC FMLA applies to ERs with 20+ EEs in DC; it provides 16 weeks of medical leave and another 16 weeks of family leave to qualified EEs during a 24-month period.

Plan Options

State-administered only. No private plan option.

Key Dates/Updates:

- Contribution rate adjustments generally announced by each March to take effect the following July 1.
- Model notice released annually in October. ERs must display the latest notice and distribute it to EEs annually, upon hire, and when DC PFL is requested. Model notice available [here](#). For additional information about the notice/posting requirements, see the [DC PFL Employer Toolkit](#) (Pages 9 – 11).
- Fully insured STD benefits cannot be offset by DC PFL benefits.

Official Site:

- [DC Paid Family Leave](#)

HAWAII

Temporary Disability Insurance (TDI): Effective 1969

Covered Employers

ERs that have at least one EE working in HI.

Funding for the Program

Contributions can be split between ER and EE; EE contribution not to exceed 0.5% of weekly wages, capped at the state average weekly wage.

2024 EE weekly max: \$6.87

2025 EE weekly max: \$7.21

Eligibility to Take Leave

EEs must currently be employed and have at least 14 weeks of HI employment during each of which they were paid for 20+ hours, and have earned at least \$400 in the 52 weeks preceding the first day of disability to be eligible.

The 14 weeks need not be consecutive nor with only one ER.

For exclusion and ineligibility for benefits, see sections [392-5](#) and [392-27](#) of the Hawaii Revised Statutes.

Qualified Reasons for Leave

EE's own non-work-related disability (e.g., illness, injury, pregnancy, childbirth recovery, organ donation).

Maximum Benefits Amount

- 58% of EE's average weekly wage, capped at the benefit amount set by the Disability Compensation Division. Max weekly benefit is \$798 (2024); \$837 (2025).

Maximum Benefits Duration

- 26 weeks

Waiting Period

- 7 days

Job Protection & Health Plan Continuation Requirements

- Not included
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA for the same qualified reasons. HI Family Leave Law applies to ERs with 100+ EEs in HI; it provides eligible EEs with up to 4 weeks of unpaid job-protected family leave only. HI Family leave Law does not require ERs to maintain health coverage but requires EE benefits to be reinstated upon return.

Plan Options

- No state-administered plan
- Private plans insured from approved carriers, self-insured plan approved by state, or provided through a collective bargaining agreement

Key Dates/Updates:

- The TDI contribution rates and max weekly benefit amounts are announced by HI's Department of Labor and Industrial Relations by each December to take effect the following January 1.

Official Site:

- [Hawaii Disability Compensation Division](#)

MAINE

Paid Family and Medical Leave (PFML) Program:

Payroll Deduction Effective 1/1/2025 | Benefits Effective 5/1/2026

Covered Employers

All private and public sector ERs with at least one EE working in ME.

Funding for the Program

Contributions generally split between ER and EE as a percentage of EE wages, capped at the Social Security taxable income limit.

- ERs with 15+ EEs:
 - Rate for 2025 to 2027: 1.0%
 - ER/EE each contribute 50% of total premium (ER may pay some or all of EE contribution)
- ERs with <15 EEs:
 - Rate for 2025 to 2027: 0.5%
 - EE contributes 50%; ER contribution not required

Note: The 15-EE threshold is based on EEs working in ME.

Eligibility to Take Leave

Full and part-time EEs who have earned at least six times the state average weekly wage in the first 4 of the last 5 completed quarters immediately before the first day of the benefit year.

Qualified Reasons for Leave

- EE's own non-work-related serious health condition (e.g., illness, injury, pregnancy, childbirth recovery)
- For an eligible EE to:
 - Care for a family member with a serious health condition
 - Bond with a new child (by birth, adoption, or fostering) within one year of the qualifying event
 - Attend to a qualifying military exigency or care for a family member who is a covered service member
 - Use safe leave when an EE or EE's family member is a victim of domestic violence, stalking, or sexual assault
 - Serve as an organ donor
 - Military bereavement

Qualifying Family Members

Child (**any age**), parent, spouse, **domestic partner**, **sibling**, **grandparent**, **son- or daughter-in-law**, **grandchild**, or an **individual with whom the covered individual has a significant personal bond that is or is like a family relationship, regardless of biological or legal relationship.**

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

- 90% of wages that do not exceed 50% of the state average weekly wage; plus
- Wages that exceed 50% of the state average weekly wage paid at 66% up to the max weekly benefit (TBD 2026)

Maximum Benefits Duration

- 12 weeks of family leave
- 12 weeks of medical leave

The total amount of combined leave is limited to 12 weeks in a full year.

Leave can be taken continuously, intermittently (min. increment of 8 hours) or reduced schedule (based on agreement between EE and ER).

Waiting Period

- Medical leave: 7 calendar days
- Family leave: None

Job Protection & Health Plan Continuation Requirements

- Job protection is included if an EE is employed for at least 120 days prior to taking leave
- ERs must maintain employment benefits including health insurance, group life, disability, sick/vacation leave, and contribute to the EE's coverage at the level and under the conditions that coverage would have been provided if the EE had continued working continuously.
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA for the same qualified reasons

Plan Options

- State-administered
- Private plan (fully insured or self-insured)

Coordination with Other Benefits

The weekly benefit amount must be reduced by the amount an EE receives for the same period under workers' compensation, unemployment, other state or federal disability benefits, or an ER's permanent disability policy or program.

ERs cannot require EEs to use any sick, vacation, or personal time prior to or while taking ME PFML leave.

Key Dates/Updates:

- Contributions effective 1/1/2025.
- Benefits effective 5/1/2026.
- Covered ERs must post a workplace notice and provide to all EEs within 30 days of hire. Model notice/poster available [here](#).

Official Site:

- [Paid Family and Medical Leave](#)

Legislation:

- [2023 Public Law Chapter 412](#)

MARYLAND

Family and Medical Leave Insurance Program (FAMLI) (aka “Time to Care Act of 2022”): Payroll Deduction Effective 1/1/2027 | Benefits Effective 1/3/2028

Covered Employers

All ERs including state and local governmental ERs with at least one EE working in MD.

Funding for the Program

Contributions generally split between ER and EE as a percentage of the EE’s wages, capped at the Social Security taxable income limit.

Initial rate: 0.9%

- ERs with 15+ EEs:
 - ER/EE each contribute 50% of the total premium
- ERs with <15 EEs:
 - EE contributes 50%; ER contribution not required

Note: The 15-EE threshold is based on EEs working nationally.

Eligibility to Take Leave

EEs who have worked at least 680 hours in a position based in Maryland over the previous four calendar quarters immediately preceding the date on which leave is to begin.

Qualified Reasons for Leave

- EE’s own non-work-related serious health condition (e.g., illness, injury, pregnancy, childbirth recovery)
- For an eligible EE to:
 - Care for a family member with a serious health condition
 - Bond with a new child (by birth, adoption, or fostering) during the first 12 months after the child’s birth or placement
 - Attend to a qualifying military exigency
 - Care for next-of-kin service member

Qualifying Family Members

Spouse, **domestic partner**, children,* parents or legal guardian,* **grandchildren**,* **grandparents**,* and **siblings**.*

*Includes biological, adopted, foster, and step-relations through legal guardianship or loco parentis.

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

- 2026: \$1,000/week
- Weekly benefit based on EE’s average weekly wage as compared to the state average weekly wage (TBD for 2027), as follows:
 - 90% of wages that do not exceed 65% of the state average weekly wage; plus

- 50% of wages that exceed 65% of the state average weekly wage

Maximum Benefits Duration

- 12 weeks within a 12-month period
- An additional 12 weeks is provided if EE qualifies for both parental leave (i.e., bonding with a new child) and medical leave due to EE’s own serious health condition in the same application year
- Leave can be taken continuously or intermittently (minimum increment of 4 hours)

Waiting Period

- None

Job Protection & Health Plan Continuation Requirements

- Job protection is included (ERs may only terminate an EE on leave for “cause,” or when necessary to prevent “substantial and grievous economic injury” to ER’s operations)
- Any health benefits must be continued in the same manner as required under federal FMLA
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA and/or the MD unpaid Parental Leave Act for the same qualified reasons

Plan Options

- State-administered
- Private plan (fully insured or self-insured)

Coordination with Other Benefits

ERs cannot require EEs to exhaust PTO under an ER policy before or during MD FAMLI leave. An ER and EE may agree to use PTO while an EE is receiving benefits not to exceed 100% of the EE’s average weekly wage.

An individual receiving unemployment insurance or workers’ compensation benefits is not eligible to receive FAMLI benefits.

Key Dates/Updates:

- On 5/6/2025, the implementation of MD FAMLI was delayed by 18 months to 1/1/2027 (payroll deductions begin) and 1/3/2028 (benefits become available)

Official Site:

- [MD Family and Medical Leave Insurance](#)

MASSACHUSETTS

Paid Family and Medical Leave (PFML): Effective 1/1/2021

Covered Employers

Most ERs with at least one EE working in MA. (For a list of excluded ERs, see state guidance [here](#).)

Funding for the Program

Contributions generally split between ER and EE as a percentage of the EE's wages, capped at the Social Security taxable income limit.

2025 rate: 0.88% (0.70% medical leave and 0.18% family leave)

2026 rate: 0.88% (0.70% medical leave and 0.18% family leave)

- ERs with 25+ EEs:
 - ER contributes 60% of medical leave premium only
 - EE contributes 40% medical, 100% family leave
- ERs with <25 EEs do not have to contribute but must collect/remit the EE share to the MA DFML

Note: The 25 EE threshold is based on EEs in MA.

Eligibility to Take Leave

EEs must meet both the general eligibility and the earnings requirement. An EE does not need to work a specific number of hours to be eligible for benefits.

General Eligibility

- W-2 EEs who work in MA (FT, PT, or seasonal)
- Self-employed individuals if opting in voluntarily
- Certain 1099-MISC contractors in MA who work for a business that issues 1099-MISC forms to more than 50% of its workforce
- Former EEs who have been unemployed for 26 weeks or fewer

Earnings Requirement

- An EE must have earned while working for any ER in MA (not exclusively the current ER) at least \$6,300 during the last 4 completed calendar quarters, and at least 30x more than the benefit amount the EE is eligible to receive each week

Qualified Reasons for Leave

- EE's own non-work-related serious health condition that incapacitates the EE from work (e.g., illness, injury, pregnancy, childbirth recovery)
- For an eligible EE to:
 - Care for a family member with a serious health condition
 - Bond with a new child (by birth, adoption, or fostering) during the first 12 months after the child's birth or placement
 - Care for a family member who is a covered service member and developed or aggravated a serious health condition in line of duty on active duty while deployed
 - Attend to qualifying military exigencies

Qualifying Family Members

Spouse, **domestic partner**, children,* parents,* **grandchildren,* grandparents,*** and **siblings.***

(*Includes biological, adopted, foster, through legal guardianship or loco parentis. Full list [here](#).)

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

- 80% of wages that do not exceed 50% of the state average weekly wage; plus
- 50% of wages that exceed 50% of the state average weekly
- Max weekly benefit is 64% of the state average weekly wage (\$1,170.64 in 2025; \$1,230.39 in 2026)

Maximum Benefits Duration

- EE's own serious health condition: 20 weeks
- Caring for a family member or bonding: 12 weeks
- Caring for a covered service member: 26 weeks
- Leave can be taken on a continuous, reduced, or intermittent schedule consistent with the ER's leave policy
- Any combination of the above leave reasons: 26 weeks

Max benefit duration is per benefit year, which begins on the Sunday immediately preceding the EE's PFML

Waiting Period

- 7 calendar days (the waiting period will count against the EE's total available leave for the benefit year)
- Waived when family leave (bonding) is taken immediately after a medical leave taken for pregnancy or recovery from childbirth-related disability

Job Protection & Health Plan Continuation Requirements

- Benefits protection includes continuation of health insurance under that same terms as active employment, as well as protection of employment benefits such as vacation, sick leave, bonuses, etc.
- Job protection further provides that any negative employment action within 6 months of a PFML-protected leave creates a presumption of prohibited retaliation against EE
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA and/or MA Parental Leave for the same qualified reasons

Plan Options

- State-administered
- Private plan (fully insured or self-insured)

Coordination with Other Benefits

For claims filed on or after 11/1/2023, EEs may choose to supplement (i.e., "top off") MA PFML benefits with any available paid leave (e.g. vacation, sick time, or other PTO) in accordance

(continued on next page)

MASSACHUSETTS

Paid Family and Medical Leave (PFML): Effective 1/1/2021

with ER's PTO policy. ERs are responsible for ensuring that the combined weekly sum of ER-provided paid leave and PFML benefits does not exceed an EE's average weekly wage.

Similarly, the combined weekly PFML benefits and any ER STD/LTD benefits cannot exceed the EE's average weekly wage. Where payments from an ER STD/LTD plan combined with PFML benefits total an amount greater than the EE's average weekly wage, the PFML payment will be reduced.

Key Dates/Updates:

- MA PFML premium rates and max weekly benefit amounts are announced annually by October 1 to take effect the following January 1.
- ERs must display a workplace poster and distribute the state's provided notice to EEs annually (at least 30 days in advance of a contribution rate or benefit change) and to new EEs within 30 days of hire. Model notice/poster available [here](#).

Official Site:

- [Massachusetts Department of Family and Medical Leave](#)

MINNESOTA

Paid Family and Medical Leave Program:

Payroll Deduction Effective 1/1/2026 | Benefits Effective 1/1/2026

Covered Employers

All private sector and some public sector ERs with at least one EE working in MN.

Funding for the Program

Contributions are split evenly between ER/EE, based on a percentage of the EE's wages capped at the Social Security taxable income limit.

ERs approved for a private plan will not make contributions to the state. Premiums paid by EEs under a private plan cannot exceed what their costs would be under the state plan option.

- ER with state plan for family and medical leave: 0.88% (2026); TBD (2027)
- ER with state plan for medical leave; private plan family leave: 0.61% (2026); TBD (2027)
- ER with state plan for family leave, private plan medical leave: 0.27% (2026); TBD (2027)

Eligibility to Take Leave

EEs must have earned at least 5.3% of state's average annual wage in MN in the most recent 4 completed calendar quarters prior to the leave request – the "base period" rounded down to the next lowest \$100.

Qualified Reasons for Leave

- EE's own non-work-related disability (e.g., illness, injury, pregnancy, childbirth recovery)
- For an eligible EE to:
 - Care for a family member with a serious health condition
 - Bond with a new child (by birth, adoption, or fostering) within one year of the qualifying event; this could be the date of birth/placement or, in situations where the "child must remain in the hospital longer than the mother," the date the child leaves the hospital
 - Support a family member during a qualifying military exigency leave
 - Use safe leave for when an EE or EE's family member is a victim of domestic violence, stalking, or sexual assault

Qualifying Family Members

Child, parent, spouse, **domestic partner, sibling, grandparent, spouse's grandparent, son- or daughter-in-law, grandchild, sibling, or any individual who has a relationship with the applicant that creates an expectation and reliance that the applicant care for the individual regardless of residence.**

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

- 90% of wages that do not exceed 50% of the state's average weekly wage; plus
- 66% of wages that exceed 50% of the state's average weekly wage but not 100%; plus
- 55% of wages that exceed 100% of the state's average weekly wage

Maximum Benefits Duration

- Medical leave: 12 weeks
- Bonding, family care, safety, or a qualifying exigency: 12 weeks
- The total amount of combined leave is limited to 20 weeks in a full year
- Leave can be taken continuously or intermittently (minimum full-day increments, up to 480 hours in any 12-month period)

Waiting Period

- Except for bonding leave, benefit claims must be based on a single qualifying event of at least seven calendar days, unless the leave is intermittent. Benefits are then retroactive to Day 1.

Job Protection & Health Plan Continuation Requirements

- Job protection included if EE is employed for at least 90 days prior to taking leave
- ERs must maintain any healthcare benefits EE had prior to taking leave
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA for the same qualified reasons

Plan Options

- State-administered
- Private plan (fully insured or self-insured)

Coordination with Other Benefits

ERs may choose, but are not required, to designate certain benefits (e.g., salary continuation, vacation leave) to supplement the PFML's benefit payment.

ERs cannot require EEs to use PTO prior to or alongside PFML. EEs may choose to use available PTO and other supplemental benefits, if allowed by ER, concurrently with their PFML benefit payment not to exceed the EE's usual salary.

Key Dates/Updates:

- Covered ERs must submit a report through UI online portal detailing the quarterly wages received and hours worked for each EE.

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MINNESOTA

Paid Family and Medical Leave Program:

Payroll Deduction Effective 1/1/2026 | Benefits Effective 1/1/2026

Key Dates/Updates:

- Small ERs (30 or fewer) and less than \$3 million in gross annual revenue may be eligible for state grants to operate Paid Leave.
- ERs must notify EEs about MN Paid Leave benefits by December 2025 in paper or electronic format.

Official Site:

- [Paid Family and Medical Leave](#)

Legislation:

- [HF2 \(Family and Medical Leave Act\)](#)

NEW HAMPSHIRE

NH Paid Family & Medical Leave (NH PFML): Benefits Effective 1/1/2023

Covered Employers

Public ERs (e.g., municipalities) and private ERs with a physical location in NH can participate on a voluntary basis. Mandatory for the state of NH.

Individuals who are employed by private ERs not offering NH PFML coverage under the state plan or a comparable leave program may choose to purchase NH PFML coverage through the individual pool. Nonparticipating large ERs (50+ NH EEs) must collect premium payments through payroll deductions for any EEs who have elected individual NH PFML coverage. All ERs must assist with the claims process for any EEs who have elected individual coverage.

Funding for the Program

Private sector and non-state public ERs can choose to provide NH PFML on a contributory or partially contributory basis, or at no cost to their EEs.

Eligibility to Take Leave

NH EEs working for a participating ER; NH EEs who have purchased NH PFML individual coverage.

Qualified Reasons for Leave

- EE's own non-work-related serious health condition (e.g., illness, injury, pregnancy, childbirth recovery)
- For an eligible EE to:
 - Bond with a new child (by birth, adoption, or fostering) during the first 12 months after the child's birth or placement
 - Care for a family member with a serious health condition
 - Support a family member's qualifying military exigency leave, or to care for a service member's serious illness or injury

Qualifying Family Members

Child (including biological, adoptive, foster, stepchild, legal ward, or child of a person standing in loco parentis), **child's spouse or domestic partner**, spouse or **domestic partner**, parent, **grandparent**, and **next of kin*** (limited to military caregiver leave). (For a full list of family definition, see [here](#).)

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

- 60% of EE's average weekly wage capped at 60% of Social Security taxable income limit

Maximum Benefits Duration

- ERs can choose to offer 6 or 12 total weeks of paid leave

Waiting Period

- There is a one-time, 7-month waiting period only for individual plans; ERs may choose to add a waiting period as part of their policy
- Leave can be taken continuously or in partial day increments, not less than 4 hours

Job Protection & Health Plan Continuation Requirements

- ERs with 50+ EEs: Must continue health insurance
- ERs with <50 EEs: Not included
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA for the same qualified reasons

Plan Options

The state contracted with MetLife to provide and administer the paid leave benefit.

- Other insurers may seek approval to provide NH PFML benefit plans; however, ERs that purchase NH PFML from other insurers are not qualify for the Business Enterprise Tax (BET) credit
- ERs can self-insure equivalent benefit coverage but would not qualify for the BET credit

Coordination with Other Benefits

If an EE qualifies for STD, they will not qualify for NH PFML for the same days.

Key Dates/Updates:

- ERs remit NH PFML premiums to MetLife on either a monthly or quarterly basis based on ER preference

Official Site:

- [NH PFML](#)
- [Employer Toolkit](#)

Legislation:

- 2021 Ch.91, HB2. [New Hampshire House Bill 2](#)

NEW JERSEY

Temporary Disability Insurance (TDI) and Family Leave Insurance (FLI):

TDI Effective 1948 | FLI Effective 2009

Covered Employers

All private sector and some public sector ERs with at least one EE working in NJ.

Note: Local governments, including school districts, are not required to participate in TDI but must participate in FLI.

Funding for the Program

FLI is 100% EE paid. Contributions to TDI are generally split between ER and EE as a percentage of the EE's wages, capped at the state's EE taxable wage base.

FLI

- 0.09%/\$145.26 annual max (2024); 0.33%/\$545.82 annual max (2025)

TDI

- EE: Waived (2024); 0.23%/\$380.42 annual max (2025)
- ER: 0.10% to 0.75%/\$42.30 to \$317.25 max (2024); 0.10% to 0.75%/\$43.30 to \$324.75 max (2025)

Eligibility to Take Leave

EEs must have worked at least 20 weeks, earning at least \$283/week (2024); \$303/week (2025) or have earned a combined total of \$14,200 (2024); \$15,200 (2025) in the "base year" in NJ. The base year is the first 4 of the last 5 completed calendar quarters prior to the leave request.

Qualified Reasons for Leave

TDI

- EE's own non-work-related serious health condition (e.g., illness, injury, pregnancy, childbirth recovery)
- EE's needs as a victim of domestic or sexual violence
- EE to serve as a bone marrow or organ donor

FLI

- For an eligible EE to:
 - Bond with a new child (by birth, adoption, or fostering) with one year of birth/placement
 - Care for a family member with a physical or mental condition, including one that is due to COVID-19
 - Handle certain matters when an EE's family member is a victim of domestic or sexual violence

Qualifying Family Members

Spouse, **domestic partner**, children (biological, foster, step-children, **domestic partner's children**), parents, **parents-in-law, grandchildren, grandparents, siblings, any blood relative, and any loved one who is the equivalent of family.**

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

Applies to both TDI/FLI:

- 85% of the EE's average earnings up to the max weekly benefit rate set for that calendar year
- Max weekly benefit is \$1,055 (2024); \$1,081 (2025)

Maximum Benefits Duration

- TDI: 26 weeks or the length of leave that equals 1/3 of total wages in base year, whichever is less
- ERs may permit EEs to return to work on a reduced schedule following 7 days of total disability; partial disability benefits are available for up to 8 weeks (12 weeks with qualified healthcare orders)
- FLI: 12 weeks (84 days) of continuous leave or 8 weeks (56 days) of intermittent leave, taken in full-day increments, during a 12-month period (max 12 weeks in a 12-month period for all leaves)

Waiting Period

- TDI: 7 days (waived for organ or bone marrow donation)
- FLI: None

Job Protection & Health Plan Continuation Requirements

- Generally not included, except job protection provisions for organ donation
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA and/or NJ Family Leave Act or SAFE Act for the same qualified reasons

Plan Options

- State-administered
- Private plan (fully insured or self-insured)

Coordination with Other Benefits

TDI and FLI benefits are not payable for any period when EE receives full pay from ER. ERs that separate mandatory NJ Earned Sick Leave from PTO can require EEs to exhaust PTO before receiving TDI benefits. For FLI, ERs cannot require EEs to use accrued PTO before receiving FLI benefits, but EEs can choose to do so.

Key Dates/Updates:

- ERs must display TDI/FLI posters in the workplace and provide written notice of TDI/FLI when an EE is hired, requests information, or notifies ER of their need for leave. Model notices/posters available [here](#).

Official Sites:

- [NJ Main Site for TDI & FLI](#)
- [TDI FLI What HR & ERs Need to Know](#)

NEW YORK

Disability Benefits Law (DBL) and Paid Family Leave (PFL): DBL Effective 1949 | PFL Effective 1/1/2018

Covered Employers

All private ERs with at least one EE working in NY. NY public ERs may opt in voluntarily.

Funding for the Program

Contributions to DBL are generally split between ER and EE. PFL is 100% EE-paid as a percentage of wages, capped at the state average weekly wage.

DBL

- EEs contribute 0.5% of wages up to \$0.60/week; ERs pay the balance

PFL

- 0.388% wages to \$354.53/year max (2025)
- 0.432% wages to \$411.91/year max (2026)

The max annual NY PFL contribution resets with new employment

Eligibility to Take Leave

DBL

- EEs must work for 4 consecutive weeks of covered employment; such employment need not be with the same ER
- EEs become eligible on the 25th day of regular NY employment unless eligibility was previously satisfied

PFL

- EEs who work 20+ hours/week become eligible after 26 consecutive weeks of employment
- EEs who work <20 hours/week become eligible after 175 days of work (days do not need to be consecutive; no hour limit on a "day" worked)

Qualified Reasons for Leave

DBL

- EE's own non-work-related serious health condition (e.g., illness, injury, pregnancy, childbirth recovery)

PFL

- For an eligible EE to:
 - Care for a family member with a serious health condition
 - Bond with a new child (by birth, adoption, or fostering) within one year of birth/placement
 - Care for a military family member injured during active duty or to provide support for family members when deployed abroad on active military duty

Qualifying Family Members

Spouse, **domestic partner**, child/stepchild, parent/stepparent, **parent-in-law**, **grandparent**, **grandchild**, **biological and adopted siblings**, **half-siblings** and **step-siblings**.

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

- DBL: 50% of EE's weekly wage up to \$170
- PFL: 67% of EE's average weekly wage capped at the state average weekly wage
- Max weekly benefit is \$1,177.32 (2025); \$1,228.53 (2026)

Maximum Benefits Duration

- DBL: 26 weeks
- PFL: 12 weeks
- Total of DBL and PFL leaves in any 52-week period may not exceed 26 weeks
- PFL can be taken continuously or intermittently in full-day increments

Waiting Period

- DBL: 7 days
- PFL: None

Job Protection & Health Plan Continuation Requirements

- DBL: Not included
- PFL: Both included
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA for the same qualified reasons

Plan Options

- Private plan (fully insured or self-insured), including through the NY State Insurance Fund

Coordination with Other Benefits

ERs cannot require EEs to use PTO prior to or alongside PFL. It is up to the ER to determine how PFL works with their other parental leave policies.

DBL and PFL cannot run concurrently. In cases of maternity and bonding leave, the leaves run consecutively at the discretion of the EE.

Key Dates/Updates:

- NY PFL rates are determined by the state DFS and announced annually by September 1 to take effect the following January 1.

Official Sites:

- **NY PFL:** [New York Paid Family Leave](#)
- **NY DBL:** [New York Disability Benefits](#)

OREGON

Paid Family & Medical Leave Insurance (PFMLI) (aka Paid Leave Oregon): Benefits Effective 9/3/2023

Covered Employers

All private and public ERs with at least one EE working in OR. Tribal government ERs and self-employed individuals may opt in voluntarily.

Funding for the Program

Contributions generally split between ER and EE. Total contribution not to exceed 1% of the EE's wages, capped at the Social Security taxable income limit.

- ERs with 25+ EEs:
 - EEs contribute 60%; ERs contribute 40% of the total rate
- ERs with <25 EEs:
 - EEs contribute 60% of the total rate; ER contribution not required
 - If small ER voluntarily contributes, may apply for a grant in certain scenarios. For additional information, see [here](#).

Note: See the state's [instruction sheet](#) for details on how to count the EE threshold annually, which is a process similar to EE counts for Unemployment Insurance.

Eligibility to Take Leave

EEs must have earned at least \$1,000 in OR wages during the base year (first 4 of the last 5 completed calendar quarters) or alternate base year (last 4 completed calendar quarters) preceding the benefit year.

Qualified Reasons for Leave

- EE's own non-work-related serious health condition (e.g., illness, injury, pregnancy, childbirth recovery; but also organ, body part, or tissue donation leave)
- Safe leave for EE or EE's minor child as a victim of domestic violence, stalking, or sexual assault
- For an eligible EE to:
 - Care for a family member with a serious health condition
 - Bond with a new child (by birth, adoption, or fostering) within one year of birth/placement

Qualifying Family Members

Spouse, **domestic partner**, child/stepchild (**any age**), parent and **parent-in-law**, **grandparent**, **grandchild**, **sibling**, "**any individual related by blood or affinity whose close association with a covered individual is the equivalent of a family relationship.**" (For the full definition of eligible "family members," see [here](#).)

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

- 100% of wages that do not exceed 65% of the state average weekly wage; plus
- 50% of wages that exceed 65% of the state average weekly wage
- Max weekly benefit is 120% of the state average weekly wage, adjusted each July (\$1,636.56 effective 7/6/2025)

Maximum Benefits Duration

- Generally, 12 weeks for all combined covered leave reasons in a benefit year
 - An additional 2 weeks of PFMLI leave may be available for pregnancy and childbirth related circumstances
 - An additional 4 weeks of unpaid, job-protected leave may be available under the OR Family Leave Act (OFLA)
- Total leave cannot exceed 18 weeks in a benefit year (14 paid, 4 unpaid)
- Leave can be taken continuously or intermittently in prorated, full-day increments

Waiting Period

- None

Job Protection & Health Plan Continuation Requirements

- Job protection included if EE worked for ER for at least 90 days before taking leave
- ERs must maintain any healthcare benefits the EE had prior to taking leave
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA and/or OFLA for the same qualified reasons

Plan Options

- State-administered
- Private plan (fully insured or self-insured) (aka, "equivalent plan")

Coordination with Other Benefits

EEs can use accrued PTO to supplement Oregon paid leave benefits.

Paid Leave Oregon and OFLA cannot be taken concurrently (effective 7/1/2024). OFLA applies to ERs with 25+ EEs in OR.

Key Dates/Updates:

- ERs with private plans need to annually apply for reapproval from the state within 30 days before the anniversary date of the initial effective date (generally early August) through the Frances Online portal for the first three years.
- Paid Leave Oregon announces premium rates and max weekly benefit amounts by each November 15 to take effect the following January 1.

Official Sites:

- [Oregon Paid Family and Medical Leave Insurance](#)
- [Employer Toolkit](#)
- [Common Questions about Paid Leave Oregon](#)

RHODE ISLAND

Temporary Disability Insurance (TDI) and Temporary Caregiver Insurance (TCI): TDI Effective 1942 | TCI Effective 7/11/2013

Covered Employers

All private and some public ERs with at least one EE working in RI.

Funding for the Program

100% paid by EEs; TDI and TCI combined:

7/1/2024 rate: 1.2% of EE's first \$87,000 in earnings (max \$1,044)

7/1/2025 rate: 1.3% of EE's first \$89,200 in earnings (max \$1,159.60)

Eligibility to Take Leave

EEs must have worked for RI-covered ER and earned the following base period wages:

- At least \$16,800 (7/1/2024); \$18,000 (7/1/2025) or
- One quarter of at least \$2,800 (7/1/2024); \$3,000 (7/1/2025) with total base period earnings of at least 1.5 times the highest quarter earnings and a minimum of \$5,600 (7/1/2024); \$6,000 (7/1/2025)

The base period is the first 4 of the most recently completed 5 calendar quarters or (if needed to establish eligibility) the last 4 completed calendar quarters immediately preceding the EE's benefit year.

Qualified Reasons for Leave

TDI (medical leave)

- EE's own non-work-related illness or injury, including pregnancy, childbirth recovery, or pregnancy loss

TCI (family leave)

For an eligible EE to:

- Bond with new child (by birth, adoption, or fostering) within one year of birth/placement
- Care for family member with serious health condition

Qualifying Family Members

Spouse, **domestic partner**, child, parent and **parent-in-law**, **grandparent**, **grandchild**.

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

Applies to both TDI/TCI:

- 4.62% of the wages paid in the highest quarter of the EE's base period
- Max weekly benefit is adjusted each July 1: \$1,070 (7/1/2024); \$1,103 (7/1/2025)

Additionally, if an EE has dependent children under 18 years of age or incapacitated children over 18, the EE may be entitled to

a dependency allowance. The dependency allowance is limited to five dependents and is equal to the greater of \$10 or 7% of an EE's benefit rate. The max weekly benefit amount with max five dependents is \$1,444 (7/1/2024); \$1,489 (7/1/2025).

Maximum Benefits Duration

- TDI: 30 weeks in any benefit year
- TCI: 6 weeks
- Combined RI TDI and TCI leaves cannot exceed 30 weeks

Waiting Period

- No waiting period but must be out of work for a qualifying reason for a minimum of 7 days

Job Protection & Health Plan Continuation Requirements

- Health continuation provisions not included
- Upon return from TCI leave, ERs must offer EEs a comparable position, with the equivalent seniority, status employment benefits, pay, and other terms and conditions including fringe benefits
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA and/or RI Parental and Family Medical Leave Act for the same qualified reasons. RI Parental Leave and Family Leave Act requirement applies to private ERs with 50+ EEs working in RI and some local and state ERs. Covered ERs must provide eligible EEs up to 13 weeks of parental leave or family leave in any consecutive two calendar years.

Plan Options

State-administered program only; no private plan option available.

Coordination with Other Benefits

EEs can be compensated salary, sick and/or vacation pay while receiving the TDI/TCI benefits if unable to work due to illness or non-work-related injury, caregiver, or bonding.

Key Dates/Updates:

- Covered ERs must display the required poster in the workplace. Model poster available [here](#).

Official Sites:

- [Rhode Island TDI and TCI for Employers](#)
- [TDI Quick Reference Chart](#)

VERMONT

VT Family and Medical Leave Insurance Plan (VT FMLI):

Effective 7/1/2024 (public ERs and private ERs), 7/1/2025 (individual EEs, self-employed individuals)

Covered Employers

Public ERs (e.g., municipalities) and private ERs with two or more EEs in VT can participate on a voluntary basis.

Note: Individuals who are employed by private ERs not offering VT FMLI coverage under the state plan or a comparable leave program may choose to purchase VT FMLI coverage through the individual pool.

Funding for the Program

Plans will be separately underwritten by the Hartford.

Eligibility to Take Leave

All VT EEs who work for a covered ER and VT EEs who opt into individual coverage.

Qualified Reasons for Leave

- EE's own non-work-related serious health condition that prevents EE from performing their job (e.g., illness, injury, pregnancy, childbirth recovery)
- For an eligible EE to:
 - Care for a family member with a serious health condition
 - Bond with a new child (by birth, adoption under the age of 16, or fostering) during the first 12 months after the child's birth or placement
 - Attend to a qualifying military exigency or to care for a covered service member with a serious injury or illness if the eligible EE is the service member's spouse, child, parent, or next of kin (i.e., military caregiver leave)

Qualifying Family Members

Spouse, **partner in a civil union**, child, stepchild, foster child, ward who lives with the EE, parent or **parent-in-law**.

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

Benefits payable for at least 60% of EE's average weekly wage up to the Social Security taxable income limit. More generous voluntary coverage options may be offered.

Maximum Benefits Duration

Up to 26 weeks of combined leave per 12-month period may be available under voluntary coverage options.

Waiting Period

- Medical leave: 7 calendar days
- Family leave: None

Job Protection & Health Plan Continuation Requirements

- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA for the same qualified reasons

Plan Options

- Private plan (fully insured or self-insured) administered by the state's contracted insurer, the Hartford

Coordination with Other Benefits

- ERs have flexibility to determine how FMLI and existing benefits coordinate.

Key Dates/Updates:

- [Hartford VT Voluntary PFML Insurance](#)
- Regulations and/or operational guidance will be added as available by the state of VT.

Official Sites:

- [Office of Governor Scott, Announcement](#)
- [The Hartford VT FMLI](#)

WASHINGTON

Paid Family & Medical Leave (PFML): Effective 10/19/2017

Covered Employers

All private ERs and some public ERs with at least one EE working in WA.

Funding for the Program

Contributions generally split between ER and EE as a percentage of the EE's wages, capped at the Social Security taxable income limit.

2025 rate: 0.92%

2026 rate: TBD

- ERs with 50+ EEs:
 - 2025: EEs contribute 71.52% and ERs contribute 28.48% of total premium
 - TBD
- ERs with <50 EEs:
 - 2025: EE contribute 71.52%; ER contribution not required
 - 2026: TBD

Note: The 50-EE threshold is based on EEs in WA.

Eligibility to Take Leave

EEs must have worked for the same or any ER at least 820 hours in the first 4 of the last 5 completed calendar quarters, or in the last 4 completed calendar quarters immediately preceding the application for leave.

Qualified Reasons for Leave

- EE's own non-work-related serious health condition (e.g., illness, injury, pregnancy)
 - Postnatal period of 6 weeks following birth is covered under medical leave unless the EE chooses to take it under family leave instead
- For an eligible EE to:
 - Care for a seriously ill family member
 - Bond with a new child (by birth, adoption, or fostering) under the age of 18
 - Take bereavement leave (7 days) for death of an unborn child or child who dies within 12 months of birth or adoption
 - Support a family member's qualified military exigency

For more information, see state guidance [here](#).

Qualifying Family Members

Spouse, **domestic partner**, child (biological, adopted, foster, stepchild, legal guardian), parents (and legal guardians), **parent-in-law, grandparents (or spouse's grandparents), grandchildren, siblings, child's spouse**, and **someone who has an expectation to rely on an EE for care, whether or not the EE lives with the dependent individual**.

*Note: Relationships in **bold** are not recognized under federal FMLA.*

Maximum Benefits Amount

- 90% of wages that do not exceed 50% of the state average weekly wage; plus
- 50% of the difference between the EE's average weekly wage and 50% of the state average weekly wage
- Max weekly benefit is 90% of the state average weekly wage (\$1,542 in 2025; \$1,647 in 2026)

Maximum Benefits Duration

- 12 weeks of medical leave or family leave
- 16 weeks of combined medical and family leave for more than one qualifying event within the same year
- 18 weeks of combined medical and family leave for a condition in pregnancy or birth that results in incapacity
- 7 calendar days of bereavement leave for death of a new child
- Leave can be taken continuously or intermittently

Waiting Period

- 7 consecutive calendar days beginning with the Sunday of the first week an eligible EE starts taking PFML
- A waiting period does not reduce the max duration of an EEs available PFML
- Waiting period does **not** apply to bonding leave, medical leave during postnatal period, military exigency, and bereavement defined under the family leave qualifying reason

Job Protection & Health Plan Continuation Requirements

- Both included for ERs with 50+ EEs and for EEs who worked for ER for at least 12 months and for at least 1,250 hours in the year before the first day of paid leave
 - ER can deny job restoration for certain highly paid employees or upon showing that job would not have existed upon return from leave
- Not included for ERs with under 50 EEs
- Unpaid job- and benefit-protected leave may be available and run concurrently through federal FMLA for the same qualified reasons

Plan Options

- State-administered
- Private plan ("voluntary plan")
 - ER can set up a voluntary plan for family leave, medical leave, or both; must apply to and receive approval from the state

Coordination with Other Benefits

ERs can provide additional benefits ("supplemental benefits") to EEs on top of the state's PFML benefits (e.g., additional baby bonding time or replacement for lost wages while on leave). WA PFML also allows EEs to receive STD benefits to supplement WA PFML benefits at the same time; ERs must review STD coordination of benefit terms. ERs cannot require EEs to use other leave before using WA PFML.

Official Site:

- [Washington Paid Family and Medical Leave](#)

About PPI: PPI Benefit Solutions combines seasoned expertise with cutting-edge technology to deliver comprehensive, cost-effective solutions that simplify benefits administration for small and mid-sized employers. Our commitment to excellence is reflected in innovative services and collaborative partnerships with carriers and brokers. Together, we foster a dynamic benefits ecosystem that reduces administrative burden, drives business growth, and supports long-term organizational resilience. For more information, visit ppibenefits.com.