



# STATE OF THE STATES

## PAID FAMILY AND MEDICAL LEAVE (PFML) OVERVIEW

Prepared by **FullscopeRMS®** | Q1 2024

## STATE OF THE STATES

### State-Mandated Disability Insurance and Paid Family and Medical Leave (PFML) Overview

Over one-quarter of U.S. states have enacted statutory disability or PFML programs. Many of these programs are already in place while others will be rolled out over the next few years.

In general, state-mandated short-term disability programs provide partial pay replacement to workers who are ill, injured, or otherwise, become disabled. Though similar, the rules on eligibility, the amount of wage-replacement benefits, and how the statutory disability plans operate vary significantly between states.

Paid Family Leave (PFL) and its broader PFML counterpart continues to grow in popularity as more states propose, enact, and launch their own programs. PFL/PFML is intended to ease employees' financial burden when they require time off work to care for an ill family member or bond with a new child. These state PFL/PFML programs vary significantly, often with different eligibility requirements, funding mechanisms, length of available leave, percentage of wage replacement, job protection, and more.

The current State of the States is complex and evolving. This publication is intended to keep you informed about these ever-changing leave and benefit requirements.







# CALIFORNIA

State Disability Insurance (SDI) and PFL

**Covered Employer:** Employers of one or more employees with a quarterly payroll of \$100 or more. Employers of domestic employees with a quarterly payroll of \$750.

**Employee Eligibility Requirements:** Employee must have been paid \$300 in wages during the base period.

**Reason for Leave:**

- SDI: Eligible employees who are unable to do their usual work for at least eight (8) consecutive days due to any non-work-related illness, injury, or pregnancy.
- PFL: Eligible employees who take time off for a family member's qualifying military exigency or to care for a seriously ill child, spouse, parent, parent-in-law, grandparent, grandchild, sibling, or domestic partner. Benefits are also available to bond with a new child entering an employee's life by birth, adoption, or foster care placement.

**Benefit Duration:**

- SDI: Up to 52 weeks.
- PFL: 8 weeks in a 12-month period.
- Benefit Amount: The weekly benefit amount for both SDI and PFL is 60 to 70 percent (depending on income) of wages earned, up to the maximum weekly benefit amount. Weekly benefits range from \$50 to \$1,620 (2023) with an anticipated maximum weekly benefit in 2024 of \$1,698.

**Waiting Period:**

- SDI: 7 calendar days
- PFL: No waiting period

**Benefit Amount:** The weekly benefit amount for both SDI and PFL is 60 to 70 percent (depending on income) of wages earned, up to the maximum weekly benefit amount. Weekly benefits range from \$50 to \$1,620 (2024).

**Funding Mechanism:** Funding Mechanism: The state-administered plan is funded by employee contributions taken as deductions from each employee's paycheck. For 2024, the withholding rate is 1.1%, with no taxable wage limit.

**Private Plan Option:** An employer can opt-out of the state plan by providing a private plan that offers all the benefits of the state plan and exceeds the state plan benefit in at least one provision. To be approved for a voluntary plan, the employer needs the written approval from the majority of eligible employees and must post a security deposit.

**Job Protection:** None. However, another leave that provides job protection, such as FMLA or CFRA, may run concurrently with CA SDI or CA PFL.



**IMPORTANT DATES**

**January 1, 2024:** The taxable wage limit for contributions was removed, meaning high income earners will pay contributions on their entire income. In addition, the contribution withholding rate increased to 1.1%

**April 15, 2024:** Voluntary plan security worksheet due – submit to CA EDD Voluntary Plan Group.

**Note about San Francisco:** For bonding leave, the San Francisco Paid Parental Leave Ordinance (SF PPO) requires employers to pay "supplemental compensation" to employees in San Francisco so that the total of CA PFL and SF PPO equals 100% of an employee's gross weekly wage, subject to a cap.

**RESOURCES:**

<https://edd.ca.gov/en/disability/>

<https://edd.ca.gov/en/disability/paid-family-leave/>

<https://sfgov.org/olse/paid-parental-leave-ordinance>



# COLORADO

## Family and Medical Leave Insurance Program (FAMLI)

**Covered Employer:** All employers employing one or more employees in the state of Colorado, with a few exceptions.

**Employee Eligibility Requirements:** Any employee is eligible if they have worked for a covered employer and earned at least \$2,500 in wages subject to premium during the person's base period or alternative base period. Self-employed persons can elect coverage. An employee of a local government can also elect coverage where the local government has declined participation in the program.

**Reasons for Leave:** Leave reasons include:

- Bonding with the employee's newborn or newly placed child within a year of the birth, adoption, or foster care placement;
- Caring for a family member with a serious health condition;
- Employee's own serious health condition;
- Qualifying military exigency; and
- Need for safe leave.

**Benefit Duration:** The maximum available leave that can be taken for any leave reason is 12 weeks. However, an additional 4 weeks of leave is available due to a serious health condition related to pregnancy or childbirth complications. Therefore, the maximum available leave is 12 or 16 weeks. The leave maximums are available per "application year" which is measured as the 12-month period beginning on the 1st day of the calendar week in which an employee files an application for family and medical leave insurance benefits.

**Waiting Period:** None

**Benefit Amount:** Benefits are paid at 90% of the employee's average weekly wages up to 50% of the state's average weekly wage. Earnings greater than 50% of the state's average weekly wage will be paid at 50%. The maximum benefit will be set to 90% of the state average weekly wage except that for the year 2024, the maximum will be \$1,100 per week.

**Funding Mechanism:** The premium through 12/31/24 is 0.9% of each employee's wages,

up to the Social Security annual taxable wage cap of \$168,600 for 2024, with 0.45% paid by the employee and 0.45% paid by the employer. Employers with fewer than ten employees, however, do not need to pay the employer portion of the premium.

**Private Plan Option:** Employers can apply for a private plan exemption if they have a plan that confers the same rights, protections and benefits provided to the employees under the state program and does not cost employees more than the premium charged through the state program. Employers with self-insured plans must post a bond with the state. If the employer's private plan is fully insured, the policy must be issued by an insurer approved by the State's Insurance Commissioner.

**Job Protection:** Yes, after 180 days of employment with their current employer.



### IMPORTANT DATES

**January 1, 2024:** Paid family and medical leave benefits began.

**April 30, 2024:** Due date for employers to submit quarterly CO PFML premium payments and wage reports for Q1 to the state.

### RESOURCES:

<https://famli.colorado.gov/>



# CONNECTICUT

PFML

**Covered Employer:** All employers employing one or more employees in the state of Connecticut, with a few exceptions.

**Employee Eligibility Requirements:** Eligible employees must have earned at least \$2,325 from one or more employers during the highest-earning quarter of the base period and are either currently employed in CT or have been employed in the previous 12 weeks. Employees need not reside in CT to be eligible.

**Reasons for Leave:** Paid leave is available:

- for employee's own serious health condition, including pregnancy;
- for employee's organ or bone marrow donation;
- to care for a family member who has a serious health condition;
- to bond with a new child following birth, adoption, or foster placement;
- to care for a family member injured in military duty;
- for qualifying military exigencies; and
- to address family violence situations.

**Benefit Duration:** Eligible employees will be entitled to up to 12 weeks of paid family and/or medical leave in any twelve-month period. An additional two weeks of paid leave is available if medical leave is needed for pregnancy-related disability for a combined maximum of 14 weeks. Pay for family violence leave is limited to 12 days in a 12-month period and is included as part of the 12-week total of PFML benefits.

**Waiting Period:** None

**Benefit Amount:** Eligible employees can receive up to 95% of their average weekly earnings, up to a weekly maximum of 60 times the state minimum wage. Employees who earn more than 40 times the CT minimum wage will receive 60% of their wages that exceed that amount (subject to the cap). Beginning January 1, 2024, the maximum weekly benefit is 941.40.

**Funding Mechanism:** The leave program will be funded by employees through payroll deductions of 0.5% of taxable wages, up to the Social Security maximum of \$168,600 in 2024. There is no employer contribution.

**Private Plan Option:** Employers can apply for a private plan exemption if they have a plan that confers the same rights, protections, and benefits as provided under the state program and does not cost employees more than the premium charged through the state program. Employers with self-insured plans must post a bond with the state. If the employer's private plan is fully insured, the policy must be approved by the CT Insurance Department. A majority of the employees working in CT for the employer must vote in favor of a private plan.

**Job Protection:** None. However, another leave that provides job protection, such as FMLA or CT FMLA, may run concurrently with CT PFML.



## IMPORTANT DATES

**January 31, 2024:** Deadline to submit Q4 contributions.

**April 30, 2024:** Deadline to submit Q1 contributions.

## RESOURCES:

[https://ctpaidleave.org/s/?language=en\\_US](https://ctpaidleave.org/s/?language=en_US)



# DELAWARE

PFML

**Covered Employer: Employers** with 25 or more employees who worked in DE during the previous 12 months must provide all PFML coverage (i.e., parental, family caregiving, and medical leave). Employers with 10-24 employees who work in the state are subject only to the parental leave provisions. Small businesses who do not meet those thresholds may opt into the program.

**Employee Eligibility Requirements:** Employees who work at least 1,250 hours over the 12-month period prior to the start of leave and who report for work primarily at a worksite within DE are eligible.

**Reasons for Leave:** Leave reasons include:

- Parental leave: Bonding with the employee's newborn or newly placed child within a year of the birth, adoption, or foster care placement;
- Family caregiving leave: Caring for a family member with a serious health condition and leave for a qualifying military exigency;
- Medical leave: Employee's own serious health condition.
- Benefit Duration: Benefits begin January 1, 2026 as follows:
- Parental leave: Up to 12 weeks of leave in an application year (i.e., the 12-month period as defined in the FMLA);
- Family caregiving and medical leave: Up to 6 weeks in any 24-month period (combined).
- The total combined amount of leave for all allowable leave reasons is 12 weeks in an application year.

**Waiting Period:** None

**Benefit Amount:** Benefits are paid at 80% of the employee's average weekly wage during the 12 months preceding submission of the leave application. The minimum weekly benefit is \$100 and the maximum weekly benefit for 2026 and 2027 is \$900.

**Funding Mechanism:** Funding for the program will begin on January 1, 2025. An employer may, but is not required to, deduct up to 50% of the required contributions from employee wages. The contribution rates for 2025 and 2026 are:

- Parental leave benefits: 0.32% of wages
- Family caregiving leave benefits: 0.08% of wages
- Medical leave benefits: 0.4% of wages.

**Private Plan Option:** Employers can apply for a private plan exemption that provides benefits at least equal to those required under the DE PFML law. Employers may choose to have a private plan for one or more of the three leave reasons (i.e., parental, family caregiving, and medical). Private plans may be self-insured or insured through a carrier.

**Job Protection:** Yes



#### IMPORTANT DATES

**January 1 – December 31, 2024:** Period during which the number of employees for each employer will be counted to determine employer size.

**September 1 - December 1, 2024:** Application period for approval of private plans to avoid making contributions to the state program.

**January 1, 2025:** Contributions into the DE PFML program begin.

**January 1, 2026:** Benefits begin.

#### RESOURCES:

<https://labor.delaware.gov/delaware-paid-leave-is-coming/>



# DISTRICT OF COLUMBIA

PFL

**Covered Employer:** All employers with one or more employees in Washington, D.C. that also pay unemployment insurance taxes for their employees.

**Employee Eligibility Requirements:** Employees are eligible if they work for a covered employer and spend more than 50% of their work time for that employer in D.C.; or whose employment for the covered employer is based in the District and who regularly spends a substantial amount of their work time for that covered employer in the District and not more than 50% of his or her work in another jurisdiction.

**Reasons for Leave:** Eligible employees will be entitled to paid leave for the birth or placement of a child into the household, to care for a family member with a serious health condition, for an employee’s own serious health condition, and for prenatal care.

**Benefit Duration:** Eligible employees are entitled to be paid for up to the following:

- Bonding/parental leave: 12 weeks;
- Family leave to care for a family member with a serious health condition: 12 weeks;
- Medical leave for employee’s own serious health condition: 12 weeks; and
- Prenatal leave: 2 weeks .

Combined leave benefits: An employee may not take more than 12 weeks total of PFL in a 52-week period, unless the individual takes both prenatal leave (up to 2 weeks) and parental bonding leave (up to 12 weeks) for a total of 14 weeks of combined leave.

**Waiting Period:** 7 calendar days

**Benefit Amount:** Weekly benefit amounts are determined on a sliding scale based on the employee’s income, up to 90% of weekly pay with a cap of \$1,118 per week..

**Funding Mechanism:** The program is funded entirely by employers. The current contribution rate is 0.62% of worker wages. No employee contribution is allowed.

**Private Plan Option:** There is no private option for the program. The PFML program is administered by the Office of Paid Family Leave (OPFL) within the Department of Employment Services (DOES). Eligible employees apply for PFML benefits, receive their eligibility determinations, and benefit awards from OPFL. NOTE: D.C. does not permit short-term disability policies to take an offset for DC PFL benefits.

**Job Protection:** None. However, another leave that provides job protection, such as FMLA or DC FMLA, may run concurrently with DC PFML.



### IMPORTANT DATES

**January 31, 2024:** DC PFL tax contribution due date for Q4 (October 1 – December 31, 2023).

**April 30, 2024:** DC PFL tax contribution due date for Q1 (January 1 – March 31, 2024).

### RESOURCES:

<https://dcpaidfamilyleave.dc.gov/>



# HAWAII

## Temporary Disability Insurance (TDI)

**Covered Employer:** Employers who have one or more employees and employers of domestic employees with a quarterly payroll of \$225 or more.

**Employee Eligibility Requirements:** An employee must have 14 weeks of covered employment during which time the employee was paid for 20 hours or more and earned at least \$400 in the first 52 weeks prior to the day of disability. The 14 weeks need not be consecutive nor with only one employer, but the employee must be currently employed.

**Reason for Leave:** Employees who are ill and/or injured (non-work related) and unable to work for at least eight consecutive days.

**Benefit Duration:** The maximum benefit available is 26 weeks per benefit year.

**Waiting Period:** 7 calendar days.

**Benefit Amount:** Weekly benefits are 58% of the employee's average weekly wages, up to a maximum set annually by the state which is \$798/week for 2024.

**Funding Mechanism:** An employer may withhold TDI contributions of 50% of the premium cost but not more than 0.5% of an employee's weekly wage, subject to an annual wage cap, which cannot exceed \$6.87 per week during 2024.

**Private Plan Option:** Hawaii does not administer a state plan but requires that employers provide a minimum Temporary Disability Insurance (TDI) Plan, which may be insured, self-insured, or an approved collective bargaining agreement that provides sick leave & disability benefits.

**Job Protection:** None. However, another leave that provides job protection, such as FMLA or HI Family Leave Law, may run concurrently with DC PFML.



### IMPORTANT DATES

December 1, 2024: Hawaii publishes maximum weekly benefit and maximum contribution amounts for 2024.

### RESOURCES:

<https://labor.hawaii.gov/dcd/tdi-links/>





**Covered Employer:** All employers who employ at least one employee in Maine.

**Employee Eligibility Requirements:** Employees are eligible if they have earned at least six (6) times the state average weekly wage during the employee's base period.

**Reasons for Leave:** Eligible employees are entitled to paid leave for:

- Employee's own serious health condition;
- To care for a family member with a serious health condition;
- To bond with a newly born or newly adopted/placed child;
- Military caregiver leave;
- Safe leave (when employee or employee's family member has experienced violence, assault, sexual assault, stalking, or other abusive acts);
- Organ donation; and
- For qualifying military exigencies.

**Benefit Duration:** Beginning May 1, 2026, eligible employees may take up to 12 weeks of PFML in a benefit year.

**Waiting Period:**

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

**Benefit Amount:** Benefit amounts vary depending on the employee's average weekly wage, up to 90% of an employee's average weekly wage. The maximum weekly benefit will be the state's average weekly wage.

**Funding Mechanism:** Beginning January 1, 2025, contributions to the ME PFML program begin at a rate of 1% of wages up to the Social Security taxable wage limit, with contributions split between employers and employees 50/50. Employers with fewer than 15 employees can get a small business wage exclusion to lower premiums.

**Private Plan Option:** Maine will permit the use of a private employer plan that must be substantially equivalent to the benefits offered under the state's PFML program. A private plan may be fully insured or self-insured and must be approved by the Maine Department of Labor.

**Job Protection:** Yes, after 120 days of employment with the current employer.



#### IMPORTANT DATES

**January 1, 2025:** Contributions to the state PFML program begin.

**May 1, 2026:** Benefits begin.

#### RESOURCES:

<https://www.mainelegislature.org/legis/statutes/26/title26sec843.html>



**Covered Employer:** All employers who employ at least one employee in Maryland.

**Employee Eligibility Requirements:** Employees are eligible if they work at least 680 hours over the 12-months prior to the start of leave.

**Reasons for Leave:** Eligible employees are entitled to paid leave for:

- Employee's own serious health condition;
- To care for a family member with a serious health condition;
- To bond with a newly born or newly adopted/ placed child or kinship care;
- To care for a covered service member with a serious health condition resulting from military service who is the employee's next of kin; and
- For qualifying military exigencies arising out of the deployment of a service member who is a covered family member of the employee.

**Benefit Duration:** Beginning January 1, 2026, eligible employees may take up to:

- 12 weeks of PFML in an Application Year; and
- May be entitled to an additional 12 weeks of PFML if the employee uses bonding leave and medical leave for the employee's own serious health condition (clarity needed from the state).

**Waiting Period:** None

**Benefit Amount:** Benefit amounts vary depending on the employee's average weekly wage, up to 90% of an employee's average weekly wage. The minimum weekly benefit is \$50, and the maximum weekly benefit is \$1,000 for 2026.

**Funding Mechanism:** Beginning October 1, 2024, contributions to the MD PFML program begin at a rate of 0.9% of covered wages, up to the social security cap of \$168,600 in 2024, with contributions split between employers and employees 50/50. Employers with fewer than 15 employees will not be required to pay an employer contribution.

**Private Plan Option:** Maryland will permit the use of a private employer plan consisting of employer-provided benefits, insurance, or a combination of both. The private plan must be offered to all eligible employees and meet or exceed the rights and benefits offered under the state's PFML program. A private plan also must be approved by the Maryland Department of Labor.

**Job Protection:** Yes, with a few exceptions.



#### **IMPORTANT DATES**

**October 1, 2024:** Contributions to the state PFML program begin at 0.9% of covered wages.

**January 1, 2026:** Benefits begin.

#### **RESOURCES:**

[https://mgaleg.maryland.gov/2022rs/chapters\\_noln/ch\\_48\\_sb0275e.pdf](https://mgaleg.maryland.gov/2022rs/chapters_noln/ch_48_sb0275e.pdf)



# MASSACHUSETTS

PFML

**Covered Employer:** All Massachusetts private sector employers with one or more employees in the Commonwealth of Massachusetts.

**Employee Eligibility Requirements:** Employees must meet a financial eligibility requirement, earning at least \$6,300 during the last four completed calendar quarters, and at least 30 times more than weekly PFML benefits.

**Reason for Leave:** Eligible employees are entitled to paid leave for their own serious medical condition, to care for a family member with a serious health condition, to bond with a newly born or newly adopted/placed child, to care for a covered service member, or for qualifying military exigency.

**Benefit Duration:** Eligible employee may take up to:

- 20 weeks of paid medical leave for employee’s own serious health condition;
- 12 weeks of paid family, bonding, and military exigency leave; and
- 26 weeks of paid leave to care for a covered service member.

An employee may not take more than 26 weeks of combined leave in a benefit year. The “benefit year” is the 12 months preceding the Sunday immediately before leave begins.

**Waiting Period:** 7 calendar days (except there is no waiting period for bonding that is taken immediately after medical leave for childbirth).

**Benefit Amount:** Benefit amounts vary depending on the employee’s average weekly wage, up to 80% and subject to the maximum cap of \$1,149.90 in 2024. As of November 1, 2023, employees may supplement their PFML benefits with any available accrued paid time off, up to their average weekly earnings.

**Funding Mechanism:** The program will be funded by premiums paid by employees and employers. For 2024, the Massachusetts PFML contribution rate is 0.88% of an employee’s wages (employees pay 40% of the medical leave premium and

100% of the family leave premium) up to the Social Security taxable wage base of \$168,600. Employers with fewer than 25 employees need not make an employer contribution.

**Private Plan Option:** Employers can apply for a private plan exemption if they have a plan that confers at least the same rights, protections and benefits as provided under the state program and does not cost employees more than the premium charged through the state program. Employers with self-insured plans must post a surety bond with the state. Employers may also purchase private plan coverage through an approved insurance carrier.

**Job Protection:** Yes.



## IMPORTANT DATES

**April 30, 2024:** Deadline to submit quarterly PFML contributions for Q1 (January 1 – March 31, 2024).

## RESOURCES:

<https://www.mass.gov/orgs/department-of-family-and-medical-leave>



# MINNESOTA

PFML

**Covered Employer:** All Minnesota employers with one or more employees in the state.

**Employee Eligibility Requirements:** Employees must meet a financial eligibility requirement, earning at least 5.3% of the state's average annual wage during the employee's base period (currently, that amounts to earning at least \$3,500 per year).

**Reason for Leave:** Eligible employees will be entitled to paid leave for their own serious medical condition, to care for a family member with a serious health condition, to bond with a newly born or newly adopted/placed child, for qualifying military exigency, and for safe leave (due to domestic abuse, sexual assault, or stalking of the employee or the employee's family member).

**Benefit Duration:** Beginning January 1, 2026, eligible employee may take up to 12 weeks of medical leave for their own serious health condition and up to 12 weeks of family leave, up to a combined maximum of 20 weeks of leave in a benefit year.

**Waiting Period:** None

**Benefit Amount:** Benefit amounts vary depending on the employee's average weekly wage, up to 90% and subject to the maximum cap of the state's average weekly wage (\$1,337 in 2024).

**Funding Mechanism:** The program will be funded by premiums paid by employees and employers, with employers required to cover at least 50% of the premiums. Beginning January 1, 2026, the employer premium rates, capped at the taxable wage limit, shall be:

- 0.7% for employers participating in both the state medical and family benefit programs;
- 0.4% for employers participating in only the state medical benefit program, with an approved private plan for the family benefit program; and

- 0.3% for employers participating in only the state family benefit program, with an approved private plan for the medical benefit program.

**Private Plan Option:** Employers can apply for a private plan exemption if they have a plan that confers at least the same rights, protections, and benefits as provided under the state program and does not cost employees more than the premium charged through the state program. The Minnesota Department of Employment and Economic Development must approve all private plans, which may be self-insured or fully insured through a carrier.

**Job Protection:** Yes, after 90 days of employment with their current employer.



## IMPORTANT DATES

**January 1, 2026:** Contributions to the state program begin AND benefits begin.

## RESOURCES:

<https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/59/>





# NEW HAMPSHIRE

PFML

**Covered Employer:** Mandatory for state employees (i.e., the State of New Hampshire as employer) but voluntary for private employers with more than 50 employees and all public non-state employers. A tax credit of 50% of premiums is provided to employers who opt-in to the program and purchase a NH PFML plan from MetLife.

**Employee Eligibility Requirements:** Employees must be designated as working for a NH employer and report wages to NH for unemployment purposes to be eligible for NH PFML coverage. For workers whose employer chooses not to offer NH PFML, individual workers may purchase PFML benefits through a purchasing pool, which includes a 7-month waiting period before benefits may begin.

**Reasons for Leave:** Paid leave may be used for: Employee's own serious health condition (when disability coverage does not apply);

- the birth or placement of a child into the household;
- to care for a family member with a serious health condition;
- for a qualifying military exigency; or
- to care for a service member with a serious injury or illness.

**Benefit Duration:** Private employers may choose a plan that provides up to six (6) weeks per year, or twelve (12) weeks per year.

**Waiting Period:** 7 calendar days

**Benefit Amount:** Eligible employees receive 60% of their average weekly wage, with the wages capped at the amount of the Social Security taxable wage maximum, which is \$168,600 for 2024.

**Funding Mechanism:** NH PFML is provided through MetLife. Employers who opt-in to the state program may get a quote from MetLife and either may pay for the full premiums for their employees or use payroll deduction for contributory payments from employees. Procedures for employers to remit premiums to the state fund must be determined.

**Private Plan Option:** Private employers who opt-in to the state program may contract directly with MetLife and get a tax credit equal to 50% of the NH PFML insurance premium. Employers also may choose to provide other PFML insurance approved by the New Hampshire Department of Insurance or provide PFML benefits through an equivalent self-insured benefit plan.

**Job Protection:** None. However, another leave that provides job protection, such as FMLA, may run concurrently with NH PFML.



## IMPORTANT DATES

**January 29, 2024:** Deadline for open enrollment for individuals opting into NH PFML for the year.

## RESOURCES:

<https://www.paidfamilymedicalleave.nh.gov/>



# NEW JERSEY

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

**Covered Employer:** All private sector employers subject to the New Jersey Unemployment Compensation law.

**Employee Eligibility Requirements:** Employees must work 20 calendar weeks and for 2023, have earned a minimum of \$283 weekly, or have earned a combined total of \$14,200 in the period consisting of the first four of the last five completed quarters preceding the first day of disability.

**Reason for Leave:**

- TDI: Eligible employees are entitled to paid leave when they are unable to work due to a non-work-related illness, injury, or other disability, including pregnancy.
- FLI: Eligible employees are entitled to family leave to care for a newly born or newly placed child and to care for family member with a serious health condition. Family care leave can also be used to care for eligible family members who are victims of domestic and sexual violence.

**Benefit Duration:**

- TDI: 26 weeks or the period necessary for benefits to equal 1/3 of total wages in base year, whichever is the lesser.
- FLI: 12 consecutive weeks or 56 intermittent days during a 12-month period beginning with the first date of the claim.

**Waiting Period:**

- TDI: 7 calendar days (but those 7 days become payable if the claimant is eligible for benefits for three or more consecutive weeks after the waiting period and the claimant has not been paid by the employer).
- FLI: None

**Benefit Amount:** TDI and FLI: Up to 85% of employee's average weekly wage. The maximum weekly benefit amount for 2024 is \$1,055.

**Funding Mechanism:** The TDI program historically has been funded by premiums paid by both employees and employers while the FLI program is funded 100% by employee payroll deduction.

- TDI: For 2024, there will be no NJ TDI worker contribution deductions for the calendar year. Employers contribute between \$42.30 and \$317.25 on the first \$42,300 earned by each employee during the 2024 calendar year.
- FLI: For 2024, the maximum employee contribution rate will be 0.09% of the annual taxable wage base of \$161,400, with a maximum annual contribution rate of \$145.26.

**Private Plan Option:** Employers can choose the state plan or an insured or self-insured plan, which must at least equal the provisions of the state plan.

**Job Protection:** None. However, another leave that provides job protection, such as FMLA or New Jersey Family Leave Act, may run concurrently with NJ TDI/FLI.



**IMPORTANT DATES**

April 30, 2024:Deadline to submit NJ FLI contributions to the state for Q1 (January 1 – March 31, 2024).

**RESOURCES:**

<https://nj.gov/labor/myleavebenefits/>



# NEW YORK

## Disability Benefits Law (DBL) and PFL

**Covered Employer:** Employers who have one or more employees in New York for at least 30 days in any calendar year.

**Employee Eligibility Requirements:**

- DBL: Employees who work 4 consecutive weeks of covered employment are eligible for benefits.
- PFL: employee must have been employed by a covered employer for 26 or more consecutive weeks (or 175 days of employment for part-time employees).

**Reason for Leave:**

- DBL: employee who cannot work due to an illness that was not caused by their job or a disability from a non-occupational injury.
- PFL: Paid family leave to bond with a newly born or newly placed child, to care for family member with serious health condition, or for a qualifying exigency arising out of spouse, domestic partner, child or parent being on active duty (or having been notified of an impending call or order to active duty).

**Benefit Duration:**

- DBL: 26 weeks within 52-week period.
- PFL: 12 weeks.
- The maximum length for DBL & PFL benefits combined cannot exceed 26 weeks in a consecutive 52-week period.

**Waiting Period:**

- DBL: 7 calendar days
- PFL: None

**Benefit Amount:**

- DBL: 50% of an employee’s average weekly wage based on the previous 8 weeks of earnings. Eligible employees will receive at least \$20 per week and no more than \$170 per week.
- PFL: 67% 67% of a worker’s average weekly wage not to exceed 67% of the state average weekly wage of \$1,718.15 in 2024). The maximum weekly benefit for 2024 is \$1,151.16.

**Funding Mechanism:** DBL and PFL are funded through employee wage deductions.

- DBL: Employee contribution is 0.5% of weekly taxable wage base of \$120.00, not to exceed \$0.60 per week. Employers pay the balance of plan cost.
- PFL: For 2024, the contribution rate for PFL will decrease to 0.373% of the employee’s gross annualized wages capped at \$89,343.80. This will lower the 2024 maximum annual contribution rate per employee for PFL to \$333.25.

**Private Plan Option:**

- DBL: An employer can self-insure, insure the benefits through the NY State Insurance Fund (NYSIF), or insure the benefits through a private insurance carrier.
- PFL: An employer can purchase PFL coverage from a private insurer or through NYSIF. An employer can self-insure PFL if they are currently self-insured for DBL.

**Job Protection:**

- NY DBL: None. However, another leave that provides job protection, such as FMLA or certain state laws, may run concurrently with NY DBL.
- NY PFL: Yes



**IMPORTANT DATES**

No important dates to make note of at the time of this publication.

**RESOURCES:**

<https://paidfamilyleave.ny.gov/>



# OREGON

PFML

**Covered Employer:** All private sector employers with one or more employees in the state of Oregon.

**Employee Eligibility Requirements:** During the base year or alternative base year, must have earned at least \$1,000 in wages and paid into the Paid Family and Medical Leave Insurance Fund.

**Reason for Leave:** Eligible employees are entitled to leave:

- for the employee’s own serious health condition;
- to care for a family member with a serious health condition;
- for bonding with a new child (birth, adoption, or foster placement); and
- for matters related to domestic violence, harassment, sexual assault, or stalking.

**Benefit Duration:** Eligible employees in Oregon are entitled to 12 weeks of paid leave. Women with pregnancy related medical conditions may take two extra weeks for a total of 14 weeks of paid leave.

**Waiting Period:** None

**Benefit Amount:** Employees who earn 65% of the state average weekly wage or less will be paid 100% of their average weekly wage. Employees who make greater than 65% of the state average weekly wage will be paid 65% of the state average weekly wage plus 50% of the employee’s average weekly wage that exceeds 65% of the state average weekly wage. The maximum weekly benefit is capped at 120% of the state average weekly wage, or \$1,523.63 for 2024.

**Funding Mechanism:** The cost of the program is shared by employers and eligible employees. For 2023, the contribution rate is 1% of the employee’s wages, up to the Social Security taxable wage limit of \$168,600. Employers with 25 or more employees will contribute 40% of that premium and will collect 60% (of that 1%) through a payroll deduction from employee wages. Employers with fewer than 25 employees are not required to contribute the employer 40% (though are “encouraged” to do so).

**Private Plan Option:** Employers may apply to have an approved equivalent plan to replace the State Plan. The equivalent plan must be equivalent to the states’ Program and may be either fully insured or self-insured.

**Job Protection:** Yes, after 90 days of employment with their current employer (with a few exceptions for small employers).



## IMPORTANT DATES

No important dates to make note of at the time of this publication.

## RESOURCES:

<https://paidleave.oregon.gov/>





# RHODE ISLAND

## Temporary Disability Insurance (TDI) and Temporary Caregiver Insurance (TCI)

**Covered Employer:** All private sector employers with one or more employees in the state of Rhode Island.

**Employee Eligibility Requirements:** Employee must have been paid wages in Rhode Island of at least \$16,800 in the base period and paid into the TDI/TCI fund. Alternately, employees qualify if they earned at least \$2,800 in a quarter of their base period, their total base period taxable wages were at least 150 percent of their highest quarter of earnings, and their taxable wages during their base period are \$5,600 or more.

**Reason for Leave:**

- TDI: Eligible employees are entitled to TDI when they have been unable to work for at least 7 days due to a non-job-related illness or injury.
- TCI: Eligible employees are entitled to family leave to bond with newly born or newly placed child, or to care for family member with serious health condition.

**Benefit Duration:**

- TDI: 30 weeks in any benefit year.
  - TCI: Up to six (6) weeks in a benefit year
- The combined maximum benefit for both TDI and TCI is 30 weeks in a benefit year.

**Waiting Period:** None

**Benefit Amount:** The average weekly benefit rate is 4.62% of wages paid during the highest quarter of worker's base period. For 2024, the minimum weekly benefit is \$130, and the maximum is \$1,043 per week. The benefit increases if the employee has dependents. The maximum dependents allowance is the greater of \$10 per dependent or 7% of the weekly benefit rate (up to five dependents) and the maximum weekly benefit with up to five dependents is \$1,408.

**Funding Mechanism:** TDI and TCI benefits are funded through employee contributions. For 2024, the withholding rate is 1.2% of worker's first \$874,000 in wages. The maximum annual employee contribution is \$1,044.

**Private Plan Option:** There is no private plan option in Rhode Island. The Rhode Island Department of Labor and Training administers TDI and TCI. Eligible employees will apply for benefits, receive their eligibility determinations, and benefit awards from the state of Rhode Island.

**Job Protection:** None. However, another leave that provides job protection, such as FMLA or RI Parental & Family Medical Leave Act, may run concurrently with RI TDI/TCI.



**IMPORTANT DATES**

**July 1, 2024:** Annual updates to benefits become effective.

**RESOURCES:**

<https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance>



# VERMONT

## FMLI (Paid Family and Medical Leave Insurance)

**Covered Employer:** Voluntary PFML program rolled out in three phases:

- Phase 1: Employees of the State of Vermont; benefits begin July 1, 2023;
- Phase 2: Private employers and non-state public employers with two or more employees; benefits begin July 1, 2024;
- Phase 3: Small employers with one employee and eligible individual employees; benefits begin July 1, 2025.

**Employee Eligibility Requirements:** No employee eligibility requirements have been published.

**Reasons for Leave:** Paid leave may be used for: Employee's own serious health condition;

- the birth, adoption, or placement from foster care of a child within one year of birth/ placement;
- to care for a family member with a serious health condition;
- for a qualifying military exigency; or
- to care for a service member with a serious injury or illness.

**Benefit Duration:** Up to six (6) weeks in a 12-month period.

**Waiting Period:**

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

**Benefit Amount:** Up to 60% of the employee's average weekly wages, capped at the Social Security taxable wage maximum.

**Funding Mechanism:** VT PFML is provided through The Hartford. Employers who opt-in to the voluntary program may get a quote from The Hartford or their benefits brokers to select from a number of plan options. Premium payments will be made directly to The Hartford.

**Private Plan Option:** Private employers who opt-in to the voluntary program may contract directly with The Hartford. Because the VT FMLI program is voluntary for private employers, employers also may choose to provide alternative benefits on their own.

**Job Protection:** None. However, another leave that provides job protection, such as FMLA or VT Parental and Family Leave laws, may run concurrently with VT PFML.



### IMPORTANT DATES

**July 1, 2024:** Benefits begin for private and non-state public employers with two or more employees on a voluntary basis.

**July 1, 2025:** Benefits begin for small employers with one employee on a voluntary basis and eligible individual employees who opt in.

### RESOURCES:

<https://legislature.vermont.gov/Documents/2024/Docs/BILLS/H-0066/H-0066%20As%20passed%20by%20the%20House%20Official.pdf>



# WASHINGTON

PFML

**Covered Employer:** All public and private employers with one or more employees in the state of Washington.

**Employee Eligibility Requirements:** Must have worked for at least 820 hours during the qualifying period for one or more employers in Washington. Reason for Leave: Eligible employees are entitled to paid leave for their own serious health condition, bonding with newly born or placed child, to care for family member with serious health condition, for a qualifying exigency arising out of family member being on active duty (or having been notified of an impending call or order to active duty), or for the loss of a newborn or newly adopted/placed child (within a year of the child's death).

**Benefit Duration:** Eligible employees are entitled to use up to 12 weeks of paid leave to be used for either their own medical condition or for family care. An employee may take an additional two weeks of leave if needed because of incapacity due to pregnancy-related condition, for up total of 14 weeks of medical leave. Child bereavement leave is up to 7 calendar days. An employee cannot take more than 16 weeks of combined leave for their own serious health condition and family leave (18 if leave is needed due to pregnancy-related incapacitation) of paid leave a year.

**Waiting Period:** Up to 7 calendar days (Benefits start the Sunday after the first day of leave.) The waiting period does NOT apply to leaves taken for bonding, medical leave taken during the postnatal period, military exigency, and child bereavement.

**Benefit Amount:** For workers paid 50% or less of the statewide average weekly wage (AWW), the weekly benefit rate is 90% of the worker's AWW. For workers paid more than 50% of the statewide AWW, the weekly benefit rate is 90% of the employee's AWW up to 50% of the statewide AWW. For 2024, the maximum weekly benefit is \$1,456.

**Funding Mechanism:** For 2024, the total premium rate is 0.74% of the worker's first \$168,600 in

wages. The medical leave premium is 2/3 of that rate and the family leave premium is 1/3. The employee is responsible for all of the family leave premium. Therefore, employers pay up to 28.57% and employees pay 71.43% of the total premium.

**Private Plan Option:** Employers are able to apply for a private plan exemption for either paid family leave, paid medical leave, or both if their plan provides benefits that are greater than or equal to the benefits provided by the state PFML program. The state must approve all voluntary plans. A plan's effective date will be the first day of the quarter following state approval.

**Job Protection:** Yes, after 12 months of employment with their current employer and has worked 1,250 hours in the year prior to taking WA PFML (with exceptions for small employers; also, employers with approved voluntary plans must offer job protection to employees who have worked 9 months and 965 hours for that employer during the 12 months preceding the start of leave.).



## IMPORTANT DATES

**April 31, 2024:** Due date for submission of quarterly wage reports and premium payments for Q1 (January 1 – March 30, 2024).

## RESOURCES:

<https://paidleave.wa.gov/>



This material is not legal advice and is provided for informational purposes only. Employers should consult their own attorney for advice concerning their obligations under state-mandated disability and paid family and medical leave laws.