



# PFML Employee Toolkit

Paid Family and Medical Leave, or PFML, is a benefit program for Massachusetts employees offered by the Commonwealth. This guide will help you understand the program and the application process.



Paid Family &  
Medical Leave  
MASSACHUSETTS

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# What is PFML?

PFML is a Commonwealth program designed to give Massachusetts employees the resources to manage their own serious health condition, the serious health condition of a family member, the affairs of a family member on active duty, or to bond with a child.

You are eligible if you work in Massachusetts with an employer who is contributing to the program on your behalf, and you need to take time off to care for yourself or a family member. Most Massachusetts employers must either participate in the state PFML plan or a private equivalent.

You can receive benefits for up to 26 weeks (combined family and medical leave) in a benefit year.

PFML benefits are funded by contributions on every dollar of wages earned by an employee who is covered by the program.

# “Who is covered under PFML, and who is not?”

Generally, PFML coverage is available to all W-2 employees who work in Massachusetts, whether full-time, part-time, or seasonal, as well as some 1099-MISC contractors. If you have questions about your PFML eligibility, ask your employer.



## You are covered by the PFML law if:

- You are an employee working for a Massachusetts business or a state agency.
- You are a contractor who receives a 1099-MISC tax form from a business that issues 1099-MISC tax forms to more than 50% of its workforce.
- Your employer does not have a private paid leave plan exemption that has been approved by the Department of Family and Medical Leave (DFML).
- You are a former employee who has been unemployed for 26 weeks or fewer.

## Earnings requirement

Additionally, you must meet DFML's earning requirement. If you have earned at least \$6,300 (in 2024) or \$6,300 (in 2025) during the last 4 completed calendar quarters, and at least 30 times more than how much you are eligible to get each week in benefits, you meet the criteria. Use our [calculator](#) to see if you meet PFML's earnings requirement.

Financial eligibility is determined using all wages during your base period, even if you have multiple jobs or worked for more than one employer. If you have more than one job and are approved for benefits, however, your actual benefit amount will be based on the wages you have received from the employer or employers from whom you are taking leave.



## Opting-in if you are self-employed:

- If you are self-employed or a 1099-MISC contractor for a business that does not cover contractors for PFML because 1099-MISC contractors make up less than 50% of the business's workforce, you can choose to opt-in to the PFML program
- To opt into PFML, DFML will require you to complete and submit the [Department's Self-Employed Notice of Election](#).
- When the required documentation is complete, you will need to [fill out this form](#) to notify DFML of your request and submit your Notice of Election.
- After you complete your form you will need to create a PFML account through [MassTaxConnect](#).

## Excluded from PFML:

Municipalities, districts, political subdivisions, housing authorities, regional school districts, and regional planning commissions are types of employers that are excluded from PFML eligibility but may opt-in through a vote of their governing body or committee. Charter schools are not considered municipalities and, therefore, are not excluded from PFML eligibility. Additionally, certain types of work are automatically excluded from PFML, including:

- Work performed for a son, daughter, or spouse
- If under 18 years old, work performed for one's father or mother
- Work performed by inmates of penal institutions
- [Independent contractors as defined by this three-part test](#)
- Employment in the railroad industry
- Work provided by real estate brokers/salespeople and insurance agents/solicitors in commission-only jobs
- Newspaper sales and delivery by persons under 18
- Employment by churches and certain religious organizations
- Work done by work-study students, student nurses, and interns, or those in work trainee programs administered by non-profit or public institutions



# What can PFML be used for?

12

weeks



## Family leave to bond with a child

Family leave can be taken by a parent or legal guardian to bond with a child during the first 12 months after the child's birth, adoption, or foster care placement.

Eligibility for family leave to bond with a child is limited to the child's parents or legal guardians. As a parent or legal guardian, you can take up to 12 weeks of family leave to bond with a child per year. The annual 12-week maximum stays the same even if you have multiple childbirths, adoptions, or foster care placements in the same year.

You and your partner may choose to take family leave to bond with the child at the same time, or separately. You must complete your leave before the child's first birthday, or the one-year anniversary of their adoption or foster care placement.

For example, if your child is born on February 1, 2024, you must complete your family leave to bond with a child before February 1, 2025.



## Family leave to manage a qualifying exigency related to a family member's deployment

You can take time off to manage any needs that take place immediately after a family member is deployed or has been notified of an upcoming deployment. These needs may include:

- Caring for a deployed family member's child or other family member immediately before their deployment

- Making financial or legal arrangements for a deployed family member
- Attending counseling
- Attending military events or ceremonies
- Spending time with a deployed family member during a rest or recuperation period
- Spending time with a family member when they return from deployment
- Making necessary arrangements following the death of a family member who had been deployed



## Family leave to care for a family member with a serious health condition

For the purposes of leave to care for a family member with a serious health condition, family members include:

- Your spouse or domestic partner
- Your children
- Your parents
- Your spouse or domestic partner's parents
- Your grandchildren
- Your grandparents
- Your siblings

## Activities

When caring for a family member with a serious health condition, activities can include but are not limited to:

- Providing the daily living needs that the family member cannot perform due to their serious health condition, such as helping them get dressed or preparing meals
- Providing transportation to the doctor or other facilities for appointments and treatment
- Providing support for their serious mental health condition, such as taking them to therapy or medication appointments for major depression
- Helping make arrangements for changes in care, such as a transfer to a nursing home

## Examples

You can take leave to care for a family member for a variety of situations. Examples include:

- If your parent is having a hip replacement and needs help getting to and from physical therapy, you can take reduced leave, and work fewer hours per day, or fewer days per week in order to help them.
- If your spouse is having surgery followed by extensive recuperation where they won't be able to shower without assistance, you can take up to 12 weeks of continuous leave to help them out.
- If your child is undergoing chemotherapy and has bouts of nausea, weakness, and pain, you can take intermittent leave when you need to care for them.



20  
weeks



### Medical leave to manage your own serious health condition

#### What is a serious health condition?

A serious health condition is a physical or mental condition that prevents you from doing your job for more than 3 consecutive full calendar days, and requires:

- 2 or more treatments by a health care provider (in-person or during telehealth visit) within 30 calendar days of an inability to perform your duties, or
- Overnight stay in a hospital, hospice, or medical facility, or
- At least 1 treatment by a health care provider within 30 days of an inability to perform your duties, with plans for continued treatment, including prescriptions
- Conditions requiring multiple treatments, like chemotherapy, kidney dialysis, or physical therapy after an accident
- Complications related to a diagnosis of COVID-19 that prevent you from working, as certified by a health care provider
- Substance Use Disorder may be considered a serious condition covered by family or medical leave if the patient is receiving treatment from a health care provider, by a provider of health care services on referral by a health care provider, or by a program licensed by the MA Department of Public Health
- Conditions due to pregnancy, post-natal, or post-birth recovery that prevent you from working, as certified by a health care provider
- Conditions due to miscarriage, stillbirth or perinatal depression that prevent you from working, as certified by a health care provider

#### Serious health conditions can include:

- Chronic conditions, like asthma or diabetes, that stop you from working some of the time, go on for some time, and require going to the doctor more than twice a year
- Permanent or long-term conditions, like Alzheimer's disease, stroke, or terminal cancer, that might not be curable and will need ongoing attention but will not necessarily require active treatment. For example, when a person is in hospice

#### Serious health conditions do not include:

- Cosmetic surgery, unless inpatient hospital care is required or unless complications develop

26  
weeks



### Family leave to care for a service member with a serious health condition related to military service

You can take up to 26 weeks of family leave per year to care for a family member who is a current or former member of the Armed Forces, including the National Guard and Reserves, who is:

- Undergoing medical treatment, recuperation, or therapy for a serious health condition that was received or aggravated by service in the line of active duty.
- In outpatient status for a serious health condition that was received or aggravated by service in the line of active duty.
- On the temporary disability retired list for a serious injury or illness that was received or aggravated by service in the line of active duty.

## Leave schedules:

### Continuous leave:

A single time period of consecutive, uninterrupted days

### Reduced leave:

A consistent but reduced schedule for multiple weeks

### Intermittent leave:

Multiple episodes of time off, which may be irregular or unexpected



## Understanding the different ways you can schedule your leave

### Continuous leave

This is when you are taking leave from work completely for days or weeks at a time. For example, if you have surgery, you may need several continuous weeks of paid leave to recover.

### Reduced leave

This is when you are working a reduced schedule. If you normally work 8am-5pm, Monday through Friday, and your partner recently had a baby, you may want to work 3 days per week, to bond with and care for your child.

### Intermittent leave

This is when you need to take time off here and there, sometimes in unpredictable increments. If you are undergoing chemotherapy, you may want to take off for the days when you receive treatment, and for the 3 days afterwards, to recover. You may also find that some days you need to leave work early or come in late.

In cases of intermittent leave, you will need to call the DFML Contact Center at (833)-344-7365 each week to report the hours that you ended up using for intermittent leave.



# “What do I need to do before I apply?”

## Talk with your employer

You should notify your employer at least 30 days prior to your intended leave before you begin the application process.

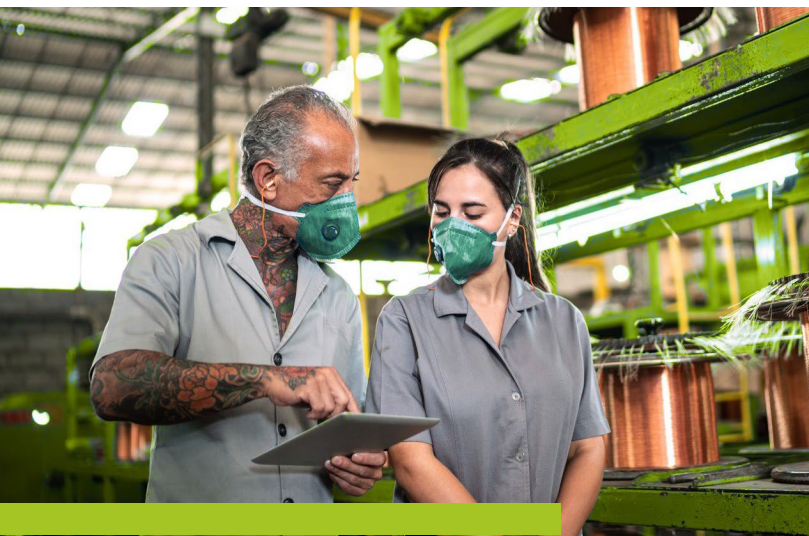
Communicating with your employer is an important part of advancing your application. You should not start an application until you have talked to your employer.

- If you are applying to take paid family or medical leave for a planned event, like an elective surgery, you must give your employer at least 30 days' notice before beginning your application.
- If you are taking leave for an unexpected or unplanned life event, you should notify your employer as soon as possible before beginning your application for paid leave.
- Make sure to not only communicate what type of leave you are taking (family or medical) but the type of leave schedule (continuous, reduced, or intermittent), and any other relevant details.



## Confirm that your organization has a registered leave administrator with DFML:

- A leave administrator is the person responsible for reviewing and processing employee claims on behalf of an organization. If your employer did not register a leave administrator with DFML, this may cause delays in processing your application.
- When you communicate with your employer, ask who the leave administrator is so you can follow up with questions.







# What documents do I need?

## Tips to keep in mind:

- 01 When you apply for paid family or medical leave, you will need to provide some information about your situation so we can verify the details of your application. The verification documents will vary, depending on the type of leave you are taking.
- 02 Copies need to be legible. For identification, they need to be in color and the front and back copied.
- 03 Forms need to be filled out completely and accurately.

## ✓ *Proof of identity*

When applying for paid family or medical leave, you will be asked to upload proof of your identity to double-check that you are eligible, and to make sure that we send benefits to the right person.

1. You must include both the FRONT and BACK of the document for it to be accepted.
2. Document copies must be IN COLOR and ONLY PDF or .jpg, .jpeg, .png IMAGE FILES are accepted. We are not able to accept .heic (the default image file for iPhones) at this time.
3. Color documents must be uploaded or mailed as we cannot accept color faxes.
4. Files must be smaller than 4.5 MB.

[Learn more about document requirements and formatting for upload.](#)

The easiest way to provide proof of identity is a color copy of your **Massachusetts Driver's License or ID Card**. If you do not have a **Massachusetts Driver's License or ID Card**, you will need to provide a **valid, unexpired copy of ONE of the following documents for ID proofing:**

### From Massachusetts:

- A REAL ID Driver's License or REAL ID
- A Standard Driver's License or ID Card
- A Junior Operating License
- A Learner's Permit
- A Commercial Driver's License
- A Limited Term License
- A Not for Federal Use license
- A Tribal ID card
- A Liquor License

### From Out of State:

- A REAL ID Driver's License or REAL ID
- A U.S. Standard Driver's License or ID Card
- A U.S. Junior Operating License
- A U.S. Learner's Permit
- A U.S. Passport or Passport Card (include both the page with identifying information AND the signature page)
- A Permanent Resident Card (Form I-551) issued by the U.S. Department of Homeland Security (DHS) or the U.S. Immigration and Naturalization Service
- An Employment Authorization Document (EAD) issued by DHS, Form I-766, or Form I-688B
- A Foreign Passport (include both the page with identifying information AND the signature page)

If you do not have any of the options on page 7, you will need to provide valid, unexpired copies of TWO documents from the following categories:

**You will need a color copy of any one of these documents:**

- A Certified Copy of your Birth Certificate filed with the State Office of Vital Statistics or equivalent agency in your state of birth. (A Puerto Rican birth certificate will only be accepted if it was issued on or after July 1, 2010.)
- A Certificate of Citizenship, Form 0560, or Form N-561, issued by DHS
- A Certificate of Naturalization (Form N-550 or N-570)

**And you will need to provide a black and white or color copy of one of these documents:**

- A SSN Card
- A W-2 Form
- A SSA-1099 Form
- A Non-SSA-1099 Form
- A Pay Stub with your full name and SSN
- An Authorized Letter from the IRS displaying your individual tax identification number (ITIN)

**Remember, no matter which options you choose to use, document copies must include both the front and back, be in color, if indicated, and be saved as a PDF or image file (.jpg, .jpeg, .png) to be accepted. Files must be smaller than 4.5 MB.**

**Color documents must be uploaded or mailed as we cannot accept color faxes.**

## *Documentation for the different types of leave*

### **Medical leave**

#### **Medical leave to care for your serious health condition**

If you are taking continuous leave, you must provide either a Massachusetts DFML [Certification of Your Serious Health Condition Form](#) or [FMLA's Certification of Healthcare Provider for Employee's Serious Health Condition](#) filled out by your health care provider that includes the following information:

- A statement that you have a serious health condition
- A certification that you cannot work due to the serious health condition
- The probable duration of your serious health condition
- The date on which your serious health condition started

If you are taking intermittent or reduced paid leave in addition to continuous or instead of continuous leave, your health care provider should also include the probable duration of your serious health condition.

# Family leave

## Family leave to bond with a newborn child

In order to be approved to take family leave to bond with a newborn child, we will need to know the child's date of birth. You can use copies of any of the documents below:

- The child's government-issued birth certificate, OR
- A statement from the child's health care provider stating the child's birth date, OR
- A statement from the health care provider of the person who gave birth stating the child's birth date, OR
- A statement or birth record from the hospital where the child was born indicating the child's birth date and signed by the birth registrar

## Family leave to bond with a newly adopted child or a child recently placed in foster care

To be approved to take family leave to bond with a newly adopted child or a child recently placed in foster care, we will need to verify the child's placement in your care and the date of their placement. You can use copies of any of these documents:

- A certificate from the child's health care provider confirming both the placement of the child AND date of placement, OR
- A certification from an adoption or foster care agency involved in the placement confirming both the placement of the child AND date of placement, OR
- A certificate from the MA Department of Children and Families confirming both the placement of the child AND the date of the placement

## Family leave to care for a family member with a serious health condition

Those applying for family leave to care for a family member with a serious health condition should include in their application a Massachusetts DFML [Certification of Your Family Member's Serious Health Condition Form](#) or [FMLA's Certification of Healthcare Provider for Family Member's Serious Health Condition](#) that includes the following:

- A statement that your family member has a serious health condition and any other relevant details about your family member's condition
- When your family member's condition began
- That you, the employee, are needed to care for the family member and what kinds of care might be needed
- Information about how often and how long your family member needs you to care for them
- The name and address of your family member and their relationship to you

## Family leave to care for a family member who is a covered service member with a serious medical condition

Those applying for family leave to care for a family member who is a covered service member should include in their application a Massachusetts DFML [Certification of Your Family Member's Serious Health Condition Form](#) or [FMLA's Certification of Healthcare Provider for Family Member's Serious Health Condition](#) that includes the following:

- Attestation by the service member's health care provider that the health condition is connected to the service member's military service
- The date on which the covered service member's serious health condition began
- That you, the employee, are needed to care for the covered service member and what kinds of care might be needed
- Information about how often and how long the covered service member needs you to care for them
- Your familial relationship with the covered service member
- The name and address of the covered service member

### Family leave to manage affairs while a covered service member is or will be deployed

When applying to manage affairs when a family member who is a covered service member is being deployed, you should include copies of documents that prove the following:

- The dates or period of time for which your leave is required
- The underlying reason for your leave
- Your familial relationship with the service member
- The name and address of the family member being cared for
- Information as required by DFML proving identity of family member who is or will be deployed

And a copy of one of the following certification documents:

- A copy of the family member's active-duty orders
- A letter of Impending Activation from the family member's Commanding Officer
- An FMLA WH-384 form







# How do I apply for PFML?

Before you apply,  
Make sure you are aware of any reductions you may have:



**Unemployment insurance**



**Workers' compensation**



**Social Security programs**



**Temporary Disability or paid family or medical leave benefits through your employer**



**Sick time through your employer**



**Paid time off through your employer**



**School breaks/vacation time for educators**

01

## Create an account online or apply by phone

Once you have talked to your employer, you can apply for available PFML benefits online by [creating a personal PFML account](#) or you can apply by phone by calling DFML's Contact Center at (833)344-7365.

- **Helpful tip:** If you are applying for [military-related paid family leave](#) benefits, or if you are applying for paid family or medical leave benefits and you are currently [unemployed](#), please call DFML's Contact Center at (833) 344-7365 to begin your application.
- **Helpful tip:** Depending on the situation, a pregnant individual might be eligible to take medical leave during or directly after their pregnancy. See page 13 for more information if you are expecting.
- **Helpful tip:** Be sure that you only create one account to avoid delays in processing your application.

02

## Provide DFML with documents to prove your identity

- When applying for paid family or medical leave, you'll be asked to provide [proof of your identity](#) to double-check that you are eligible, and to make sure that we send benefits to the right person.
- The easiest way to do this will be to provide a color copy of your [Massachusetts Driver's License or ID Card](#). If you do not have a Massachusetts Driver's License or ID Card, you can provide color copies of other documents to verify your identity. See more detail in the required documents section of the toolkit.

03

**Select your leave details**

- You can choose to apply for family or medical leave for a variety of reasons, each of which has its own eligibility and approval process. Once you know the type of leave you would like to apply for, we recommend you figure out if you are eligible and find out what documents you will need to provide in order to get approved before beginning your application.

04

**Upload, fax, or mail documents to verify your leave**

- See the documentation checklist in the previous section for specific documents that you will need to provide for your type of leave. We cannot accept color faxes.
- Only PDF and image files (.jpg, .jpeg, .png) are accepted. Files must be smaller than 4.5 MB.

05

**Enter your employment information**

- We will need your employment status, including your current employer's Employer Identification Number (EIN) in order to process your claim. We will also need to know when you informed your employer that you planned to apply for and take family or medical leave.
- If you are filing for paid leave from multiple employers, you will need to fill out a separate application for each individual employer.

06

**Take note of any reductions**

- The amount of benefits you receive during leave may be reduced based on your employer-sponsored benefits, any leave you have taken in the previous 12 months, and any other sources of income you may have. When you submit your application, any reductions to your weekly benefit amount will be automatically calculated based on the information DFML receives from your employer and the Department of Revenue during the review process.
- See page 11 for types of reductions.

07

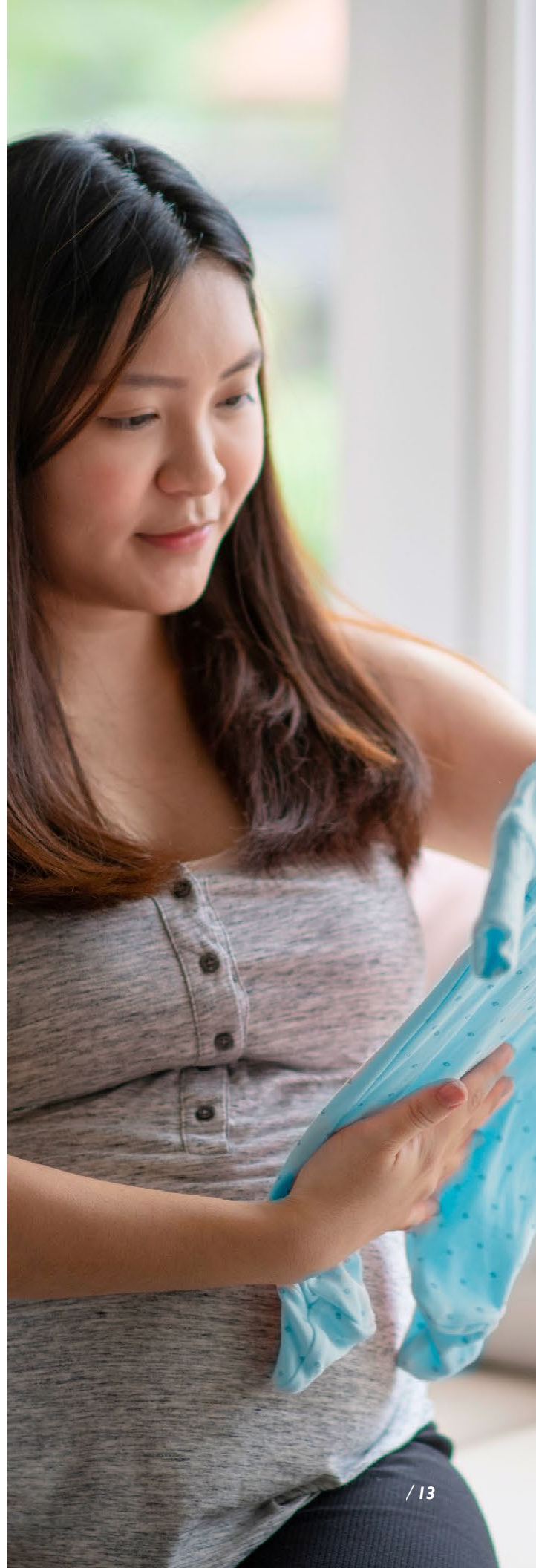
**Choose your payment method**

- You can choose to receive your benefits through direct deposit or through check.
- DFML recommends direct deposit for quickest payments.

## Pregnant individuals using family and medical leave

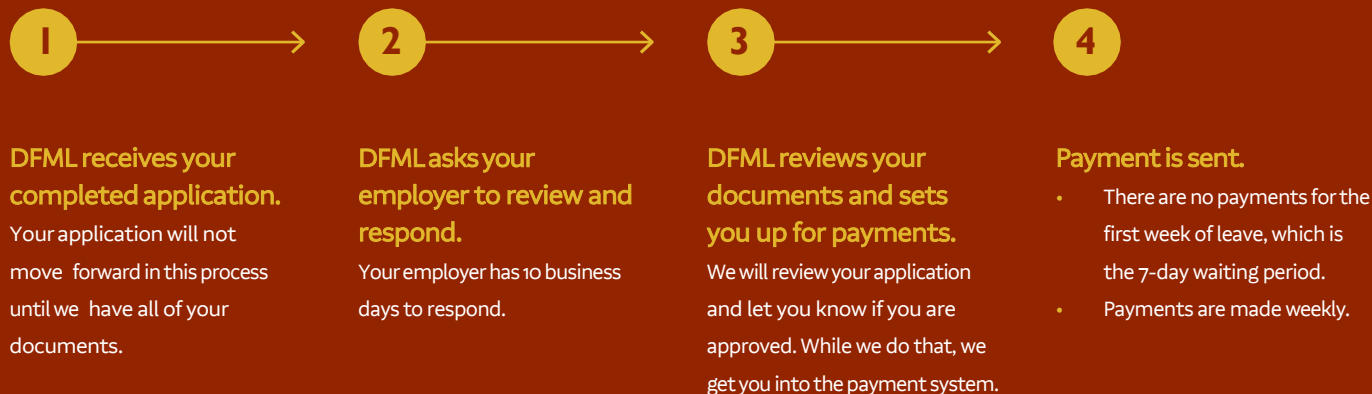
Depending on the situation, a pregnant individual might be eligible to take medical leave during or directly after their pregnancy. If they do, they can transition directly into family leave to bond with a child after the child's birth if they want to, or they can wait to take family leave to bond with a child some other time within the next 12 months as long as it is completed no later than the day before the child's first birthday. In this scenario, be sure to apply for medical leave first, then family leave to bond with a child. To apply, follow these steps:

- 01 Begin a claim for medical leave first online or through the DFML Contact Center and answer "Yes" to the question, "Is this related to pregnancy?"
- 02 Provide proof of your identity.
- 03 Complete the Massachusetts DFML [Certification of Your Serious Health Condition Form](#) or FMLA's [Certification of Healthcare Provider for Employee's Serious Health Condition](#).
  - NOTE: *It is up to your health care provider to decide how much time you will be able to take for your medical leave for a condition related to pregnancy or for recovery from birth.*
- 04 Once medical leave has been approved, call the DFML Contact Center at (833) 344-7365 or go online to add an application for family leave to bond with a child. This will ensure there is no disruption in your benefits payments and allow you to transition directly into family leave to bond with a child when your medical leave is complete. It will also eliminate a second 7-day waiting period.
- 05 If your baby has already been delivered, you can submit the proof of your child's birth online at this time.
- 06 If your baby has not been delivered yet, provide your estimated delivery date and provide proof of birth once the child has been born. Your requested leave dates will be updated to match the delivery date on your documentation.





# What happens after I apply?



## *Is there anything else I should know?*

### **What happens if I need to extend my leave?**

- If you plan to **extend your leave**, you must notify DFML within **30 days of your leave end date** to avoid a second 7-day waiting period. You can do this online or by calling the DFML Contact Center at (833) 344-7365. You must also notify your employer at this time.
- Legally, you are required to report any relevant change in circumstances that may affect the duration of your leave, your eligibility for benefits, or the amount of your benefit payment within 7 days. You must do so by calling the DFML Contact Center at (833) 344-7365.

- If you do not provide DFML with notice of a relevant change in circumstances that would reduce the amount of benefits you receive, you will be responsible for reimbursing DFML the amount overpaid within 30 calendar days of a request made by DFML.
- If you have any questions about the notice or your claim, please visit DFML's website at [mass.gov/DFML](https://mass.gov/DFML). If your questions are not answered on the website, you may call the DFML Contact Center at (833) 344-7365.

### **Taxability**

- The IRS has not yet made a ruling on whether your PFML benefits are considered "taxable income."

- You will have the option when applying to have state and federal taxes withheld from your weekly benefit. If you choose this option, DFML will withhold 5% for state taxes and 10% for federal taxes.
- If you are unsure whether you want to withhold taxes, we recommend speaking with a tax professional about how IRS decisions could affect your personal tax liability. We cannot offer guidance or advice for individual tax situations.

### **Do not apply to PFML if your employer has a private plan exemption or you are not seeking benefits from DFML.**

- Job protections still exist for leave taken for a qualified reason.





**DFML**  
**MA** Department of  
Family and Medical Leave



**Phone**

Department of Family and Medical Leave  
DFML Contact Center  
**833-344-PFML (7365)**

**Online**

[mass.gov/dfml](https://mass.gov/dfml)