

Employer Notice of Election

Pursuant to M.G.L. c. 175M and 458 CMR 2.04

Employer or Covered Business Entity (hereinafter referred to as “Employer”)

Federal Employer Identification Number (FEIN) of the above-named Employer

Business Address of the above-named Employer

has elected to be a covered employer under M.G.L. c. 175M effective _____
and in accordance with the filing requirements set forth in 458 CMR 2.04. Employer agrees
to adhere to the following:

- (a) Remaining a covered employer for a minimum term of one year;
- (b) Complying with all audits or requests for information from the Department; and
- (c) Communicating to its employees that its employees shall not be eligible to receive paid leave benefits until Employer has remitted the required contributions for at least two out of four completed calendar quarters.
- (d) Providing the Department with not less than sixty (60) calendar days’ notice before withdrawing its Notice of Election as a covered employer.

SIGNED AND DATED:

Employer Representative Signature

Date

Employer Representative Name (Printed)

Employer Representative Title

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Next Steps:

1. Once the Employer Notice of Election is complete you must complete the **Statutorily Excluded Employers Request to opt-into the Commonwealth's PFML program form** to notify the Department of Family and Medical Leave of your request to opt into Paid Family and Medical Leave. The election shall not be effective until it has been accepted and confirmed to Employer, in writing, by the Department.
2. Once a Notice of Approval of Optional Coverage Request is received via an email you must create:
 - a. A Paid Family and Medical Leave account through the Massachusetts Department of Revenue's MassTaxConnect system.
 - b. An employer account to review Paid Family and Medical Leave (PFML) applications through paidleave.mass.gov/employers/create-account
3. Notify your covered individuals in writing about the PFML law and benefits.
4. Complete quarterly filings and submit contributions through MassTaxConnect.

For additional information please visit: <https://www.mass.gov/info-details/paid-family-and-medical-leave-pfml-coverage-for-statutorily-excluded-employers>