

Self-Employed Notice of Election

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

Self-Employed Individual (hereinafter referred to as “Self-Employed Individual”)

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

Residential Address of the above-named Self-Employed Individual

Business Address of the above-named Self-Employed Individual

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

- (a) Remaining a covered individual for a minimum term of three years.
- (b) register, file, and make contributions to the Family and Employment Security Trust Fund pursuant to 458 CMR 2.03, 2.04 and 2.06.
- (c) The covered individual shall not be eligible to receive paid leave benefits until Self-Employed Individual has remitted the required contributions for at least two out of four completed calendar quarters.
- (d) If Self-Employed Individual elects’ coverage and thereafter fails to remit contributions owed for the required minimum period of three years, coverage shall be terminated and may be disqualified from coverage as a self-employed individual under the terms set forth in 458 CMR 2.06(4).
- (e) A self-employed individual who is required to be treated as a covered contract worker by a covered business entity to whom the self-employed individual provides services and whose payment for those services is subject to contributions pursuant to 458 CMR 2.05(3), may elect coverage and remit contributions on additional income from self-employment that is unrelated to services provided to a covered business entity.

SIGNED AND DATED:

Self-Employed Signature

Date

Self-Employed Name (Printed)

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Next Steps:

1. Once the Self-Employed Notice of Election is complete you must complete the [Statutorily Excluded Employers Request to opt-into the Commonwealth's PFML program form](#) and attach a copy of the Self-Employed Notice of Election 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:
3. A Paid Family and Medical Leave account through the Massachusetts Department of Revenue's MassTaxConnect system.
 - a. An employer account to review Paid Family and Medical Leave (PFML) applications through paidleave.mass.gov/employers/create-account
4. Once you have created an employer account, you must complete quarterly filings and submit contributions through MassTaxConnect.

For additional information please visit: <https://www.mass.gov/info-details/paid-family-and-medical-leave-coverage-for-self-employed-individuals>