



Paid Family and Medical Leave

PFML is here. Whether you're a Massachusetts worker, employer, or health care provider, find all the information you need to get started.

Town Hall Meeting

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Agenda:

- Overview of PFML
- Roles and responsibilities
- Family Leave to care for a family member
- Overview of both forms
- Questions and Answers

DFML

MA Department of
Family and Medical Leave

Overview of PFML



What is PFML?

Paid Family and Medical Leave (PFML) provides **temporary income replacement** to eligible employees who are:

- welcoming a new child into their family,
- are struck by a serious illness or injury,
- need to take care of an ill or ailing relative, and
- for certain military considerations.

In addition, eligible employees are entitled to certain **job protections**. When an employee returns from leave, their employer is required to restore them to the same job they had before taking leave, or to a job that has the same pay status, employment benefits, length-of-service credit, and seniority.

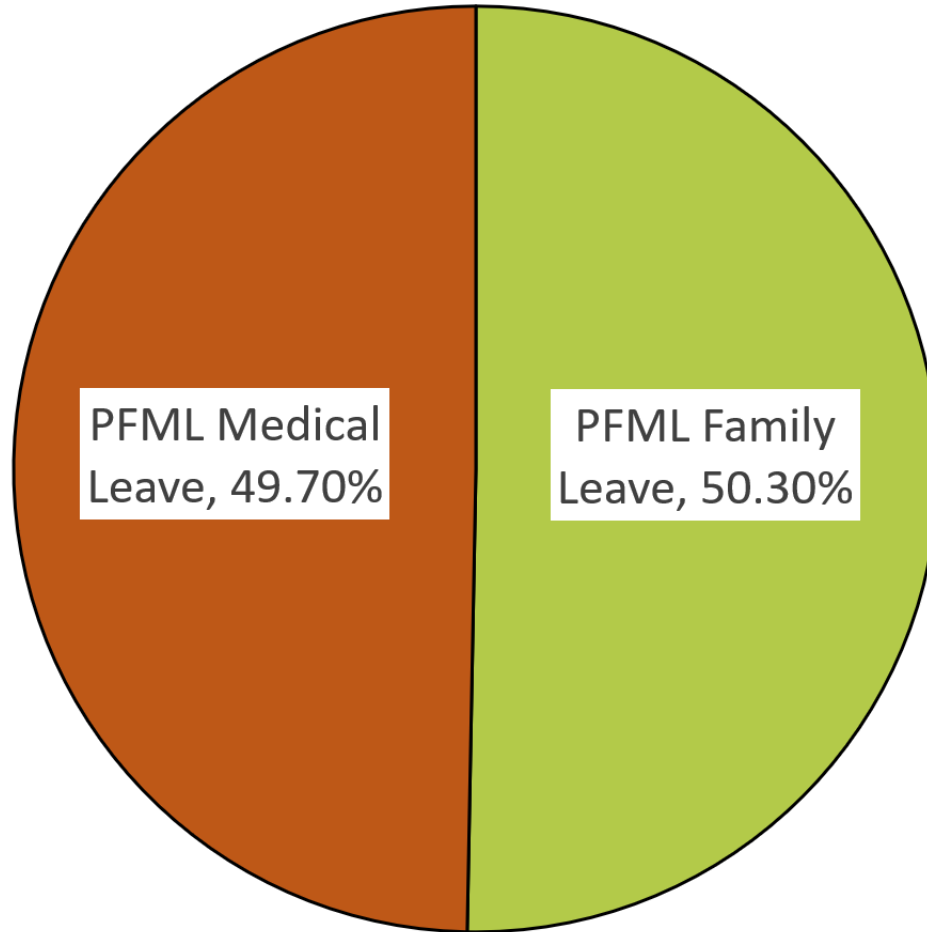


How is PFML different than FMLA?

	FMLA	PFML
Type of Law	Federal law	State law
Businesses Covered	50 employees or more	1 or more employees
Employee Eligibility	Employed for at least 12 months with 1,250 hours worked	Employees must have earned \$5,400 and 30 times the benefit amount in the past four quarters
Employer Responsibility	There are no contributions	Employers are responsible for collecting and remitting PFML contributions on behalf of employees
Benefits Provided	Job protection, unpaid family and medical leave	Job protection, paid family and medical leave



PFML Statistics – Year to Date



Type	Count	Paid
PFML Family Leave	81,993	\$70,990,278.05
PFML Medical Leave	80,940	\$ 85,538,943.91



What types of leave are available?

Family Leave

Bonding



- Leave to bond with the covered individual's child during
- the first 12 months after the child's birth or
 - the first 12 months after the placement of the child for adoption or foster care with the covered individual

Caring



- Leave to care for a family member with a serious health condition.

Active-Duty



- Leave to
- manage the affairs of a family member on Active-Duty or who has been notified of an impending order to Active-Duty in the Armed Forces (up to 12 weeks) or
 - to care for a family member who is a covered service member who has been injured while on Active-Duty

Medical Leave

Own Medical



- Leave to care for an individual's own serious medical condition

Up to a total of 12 weeks

Up to 26 weeks

Up to 20 weeks

Aggregate up to 26 weeks in a benefit year

All Leaves

1

✓ **Proof of identity**

When applying for paid family or medical leave, you'll 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 at this time.
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 don't have a Massachusetts Driver's License or ID Card, you will need to provide ONE of the following documents for ID proofing:

- A valid, unexpired U.S. State or Territory Real-ID License or ID Card
- A valid, unexpired U.S. State or Territory Standard License (also called a Standard Driver's License) or ID Card
- A valid, unexpired U.S. Junior Operating License
- A valid, unexpired Massachusetts Commercial Driver's License
- A valid, unexpired Massachusetts Limited Term License
- A valid, unexpired Massachusetts Not for Federal Use License
- A valid, unexpired Massachusetts Tribal ID Card
- A valid, unexpired U.S. Passport or Passport Card (the copy should

include both the page with identifying information AND the signature page)

- A valid, unexpired 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 valid, unexpired foreign passport AND a work visa as [defined by the U.S. Department of State](#)

If you don't have any of the options above, you will need to provide color copies of TWO documents:

- One to prove your legal ability to live and work in the U.S.
- One to prove your Social Security Number (SSN) or Individual Tax Identification Number (ITIN) if you are self-employed

All Leaves

2

To demonstrate your legal ability to live and work in the U.S., you can use a color copy of any one of these documents:

- A certified copy of your birth certificate filed with a 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. For more information on the Puerto Rican birth certificate law, visit the Puerto Rico Federal Affairs Administration.
- A certificate of Citizenship, Form N-560, or Form N-561, issued by DHS
- A certificate of Naturalization (Form N-550 or N-570)

You can then provide proof of your 9-digit SSN or your ITIN using a copy of one of the following documents:

- SSN Card
- W-2 Form
- SSA-1099 Form
- Non-SSA-1099 Form
- Pay stub with your full name and SSN on it
- Authorization letter from the IRS displaying your 9-digit individual tax identification number

Remember, no matter which option or options you choose to use, document copies must include both the front and back, be in color, 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 at this time.

Documents Needed for Bonding 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'll 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'll 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 Department of Children and Families confirming both the placement of the child AND the date of the placement

Documents Needed for Family Caring Leave

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

Documents Needed for 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 healthcare provider that includes the following information:

- A statement that you have a serious health condition
- A certification that you can't work due to the serious health condition
- The probable duration of your serious health condition, including a statement why the schedule is medically necessary
- The date on which your serious health condition started



How do I apply for PFML?

Before you apply:

Make sure you're 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

How do I Apply?

01

Create an account

Once you have talked to your employer, you can apply for available PFML benefits online by [creating a personal PFML account](#).

- **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 [self-employed or unemployed](#), please call PFML's Contact Center at (833) 344-7365 to begin your application.
- **Helpful tip:** Depending on the situation, an expectant mother might be eligible to take medical leave during or directly after her pregnancy.

- **Helpful tip:** Be sure that you only create one account to avoid delays in processing your application.

02

Upload documents to prove your identity

- When applying for paid family or medical leave, you'll 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.
- The easiest way to do this will be to provide a color copy of your [Massachusetts Driver's License or ID Card](#). If you don't 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.

How do I Apply?



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 at this time.
- Only PDF and image files (.jpg, .jpeg, .png) are accepted. Files must be smaller than 4.5 MB.

05 Enter your employment information

- We'll need your employment status, including your current employers Federal Employment Identification Number (EIN) in order to process your claim. We'll also need to know when you informed your employer that you planned to apply for and take family or medical leave.

How do I Apply?



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.

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.



What happens after I apply?

1



2



3



4

DFML receives your completed application.

Your application won't move forward in this process until we have all of your documents.

DFML asks your employer to review and approve.

Your employer has 10 business days to respond.

DFML reviews your documents and sets you up for payments.

We will review your application and let you know if you are approved. While we do that, we get you into the payment system.

Payment is sent.

- There are no payments for the first week of leave, which is the 7-day-waiting period.
- Payments are made weekly.



Combining Types of Leave

Own Medical



Bonding



An expectant mother or new mother is eligible to take medical leave during or after her pregnancy, if she has a serious health condition and certification from her health care provider that she is incapacitated from work due to the serious health condition.

To apply, you will need to have your Health Care Provider fill out a **Certification of your Serious Health Condition form**.

Birth mothers should apply for medical leave first prior to applying for family bonding leave. They can then **call the Contact Center at (833) 344-7365** to start an application for bonding leave.

Learn more at <https://www.mass.gov/pfml-medical-bonding>

Download a handout on [Bonding Leave](#)



Types of 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

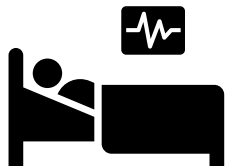


Combining Leave Schedules



Sumi adopted a baby and took eight weeks of **continuous leave** to bond with her child. After those eight weeks, she took four weeks of **reduced leave**, working 3 days a week, to adjust back to work.

Sumi's continuous and reduced leave can be **combined in one application**.



Jose is receiving radiation for brain cancer. He takes **reduced leave**, working 4 hours a day while he is undergoing radiation. After he completes his radiation, he finds he is still very tired, and sometimes needs to take a day off to rest here or there. He uses **intermittent leave** to cover these days.

Because he's using reduced and intermittent leave, he must **create two applications** for leave, and each week where **he uses his intermittent leave he has to call in** and report the hours of leave he took.

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Role and Responsibilities



What is an Employee's Role?

Employee's role in applying for PFML leave:

- **Discussing their leave request with their employer** before they start their application, including type of leave, frequency/schedule, and any other factors. If employees are applying to take leave for a planned event, like a scheduled surgery, **they are required to give their employer at least 30 days notice**. If they are taking leave for an unexpected or unplanned life event, they should notify their employer as soon as is possible
- **Providing accurate and complete documentation** of their identity, their relationship with a family member, their own or their family member's serious health condition as described by their Medical Provider, and any other necessary information



What is an Employer's Role?

Employers play a critical role in:

- Providing the **required written notice** to their current workforce of PFML benefits, contribution rates, and other provisions as well as **displaying a workplace poster** prepared or approved by PFML
- **Educating employees** about PFML benefits as part of their spectrum of benefits
- **Discussing employee's leave requests** before they start applications, including type of leave, frequency/schedule, and any other factors
- Ensuring that the employee gets the **correct benefit payments and duration** by double-checking applications for any other leave taken in the benefit year



What is the Health Care Provider's Role?

Health care providers play a critical role in:

- **Informing patients and their families** about Paid Family and Medical Leave (PFML) benefits right at the point of care, when and where they need it
- **Helping patients and their families understand** how their PFML benefits can help them with their recovery and family health
- **Providing necessary certification or documentation** to patients and their families to demonstrate a serious medical condition.

DFML relies on the expertise of the Health care providers to make their determination of benefits

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Overview of Family Leave to Care for a Family Member



Highlights for Family Leave - Caring



- ❖ **Program Launches July 1st**
- ❖ **Information and the form live on mass.gov now**



Who is considered an eligible Family Member?

Family Leave

Caring



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



Does previous caring leave taken count?

Family Leave

Caring



Leave to care for a family member with a serious health condition.

Employees can only take **12 weeks total** of PFML family leave during the benefit year. For example, PFML family leave to bond with a child and/or family leave for family members who are active service members taken between Jan 1-Jun 30 **will reduce the 12-week allotment**.

Exception:

However, leave taken prior to July 1, 2021, through another program to care for a family member with a serious health condition, does **not reduce the 12-week allotment**.

For all types of leave, employees cannot exceed 26 weeks total in the benefit year.



What activities qualify for Family Leave?

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 with meals;



Providing transportation to the doctor or other facilities for appointments and treatment;



Providing mental health or psychological support for their serious health condition, such as taking them to therapy or getting them medication for chronic depression;



Helping make arrangements for changes in care, such as a transfer to a nursing home.



Overview of the Two Forms

Medical Leave

Own Medical



Leave to care for an individual's own serious medical condition

Medical Leave - Certification of your Serious Health Condition

Family Leave

Caring



Leave to care for a family member with a serious health condition.

Family Leave - Certification of your Family Member's Serious Health Condition



Certification Form – Medical Leave

Medical Leave

Own Medical



Leave to care for an individual's own serious medical condition

The **Certification of your Serious Health Condition** form filled out by an employee's Health Care Provider has been **updated!**

1 Employee Applying for Paid Medical Leave

Instructions ► **Complete this section with your own information.** The Department of Family and Medical Leave will use Section 1 to match this certification to the rest of your application for paid leave.

1 Your name:

First:

Last:

2 (If different) Your name as it appears on official documents like a driver's license or W-2:

First:

Middle:

Last:

3 Phone #: [] [] [] - [] [] [] - [] [] [] []

4 Date of birth: [] []^m / [] []^d / [] [] [] []^y

5 Last 4 digits of your Social Security Number or Individual Taxpayer ID Number (ITIN): [] [] [] []

6 Are you applying for your own serious health condition?

☐ Yes

☐ No

◀ If not, you do not qualify for Medical Leave due to your own serious health condition

7 Occupation:

• Employee

Write your name at the top of the remaining pages.

Afterwards, give this form to your health care provider to complete **Sections 2-4.**



Certification Form – **Family Leave**

Caring



Leave to care for a family member with a serious health condition.

Active-Duty



Leave to care for a family member who is a covered service member who has been injured while on Active-Duty

There is a new form- a Certification of your Family's Serious Health Condition form

This form is required for:

- **Family leave to care for a family member with a serious health condition.**
- **Family leave to care for a family member who is a covered service member with a serious health condition.**



Certification Form – Family Leave

Paid Family Leave | Certification of Your Family Member's Serious Health Condition

Page 3
Family Leave

1 Employee Applying for Family Caring Leave

Instructions ▶ Complete [Section 1](#) and [2](#). DFML needs to know your relationship with the family member to certify leave eligibility.

1 Your name:

First: Last:

2 (If different) Your name as it appears on official documents like a driver's license or W-2:

First: Middle: Last:

3 Phone #: - -

4 Date of birth: / /

5 Last 4 digits of your Social Security Number or Individual Taxpayer ID Number (ITIN):

6 Why are you applying for leave?

☐ To care for a family member with a serious health condition

☐ To care for a family member with a serious health condition related to military service

7 Occupation:

◀ If you are applying for your own serious health condition, this is not the correct form. You need the [Certification of Your Serious Health Condition](#).

The employee who is applying for paid leave to care for your patient should complete Section 1.

Employee's information



Certification Form – Family Leave

2 Family member information

Instructions ▶ DFML needs to know your relationship with the patient to certify leave eligibility.

8 The family member who is experiencing a serious health condition is my:

- ☐ Child ☐ Spouse or domestic partner ☐ Parent, or guardian who legally acted as my parent when I was a child
- ☐ Parent of my spouse or domestic partner ☐ Sibling ☐ Grandchild
- ☐ Grandparent

For more detailed definitions of what family members fall into each of these categories see www.mass.gov/family-caring-leave-relationships

9 Family member's name:

First: Last:

And Section 2

Employee's family member information



Certification Form – Family Leave

And Section 2

Employee's family member information

- 10 Family member's name as it appears on official documents such as a driver's license or insurance documents (if different):

First: Middle: Last:

- 11 Family member's address:

Street:

Address line 2:

City:

State: Zip: Country:

Where your family member lives does not affect your eligibility. You can take paid family leave to care for a family member with a serious health condition no matter where they are.

- 12 Family member's date of birth:

/ /

- 13 Authorization:



I authorize The Department of Family and Medical Leave (DFML) to use the information on this form to determine my eligibility for Paid Family and Medical Leave. I attest that I am applying for paid leave to care for a family member with a serious health condition, and I agree that DFML can share this information with my employer, and employer affiliates, for the purpose of supporting my application for leave.

I certify that I have the authorization of the above-named family member to provide the information contained within this certification to the Department for purposes of determining my eligibility for paid family leave.

• Employee

Signature:

/ /



Paid Family &
Medical Leave
MASSACHUSETTS



Q & A



Resources

PFML Contact Center:

For questions about Benefits and Eligibility:

- (833) 344-7365 Hours of operation are Monday through Friday, 8am to 5pm
- Multilingual agents are available

DOR PFML Contact Center

For questions about Contributions and Exemptions:

- [\(617\) 466-3950](tel:6174663950) Hours of operation are Monday-Friday, 8:30 a.m. - 4:30 p.m.

Visit mass.gov/pfml

Refer to the regulations page for more detailed legal information and answers to your questions.