

Employer Notice to Employee

Rights and Obligations under the Massachusetts Family and Medical Leave Law, M.G.L. c. 175M

_____ (Employer Name)
_____ (Employer Street Address)
_____ (Employer City, State, Zip)
_____ (Employer's ID Number)

Explanation of Benefits

- **Beginning January 1, 2021,**
 - employees may be entitled to up to 12 weeks of paid family leave in a benefit year for the birth, adoption, or foster care placement of a child, or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces;
 - employees may be entitled to up to 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work
 - employees may be entitled to up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or otherwise addressing consequences of a serious health condition relating to the family member's military service.
- **Beginning July 1, 2021,**
 - employees may be entitled to up to 12 weeks of paid family leave in a benefit year to care for a family member with a serious health condition.
- Employees may be eligible for up to 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.
- An employee's weekly benefit amount will be based on the employee's earnings, with a maximum benefit of \$850 per week.

Job Protection, Continuation of Health Insurance, No Retaliation

- Job Protection:** Generally, an employee who has taken family or medical leave under the law must be restored to the employee's previous position or to an equivalent position, with the same status, pay, employment benefits, length-of-service credit and seniority as of the date of leave.
- Continuation of Health Insurance:** The employer must continue to provide for and contribute to the employee's employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if the employee had continued working continuously for the duration of such leave.
- No Retaliation:** It is unlawful for any employer to discriminate or retaliate against an employee for exercising any right to which such employee is entitled under the paid family and medical leave law. An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court.

Employer/Employee Contributions to the DFML Family and Employment Security Trust Fund

On July 1, 2019, contributions to the Department of Family and Medical Leave (DFML) Employment Security Trust Fund will begin. An employer will be responsible for sending contributions to the DFML for all employees.

Currently, the total contribution amount is 00.63% of wages. Of that 00.63% total contribution amount, there is a split: 17.5% is a family leave contribution and 82.5% is a medical leave contribution.

Under the law, employers are permitted to deduct from employees' wages up to 40% of the medical leave contribution (82.5% of 00.63% of wages) and up to 100% of the family leave contribution (17.5% of 00.63% of wages).

Medical Leave	_____	will contribute	___%	of the medical leave contribution
	(Employer Name)	and the remaining	___%	will be deducted from your earnings

Family Leave	_____	will contribute	____%	of the family leave contribution
	(Employer Name)	and the remaining	____%	will be deducted from your earnings

How to File a Claim

Employees must file claims for paid family and medical leave benefits with the DFML using the Department’s forms. Forms and claim instructions will be available on the Department’s website www.mass.gov/DFML before January 2021.

Employees are required to provide at least 30 days’ notice to their employer of the anticipated starting date of any leave, the anticipated length of the leave and the expected date of return. An employee who is unable to provide 30 days’ notice due to circumstances beyond his or her control is required to provide notice as soon as practicable.

Private Plan Exemption

An employer that offers paid leave with benefits that are at least as generous as those provided under the law may apply for an exemption from paying the Department of Family and Medical Leave Family and Employment Security Trust Fund contribution. An employer may apply for an exemption from the medical leave contribution, family leave contribution, or both.

The details of any private plan must be provided to employees by an employer at the same time as this Notice.

Employees enjoy rights to job-protected leave and from discrimination and retaliation under the law even if their employer is approved to provide leave benefits through a private plan.

_____ (Employer Name)	<input type="checkbox"/> Does not have an approved private plan; <input type="checkbox"/> Has an approved private plan for both family and medical leave; <input type="checkbox"/> Has an approved private plan for family leave only; <input type="checkbox"/> Has an approved private plan for medical leave only.
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Department of Family and Medical Leave (DFML) Contact Information

The Massachusetts Department of Family and Medical Leave

Charles F. Hurley Building
19 Staniford Street, 1st Floor
Boston, MA 02114
(617) 626-6565
www.mass.gov/DFML

Payment for Concurrent Leave

Any paid leave provided under a collective bargaining agreement or employer policy and paid at the same or higher rate than paid leave available under this law shall count against the allotment of leave benefits available under this law.

More Information is Available

For more detailed information, please consult the Department’s website: www.mass.gov/DFML.

ACKNOWLEDGMENT

Your signature below acknowledges your receipt of the information above within 30 days from the start date of your employment or prior to July 1, 2019, whichever is later.

Signature

Date

Name (Print)

Your signed acknowledgement will be retained by your employer. Please retain a copy for your own reference. In the event that you refuse to sign this acknowledgement, your employer must permit you to sign a statement indicating your refusal to sign this acknowledgement, and that will be retained by your employer.