

2024 Employer Notice to Covered Employees

MA PFML Private Plan Information

Mutual of Omaha Life Insurance Company will administer our MA PFML plan. This plan offers the same rights, protections and benefits as the state plan.

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

(Employer Name)

(Employer Street Address)

(Employer City, State, Zip)

(Federal Employer ID Number) (FEIN)

Explanation of Benefits

- You 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; to care for a family member with a serious health condition; 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;
 - 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work;
 - 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;
 - 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

A "benefit year" is the 12 months preceding the Sunday immediately before your leave begins.

- Your weekly benefit amount will be based on your average weekly earnings, with a maximum benefit of \$1,149.90 per week.

Eligibility

You will be eligible for leave and wage-replacement benefits if you meet the earnings test. You must have earned at least \$6,300 in wages in Massachusetts in the four completed quarters before you apply for benefits. In the same period, you also must have earned at least 30 times your maximum potential benefit amount.

Job Protection, Continuation of Health Insurance, No Retaliation

- Job Protection:** Generally, if you take family or medical leave under the law you must be restored to your 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:** Your employer must continue to provide for and contribute to your employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if you had continued working continuously for the duration of such leave.
- No Retaliation:** It is unlawful for any employer to discriminate or retaliate against you for exercising any right to which you're 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.

How to File a Claim

Employees must file claims for paid family and medical leave benefits with Mutual of Omaha. Forms are available online at www.mutualofomaha.com/support/forms. Claim forms can be submitted online, via fax to 402-997-1878, or via email at submitgroupPFML@mutualofomaha.com.

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.

Payment for Concurrent Leave

Any paid leave provided under a collective bargaining agreement or employer policy for the same qualifying reasons 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.

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) _____
(Private Plan Name) Has an approved private plan for both family and medical leave Has an approved private plan for family leave only Has an approved private plan for medical leave only

More Information is Available

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

ACKNOWLEDGEMENT

Your signature below acknowledges your receipt of the information above within 30 days from the start date of your employment, whichever is later.

Signature _____
Name (Print) _____
Date

Your signed acknowledgement will be retained by your employer. Please retain a copy for your own reference.

Effective Rates: 2024

Family Leave Contribution: _____%

Under the law, employees cannot contribute more under a private plan that they would under the state plan.

Family Leave Contribution: . _____% Medical Leave Contribution: . _____% Total Leave Contribution: . _____%

Medical Leave	Total Required Contribution: . _____%			Family Leave	Total Required Contribution: . _____%		
	_____	will contribute	_____%		_____	will contribute	_____%
	(Employer Name)	and the remaining	_____%		(Employer Name)	and the remaining	_____%
		of the medical leave contribution			of the medical leave contribution		
		will be deducted from your earnings			will be deducted from your earnings		

Initial _____

