

Employer Notice to Covered Employees:

Minnesota Paid Leave

Your employer provides paid leave through an approved equivalent plan instead of through the state of Minnesota. This plan provides time off, payments and job protections that are equal to or greater than those offered under Minnesota Paid Leave.

United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175
Call Toll-Free: 833-928-2179
mutualofomaha.com

Name of Insurer	Equivalent Plan Covers	Website	Phone
Mutual of Omaha	Both Medical and Family Leave	mutualofomaha.com	833-928-2179

(Employer Name)(Employer Street Address)(Employer City, State, ZIP)(Federal Employer ID Number) (FEIN)

What Can I Use Paid Leave For?

- Medical Leave**
 - To care for your own serious health condition, including care related to pregnancy, childbirth and recovery
- Family Leave**
 - Bonding leave** — to care for and bond with a new child welcomed through birth, adoption or foster placement
 - Caring leave** — to care for a family member with a serious health condition
 - Military family leave** — to support a family member called to active duty
 - Safety leave** — to respond to issues related to domestic violence, sexual assault or stalking for yourself or a family member

Generally, conditions must last at least seven days and be certified by a health care provider or other professional.

Am I Covered By Paid Leave?

Most workers in Minnesota are covered by paid leave. You’re covered no matter the size of your employer or the hours or days you work. Independent contractors and self-employed individuals aren’t automatically covered but may opt in. You may qualify for payments if you’ve been paid a minimum amount for work in Minnesota in the last year (\$3,900 for the start of paid leave in 2026).

How Long Can I Take Leave?

An equivalent plan must offer leave time that is equal to or greater than what’s offered under the state plan. Under the state plan, you may qualify to take up to 12 weeks of family or medical leave per benefit year. If you need both family and medical leave in the same benefit year, you may qualify for up to 20 weeks in total.

For inquiries related to paid leave, please contact **Minnesota Paid Leave** at 651-556-7777 or visit paidleave.mn.gov.
If you think your employer is violating employment protections, contact the **Labor Standards Division** at the Minnesota Department of Labor and Industry.

How Much Will I Get Paid?

An equivalent plan must offer payments that are equal to or greater than what is offered under the state plan. Under the state plan, you’ll be paid up to 90% of your wages based on your income level, with a maximum weekly amount set at the state’s average weekly wage. This amount changes each year and is \$1,423 for the start of paid leave in 2026.

Who Pays for This Coverage?

Minnesota Paid Leave is funded by premiums paid by employees and employers. Your employer may not charge you more than 0.44% of your wages to fund your portion of the equivalent plan premium.

What Are My Employment Protections?

- Job protections:** Generally, you must be restored to your job or an equivalent position when returning from leave. Job protections take effect 90 days after your date of hire.
- Health insurance continuation:** Generally, employers must continue to fund their portion of health care insurance premiums while you are on leave.
- No retaliation or interference:** Employers must not interfere with or retaliate against you if you apply for or use paid leave. Employers cannot take your paid leave payments.

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 mutualofomaha.com/support/forms. Claim forms can be submitted online, via fax to 402-997-1878, or via email at submitgroupPFML@mutualofomaha.com. You may also file a claim telephonically by calling 833-928-2179.
For AbsencePro customers, submit your FMLA/STD/PFML leave information online at absencepro.absencemgmt.com or by calling 877-365-2666.
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.

Acknowledgement

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

SignatureName (Print)Date

Effective Rates: 2026

Under the law, employees can’t contribute more under an equivalent plan that they would under the state plan.

Your contributions are as follows:

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

