Please note: These documents are provided in Word format for your convenience – for easier completion of fillable fields, minor formatting changes (such as the addition of a company logo), or additions about company-specific policies. Employers are responsible for any edits, revisions, additions, or deletions they make to these forms. The Department of Family and Medical Leave (DFML) disclaims any responsibility for modifications made to these forms and cannot guarantee that a form that has been modified from this original version will be compliant.

25 or More Employees Notice- Instructions for Use

As a Massachusetts employer, you are required to inform your Massachusetts employees and covered contract workers about their rights and obligations under the Massachusetts Paid Family and Medical Leave (PFML) law. To do so, you may provide this form to your employees and covered contract workers. You may also create or use a different notice of your choosing as long as the notice you use provides the same information as required by law.

This form is for employers who have 25 or more Massachusetts employees and covered contract workers. If you have less than 25 Massachusetts employees and covered contract workers, please use the Employer notice for a workforce with fewer than 25 covered individuals form. Likewise, if you engage with self-employed individuals who are *not* covered contract workers, you may provide them the Employer notice to self-employed individuals for a workforce with fewer than 25 covered individuals form to notify them of their option to elect coverage for themselves. These forms can be downloaded at mass.gov/dfml.

To use this form, first complete:

1. The chart on page 2 indicating whether you have an approved private plan;
2. The chart on page 5 indicating what percentage of the employee contribution will be deducted from your employees' wages, and what percentage (if any) you will pay;
3. The employer information chart on page 6;
4. The check boxes on page 2 indicating where employees can find information on your private plan, if any. (Check N/A if you are participating in the state Trust Fund.)

Once you have filled out these sections, provide pages 2-6 of this form to your employees and covered contract workers for them to review and sign.

PAID FAMILY AND MEDICAL LEAVE NOTICE TO EMPLOYEES

Please read this notice carefully. It contains important information about your rights, obligations, and eligibility under the Massachusetts Paid Family and Medical Leave (PFML) law. Please keep this notice for your records.

The Massachusetts PFML law provides most Massachusetts employees the right to paid family and medical leave. These rights are described further below and include both (1) job protection when the employee returns to work and (2) partial wage-replacement benefits while the employee is out of work. Employers can provide these benefits either by (1) participating in the PFML Trust Fund operated by the Massachusetts Department of Family and Medical Leave (the Department), or (2) providing an exempt private plan that offers benefits at least as generous as those available through the Department.

Regardless of whether your employer participates in the state Trust Fund or has a private plan, you will be entitled to certain benefits and protections. You may be required to make contributions to the Trust Fund or to fund your employer's private plan, but only up to a certain amount. You will also need to tell your employer when you need leave, and you will need to file an application for benefits with the Department or through your employer's private plan.

An employer may apply for an exemption from the medical leave contribution, family leave contribution, or both. Your employer must provide you information about the private plan and the application process. Your employer has made that information available:

- ✓ In the box below
- ☐ As an attachment to this Notice
- ☐ Other: _____
- ☐ N/A (Employer contributes to Trust Fund)

Fisher College
(Employer Name)

United Healthcare
(Private Plan Name)

1-866-801-4409
(Private Plan Phone Number)

185 Asylum Street, Hartford, CT 06103
(Private Plan Address)

www.uhc.com
(Private Plan Website)

- ☐ Does not have an approved private plan and is providing all leave benefits through the Department;
- ✓ Has an approved private plan for both family and medical leave benefits;
- ☐ Has an approved private plan for family leave benefits only, and is providing medical leave benefits through the Department;
- ☐ Has an approved private plan for medical leave benefits only and is providing family leave benefits through the Department.

I. Explanation of Benefits

Leave Allotments. Under the PFML Law, 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 unique to you and is based on when you take time off through any leave program. Your benefit year starts the Sunday before your first day of leave and lasts for 52 consecutive weeks. The benefit year determines your benefit rate, which will stay the same for the entire benefit year even if you file multiple applications or take different types of leaves. Your benefit rate will only change when you start a new benefit year.

Other Leaves. Any leave you take – paid or unpaid – for the same qualifying reasons listed above will count towards your amount of leave for that benefit year.

Eligibility. You will be eligible for leave and wage-replacement benefits if you meet the earnings test. You must have earned at least 30 times the expected benefit amount and met the minimum earnings requirement established annually by the Department of Unemployment Assistance (DUA), which is $6,300 for 2026, during the last 4 completed calendar quarters. (This is the amount calculated in the "Wage Replacement Payments" section below.)

Wage Replacement Payments. When you take leave for any of the reasons described above, you will be eligible to apply to the Department or to your employer's private plan for wage replacement benefits. These benefits will be a proportion of your average weekly earnings. Your maximum potential benefit amount will be as follows:

- 80% of earnings up to 50% of the State Average Weekly Wage
- 50% of earnings above the State Average Weekly Wage
- In no event more than a maximum amount. For 2026, this maximum benefit amount is $1,230.39. This amount will be adjusted annually based on increases in the State Average Weekly Wage.

Private plans may choose to provide higher benefits but may not provide lower amounts than what the Department would pay.

Concurrent Benefits Payments. If you receive benefits from other sources while you are also receiving benefits from the Department, the benefits you receive from the Department may be reduced. Certain types of other benefits will cause a one-for-one reduction in benefits you receive from the Department. This means that for each dollar you receive from these benefits, your benefit from the Department will decrease by a dollar. Benefits that will have this effect include:

- Workers' Compensation
- Unemployment Insurance
- Permanent Disability Policies or Programs
- Extended Illness Leave Bank Leave

Other forms of benefits will not reduce the benefits you receive from the Department unless you are receiving more than your average weekly wage in total benefits. Benefits that will have this effect include:

- Temporary Disability Policies or Programs (including both Short-Term Disability and Long-Term Disability)
- Employer-run Family and/or Medical Leave Policies or Programs

Topping off PFML benefit payments In general, employees may use their paid leave (sick time, vacation, or other PTO) to top off their PFML benefits up to a certain amount, but you will need to follow your employer's policies regarding earning and using time off. Your employer's PTO policy may not discriminate against you for exercising a right to which you are entitled under the PFML program (M.G.L. c 175M). For employees who choose to supplement their PFML benefits in this way, the combined weekly sum of PFML benefits and employer-provided paid leave benefits cannot exceed the employee's Individual Average Weekly Wage (IAWW). Employers will be responsible for monitoring and ensuring that the combined weekly sum of employer-provided paid leave benefits and PFML benefits does not exceed an employee's IAWW. Employers are also responsible for managing any payments made to an employee that exceed the employee's IAWW. The Department is not involved in the repayment process for top off overages. This process is solely the responsibility of the employer and the employee.

II. Employee Rights and Protections

Job Protection. Generally, if you take family or medical leave, once you return to work, your employer must restore you 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 you started your leave. This may not apply if your position was eliminated due to economic reasons unrelated to your use 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 for the duration of such leave. Your employer may require you to continue to pay your portion of your health insurance premium on the same terms and conditions as before your leave.

No Retaliation. It is unlawful for any employer to discriminate or retaliate against you for exercising any right to which you are entitled under the paid family and medical leave law. An employee or former employee who is 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.

III. Contribution Amounts

To help fund paid leave benefits available under the PFML law, your employer may make a contribution, funded in part by a deduction from your wages, which will either be remitted to the Trust Fund or to the operator of your employer's private plan. An employer who contributes to the Trust Fund will be required to contribute the following amounts:

Family Leave Contribution	Medical Leave Contribution	Total Contribution Amount
0.18% of earnings*	**0.70% of earnings***	**0.88% of earnings***

Because your employer has 25 or more covered workers, the total contribution amount is 0.88% of wages.

Under the law, employers are responsible for a minimum of 60% of the medical leave contribution (.42% of wages) but are permitted to deduct from employees' wages up to 40% of the medical leave contribution (.28% of wages) and up to 100% of the family leave contribution (.18% of wages) for a total of .46% of wages. Whether your employer has a private plan or participates in the state Trust Fund, your employer cannot deduct more than these percentages from your wages.

Your employer has elected to allocate the contribution amount as follows:

Medical Leave				
Total Required Contribution: .70%*				
Fisher College (Employer Name)	will contribute	**.42%**	of the medical leave contribution
	and the remaining	**.28%**	will be deducted from your earnings

Family Leave			
Total Required Contribution: .18%*			
Fisher College (Employer Name)	will contribute	**0%**	of the family leave contribution
	and the remaining	**.18%**	will be deducted from your earnings

Please initial here to indicate that you understand that this percentage of your wages earned in a pay period will be deducted from your pay each pay period: _____

* The numbers provided are through 2026. These rates may be adjusted on an annual basis, effective January 1 of each calendar year.

IV. Notifying your Employer

BEFORE you take leave or apply for benefits, you MUST notify your employer that you need to take leave. You are required to provide at least 30 days' notice of your need for leave. If 30 days' notice is not possible due to circumstances beyond your control, you must provide notice as soon as practicable, and in any event, before you file any application for benefits.

When you notify your employer of your need for leave, you must provide the following information:

1. The anticipated start date of leave;
2. The anticipated length of the leave;
3. The expected date of return from leave;

4. Whether you will need intermittent leave (leave taken in separate blocks of two or more) or reduced leave (leave that involves a reduced schedule of fewer hours or days per week), and;
5. If you need intermittent or reduced leave schedule, the expected frequency of leave and expected duration of each instance of leave.

If any of this information changes, you must tell your employer as soon as you are aware of the change.

V. Submitting an application

To apply for PFML benefits, you will need the following information about your employer:

Fisher College
(Employer Name)
118 Beacon Street
(Employer Street Address)
Boston, MA 02116
(Employer City, State, Zip)
04-2005934
(Federal Employer ID Number) (FEIN)

If your employer has an exempt private plan, you must file a claim for benefits with the provider of that plan.

Under Onapsis's private plan, employees will apply for medical and/or family leave directly with Equitable. Please contact Human Resources when you anticipate a need for leave so we can provide you claim filing information.

VI. For More Information

For more detailed information about benefits, please consult the Department's website: www.mass.gov/DFML.
You may contact the Department of Family and Medical Leave at:

The Massachusetts Department of Family and Medical Leave
PO Box 838
Lawrence, MA 01842
Contact Center: (833) 344-7365

For more information regarding filing a claim, please contact Equitable directly.

Notice of Benefits Available Under M.G.L. Chapter 175M

Paid Family and Medical Leave (PFML)

Available Leave

Covered individuals may be entitled to family and medical leave for the following reasons:

- up to 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work.
- up to 12 weeks of paid family leave in a benefit year related to 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.
- up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member with a serious health condition.

Covered individuals are eligible for no more than 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

Benefits

To fund PFML benefits, employers may deduct payroll contributions of up to 0.46% (adjusted annually) from a covered individual's wages or other earnings. A covered individual's average weekly earnings will determine his or her benefit amount, for a maximum weekly benefit of up to $1,230.39 (adjusted annually).

Who is a Covered Individual Under the Law?

Generally, a worker qualifies as a covered individual eligible for PFML benefits if they are:

- covered by unemployment insurance in Massachusetts and paid wages by a Massachusetts employer; or
- a self-employed individual who resides and works in Massachusetts and chooses to opt-in to the program; and
- has earned at least 30 times the expected benefit and at least $6,300 (adjusted annually) in the last four completed quarters preceding the application for benefits.

Job Protection

Generally, an employee who has taken paid family or medical leave must be restored to the employee's previous position or to an equal position, with the same status, pay, employment benefits, length-of-service credit, and seniority as of the date of leave.

These job protections do not apply to former employees, independent contractors, or self-employed individuals.

Health Insurance

Employers must provide for, contribute to, or otherwise maintain 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.

Private Plans

If an employer offers employees paid family leave, medical leave, or both, with benefits that are at least as generous as those provided under the law, the employer may apply for an exemption from paying the contributions. Employees continue to be protected from discrimination and retaliation under the law even when an employer opts to provide paid leave benefits through a private plan.

Name of Private Insurer: United Healthcare Private plan is for: ☐ Medical ☐ Family ☒ Both

Address: 185 Asylum Street Phone: 1-866-801-4409

City, State & Zip Code: Hartford, CT 06103 Website: www.uhc.com

No Retaliation or Discrimination

- It is unlawful for an employer to discriminate or retaliate against an employee for exercising any right to which s/he is entitled under the 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, and may be entitled to damages of as much as three times his or her lost wages.

If you have questions or concerns about your PFML rights, call:

(833) 344-7365 or visit: https://www.mass.gov/DFML

This notice must be posted in a conspicuous place on the employer's premises.

PFML Paid Family & Medical Leave MASSACHUSETTS

2026 Poster
Revised 10/2025