



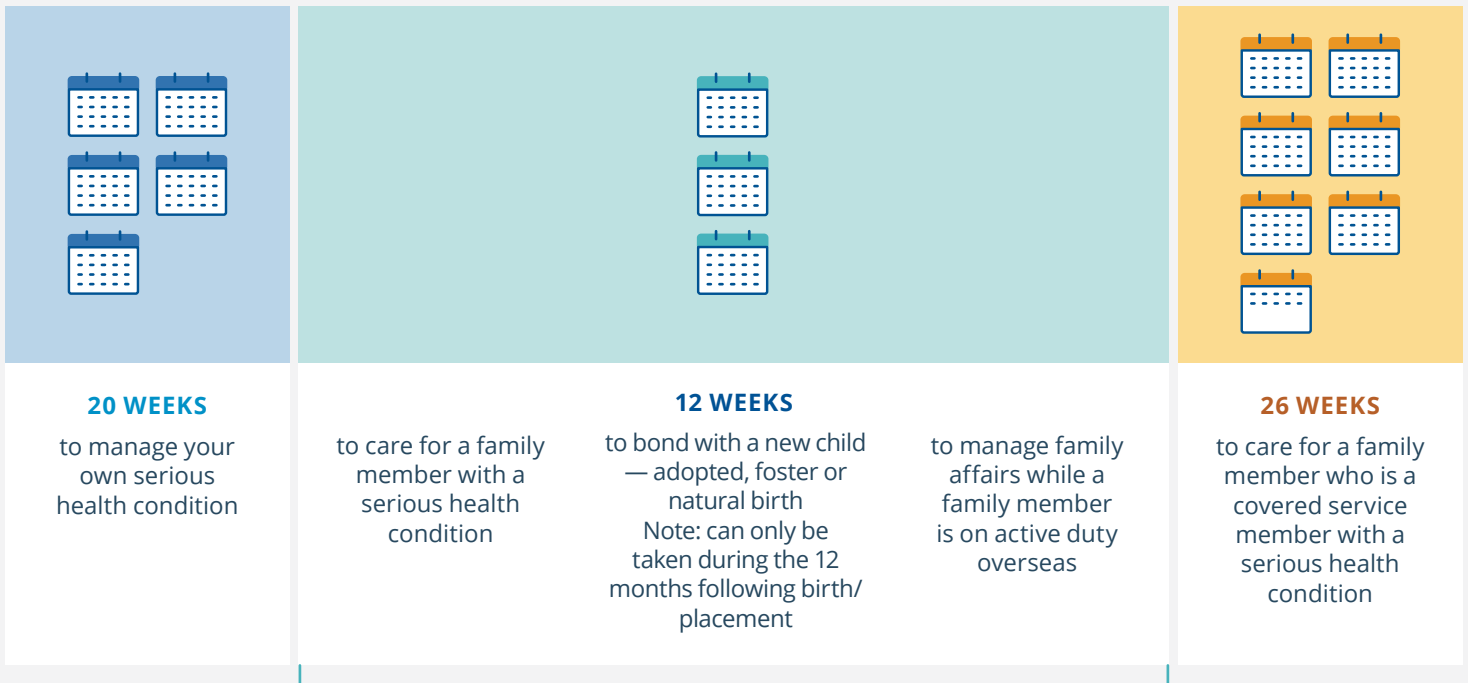
Everything you need to know about Massachusetts Paid Family and Medical Leave

The Massachusetts Paid Family and Medical Leave (MA PFML) program allows workers, like you, to take **paid** time off to welcome a new child into the family, to care for yourself or a relative when struck by a serious health condition and for certain military considerations.

Your employer has a private plan through Unum (Paid Leave-MA), which provides benefits as generous as the MA PFML program.

Reasons for you to request leave

You can apply for up to a combined **total of 26 weeks** per benefit year:*



Of those 26 weeks, you can apply for up to a **total of 12 weeks** of leave for these reasons

Important definitions for understanding qualified leaves

Serious health condition:

An illness, injury, impairment or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical facility or continuing treatment by a health care provider. Cosmetic surgery is not considered a serious health condition unless inpatient hospital care is required or complications develop. Substance use disorder may be considered a serious health condition if the patient is receiving treatment from a health care provider, by a provider of health care services on referral by a health care provider or by a program licensed by the MA Department of Public Health.

Family member:

Your spouse, domestic partner, child, parent, grandchild, grandparent or sibling; the parent of your spouse or domestic partner; and guardians who legally acted as a parent when you were a minor. Please note that Massachusetts’s family member definition expands beyond that of the Family and Medical Leave Act (FMLA), so your MA PFML leave may not qualify for FMLA as well.

How Paid Leave-MA helps you and your family

Your time off through Paid Leave-MA is job-protected and paid according to the following guidelines:

- When you return from leave, your employer must restore you to the same job you had before taking leave or to a job that has the same pay status, employment benefits, length-of-service credit and seniority. There are some limited exceptions to this protection.
- If you get your health insurance through your employer, they will have to continue to provide that health insurance and pay whatever portion of the cost they usually cover while you are on leave, the same way that they would if you weren't on leave. If you usually pay a portion of your health insurance costs through your employer, you will need to continue to do that during your leave.
- Benefits are based based on the average weekly wage of workers throughout Massachusetts — \$1,829.13 per week for 2025 (increase to \$1,922.48 effective 1/1/2026).

The weekly benefit amount for you is calculated as follows: the portion of your average weekly wage that is equal to or less than 50% of the state average weekly wage will be replaced at a rate of 80%, and the portion of your average weekly wage that is more than 50% of the state average weekly wage will be replaced at a rate of 50%.

The maximum weekly benefit amount derived from the above calculation shall not be more than \$1,170.64 for new qualifying leaves that establish a benefit year in 2025 (increase to \$1,230.39 effective 1/1/2026).

Example

Suzie's average weekly wage* is \$1,000 per week. Since she earns more than 50% of the MA average weekly wage (\$961.24), she will receive:

$$\begin{array}{r} 80\% \text{ of } \$961.24 = \mathbf{\$768.99} \\ + \\ 50\% \text{ of } (\$1,000 - \$961.24) = \mathbf{\$19.38} \\ \hline \mathbf{\$788.37/week} \end{array}$$

Check out this calculator to estimate your potential benefits:

calculator.digital.mass.gov/pfml/yourbenefits/

*Based on your two highest quarters of earnings within the last four completed quarters.



Please contact Simmons for information on how to apply for own medical leave & family leaves.

Email: benefits@simmons.edu

Phone: 617-521-2084

What you need to apply for Paid Leave with Unum

Documents to verify your leave



Medical leave

You will need to include information from a health care professional that says

- That you have a serious health condition
- When your condition began
- How long they think your condition will continue
- Any other relevant details about your condition



Family leave to care for a family member with a serious health condition

You will need to include information from a health care professional that says

- That your family member has a serious health condition
- When your family member's condition began
- How long they think your family member's condition will continue
- Any other relevant details about your family member's condition
- Information about how often and how long your family member needs you to care for them

You may need to provide:

- The name and address of your family member and their relationship to you
- Proof of your family member's identity



Family leave to bond with a new child

To take family leave to bond with a newborn child, you may need to submit any one of these three documents:

- A copy of the child's birth certificate, or
- A statement from the child's health care provider stating the child's date of birth, or
- A statement from the mother's health care provider stating the child's date of birth

To take family leave to bond with a child who has been recently adopted or placed in your home for foster care, you will need documentation from the child's health care provider or the foster or adoption agency confirming the date of the child's adoption or placement.



Family leave to manage family affairs while a family member is on active duty overseas

You should provide

- The name and address of your family member
- Their relationship to you
- A copy of your family member's active duty orders, a Letter of Impending Activation or an explanation of other circumstances from their commanding officer

Documents to verify your leave



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

You will need to include information from a health care professional that says

- That your family member has a serious health condition
- That your family member's serious health condition is connected to the service member's military service
- How long they think your family member's condition will continue
- Any other relevant details about your family member's condition
- Information about how often and how long your family member needs you to care for them

You should provide

- The name and address of your family member
- Their relationship to you
- An attestation by the service member's health care provider and the covered individual that the health condition is connected to the service member's military service
- A statement of the family relationship between the service member and the family member requesting benefits



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*Combined all paid leaves per benefit year is 26 weeks. The policy or its provisions may vary or be unavailable in some states. The policy exclusions and limitations which may affect any benefits payable.

See the actual policy or your Unum representative for specific provisions and details of availability.

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