



## NOTICE AND ACKNOWLEDGEMENT PAID FAMILY AND MEDICAL LEAVE LAW MGL c. 175M

In 2018, Massachusetts signed into law a statute that provides paid family and medical leave (PFML) benefits to public and private workers. That law requires covered employers to provide employees with notice of the benefits and the employer/employee contributions for the Paid Family Medical Leave program. The University of Massachusetts is providing you with this notice in order to comply with this requirement. [Options and instructions for how to acknowledge this notice are located at the bottom of this document.](#)

### 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 percentage of wages up to a maximum benefit of \$850 per week.

Leave taken under M.G.L. c. 175M shall run concurrently with leave taken under other applicable state and federal leave laws, including but not limited to, the Commonwealth's Parental Leave Act (section 105D of M.G.L. c. 149), the federal Family and Medical Leave Act of 1993 (29 U.S.C. 2601 et seq.), as amended, when the leave is for a qualified reason under those acts.

In some instances, 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 may count against the allotment of leave benefits available under this law.

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

- On October 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 00.75% of wages. Of that 00.75% 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 and up to 100% of the family leave contribution.
- As an employee of the University of Massachusetts, the Default Employee Share from your earnings is as follows:
  - 40% of the Medical Leave Contribution
  - 100% of the Family Leave Contribution

Your employer will contribute:

- 60% of the Medical Leave Contribution
- 0% of the Family Leave Contribution

## Job Protection, Continuation of Health Insurance and 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.

## 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](http://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 Paid Family Medical 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.

## Contact Information

### The Massachusetts Department of Family and Medical Leave

Charles F. Hurley Building  
19 Staniford Street, 1<sup>st</sup> Floor Boston, MA 02114  
(617) 626-6565  
MassPFML@mass.gov

For more detailed information, please consult the Department's website: [www.mass.gov/DFML](http://www.mass.gov/DFML).

For the purposes of this notification your employer is:

Commonwealth of Massachusetts  
1 Ashburton Place Room 901  
Boston, MA 02108  
Employer ID# 04-6002284

## Options and Instructions for Acknowledgement

You have three options for acknowledging receipt of this Notice:

1. Select the link to HR Direct that is embedded in the email that you received or log onto HR Direct.
2. Print the portion of this document entitled "PFML Notice Acknowledgement Form", sign it, and mail it to the UMass Presidents Office, Human Resources Office, 333 South Street, Suite 400, Shrewsbury, MA 01545.
3. Print the portion of this document entitled "PFML Notice of Acknowledgement Form" and have it hand delivered to any of the locations listed below. You can also pick up a printed copy of the regulations and the acknowledgement form at these locations.

## Drop-off Locations

Main Human Resources Office  
325 Whitmore Building - 181 Presidents Drive

Auxiliary Enterprises Human Resources Office  
918 Campus Center - 1 Campus Center Way

Physical Plant Human Resources Office  
360 Campus Center Way Room 214



**PFML NOTICE ACKNOWLEDGEMENT FORM**

PAID FAMILY AND MEDICAL LEAVE LAW MGL c. 175M

Please complete only one of the two boxes below:

Your signature below acknowledges your receipt of the Paid Family and Medical Leave Notice and Acknowledgement Form.

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**Signature** **Date**

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**Name (Print)** **Campus** **Employee ID**

Your signature below indicate you have declined to acknowledge receipt of the Paid Family and Medical Leave Notice and Acknowledgement Form.

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**Signature** **Date**

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**Name (Print)** **Campus** **Employee ID**

Your signed acknowledgement, or statement indicating your refusal to sign the acknowledgement, will be retained by your employer. You may retain a copy for your own reference.