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2026 statutory disability insurance matrix by state

Effective 1/1/2026

1. California
2. Colorado
3. Connecticut
4. Delaware
5. District of Columbia
6. Hawaii
7. Maine
8. Maryland
9. Massachusetts
10. Minnesota
11. New Jersey
12. New York
13. Oregon
14. Puerto Rico
15. Rhode Island
16. Washington

Revised 10/2/2026

CALIFORNIA

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Disability and Paid Family Leave Employment Development Department (EDD) Disability dept. contact: 800-480-3287 PFL dept. contact: 877-238-4373 State website: www.edd.ca.gov	State administered State Disability Insurance (SDI) Plan, administer a Self-insured Plan, or obtain coverage from an admitted insurer, which must exceed State Plan benefits in at least one provision. Disability covers an EE's own illness or injury, either physical or mental, which prevents them from performing their regular and customary work. Disability also includes elective surgery, pregnancy, childbirth, or other related medical conditions. PFL provides up to (8) weeks of benefits to EE's who take time off to care for a family member with a serious health condition or to bond with a minor child within (1) year of the birth or placement of the child in connection with foster care or adoption. Qualifying family members include: • Child • Spouse • Domestic partner • Parent • Parent-in-law • Grandparent • Grandchild • Sibling Effective 1/1/21: Military Exigency Leave is available to EE's participating in a qualifying exigency related to the covered active duty or call to covered active duty of the individual's spouse, domestic partner, child, or parent in the Armed Forces of the United States will be eligible for CA PFL benefits.	Voluntary Plan/ SDI (rates include PFL) Employee Contribution Rate: 1.3% Employer Contribution Rate: Optional (May elect to pay all or part of employee amount.) Note: Effective January 1, 2024, Senate Bill 951 removes the taxable wage limit and withholdings for each employee subject to SDI contributions.	Eligibility for Disability/PFL: • Must be unable to do regular or customary work for at least eight days. • Must be employed or actively looking for work at the time their disability begins. • Must have lost wages because of their disability or, if unemployed, have been actively looking for work. • Must have earned at least $300 from which VP deductions were withheld during a previous period, unless the VP is employer funded. • Must be under the care and treatment of a licensed physician/ practitioner or	Waiting Period for Disability: 7 calendar days of wage loss, does not need to be consecutive and includes non-scheduled workdays. Partial days count as 1 full waiting period day. Benefits begin on the eighth (8th) day of disability. The waiting period is not included in the maximum duration. CA RELAPSE PERIOD Same or related cause or condition separated by not more than (60) days is considered one continuous period of disability PFL: No Waiting Period PFL may be taken intermittently in less than a full day because an EE is eligible for benefits if they have a wage loss. Reduced work schedule is allowed for disability & PFL.	Wage replacement rate: (70% or 90%) • 70%: For individuals who earn more than 70% of the State's Average Quarterly Wage • 90%: For individuals who earn 70% or less than the State's Average Quarterly Wage State Average Quarterly Wage (SAQW) = SAWW rate x 13: $23,257 State Average Weekly Wage (SAWW): $1,789 Benefit proration: Benefits payable for less than one week will be paid in increments of 1/7 of the weekly benefit.	Maximum Disability & PFL Weekly Benefit: $1,765 Maximum Annual Disability Benefit: $91,780 (52 weeks x $1,765) Minimum Disability & PFL Weekly Benefit: $50 Maximum Annual PFL Benefit: $14,120 ($1,765x 8 weeks)	Maximum Duration of Benefit Period for: Disability Leave: 52 times the weekly benefit Paid Family Leave: 8 times the weekly benefit in a 12-month period Claim Year Calculation Method: Disability: claim year is per event. PFL: Rolling Forward Calendar Year. The 12-month period is 365 consecutive days beginning with the first day from which the individual first establishes a valid claim.

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CALIFORNIA

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	Job Protection: CA SDI and PFL provide wage replacement benefits only; they do not provide job protection. Job protection may be provided under other laws such as FMLA and/or CFRA.		accredited religious practitioner during the first eight days of their disability.				

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
San Francisco – Paid Parental Leave Ordinance (SF PPLO) The Office of Labor Standards Enforcement (OLSE) Website overview of SF PPLO; https://www.sf.gov/information--paid-parental-leave-ordinance San Francisco Paid Parental Leave Ordinance Calculator. See Resources: https://www.sf.gov/information--san-francisco-paid-parental-leave-calculator	Applies to Employers (ERs) worldwide that have Employees (EEs) who work in SF. ERs with 20 or more EEs are required to provide SF Paid Parental Leave Ordinance (SF PPLO) supplemental compensation to EEs who are receiving California Paid Family Leave (CA PFL) for purposes of bonding with a newborn, newly adopted child, or foster child. Job Protection: SF PPLO does not provide job protection.	No EE contributions are required. SF PPLO is fully funded by the San Francisco covered Employers. Employers can withhold funds for retirement and health insurance premiums from the SF PPLO supplemental compensation payments.	Note: EE must first apply and be approved for CA PFL with CA Employment Development Department (EDD) before SF PPLO can be paid. A "Covered Employee" entitled to supplemental compensation under the SF PPLO is an EE: 1. Who works in SF. 2. Who began employment w/the covered ER at least 180 days prior to the start of the leave period. **August 2026: A new amendment to the SF PPLO reduces that waiting period from 180 to 90 days of employment after the following phase in periods:** • Employers with 100 or more employees: 180-day rule applies through December 31, 2026 • Employers with 20–99 employees: 180-day rule applies through December 31, 2027 Once these transition periods close, the 90-day	No Waiting Period is required for SF PPLO.	SF covered Employers are required to provide Supplemental Compensation in an amount such that the CA PFL wage replacement benefits plus the SF PPLO benefits equals 100% of the EE's gross weekly wage subject to a maximum weekly amount.	SF PPLO requires no minimum benefit. Maximum Weekly Benefit includes: CA PFL (70%/90%): Maximum weekly rate: $1,765 SF PPLO (10%/30%): Maximum weekly rate ($2,522 - $1,765): $757 Total (100%) combined between CA PFL & SF PPLO: Maximum weekly total benefit: $2,522	Maximum Duration of Benefit Period for SF PPLO: 8 weeks in a 12-month period

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
			standard applies uniformly to all covered employers. 3. Who performs at least eight (8) hours of work per week for a covered ER in SF. 4. Who works in SF at least 40% of total weekly hours for a covered ER. 5. Who applies for & receives CA PFL benefits from EDD for the purpose of bonding with a newborn, newly adopted child, or foster child. Government EE's are not covered.				

COLORADO

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Colorado Family and Medical Leave Insurance (CO FAMLI) Effective 1/1/24 CO Department of Labor and Employment Contact Information: For individual FAMLI account-specific questions, call: 1-866-CO-FAMLI (1-866-263-2654) For general FAMLI program questions: CDLE_FAMLI_info@state.co.us State website: https://famli.colorado.gov/	State Plan, Insured and Self-insured Private Plans permitted Wage replacement benefits to EE's who take time away from work for: 1. EE's own SHC 2. Care for a family member with a SHC 3. Bond w/new child 4. Military Exigency 5. Safe Leave - Responding when an individual or a family member is a victim of domestic violence, stalking, or sexual assault or abuse. 6. Neonatal Leave (Effective 1/1/26) - Any parent who has a child receiving care in a neonatal intensive care unit (NICU) can receive paid leave. Qualifying family members: • spouse • domestic partner • Child • Parent • Stepmother	Funded by employee/ employer payroll tax split Annual Taxable Wage Base: $184,500 (Based on the Social Security wage base cap, which is updated annually) Premium is currently set to 0.88% of EE's wage up to the federal Social Security Wage Cap: Employee Contribution Rate: 0.44% paid by the employee Employer Contribution Rate: 0.44% paid by employer.	Eligible Employees: Includes full- time, part-time, and seasonal CO workers who earn at least $2,500 during the base period (1st 4 of last 5 completed quarters) or alternate base period (last 4 completed quarters) prior to leave. An EE can meet the $2,500.00 requirement by earning wages subject to premiums from any combination of employers, and an EE does not need to earn $2,500.00 from their current employer to meet the threshold. The EE can file an application for benefits with each employer.	No Waiting Period Intermittent leave: EE may use in increments of 1 hour or shorter periods consistent with the increments the employer typically uses to measure employee leave Reduced work schedule is allowed.	Wage replacement rate: 90% wage replacement for those earning equal to or less than 50% of the state's average weekly wage; and 50% of the portion of their wages that exceed the state average weekly wage. Effective (7/1/25 – 6/30/26) State Average Weekly Wage (SAWW) = $1,534.94 (re-evaluated annually on July 1st) • Average weekly wage less than or equal to $767.47 (50% of SAWW) shall be replaced at a rate of 90%. • Average weekly wage above $767.47 (50% of SAWW) shall be replaced at a rate of 50%, up to the maximum benefit. Effective (7/1/26 – 6/30/27) Note: The new SAWW is applied to the benefit calculation of in-flight claims that continue beyond 7/1/26 & new claims that begin on or after 7/1/26.	Maximum Weekly Benefit effective 7/1/25 – 6/30/26: $1,381.45 Maximum Weekly Benefit effective 7/1/26 – 6/30/27: $1,448.02 Minimum Weekly Benefit: N/A	Maximum Duration of Benefits: Up to 12 weeks for any combination of leaves (medical or family leave) *Up to 4 additional weeks available for serious health conditions related to pregnancy complications or childbirth complications for a total of 16 weeks. Effective 1/1/26: A parent who has a child receiving care in a neonatal intensive care unit (NICU) can receive up to an additional 12 weeks of paid leave per child. The "birthing parent" can have a combined total of 28 weeks combined between 4 extra weeks of medical leave for serious health condition related to pregnancy complications or childbirth complications, 12 weeks of family bonding leave & 12 weeks of neonatal leave per child.

COLORADO CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	• Stepfather • Grandparent • Grandchild • Sibling • Individual related to EE by blood or affinity whose close association is equivalent to a family relationship Federal Government EE's are not covered. Job protection: An EE who has worked for the ER for at least 180 days is entitled to return to the same position, or an equivalent position, upon their return from FAMLI leave.				State Average Weekly Wage (SAWW) = $1,608.91 (re-evaluated annually on July 1st) • Average weekly wage less than or equal to $804.46 (50% of SAWW) shall be replaced at a rate of 90%. • Average weekly wage above $804.46 (50% of SAWW) shall be replaced at a rate of 50%, up to the maximum benefit. Benefit proration: Benefits are prorated based on EE's work schedule.		The "non-birthing parent" can have a combined total of 24 weeks combined between 12 weeks of family bonding leave & 12 weeks of neonatal leave per child. Claim Year Calculation Method: Rolling Forward Calendar Year from the first day of leave.

CONNECTICUT

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Connecticut Paid Leave (CT PL) Effective 1/1/2022 Connecticut Paid Leave Authority State website: https://www.ctpaidleave.org CT Paid Leave For questions about a claim filed, contact Aflac at (877) 499-8606.	State Plan, Insured and self-insured private plans permitted. Wage replacement benefits to EE's who take time away from work for: 1. Care for a family member with a SHC 2. Bond w/new child during first 12 months after birth, adoption, or foster care placement 3. EE's own injury, illness, or pregnancy 4. Military Exigency 5. Serve as an organ donor 6. Address issues related to domestic violence if they are a victim or a family member who is victim of violence Qualifying family members: • Spouse or domestic partner • Child • Parent or parent of spouse or domestic partner • Grandparent • Grandchild	Fully funded by employee payroll tax. Annual Taxable Wage Base: $184,500. Employee Contribution Rate: 0.5% of EE's wages (Premium withholdings are capped at the Social Security cap, which is updated annually. It is $184,500.	EE's are eligible for benefits if they have earned wages of at least $2,325 in the highest quarter of the first four of the five most recently completed quarters and are currently employed, and have been employed within the last 12 weeks, or are self-employed, a sole proprietor and a CT resident enrolled in the program.	No waiting period is required. Employer must agree to intermittent leave for bonding/ placement. EE is required to provide the employer with 30-day notice or as soon as practicable if unforeseeable. Intermittent Leave: EE's may use intermittent leave in the same increments the employer allows for federal and CT FMLA. Bonding leave – intermittent leave allowed if agreed by ER & EE. Reduced work schedule is allowed.	Wage replacement rate: Up to 95% of employee's base weekly earnings. Up to 40 times the Connecticut minimum wage, and 60% of the employee's base weekly earnings above 40 times the Connecticut minimum wage up to a maximum of 60 times the CT minimum wage. Average weekly wage is reviewed annually on Oct. 1st. Benefit proration: Benefits are prorated based on EE's work schedule.	Maximum Weekly Benefit (is impacted by minimum wage rate for the state) (60x's the minimum wage): $1,016.40 Note: 60 times the minimum wage will be equal to $1,016.40 ($16.94 x 60) on 1/1/26. Minimum Benefit: N/A	Maximum Duration of Benefits in a 12-month period: 12 weeks combined total between medical and family leave. 2 additional weeks allowed if EE is incapacitated during pregnancy for a combined annual maximum of 14 weeks. 12 workdays of paid leave for Victims of Family Violence. Military Caregiver Leave: Up to 26 weeks. Claim Year Calculation Method: State uses rolling backward. Private Plans can choose any one of the following methods: An eligible EE is entitled to a total of 12 workweeks of leave during any 12-month period, the 12-month period will be determined utilizing any one of the following methods: 1. A calendar year; 2. any fixed 12-month

CONNECTICUT CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	• Sibling • Individual related to EE by blood or affinity whose close association is equivalent to a family relationship Job Protection: CTPL provides wage replacement benefits only; it does not provide job protection. Job protection may be provided under FMLA and/or CTFMLA						period, such as a fiscal year or a 12-month period measured forward from an EE's 1st date of employment; 3. a 12-month period measured forward from an EE's 1st day of leave taken FMLA, inclusive; or 4. a rolling 12-month period measured backward from an EE's 1st day of leave taken.

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DELAWARE

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Delaware Paid Leave Effective 1/1/26 Delaware Department of Labor State website: https://labor.delaware.gov/delaware-paid-leave-is-coming/ If claimants have questions regarding DE PFML they can email: PFMLClaims@delaware.gov or call ph. 302-761-8375 If Employer or TPA has questions about DE PFML they can email: PFML@delaware.gov or call ph. 302-761-8375	State Plan, Insured and Self-insured Private Plans permitted. Wage replacement benefits to EE's who take time away from work for: 1. EE's own SHC 2. Care for a family member with a SHC. 3. Bond w/new child (birth, foster, or adoption) 4. Military Exigency Qualifying family members: • Spouse • Child • Parent EE's that are not eligible: • EE's with less than 1 year of service or less than 1250 hours with a single employer. • Federal Government EE's. • State of DE EE's in a casual/seasonal position • Department of Education EE's who are in a casual/ seasonal position. Job protection: DE PFML provides job protection.	Employers are legally responsible for 100% of the required contributions, but they may deduct up to half of the cost of the program from their employees' paychecks. However, employers can require that EE pay up to 50% of the cost through payroll deductions. Annual Taxable Wage Base: $184,500 (based on the Social Security wage base cap, which is updated annually) Premium is currently set to 0.80% of EE's wage up to the federal Social Security Wage Cap: Employee Contribution Rate: 0.40% paid by the employee Employer Contribution Rate: 0.40% paid by employer.	EE is eligible for family and medical leave benefits if they: • Work primarily in DE (60% of their time). • Have 1 year of service with their employer. • Have at least 1,250 hours worked with their employer in the most recent 12 months. EE's who are assigned to Delaware teams but telecommute or are on temporary assignment out of the state can sign a reclassification form to be eligible for benefits.	No Waiting Period Intermittent leave: EE may use in increments of 1 full day. Reduced work schedule is allowed.	Delaware Paid Leave provides a monetary benefit. Wage replacement rate: 80% wage replacement of the EE's average annual weekly FICA wages (base wages, commissions, bonuses & tips). Benefit proration: Benefits are prorated based on EE's work schedule.	Maximum Weekly Benefit: $900 Minimum Weekly Benefit: If the covered individual's average weekly wage is less than $100 a week, the weekly benefit must be the covered individual's full wage.	Maximum Duration of Benefits: Up to a (12) week cap per year. An employee may have more than 1 qualifying event per 24-month benefit period, the total number of weeks available for a particular leave type during that benefit period may not exceed 6 weeks. Medical Leave (to address own SHC): 6 weeks every 24 months (2 years) Family Caregiver Leave (includes Qualified Exigency Leave): 6 weeks every 24 months (2 years) Parental Leave: Up to 12 weeks per year Claim Year Calculation Method: Rolling forward calendar year.

DISTRICT OF COLUMBIA

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Paid Family and Medical Leave Effective 7/1/20 (DC PFL) Department of Employment Services (DOES) - Office of Paid Family Leave (OPFL): Phone: 202-899-3700 Email: does.opfl@dc.gov Websites: https://does.dc.gov/page/dc-paid-family-leave https://dcpaidfamilyleave.dc.gov Resources: https://dcpaidfamilyleave.dc.gov/resources/ Employers and EE's will use an online portal to interact with OPFL and receive information.	District administers the program. Insured, Self-insured Plans are NOT allowed. Wage replacement benefits to EE's who take time away from work for the following: • EE's own serious health condition • Care of a family member w/a serious health condition • Bond w/a newborn, adopted, or foster child or placement of a child into their household that they legally assume & discharge parental responsibility over Qualifying Family Members: 1. Biological, adopted, foster, or stepchild (including a child of a domestic partner); a legal ward; or someone that a worker acts as parent to; 2. Biological, foster, or adopted parent, a parent-in- law, a stepparent, a legal guardian, or other person who acted as a parent to the worker	No EE contributions are required. DC PFL is fully funded by the DC covered Employers. PFL is funded by a 0.75% payroll tax, paid by covered Employer on the wages of each of its covered EE's. PFL tax is collected quarterly.	EE's are eligible if they work for a covered employer & spend more than 50% of their work time for that employer in DC; or whose employment for the covered employer is based in the District and who regularly spends a substantial amount of their work time for that covered employer in the District and not more than 50% of their work in another jurisdiction. To be eligible for these benefits, EE must meet the following criteria: • must be a covered worker in DC; or • must be self-employed and have opted into the PFL program • must be employed at the time of completing the benefits application	No Waiting Period Leave may be taken intermittently in 1 Full Day increments. Reduced work schedule is allowed.	DC PFL provides a monetary benefit. Paid-leave benefits are calculated based on an eligible individual's average weekly wage; the total wages in covered employment earned during the highest 4 out of 5 quarters (the base period) immediately preceding a qualifying event, divided by 52. State Average Weekly Wage (SAWW) announced annually on July 1st. Benefit proration: Paid-leave benefits for partial weeks of leave shall be calculated based on the weekly benefit amount divided by the average number of days worked per week during an eligible individual's base period.	Effective 10/1/24 – 9/27/25: Maximum Weekly Benefit increased to $1,153. Effective 9/28/25 – 9/30/26: Maximum Weekly Benefit increased to $1,190. Effective 10/1/26 – 9/30/27: Maximum Weekly Benefit decreased to $1,100 Maximum Annual Benefit: shall be based on the type of leave(s) taken by the EE within the same 52-week period. Minimum Weekly Benefit: "DC does not have a Minimum weekly benefit" Benefit payments are paid every two weeks on a set schedule.	Maximum Duration of Benefit during a Benefit Year (52 weeks): Effective 1/1/26 – 9/30/26: Medical Leave: 12 weeks Pre-natal Leave: 2 weeks (these 2 weeks are included as part of the 12 weeks of medical leave Family Leave: 12 weeks Parental Leave: 12 weeks Effective 10/1/26 – 9/30/30: Medical Leave: 10 weeks Pre-natal Leave: 2 weeks (these 2 weeks are included as part of the 10 weeks of medical leave Family Leave: 6 weeks Parental Leave: 12 weeks (EE taking

DISTRICT OF COLUMBIA

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	when the worker was a child; 3. A domestic partner or spouse; 4. A grandparent; or 5. A sibling Job Protection: The DC PFL does not provide job protection above & beyond that provided under FMLA and/or the DC FMLA.		• must have experienced a qualifying event 30-day ER notice required when leave is foreseeable.				parental leave may also qualify for up to 2 additional weeks of prenatal leave, for a maximum of 14 weeks of combined benefits). Effective 10/1/30: law amendments restore the previous amounts of leave for employees that file claims on or after October 1, 2030 (i.e., 12 workweeks of parental leave; 12 workweeks of family leave; 12 workweeks of medical leave; and 2 workweeks of prenatal leave). If an employee has multiple events, they cannot take more than twelve 12 weeks of leave within a 52-week period with one exception; when an employee takes 2 weeks of prenatal leave, they can take an additional 12 weeks of parental leave for a total of 14 weeks.

DISTRICT OF COLUMBIA CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
							Claim Year Calculation Method: This is a rolling forward calendar year calculation. Claim year begins on Sunday of the week the FDA occurs.

HAWAII

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Temporary Disability Insurance (TDI) Dept. of Labor & Industrial Relations Disability Compensation Division State website: https://labor.hawaii.gov/ HI TDI: https://labor.hawaii.gov/dcd/home/about-tdi/ Disability Compensation Division Contact ph.: 808-586-9151 Email: dlir.workcomp@hawaii.gov	Hawaii does not administer a State Plan but requires employers have a minimum Temporary Disability Insurance (TDI) Plan which may be: Insured, Self-Insured, or an approved collective bargaining agreement that provides sick leave & disability benefits. Employers can offer a private insurance plan, a self-insured plan, or a collective bargaining agreement as options for providing the TDI coverage to their employees. All plans must be approved by the state of Hawaii. Additionally, any insurer of Hawaii TDI benefits must maintain a local claims service office or independent claim adjusting service provider on the islands of Hawaii, that is accessible to claimants. HI TDI offers wage replacement benefits to EE's who take time away from work for the following: • EE's own serious health condition resulting from accident, sickness, pregnancy, termination of pregnancy, or organ	Maximum Weekly Wage Base: $1,500.21 Employee Contribution Rate: 0.5% Maximum Weekly Employee Contribution: $7.50 Employer Contribution Rate: At least one-half (1/2) of plan costs, plus any additional costs not chargeable to employees.	EE's are eligible for TDI benefits if they meet the following: • Must have at least 14 weeks of Hawaii employment during each of which you were paid for 20 hours or more and earned not less than $400 in the 52 weeks preceding the first day of disability. The 14 weeks need not be consecutive nor with only one employer. EE must also meet the following conditions in addition to the eligibility requirements described above: • Injury or illness is not work related; not caused by their job. • Injury or illness prevents EE from performing their regular duty. • Disability is certified by, and they are under the care of a licensed physician, surgeon, dentist, chiropractor, osteopath, naturopath, physician	Seven (7) day Waiting Period. Benefits begin on the eighth (8th) Consecutive Day of Disability HI RELAPSE PERIOD Same or related cause or condition separated by not more than 2 weeks is considered one continuous period of disability Intermittent Leave & Reduced work schedule is not allowed.	58% of average weekly earnings If an employee's average weekly wage is less than $26, the weekly benefit amount is equal to the average weekly wage but not more than $14. If it is $26 or more, the weekly benefit amount is 58% of the average weekly wage rounded to the next higher dollar up to a maximum of $871 (announced annually in December). Benefit proration: Benefits are prorated based on EE's work schedule.	Maximum Weekly Benefit: $871 Maximum Annual Benefit: $22,646 Minimum Weekly Benefit: $14	Maximum Duration of Benefit Period for: Disability Leave: 26 weeks Claim Year Calculation Method: Rolling Forward Calendar Year

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	donation, except accident or disease connected with or resulting from employment. Job Protection: HI TDI does not provide job protection above & beyond that provided under FMLA.		assistant, advanced practice registered nurse, or an accredited practitioner of a faith- healing group. • Must be in current employment to qualify for benefits. EE is in current employment if they were employed immediately before the date, they suffered their injury or illness, or if they were separated from their job, their disability occurred within two weeks from their last day of work. Current employment includes the period they were receiving vacation or sick leave pay, TDI benefits or workers' compensation benefits for temporary total disability. Any EE who meets the eligibility requirements must be provided with TDI coverage by the employer. If the EE is in concurrent employment or had more than one job, whether full-time or part-time, they may qualify for TDI benefits from each employer if they				

HAWAII

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
			meet the eligibility requirements.				

MAINE

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Maine Paid Leave Effective 5/1/26 State of Maine Department of Labor State website: https://www.maine.gov/paidleave/ Paid Family and Medical Leave Ph#: (207) 621-5024	State administered or Employers are permitted to provide fully insured or self-insured "Private Plans" Who is covered: Maine EE's Leave types: • Employee's own serious health condition, including pregnancy and organ donation to another recipient. • Care of a family member with a serious health condition • New child bonding within 12 months of birth or placement • Safe Leave - covers victims of domestic violence. • Qualifying Exigency • Care for a family member who is a covered service member (including death of the family member) Qualifying family members: 1. Spouse 2. Domestic Partner 3. Child 4. Parent 5. Grandparent 6. Grandchild 7. Sibling 8. An individual with whom the employee has a significant personal bond that is or is like a family relationship, regardless of biological or legal relationship. Job protection: Is provided if an employee has been employed for at least 120 days with the employer.	Cost shared by Employee and Employer Program Funding: not to exceed .5% of EE wages, up to Social Security Taxable Wage Base. Premium withholdings are capped at the Social Security cap, which is updated annually. It is $184,500. Employers with 15 or more EE's: • ER must pay 0.5%. • EE can be required to pay 0.5% of total wages. Employers with less than 15 EE's: • ER does not pay a payroll tax. • EE can be required to pay 0.5% of total wages.	EE is eligible for family and medical leave benefits if they have: • Earned at least 6 times the State Average Weekly Wage (SAWW) during their base period. The base period is first 4 of the last 5 completed calendar quarters calendar quarters immediately preceding the first day of the benefit year. Eligibility of earnings can be met across multiple employers (ER's) not just the current employer. Federal Government EE's are not eligible.	Waiting Period: Medical Leave: 7 calendar day waiting period. Family Leave: No Waiting Period Intermittent leave is allowed. Increments of leave: Increments must not be greater than one day or smaller than one hour. Reduced work schedule: Employer must agree to employee's using a reduced work schedule.	Maine Paid Leave provides a monetary benefit. Maximum benefit is calculated annually based on % of SAWW (set annually on July 1st). Effective 5/1/26 – 6/30/26: 2025 SAWW = $1,198.84 Effective 7/1/26 6/30/27: 2026 SAWW = $1,249.12 (State Average Weekly Wage (SAWW) announced annually on July 1st) Weekly benefit amount is determined in two parts: 1. The portion of the individual average weekly wage (IAWW) that is equal or less than 50% of SAWW is replaced at 90% 2. The portion of the IAWW that	Effective 5/1/26 – 6/30/26: Maximum Weekly Benefit: $1,199 Minimum Weekly Benefit: N/A Effective 7/1/26 - 6/30/27: Maximum Weekly Benefit: $1,250 ($1,249.12 is rounded up to $1,250) Minimum Weekly Benefit: N/A	Maximum Duration of Benefit Period (12 months): Up to 12 weeks for any combination of Medical Leave & Family Leave Claim Year Calculation Method: Rolling Forward Calendar Year, 12-month period beginning on the Sunday immediately preceding the first date of approved family or medical leave.

MAINE

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
					is more than 50% of SAWW is replaced at 66% (50% SAWW x 90%) + ((IAWW - 50% SAWW) x 66%) Benefits are capped at the SAWW. Benefit proration: Benefits are prorated based on EE's work schedule.		

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MARYLAND

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Maryland Paid Family and Medical Leave Goes live on 1/3/28 Maryland Department of Labor State website: https://paidleave.maryland.gov/ Customer Care Contact Center: Phone: (410) 525-4010 Email: paid.leave@maryland.gov	State administered or Employers are permitted to provide fully insured or self-insured "Equivalent Plans" Who is covered: Maryland EE's Leave types: • Employee's own serious health condition • Care of a family member with a serious health condition • New child bonding within 12 months of birth, including foster care, kinship care, & adoption. • Care for a service member with a serious health condition. • A qualifying exigency to make arrangements for a family member's military deployment Qualifying family members: 1. Spouse 2. Domestic Partner 3. Child 4. Parent 5. Grandparent 6. Grandchild 7. Sibling 8. A person for whom the worker, or the worker's spouse, has court appointed decision making authority over (financial and/or personal) Job protection: an EE's job remains protected while they use paid leave.	Cost shared by Employee and Employer Program Funding: not to exceed .90% of EE wages, up to Social Security Taxable Wage Base. Premium withholdings are capped at the Social Security cap, which is updated annually. It is $184,500. Employers with 15 or more EE's: • The rate will be 0.90% of covered wages up to the Social Security cap. • ER's can withhold up to 0.45% of EE's total wages. Employers with less than 15 EE's: • ER will pay 0.45% of covered wages up to the SS cap. • ER's can withhold up to the full amount from EE's wages.	EE is eligible for family and medical leave benefits if they have: • Worked at least 680 hours in a position based in Maryland over the previous four reported calendar quarters. • Eligibility is not dependent on time spent at a specific job.	No Waiting Period Intermittent leave is allowed. ER's and EE's should agree on the intermittent schedule. Increments of leave: Intermittent FAMLI cannot be taken for less than 4 hours unless the claimant's scheduled shift was fewer than 4 hours. Reduced work schedule is not allowed.	Maryland Paid Family and Medical Leave provides a monetary benefit. Maximum benefit is calculated annually based on % of SAWW (as of December each year the MD Dept. of Labor determines SAWW effective July 1st) 2024 SAWW = $1,493.00 Weekly benefits will be calculated as follows: Benefit amount is the total of two calculations, using the individuals' average weekly wage (IAWW) compared to the SAWW: 1. 90% of wages equal to or under 65% of the SAWW 2. 50% of wages greater than 65% of the SAWW 65%of SAWW x 90%) + ((IAWW - 65%ofSAWW) x 50%) = Benefit Amount Benefit proration: An hourly benefit amount will be calculated by dividing the weekly benefit amount by the average number of hours worked per week during the qualifying period.	Maximum Weekly Benefit: $1,000 Minimum Weekly Benefit: N/A	Maximum Duration of Benefit Period (52 weeks): 12 weeks. An additional 12 weeks up to 24 weeks total if worker experiences their own serious health condition and welcomes a new child in the same year. Claim Year Calculation Method: Is the 12-month period beginning on the Sunday of the calendar week of which FAMLI leave begins.

MASSACHUSETTS

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Paid Family & Medical Leave (MA PFML) Effective 01/01/21 Executive Office of Labor and Workforce Development Ph: 833-344-7365 State websites: www.mass.gov www.mass.gov/orgs/department-of-family-and-medical-leave	State administered, Insured or a Private Self-Insured Plan which may include Medical Leave only, Family Leave only, or both Medical and Family Leave which must be equal to or better than the provisions of the State Plan. Wage replacement benefits to EE's who take time away from work for the following: • EE's own serious health condition (SHC). • Care for a family member with a SHC. • Bond w/new child during first 12 months after birth, adoption, or foster care placement. • Military Exigency: Care for a family member's exigency leave pre- and post-deployment activities. • Military Caregiver: Care for a family member who is a service-member injured in the line of duty. Qualifying family members: • Spouse • Domestic partner • Children (including foster) • Children in loco parentis • Parent (including foster)	Annual Taxable Wage Base: $184,500 Premium withholdings are capped at the Social Security cap, which is updated annually, it is $184,500. EE premium rate for family leave benefits: Up to 100% of the family leave contribution can be withheld from a covered individual's wages (0.18% of eligible wages). EE premium rate for medical leave benefits: Up to 40% of the medical leave contribution can be withheld from a covered individual's wages (0.28% of eligible wages).	Financial Eligibility Test (FET): EE is eligible for family and medical leave benefits if total wages equal or exceed 30 times the EE's weekly benefit and they have earned at least $6,300 in the last 12-month period before they apply for benefits. Eligibility can be met globally across employers (ER's). However, the EE's MA PFML weekly benefit is based on individual ER's information & the EE can receive MA PFML benefits from each ER. EE is required to provide the employer with 30-day notice, in writing, unless there are "unforeseeable circumstances"	7-day waiting period for each application for benefits; one limited exception: if a new mother chooses to take family leave to bond with a child immediately after taking medical leave either during pregnancy or to recover from childbirth, the waiting period for their family leave will be waived. The 7-day waiting period will still apply to their medical leave. The waiting period will count against total period of paid leave allowed in a benefit year. Intermittent leave: the waiting period will be seven (7) consecutive calendar days after the leave begins, whether leave is taken on those days or not. Intermittent leave is to be taken in increments consistent with the ER's	MA PFML provides a monetary benefit. Monetary eligibility is determined the same for medical and family benefits. EE's must work in MA and pay into the PFML fund. 2025 State Average Weekly Wage: $1,922.48 (re-evaluated each October for benefits that start on Jan.1st.) Maximum benefit is calculated annually based on 64% of SAWW Weekly benefits will be calculated as follows: 80% of the portion of the employee's AWW that is equal to or less than 50% of the SAWW 50% of the SAWW 50% of the portion of the employee's AWW that is greater than 50% of the SAWW	Maximum Weekly Benefit: $1,230.39 There is no minimum benefit amount	Maximum Duration of Benefit Period during a benefit year period (52 weeks) for: The waiting period will count against total period of paid leave allowed in a benefit year. EE's Own Medical Leave: 20 weeks Paid Family Leave for Bonding, Care of a family member, Military Exigency Leave: 12 weeks Military Caregiver Leave: Up to 26 weeks Max length for combined Medical & Paid Family Leave benefits cannot exceed 26 weeks in a consecutive 52-week period. Benefit Year begins on Sunday of the week the FDA occurs. Benefit Calculation Method: Rolling Forward Calendar Year

MASSACHUSETTS CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	• Parent-in-law • Stepparent/child • Person standing in loco parentis • Grandparent • Sibling (including step) • Grandchildren Job protection: an EE's job remains protected while they use paid leave.	Employers premium rate for medical leave: ER's are responsible for contributing the remaining 60% (0.42% of eligible wages).		policy; the Department will not pay in increments of less than 15 minutes. A covered individual will not be permitted to apply for payment for benefits associated with intermittent leave until they have 8 hours of accumulated leave time, unless more than 30 calendar days has lapsed since the initial taking of the leave. Intermittent leave for bonding requires employer approval. Reduced work schedule is allowed.	Benefit proration: Benefits are prorated based on EE's work schedule.		

MINNESOTA

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Minnesota Paid Leave Effective 1/1/26 Minnesota Department of Employment and Economic Development (DEED) State website: https://mn.gov/deed/paidleave/ To reach the Contact Center by phone, call 651-556-7777 or 844-556-0444 (toll-free)	State administered or Employers are permitted to provide fully insured or self-insured "Equivalent Plans" Who is covered: Minnesota EE's EE's Leave types: • Employee's own serious health condition • Care of a family member with a serious health condition • New child bonding within 12 months of birth, including foster care, & adoption. • Safety Leave - Domestic abuse, sexual assault, or stalking of the employee or employee's family member. • Active-Duty Leave Qualifying family members: • Spouse • Domestic Partner • Child • Parent • Grandparent • Grandchild • Sibling • Son-in-law or daughter-in-law • An individual who has a relationship with the applicant that creates an expectation and reliance that the applicant cares	Program funding: 0.88% of EE's wages. Cost shared by Employee and Employer with 15 or more total EE's: • Employers can deduct a maximum of .44% of EE's wages. • Employers can choose to pay 100% of the premium.	EE is eligible for family and medical leave benefits if they have: • Earned at least 5.3% of the statewide average annual wage across all employers in MN in the past year prior to taking paid leave • Rounded down to the next lower $100.	7-day qualifying event For continuous & intermittent leaves: there is a 7 full calendar day qualifying period related to the leave reason that must occur before an EE is entitled to be paid benefits retroactively back to the 1st day of their leave. The 7 days must be consecutive, unless the leave is intermittent then they can be non-consecutive days. The 7 days may have occurred prior to the leave or when the leave is taken. Bonding Leave: the 7-day qualifying event is waived. Intermittent leave is allowed. Reduced work schedule is allowed.	Minnesota Paid Leave provides a monetary benefit. Maximum benefit is calculated annually based on % of SAWW (released on Oct.1st of each year) 2024 SAWW = $1,423 Weekly benefits will be calculated as follows: Benefit amount is the total of three calculations, using the individual's average weekly wage (IAWW) compared to the SAWW: 1. 90% of wages equal to or under 50% of the SAWW. 2. 66% of wages that exceed 50% of the SAWW but are under 100% of the SAWW. 3. 55% of wages that exceed 100% of the SAWW. Benefit proration for "Private Plan":	Effective 1/1/26 – 10/24/26: Maximum Weekly Benefit: $1,423 Minimum Weekly Benefit: N/A Effective 10/25/26 – 10/24/26 (updated annually on the last Sunday of October): Maximum Weekly Benefit: $1,476 Minimum Weekly Benefit: N/A	Maximum Duration of Benefit Period (52 weeks): Medical Leave Up to 12 weeks in a benefit year. Family Leave: Up to 12 weeks in a benefit year. Up to 20 weeks total if EE takes a combination of medical and family leave in the same year. Claim Year Calculation Method: State plan: The period of 52 calendar weeks beginning the effective date of leave. For an effective date of leave that is any January 1, April 1, July 1, or October 1, the benefit year will be a period of 53 calendar weeks. Private plans may choose: 1. A calendar year; 2. any fixed 12-month period, such as a fiscal year or a 12-month period measured forward from an EE's first date of employment;

MINNESOTA CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	for the individual, whether or not the applicant and the individual reside together. Job protection: Is provided if an employee has been employed for 90 days with the employer.			Increments of leave: Intermittent leave can be taken in increments established by the employer. A full calendar day is the maximum length of the minimum increment allowed.	Benefits are prorated based on EE's work schedule. Benefit proration for "State Plan": Benefits are prorated based on the employee's typical work week hours.		3. a 12-month period measured forward from an EE's first day of leave taken; or 4. a rolling 12-month period measured backward from an EE's first day of leave taken.

NEW JERSEY

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
DISABILITY BENEFIT Department of Labor and Workforce Development Division of Temporary Disability and Family Leave Insurance Phone: 609-292-7060 State websites: https://myleavebenefits.nj.gov/ NJ TDI & FLI: https://www.myleavebenefits.nj.gov/worker/tdi/ https://www.nj.gov/labor/	State administered State Temporary Disability Insurance (TDI) Plan, an Insured Plan, or a Self-Insured Plan which must at least equal the provisions of the State Plan. Temporary Disability Insurance provides cash benefits to New Jersey workers who have to stop working due to a physical or mental health condition or other disability unrelated to their work. Definition of a "serious health condition" under the TDI program allows EE's to qualify for benefits if they need to take time off from work during a public health emergency because they are diagnosed with, or suspected of exposure to, a communicable disease. Effective 2/19/19: Benefits are available for domestic or sexual violence victims/survivors that are unable to work due to a physical or mental illness, injury or disability. **Job protection:** Prior to 7/17/26: NJ TDI does not provide job protection. Effective 7/17/26: Employees will receive job protection when they take qualifying leave under temporary disability.	Employee Annual Taxable Wage Base: $171,100 Employee DI Contribution Rate: 0.19% Maximum Annual Employee Contribution: $325.09 Employer Annual Taxable Wage Base: $44,800	Eligible EE's must have earned at least $310/wk. for twenty (20) calendar weeks ("base weeks") during the 52 weeks ("base year") or earn $15,500/(Base Year) to receive benefits under the State Plan. "Base Year" is the period of time within which the required wages must be earned by the EE in order to establish a valid claim. The regular base year, established by the first day of disability, is the period consisting of the first four of the last five completed quarters preceding the first day of disability; or alternate base year: last 4 completed quarters; or 2nd alternate base year: the portion of the quarter before disability and the 3 completed quarters immediately preceding disability.	Seven (7) day waiting period: Benefits begin on the eighth (8th) Consecutive Day of Disability or (On the first (1st) Day if Disability lasts longer than (21) days). Retroactive payment of the waiting week must be made when the claimant has been disabled for 22 calendar days or more. Due state of emergency (SB 2304): • For claims effective 3/25/20 – 2/16/26: No (7) day waiting period is required for COVID-19 related claims. • For claims effective 2/17/26 and after: The waiting period is no longer waived for COVID related claims. Waiting period is waived for Employee's on disability for the donation of any organ or bone marrow will have benefits payable during the first seven days. NJ TDI RELAPSE PERIOD Same or related cause or condition separated by not more than 14 days is considered one continuous period of disability. Partial Disability: • ER has to agree. • EE must be totally disabled & then released to RTW • Benefits prorated based on disability earnings.	Effective 7/1/20: Benefits for NJ TDI increased to 85% of weekly wage to maximum of 70% of Statewide Average Weekly Wage. (Re-evaluated each October for benefits that start on Jan.1st) Benefit proration: Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit.	Maximum Weekly Benefit: $1,119 Maximum Annual DI Benefit: $29,094 Minimum Weekly Benefit: N/A	Maximum Duration of Benefit Period for: Disability Leave: 26 weeks or the period necessary for benefits to equal 1/3 of total wages in base year whichever is the lesser. Claim Year Calculation Method: The benefit year is calculated "per event."

NEW JERSEY

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	Effective 5/20/20: Job protection is provided to an Employee during “a period of disability” resulting from the donation of any organ or bone marrow.			• Max duration of partial disability is (8) weeks, however, may be extended up to a total of (12) weeks with medical to support.			

NEW JERSEY CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
FAMILY CARE LEAVE INSURANCE (Separate Application is Required) Department of Labor and Workforce Development Division of Temporary Disability and Family Leave Insurance Phone: 609-292-7060 State website: https://www.myleavebenefits.nj.gov/worker/fli	State administered State Family Care Leave Insurance (FLI) Plan, an Insured Plan, or a Self-Insured Plan which must at least equal the provisions of the State Plan. Employment covered under the New Jersey Unemployment Compensation Law, including state and local government employment, is also covered for Family Leave Insurance. EE may take leave for the following reasons on a continuous or intermittent basis: • Care of a family member with serious physical or mental condition, including COVID-19. • Bond with a newborn, newly adopted or foster child. • Care for self or a family member who is a victim/survivor of domestic or sexual violence. Allowable uses as a victim/survivor or for supporting a victim/survivor include: • Seeking medical attention, therapy, victim advocacy, or legal services. • Safety planning or escaping abuse, such as staying in a domestic violence shelter.	Employee Annual Taxable Wage Base: $171,100 Employee FLI Contribution Rate: 0.23% Maximum Annual Employee Contribution: $393.53 Employer Contribution Rate: 0% Employer Annual Taxable Wage Base: $44,800	Eligible employees must have earned at least $310/wk. for twenty (20) calendar weeks (“base weeks”) during the 52 weeks (“base year”) or earn $15,500/Base Year) to receive benefits under the State Plan. **Base Year** is the period of time within which the required wages must be earned by the EE in order to establish a valid claim. The regular base year, established by the first day of disability, is the period consisting of the first four of the last five completed quarters preceding the first day of disability; or **alternate base year**: last 4 completed quarters; or **2nd alternate base year**: the portion of the quarter before disability and the 3	Effective 2/19/19: No waiting period Benefit entitlement may be reduced by 14 days if claimant fails to provide 30 days’ notice to employer prior to the leave. Intermittent and Reduced Work Leave Schedule is to be taken in increments of at least “1 Full Day”.	Family Leave Insurance provides a monetary benefit. If claim filed immediately after employee recovers from their pregnancy related disability, they will be paid at the same weekly benefit amount as they were paid for their pregnancy related disability claim. Effective 7/1/20: Benefits for NJ FLI increases to 85% of weekly wage to maximum of 70% of Statewide Average Weekly Wage. (Re- evaluated each October for benefits that start on Jan.1st) Benefit proration: Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit.	Maximum Weekly Benefit: $1,119 Maximum Annual FLI Benefit: $13,428 Minimum Weekly Benefit: N/A	Maximum Duration of Benefit Period for: FAMILY CARE LEAVE Bonding/Care for Family Member (effective 7/1/20): • 12 consecutive weeks; or • 56 intermittent days during a • 12-month period beginning with the first date of the claim Effective 2/19/19: Care for self or a family member who is a victim/survivor of domestic or sexual violence: • 12 consecutive weeks; or • 56 intermittent days during a 12-month period beginning with the first date of the claim. Claim Year Calculation Method: 12-months measured rolling forward beginning with the first date of the leave.

NEW JERSEY CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	• Attending or preparing for court • Recovering at home Qualifying family members: • Spouse • Domestic partner • Child • Parent • Siblings • Grandparents • Grandchildren • Parents-in-law • The equivalent of a family member Job protection: Prior to 7/17/26: NJ FLI enacted Anti-retaliatory measures that require an employer to restore the employee following a period of leave. Effective 7/17/26: Employees will receive job protection when they take qualifying leave under family leave.		completed quarters immediately preceding disability.				

sedgwick

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NEW YORK

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
DISABILITY BENEFIT NY Workers' Compensation Board State websites: www.wcb.ny.gov https://www.wcb.ny.gov/content/main/DisabilityBenefits/employee-disability-benefits.jsp Customer service toll-free number: (877) 632-4996	State Disability Benefits Law (DBL) NY DOES NOT HAVE A STATE PLAN OPTION ER's have the option to have a plan administered by: • NY State Insurance Fund (NYSIF) which is an insurance company that operates only in NY • An Insurance Carrier • A Self-Insured Plan meeting minimum state requirements The Disability Leave Benefits Law (Article 9 of the WCL) provides weekly cash benefits to replace, in part, wages lost due to injuries or illnesses that do not arise out of or in the course of employment (WCL §204). If an EE is injured or becomes disabled while they are eligible for or are collecting unemployment benefits, and if their injury or disablement results in them being ineligible for unemployment benefits, they are eligible for disability benefits. Effective 1/1/24: Covers organ donor in a transplant surgery as a qualifying reason for NY DBL. Job protection: NY DBL does not provide job protection.	Weekly Taxable Wage Base: $120 Employee Contribution Rate: 0.5% Maximum Weekly Employee Contribution: $0.60 Employer Contribution Rate: Pays balance of plan costs not covered by employee contributions Benefits are subject to FICA tax.	A covered EE must be under the care of a physician, chiropractor, podiatrist, psychologist, dentist, or certified nurse midwife to qualify for disability benefits. A "day of disability" is a day on which the EE was prevented from performing work because of disability and for which they have not received regular wages or remuneration. An EE is ineligible for disability benefits if they perform any type of work for which they receive wages or profit, even if performed at home.	Seven (7) day Waiting Period: No benefits payable for this week Benefits begin on the eighth (8th) consecutive day of disability. The waiting period is not included in the maximum duration. NY DBL RELAPSE PERIOD: Same or related cause or condition separated by not more than 3 months is considered one continuous period of disability. Reduced work schedule is not allowed. Termination of NY DBL benefits: An EE's NY DBL benefits continue beyond their termination date until the end of the employee's claim, unless they become employed by another employer, are no longer disabled, and able to work.	50% of average weekly wage based on previous 8 weeks' earnings Benefits proration: Benefits payable for less than one week will be paid in increments of the weekly benefit divided by the number of the EE's normal workdays per week. Reduced work schedule benefits are not allowed.	Maximum Weekly Benefit: $170 (Effective May 1, 1989) Maximum Annual Benefit: $4,420 Minimum Weekly Benefit: If earnings are equal to or less than $20 per week the benefit to equal 100% of earnings	Maximum Duration of Benefit Period: 26 weeks Max length for DBL & PFL benefits: Combined cannot exceed 26 weeks in a consecutive 52-week period The waiting period is not included in the maximum duration. EE is eligible for 26 weeks of paid benefits, plus 7 day waiting period for a total of 27 weeks. Claim Year Calculation Method: This is a 52-week lookback calculation. The employee will gain back time based on the prior 52-weeks. Claims cannot extend beyond 52 weeks, and a new claim must be submitted at the beginning of each 52-week period.

NEW YORK CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
PAID FAMILY LEAVE Effective January 1, 2018 NY Workers' Compensation Board NY PFL website: https://paidfamilyleave.ny.gov/ New York State Paid Family Leave (ny.gov) PFL Helpline: (844) 337-6303	NYPFL PROVIDES JOB PROTECTION NY DOES NOT HAVE A STATE PLAN OPTION ER's have the option to: • Insure the benefit with NYSIF • Insure with a carrier or, • self-insure NYPFL if they are currently self-insured for NYDBL EE may provide care for a family member with a SHC or bond with a newborn, adopted child or foster child. Qualifying family members: • Spouse • Domestic partner • Child • Parent • Parent-in-law • Grandparent • Grandchild • Siblings (effective 1/1/23) Military Family Support Leave (Military Exigency): EE may take leave when a spouse, domestic partner, child or parent is on active service in a foreign country or has been notified of an impending call or order of active service to a foreign country. Job protection: NY PFL provides job protection.	The maximum Employee NYPFL Contribution % is: The maximum contribution rate will be set at 0.432% of the employee's gross annualized wages. (Capped at NY's current NYAWW of $1,833.63 x 52 weeks = $95,348.76 per year) 2024 Maximum EE Contribution will be: $411.91 per year. Employers may underwrite the cost of the NYPFL benefit. Proof of PFL coverage will still be required.	Who is covered: • Full-time EE's will be eligible for coverage after 26 consecutive weeks of covered NY Employment. • Part-time EE's working less than 20 hours per week will be eligible after 175 workdays of covered NY Employment.	No Waiting Period Benefits begin on the first (1st) day of the qualified leave event. Reduced work schedule is not allowed. EE must use "Full day" increments to qualify for PFL benefits. Partial days are not paid. NY PFL RELAPSE PERIOD Same or related cause or condition separated by not more than 3 months is considered one continuous period of family leave. Termination of NY PFL benefits: An EE's benefits end on the date of termination of their employment.	Payable % of EE's average weekly wage (AWW) To the Maximum % of NY Average Weekly Wage. 2024 NY SAWW is $1,833.63 67% of NYSAWW Benefits proration: When an employee takes NY PFL in daily increments: • The EE's maximum number of days of PFL is calculated based on the average number of days worked per week multiplied by 12. • The daily benefit is calculated based on the EE's average weekly wage divided by the average number of days the employee worked per week. EE must use full days only.	Maximum Weekly Benefit (based on 2024 NYSAWW): $1,228.53 **NY DOL releases updated NYSAWW every March 31st Minimum Weekly Benefit: Not less than $100 per week, except if the EE's wages are less than $100 per week, then the EE receives full wages.	Maximum Leave Durations: 12 weeks Max length for DBL & PFL benefits: Combined cannot exceed 26 weeks in a consecutive 52- week period Effective 1/1/22: When an EE takes family leave in daily increments, the EE's maximum number of days of PFL is calculated based on the average number of days worked per week and multiplied by 12. Claim Year Calculation Method: This is a 52-week lookback calculation. The employee will gain back time based on the prior 52-weeks. Claims cannot extend beyond 52 weeks, and a new claim must be submitted at the beginning of each 52-week period.

OREGON

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Paid Leave Oregon Effective 9/3/23 State of Oregon Employment Department State website: https://paidleave.oregon.gov/ Phone: 833-854-0166	State administered or Employers are permitted to provide fully insured or self-insured "Equivalent Plans" Who is covered: Oregon Employees Leave types: • Employee's own serious health condition • Care of a seriously ill family member • New child bonding within 12 months of birth or placement • Safe Leave - covers victims of domestic violence • Pre-placement leave (effective 1/1/25): Eligible employees who are planning to adopt or foster a child can take this type of leave for activities such as: ▪ Counseling sessions ▪ Court appearances ▪ Legal consultations ▪ Physical examinations ▪ Home studies, Related travel to another state or country ▪ Other tasks essential to completing an	Cost shared by Employee and Employer Program Funding: Not to exceed 1% of EE wages, up to Social Security Taxable Wage Base. Shared by the employer (40%) and employee (60%) Premium withholdings are capped at the Social Security cap, which is updated annually. It is $184,500. EE Contribution: 0.60% of gross wages up to SS cap. ER Contribution: 0.40% of gross wages up to SS cap.	EE is eligible for family and medical leave benefits if they have: • been in continuous employment with the ER for at least 30 calendar days. This includes full-time, part-time, and temporary EE's as well as EE's hired to replace eligible EE's taking leave, regardless of hours worked. • earned at least $1,000 in the last 12-month period before they apply for benefits. This includes wages from all employment in Oregon. The period used to confirm benefit eligibility is either: • The first four of the five completed quarters before the start of the benefit year (base year); or • The four most recently completed quarters before the start of the benefit year (alternate base year)	No Waiting Period Intermittent leave is allowed. Increments of leave: Benefits can be claimed for leave in increments that are equivalent to one full workday, a number of days less than a week, or a week. Reduced work schedule is allowed if full workdays are taken. Benefit amounts must be: • Prorated to increments that are equivalent to one workday. • Paid in increments that are equivalent to one work week.	Paid Leave Oregon provides a monetary benefit. Maximum benefit is calculated annually based on % of SAWW (effective from July 1 through June 30 of the following year) 2024 SAWW = $1,363.80 (Effective 7/6/25 – 6/27/26) 2025 SAWW = $1,410.13 (Effective 6/28/26 – 6/27/27) Weekly benefits will be calculated as follows: • If the employee's average weekly wage (AWW) is equal to or less than 65% of the state's AWW, the employee's weekly benefit amount will be 100% of their AWW • If the employee's AWW is greater than 65% of the state's AWW, their weekly benefit amount is the sum of 65% of the state's AWW and 50% of the employee's AWW that is greater than	Claims Effective 7/6/25 – 6/27/26: Maximum Weekly Benefit: $1,636.56 Minimum Weekly Benefit: $68.19 Claims Effective 6/28/26 – 6/27/27: Maximum Weekly Benefit: $1,692.16 Minimum Weekly Benefit: $70.51 The SAWW and both the minimum and maximum weekly benefit amounts are effective from July & will be published annually by July.	Maximum Duration of Benefit Period (52 weeks): Up to 12 weeks for any combination of medical leave, family leave, bonding, safe leave 2 additional weeks available for limitations related to pregnancy, childbirth, or a related medical condition – medical complications not required. Claim Year Calculation Method: Rolling Forward Calendar Year, beginning on the Sunday before the first day of leave.

OREGON

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	adoption or foster placement.				65% of the state's AWW		

OREGON CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	Qualifying family members: • Spouse • Domestic partner • Child • Parent • Grandparent • Grandchild • Sibling • Any individual related by blood or affinity whose close relationship is the equivalent of a family relationship Job protection: Employees are eligible for job protection when they have worked 90 consecutive days with their employer. Leave under OFLA is taken in addition to leave under Paid Leave Oregon.				Benefit proration: Benefits payable for less than one week will be paid in increments of the weekly benefit divided by the number of the EE's normal workdays per week.		

OREGON CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	OFLA leave may not be taken concurrently with any leave under Paid Leave Oregon. The employee has the choice to take either Paid Leave Oregon or OFLA.						

PUERTO RICO

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
SINOT - Temporary Non-Occupational Disability Insurance Program Department of Labor and Human Resources SINOT website: http://www.trabajo.pr.gov	Public Temporary Disability Insurance (TDI) Plan or a "private" Insured or Self-Insured Plan with benefits equal to at least the public plan benefits. The Disability Benefits Law requires that the application be filed no later than (2) months following the beginning of the disability. Temporary Non- Occupational Disability Insurance (SINOT) is a program that pays benefits to insured workers who have lost their wages because of a disability caused by an illness or injury that is not related to employment, or to a car accident. Also provides benefits for dismemberment and death of an insured worker, to their dependents. Job protection: SINOT does not provide job protection, only wage replacement benefits.	Annual Taxable Wage Base: $9,000 Employee Contribution Rate: (see below) Maximum Annual Employee Contribution: $54.00 Employer Contribution Rate: Shared (i.e., 0.2% Employee + 0.4% Employer, or 0.3% Employee + 0.3% Employer)	Eligibility Requirements • Be unable to work because of an illness or injury that is not related to employment or an automobile accident. • Be in treatment with a duly authorized physician or chiropractor. • Have received wages of at least $150.00 in insured employment during their base year.	On the eighth (8th) consecutive day of Disability; or first day of hospitalization PR TDI RELAPSE PERIOD Same or related cause or condition separated by not more than (90) days is considered one continuous period of disability Reduced work schedule is not allowed.	65% of weekly earnings. Paid from schedule based on total wages received in Base year. Benefit proration: Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit.	Maximum Weekly Benefit: $113 Maximum Annual Benefit: $2,936 Maximum Weekly Benefit: $55 for Agricultural workers Minimum Weekly Benefit: $12.	Maximum Duration of Benefit Period for: Disability Leave: 26 weeks during 52 consecutive weeks Claim Year Calculation Method: Rolling Back Calendar Year.

RHODE ISLAND

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Temporary Disability (TDI) Temporary Disability Insurance Division: P.O. Box 20100 Cranston RI 02920-0941 TDI and TCI Claimant Call Center Phone: 401-462-8420 State website: https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance Temporary Disability/Caregiver Insurance | RI Department of Labor & Training To apply for TDI/ TCI online: https://dltweb.dlt.ri.gov/TDIReserve	State administered State Temporary Disability Insurance (TDI) only. Insured or Self-Insured Plans are NOT allowed. TDI provides benefit payments to insured RI workers for weeks of unemployment caused by temporary disability or injury. Job protection: RI TDI does not provide job protection, only wage replacement benefits.	Annual Taxable Wage Base: $100,000 Employee Contribution Rate: 1.1% of the 1st $100,000 Maximum Annual Employee Contribution: $1,100 TDI benefits are not subject to Federal or State income taxes. No G-1099 form will be issued. TDI withholdings from your earnings are deductible for Federal income tax reporting purposes.	Eligible employees must have earned at least $18,000 in base period wages, or $3,000 in one of the base period quarters and total base period wages of at least 1.5 times the highest quarter earnings, and total base period earnings of at least $6,000. Worked for subject Employer & have medically certified disability. Base Period: is the first four of the last five completed calendar quarters prior to claim; or last 4 completed quarters if needed to meet minimum earnings requirement. Earnings include overtime, vacation, sick leave pay, bonuses, and commissions and exclude Holiday pay if no services were performed.	Effective July 1, 2012: No Waiting Period EE must be disabled for at least 7 consecutive days due to non- job-related illness or injury Intermittent leave is not allowed. Reduced work schedule is allowed.	4.62% of total highest quarter wages in base period. The maximum weekly benefit for TDI is set at 85% of the average weekly wage. (RI DOLT releases updated RI SAWW every July 1st) Earnings include overtime, vacation, sick leave pay, bonuses, and commissions and exclude Holiday pay if no services were performed. Benefit proration: Benefits payable for less than one week will be paid in increments of 1/5th of the weekly benefit	As of 7/1/25 – 6/30/26: Maximum Weekly Benefit: $1,103 Maximum Annual Benefit: $33,090 Maximum Weekly Benefit Up to 5 Dependents: $1,489 Maximum Annual Benefit Up to 5 Dependents: $44,670 As of 7/1/26 – 6/30/27: Maximum Weekly Benefit: $1,150 Maximum Annual Benefit: $34,500 Maximum Weekly Benefit Up to 5 Dependents: $1,552 Maximum Annual Benefit Up to 5 Dependents: $46,560 As of 1/1/25 – 12/31/25: Minimum Weekly Benefit: $139 As of 1/1/26: Minimum Weekly Benefit: $148 Maximum Dependents Allowance:	Maximum Duration of Benefit Period for: Disability Leave: 30 weeks in any Benefit Year Claim Year Calculation Method: Rolling Back Calendar Year.

RHODE ISLAND

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
						Greater of $20 per dependent or 7% of the Weekly Benefit Rate (up to 5 deps.)	

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
Temporary Caregiver Insurance Program (TCI) Effective 1/5/14 Rhode Island Department of Labor and Training Temporary Disability Insurance Temporary Disability Insurance Division: P.O. Box 20100, Cranston RI 02920-0941 TDI and TCI Claimant Call Center Phone: 401-462-8420 State website: https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance Temporary Disability / Caregiver Insurance | RI Department of Labor & Training To apply for TDI/ TCI online: https://dltweb.dlt.ri.gov/TDIReserve/	State-administered State Temporary Caregiver Insurance (TCI) only. Wage replacement benefits to EE's who take time away from work to care for a seriously ill family member or to bond with a newborn child, adopted child, or foster child. Qualifying family members includes a: • Child • Spouse • Domestic partner • Parent • Parent-in-law • Grandparent • Sibling (New effective 1/1/26) Retroactive to 1/1/25: An EE can participate as a bone marrow transplant donor or a living organ donor. Bonding claims may be requested only during the first 12 months or parenting. Proof of a parent-child relationship is required. Applicants are responsible for obtaining the required medical documents from the Qualified Healthcare provider of the seriously ill family member/care recipient. Job protection: RI TCI does not provide job protection, only wage replacement benefits.	Annual Taxable Wage Base: $100,000 Employee Contribution Rate: 1.1% (of the 1st $100,000) Maximum Annual Employee Contribution: $1,100 TCI benefits are subject to Federal and State income taxes. Claimant will receive a General Form (G-1099) at the end of the year indicating the amount received in benefits, which will also be reported to the IRS.	Eligible employees must have earned at least $18,000 in base period wages, or $3,000 in one of the base period quarters and total base period wages of at least 1.5 times the highest quarter earnings, and total base period earnings of at least $6,000. EE must have worked for subject Employer & have provided information required on Application for Benefits Form (TDI-1). Monetary eligibility is determined the same as for TDI benefits. EE must have worked in RI and paid into the TDI fund.	EE must be out of work for 7 consecutive days but benefits can be paid from day one. Intermittent Leave: EE may take RI TCI intermittently in minimum of 1-week increments. If the EE is currently receiving TDI benefits, they must be released by the Medical Provider as "fully recuperated" prior to submitting an application for TCI for bonding or caregiving benefit payments. Reduced work schedule is not allowed.	TCI provides a monetary benefit, not a leave entitlement. 4.62% of total highest quarter wages in base period. The maximum weekly benefit for TDI is set at 85% of the average weekly wage. (RI DOLT releases updated RI SAWW every July 1st) Benefit proration: Benefits payable for less than one week will be paid in increments of 1/5th of the weekly benefit.	As of 7/1/25 – 12/30/25: Maximum Weekly Benefit: $1,103 Maximum Annual Benefit: $7,721 (7 wks.) Maximum Weekly Benefit Up to 5 Dependents: $1,489 Maximum Annual Benefit Up to 5 Dependents: $10,423 As of 1/1/26 – 6/30/26: Maximum Weekly Benefit: $1,103 Maximum Annual Benefit: $8,824 (increased to 8 wks.) Maximum Weekly Benefit Up to 5 Dependents: $1,489 Maximum Annual Benefit Up to 5 Dependents: $11,912 (increased to 8 wks.) As of 7/1/26 – 6/30/27: Maximum Weekly Benefit: $1,150 Maximum Annual Benefit: $9,200 Maximum Weekly Benefit Up to 5	Maximum Duration of Benefit Period for: **Temporary Caregiver Insurance** Effective 1/1/25: 7 weeks in a benefit year. Effective 1/1/26: 8 weeks in a benefit year. Benefit Year (52 weeks) (TCI benefit used will reduce the max. weeks of TDI) Claim Year Calculation Method: Rolling Back Calendar Year.

RHODE ISLAND CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
						Dependents: $1,552 Maximum Annual Benefit Up to 5 Dependents: $12,416 As of 1/1/25 – 12/31/25: Minimum Weekly Benefit: $139 As of 1/1/26: Minimum Weekly Benefit: $148 Maximum Dependents Allowance: Greater of $20 per dependent or 7% of the Weekly Benefit Rate (up to 5 dependents)	

WASHINGTON

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period

Paid Family & Medical Leave (WAPFML)
 	
Effective 01.01.20
 	
Employment Security Department
 	
Customer Center Team phone:
833-717-2273
 	
State websites:
 	
https://esd.wa.gov
 	
www.paidleave.wa.gov
	State administered or a Voluntary Plan which must at least equal the provisions of the State Plan.
	
	VP may just cover medical leave, just family leave or both.
	
	Provides wage replacement benefits & job protection for EE's who take time away from work for:
	• EE's own SHC
	• Care for a family member with a SHC
	• Exigency Leave allows for time to prepare for a family member's pre- and post- deployment activities, as well as time for childcare issues related to a family member's military deployment
		Annual Taxable Wage Base: $184,500
		
		Employee Contribution Rate: 1.13% of EE's wages, minus tips. (Premium withholdings are capped at the Social Security cap, which is updated annually. It is $184,500.
		
		Calculation for State Plan: Employers who choose to withhold premiums from their employees may withhold up to 71.43% of the total premium. The Employer is responsible for paying the other 28.57%.
			Monetary eligibility is determined the same for medical and family benefits.
			
			EE is eligible for family and medical leave benefits after working for at least 820 hours in employment during the first four of the last five completed calendar quarters starting from the day EE takes the leave. The 820 hours can be at one job or combined from multiple jobs: or the alternate base period, the last 4 complete calendar quarters preceding the application for leave.
				For claims through 12/27/25: A waiting period (WP) is the first (7) consecutive calendar days beginning w/the Sunday of the 1st day of leave. EE will satisfy WP requirement if they take at least (8) consecutive hours of leave during the 1st week of the EE's claim.
				
				EE must use a minimum of (8) consecutive hour increments of leave per week to qualify for benefits.
				
				For claims as of 12/28/25 and after: A WP is the first (7) consecutive calendar days beginning w/the Sunday of the 1st day of leave. EE will satisfy WP requirement if they take at least (4) consecutive hours of leave during the 1st week of the EE's claim.
				
				EE must use a minimum of (4) consecutive hour increments of leave per week to qualify for benefits.
				
				No WP required for:
				• Medical leave taken upon the birth of a child.
				• Family Leave related to birth, adoption, or placement of a child,
					WAPFML provides a monetary benefit.
					
					Monetary eligibility is determined the same for medical and family benefits.
					• If EE earns equal to or less than 1/2 State AWW (average weekly wage) EE will receive a benefit rate at 90% of AWW rounded down to nearest dollar
					• If EE earns more than ½ State AWW will receive a benefit rate that is the sum of:
					  ○ 90% of 1/2 of the State AWW; and
					  ○ 50% of the difference of the EE's AWW and ½ of the State AWW
						Maximum Weekly Benefit: $1,647
						
						(Each year by Sept. 30th, commissioner will adjust the max weekly benefit amount to be 90% of SAWW)
						
						Maximum Annual Benefit: will be based on the type of leave(s) taken by the EE within the same 52-week period.
						
						Minimum Weekly Benefit: $100
							Maximum Duration of Benefit Period for a Claim Year (52 weeks):
							
							Effective 6/9/22:
							A waiting period does not reduce the maximum duration of an EE's available paid family or medical leave.
							
							Effective 6/9/22:
							Compassionate Care/ Bereavement Leave: allows benefits to continue for 7 days following the day of death, miscarriage, or stillbirth of the EE's child for whom they would have qualified for family leave to bond with. The 7 days is subject to the maximum entitlement; it is not an additional 7 days added to the maximum.
							
							Medical Leave: Up to 12 weeks (14 weeks if leave is needed for incapacity due to pregnancy or birth related condition)

WASHINGTON

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
				for leave due to a qualifying exigency reason. Only one (1) waiting period is required per claim year regardless of the number of qualifying events.			

WASHINGTON CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	Qualifying family members: • Spouses and domestic partners • EE's own SHC • Children (biological, adopted, foster or stepchild • Parents and legal guardians (or spouse's parents) • Siblings • Grandchildren • Grandparents (or spouse's grandparents) • Any individual who regularly resides in the EE's home or where the relationship creates an expectation that the EE care for the person, and that individual depends on the EE for care. Job protection: Prior to 1/1/26: An EE is eligible if they meet the following requirements: • worked 12 months for employer company. • worked 1,250 hours for that company in the year before leave. • work for a company that employs 50 or more people. As of 1/1/26: An EE is eligible for family and medical leave job protection after working for at			Reduced work schedule is allowed. Bonding leave may be taken intermittently & does not require employer approval. Relapse Period: There is no relapse period.	Benefits will be paid as calculated to the cent rather than rounding down. Benefit Maximum is based on 2024 WA Average Annual Wage of $95,160 and Average Weekly Wage: $1,830 (2024) announced June of each year. Benefit proration: • Benefits are prorated based on EE's work schedule. • The weekly benefit is divided by the number of the EE's normal workdays per week. The first and last week of state paid leave will use a 1/7 proration for a partial week, rather than the EE's work schedule, because the state does not know the EE's work period for those weeks.		Family Leave: Up to 12 weeks Combined Medical and Family Leave: Up to 16 weeks (18 weeks if leave is needed for incapacity due to pregnancy or birth related condition) Claim Year Calculation Method: Rolling Forward Calendar Year. The claim year begins on the Sunday of the week EE submits initial application.

WASHINGTON CONTINUED

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	least 180 days of employment at current employer.						