



# 2024 statutory disability insurance matrix by state

*Effective 7/1/2024*

- |                         |                  |
|-------------------------|------------------|
| 1. California           | 7. New Jersey    |
| 2. Colorado             | 8. New York      |
| 3. Connecticut          | 9. Oregon        |
| 4. District of Columbia | 10. Puerto Rico  |
| 5. Hawaii               | 11. Rhode Island |
| 6. Massachusetts        | 12. Washington   |



# 2024

## 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
<p>Disability and Paid Family Leave</p> <p>Employment Development Department (EDD)</p> <p>Disability dept. contact: 800-480-3287</p> <p>PFL dept. contact: 877-238-4373</p> <p>State website: <a href="http://www.edd.ca.gov">www.edd.ca.gov</a></p>	<p>State administered State Disability Insurance (SDI) Plan, administer a Self-Insured Plan which must exceed State Plan benefits in at least one provision.</p> <p>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.</p> <p>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.</p> <p>Qualifying family members include: child, spouse, parent, parent-in-law, grandparent, grandchild, sibling, domestic partner</p> <p>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.</p> <p>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.</p>	<p>Voluntary Plan/ SDI (rates include PFL)</p> <p>Employee Contribution Rate: 1.1%</p> <p>Employer Contribution Rate: Optional (May elect to pay all or part of employee amount.)</p> <p>Note: Effective January 1, 2024, Senate Bill 951 removes the taxable wage limit and withholdings for each employee subject to SDI contributions.</p>	<p>Eligibility for Disability/PFL:</p> <ul style="list-style-type: none"> <li>• Must be unable to do regular or customary work for at least eight consecutive days.</li> <li>• Must be employed or actively looking for work at the time their disability begins.</li> <li>• Must have lost wages because of their disability or, if unemployed, have been actively looking for work.</li> <li>• Must have earned at least \$300 from which VP deductions were withheld during a previous period, unless the VP is employer funded.</li> <li>• Must be under the care and treatment of a licensed physician/ practitioner or accredited religious practitioner during the first eight days of their disability.</li> </ul>	<p>Disability: Seven (7) day Waiting Period; Benefits begin on the eighth (8<sup>th</sup>) Consecutive Day of Disability</p> <p>The waiting period is not included in the maximum duration.</p> <p>CA RELAPSE PERIOD</p> <p>Same or related cause or condition separated by not more than (60) days is considered one continuous period of disability</p> <p>PFL: No Waiting Period</p> <p>PFL may be taken intermittently in less than a full day because an EE is eligible for benefits if they have a wage loss.</p>	<p>Wage replacement rate: (60% or 70%)</p> <ul style="list-style-type: none"> <li>• Sixty percent 60%: For individuals who earn one-third or more of the State's Average Quarterly Wage</li> <li>• Seventy percent 70%: For individuals who earn less than one-third of the State's Average Quarterly Wage</li> </ul> <p>State Average Quarterly Wage (SAQW) = SAWW rate x 13: \$21,346</p> <p>State Average Weekly Wage (SAWW): \$1,642</p> <p>Benefit proration: Benefits payable for less than one week will be paid in increments of 1/7 of the weekly benefit.</p>	<p>Maximum Disability &amp; PFL Weekly Benefit: \$1,620</p> <p>Maximum Annual Disability Benefit: \$84,240 (52 wks x 1,620)</p> <p>Minimum Disability &amp; PFL Weekly Benefit: \$50</p> <p>Maximum Annual PFL Benefit: \$12,960 (\$1,620 x 8 weeks)</p>	<p>Maximum Duration of Benefit Period for:</p> <p>Disability: Fifty-two (52) times the weekly benefit</p> <p>Paid Family Leave: Eight (8) times the weekly benefit in a Twelve (12) month period</p> <p>Claim Year Calculation Method:</p> <p>Disability: claim year is per event.</p> <p>PFL: Rolling Forward Calendar Year</p>

## CALIFORNIA 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
<p>San Francisco – Paid Parental Leave Ordinance (SF PPLO)</p> <p>The Office of Labor Standards Enforcement (OLSE)</p> <p>Website overview of SF PPLO; <a href="https://sf.gov/information/understanding-paid-parental-leave-ordinance">https://sf.gov/information/understanding-paid-parental-leave-ordinance</a></p> <p>San Francisco Paid Parental Leave Ordinance Calculator. See Resources: <a href="https://www.sf.gov/information/san-francisco-paid-parental-leave-calculator">https://www.sf.gov/information/san-francisco-paid-parental-leave-calculator</a></p>	<p>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.</p>	<p>No EE contributions are required. SF PPLO is fully funded by the San Francisco covered Employers.</p> <p>Employers can withhold funds for retirement and health insurance premiums from the SF PPLO supplemental compensation payments.</p>	<p>Note: EE must first apply and be approved for CA PFL with CA Employment Development Department (EDD) before SF PPLO can be paid.</p> <p>A “Covered Employee” entitled to supplemental compensation under the SF PPLO is an EE:</p> <ul style="list-style-type: none"> <li>• Who works in SF.</li> <li>• Who began employment w/the covered ER at least 180 days prior to the start of the leave period.</li> <li>• Who performs at least eight (8) hours of work per week for a covered ER in SF.</li> <li>• Who works in SF at least 40% of total weekly hours for a covered ER.</li> <li>• Who applies for &amp; receives CA PFL benefits from EDD for the purpose of bonding with a newborn, newly adopted child, or foster child.</li> </ul> <p>Government EE's are not covered.</p>	<p>No waiting period is required for SF PPLO.</p>	<p>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.</p>	<p>SF PPLO requires no minimum benefit.</p> <p>Maximum Weekly Benefit includes:</p> <p>CA PFL (60/70%): Maximum weekly rate: \$1,620</p> <p>SF PPLO (30/40%): Maximum weekly rate: \$1,080</p> <p>Total (100% combined between CA PFL &amp; SF PPLO): Maximum weekly total benefit: \$2,700</p>	<p>Maximum Duration of Benefits for SF PPLO:</p> <p>Eight (8) weeks in a Twelve (12) Month Period</p>

## 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
<p>Colorado Family and Medical Leave Insurance (CO FAMLI)</p> <p>Effective 1/1/24</p> <p>CO Department of Labor and Employment</p> <p>Contact Information: For individual FAMLI account-specific questions, call: 1-866-CO-FAMLI (1-866-263-2654)</p> <p>For general FAMLI program questions: CDLE_FAMLI_info@state.co.us</p> <p>State website: <a href="https://famli.colorado.gov/">https://famli.colorado.gov/</a></p>	<p>State Plan, Insured and Self-insured Private Plans permitted</p> <p>Wage replacement benefits to EE's who take time away from work for:</p> <ul style="list-style-type: none"> <li>• EE's own SHC</li> <li>• Care for a family member with a SHC</li> <li>• Bond w/new child</li> <li>• Military Exigency</li> <li>• Safe Leave - Responding when an individual or a family member is a victim of domestic violence, stalking, or sexual assault or abuse.</li> </ul> <p>Qualifying family members:</p> <ul style="list-style-type: none"> <li>• spouse or domestic partner</li> <li>• Child</li> <li>• Parent</li> <li>• Stepmother</li> <li>• Stepfather</li> <li>• Grandparent</li> <li>• Grandchild</li> <li>• Sibling</li> <li>• Individual related to EE by blood or affinity whose close association is equivalent to a family relationship</li> </ul>	<p>Funded by employee/ employer payroll tax split</p> <p>Annual Taxable Wage Base: \$168,600 (based on the Social Security wage base cap, which is updated annually)</p> <p>Employee Contribution Rate: 0.45% paid by the employee</p> <p>Employer Contribution Rate: 0.45% paid by employer.</p>	<p>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.</p>	<p>No Waiting Period</p> <p>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</p> <p>Reduced work schedule is allowed.</p>	<p>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 exceeds the state average weekly wage.</p> <p>Effective (7/1/23 – 6/30/24)</p> <p>State Average Weekly Wage (SAWW) = \$1,421.16 (re-evaluated July 1st)</p> <ul style="list-style-type: none"> <li>• Average weekly wage less than or equal to \$710.58 (50% of SAWW) shall be replaced at a rate of 90%.</li> <li>• Average weekly wage above \$710.58 (50% of SAWW) shall be replaced at a rate of 50%, up to the maximum benefit</li> </ul> <p>Effective (7/1/24 – 6/30/25)</p> <p>State Average Weekly Wage (SAWW) = \$1,471.34 (re-evaluated July 1st annually)</p> <p>Note: For 2024 the New SAWW is applied to the benefit calculation as of 7/1/24 to in-flight claims that continue beyond 7/1/24 &amp; to new claims that are effective 7/1/24 and beyond.</p> <ul style="list-style-type: none"> <li>• Average weekly wage less than or equal to \$735.67 (50% of SAWW) shall be replaced at a rate of 90%.</li> <li>• Average weekly wage above \$735.67 (50% of SAWW) shall be replaced at a rate of 50%, up to the maximum benefit.</li> </ul> <p>Benefit proration: Benefits are prorated based on EE's work schedule.</p>	<p>Maximum Weekly Benefit: \$1,100</p> <p>Minimum Weekly Benefit: N/A</p>	<p>Maximum Duration of Benefits:</p> <p>Up to (12) weeks for any combination of leaves (medical or family leave)</p> <p>*Up to 4 additional weeks available for serious health condition related to pregnancy complications or childbirth complications for a total of 16 weeks combined between the medical &amp; family leave.</p> <p>Claim Year Calculation Method: Rolling Forward Calendar Year from the first day of leave.</p>

## 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
	<p>Federal Government EE's are not covered.</p> <p>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 FMLI leave.</p>						



## 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
<p>Connecticut Paid Leave (CT PL)</p> <p>Effective 1/1/2022</p> <p>Connecticut Paid Leave Authority</p> <p>State website: "<a href="https://www.ctpaidleave.org/?language=en_US">https://www.ctpaidleave.org/?language=en_US</a>" CT Paid Leave</p>	<p>State Plan, Insured and self-insured private plans permitted</p> <p>Wage replacement benefits to EE's who take time away from work for:</p> <ul style="list-style-type: none"> <li>Care for a family member with a SHC</li> <li>Bond w/new child during first 12 months after birth, adoption, or foster care placement</li> <li>EE's own injury, illness, or pregnancy</li> <li>Military Exigency</li> <li>Serve as an organ donor</li> <li>Address issues related to domestic violence if they are a victim or a family member who is victim of violence</li> </ul> <p>Qualifying family members:</p> <ul style="list-style-type: none"> <li>Spouse or domestic partner</li> <li>Child</li> <li>Parent or parent of spouse or domestic partner</li> <li>Grandparent</li> <li>Grandchild</li> <li>Sibling</li> <li>Individual related to EE by blood or affinity whose close association is equivalent to a family relationship</li> </ul>	<p>Fully funded by employee payroll tax</p> <p>Annual Taxable Wage Base: \$168,600 for 2024</p> <p>Employee Contribution Rate: 0.5% of EE's wages (Premium withholdings are capped at the Social Security cap, which is updated annually. It is \$168,600 for 2024)</p>	<p>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.</p>	<p>No waiting period is required.</p> <p>Employer must agree to intermittent leave for bonding/ placement</p> <p>EE is required to provide the employer with 30-day notice or as soon as practicable if unforeseeable</p> <p>Intermittent Leave: EE's may use intermittent leave in the same increments the employer allows for federal and CT FMLA.</p> <p>Bonding leave – intermittent leave allowed if agreed by ER &amp; EE.</p>	<p>Wage replacement rate:</p> <p>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</p> <p>Benefit proration: Benefits are prorated based on EE's work schedule.</p> <p>Note: 40 times the minimum wage will be equal to \$520 (\$13 x 40) weekly on 1/1/22, \$560 (\$14 x 40) on 7/1/22 &amp; \$600 (\$15 x 40) on 6/1/23.</p> <p>On 1/1/24 minimum wage increases to \$627.60 (\$15.69 x 40).</p>	<p>Maximum Weekly Benefit (is impacted by minimum wage rate for the state):</p> <p>Effective 1/1/22 - 6/30/22: \$780</p> <p>Effective 7/1/22 - 5/31/23, will increase to: \$840</p> <p>Effective 6/1/23 - 12/31/23, will increase to: \$900</p> <p>Effective 1/1/24, will increase to: \$941.40</p> <p>Minimum Benefit: N/A</p>	<p>Maximum Duration of Benefits in a Twelve (12) month period:</p> <p>Twelve (12) weeks combined total between medical and family leave.</p> <p>Two (2) additional weeks allowed if EE is incapacitated during pregnancy for a combined annual maximum of Fourteen (14) weeks</p> <p>Twelve (12) workdays of paid leave for Victims of Family Violence.</p> <p>Military Caregiver Leave: Up to twenty-six (26) weeks</p> <p>Claim Year Calculation Method:</p> <p>State uses rolling backward</p>

## CONNECTICUT continued

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	<p>Job Protection:</p> <ul style="list-style-type: none"> <li>CTPL provides wage replacement benefits only; it does not provide job protection. Job protection may be provided under FMLA and/or CTFMLA</li> </ul>						<p>Private Plans can choose any one of the following methods:</p> <p>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:</p> <ul style="list-style-type: none"> <li>A calendar year;</li> <li>any fixed 12-month period, such as a fiscal year or a 12-month period measured forward from an EE's 1st date of employment;</li> <li>a 12-month period measured forward from an EE's 1st day of leave taken FMLA, inclusive; or</li> <li>a rolling 12-month period measured backward from an EE's 1st day of leave taken.</li> </ul>

## 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
<p>Paid Family &amp; Medical Leave Effective 7/1/20 (DC PFL)</p> <p>Department of Employment Services (DOES) - Office of Paid Family Leave (OPFL):</p> <p>Phone: 202-899-3700</p> <p>Email: <a href="mailto:does.opfl@dc.gov">does.opfl@dc.gov</a></p> <p>Websites: <a href="https://does.dc.gov/page/dc-paid-family-leave">https://does.dc.gov/page/dc-paid-family-leave</a></p> <p><a href="https://dcpaidfamilyleave.dc.gov">https://dcpaidfamilyleave.dc.gov</a></p> <p>Resources: <a href="https://dcpaidfamilyleave.dc.gov/resources/">https://dcpaidfamilyleave.dc.gov/resources/</a></p> <p>Employers and EE's will use an online portal to interact with OPFL and receive information.</p>	<p>District administers the program.</p> <p>Insured, Self-insured Plans are NOT allowed.</p> <p>Wage replacement benefits to EE's who take time away from work for the following:</p> <ul style="list-style-type: none"> <li>• EE's own serious health condition</li> <li>• Care of a family member w/a serious health condition</li> <li>• Bond w/a newborn, adopted, or foster child or placement of a child into their household that they legally assume &amp; discharge parental responsibility over</li> </ul> <p>Qualifying Family Members:</p> <ul style="list-style-type: none"> <li>• Biological, adopted, foster, or step child (including a child of a domestic partner); a legal ward; or someone that a worker acts as parent to;</li> <li>• 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 when the worker was a child;</li> <li>• A domestic partner or spouse;</li> <li>• A grandparent; or</li> <li>• A sibling</li> </ul>	<p>No EE contributions are required. DC PFL is fully funded by the DC covered Employers.</p> <p>Effective 7/1/22: PFL is funded by a 0.26% payroll tax, paid by covered Employer on the wages of each of its covered EE's. PFL tax is collected quarterly.</p>	<p>EE's are eligible if they work for a covered employer &amp; 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.</p> <p>To be eligible for these benefits, EE must meet the following criteria:</p> <ul style="list-style-type: none"> <li>• must be a covered worker in DC; or</li> <li>• must be self-employed and have opted into the PFL program</li> <li>• must be employed at the time of completing the benefits application</li> <li>• must have experienced a qualifying event</li> </ul> <p>EE is eligible to receive DC PFL while working part-time.</p> <p>30-day ER notice required when leave is foreseeable.</p>	<p>No Waiting Period</p> <p>Leave may be taken intermittently in 1 Full Day increments.</p>	<p>DC PFL provides a monetary benefit.</p> <p>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.</p> <ul style="list-style-type: none"> <li>• Use earnings in highest 4 of last 5 quarters</li> <li>• Divide by 52</li> <li>• If less than \$900, multiply by 0.9</li> <li>• If more than \$900, subtract \$900 and multiply by 0.5, then add \$810</li> <li>• Weekly benefit cannot be more than \$1,049 (as of 9/25/22) or \$1,118 (as of 10/1/23).</li> </ul>	<p>Effective 9/25/22 - 9/30/23: Maximum Weekly Benefit is \$1,049.</p> <p>Effective 10/1/23: Maximum Weekly Benefit increased to \$1,118.</p> <p>Maximum Annual Benefit: shall be based on the type of leave(s) taken by the EE within the same 52-week period.</p> <p>Minimum Weekly Benefit: "DC does not have a Minimum weekly benefit"</p> <p>Benefit payments are paid every two weeks on a set schedule.</p>	<p>Maximum Duration of Benefit during a Benefit Year (52 weeks):</p> <p>Medical Leave: (12) weeks</p> <p>Pre-natal Leave: Two (2) weeks (these 2 weeks are included as part of the 12 weeks of medical leave)</p> <p>Family Leave: (12) weeks</p> <p>Parental Leave: (12) weeks</p> <p>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.</p>



## 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
	Job Protection: The DC PFL does not provide job protection above & beyond that provided under FMLA and/or the DC FMLA				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.		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 relapse period	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
<p>Temporary Disability Insurance (TDI)</p> <p>Dept. of Labor &amp; Industrial Relations Disability Compensation Division</p> <p>State website: <a href="http://hawaii.gov/labor/dcd/abouttdi.shtml">http://hawaii.gov/labor/dcd/abouttdi.shtml</a></p> <p>HI TDI: <a href="https://labor.hawaii.gov/dcd/home/about-tdi/">https://labor.hawaii.gov/dcd/home/about-tdi/</a></p>	<p>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 &amp; disability benefits.</p>	<p>Maximum Weekly Wage Base: \$1,374.78</p> <p>Employee Contribution Rate: 0.5%</p> <p>Maximum Weekly Employee Contribution: \$6.87</p> <p>Employer Contribution Rate: At least one-half (1/2) of plan costs, plus any additional costs not chargeable to employee.</p>	<p>EE's are eligible for TDI benefits if they meet the following:</p> <p>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.</p> <p>EE must also meet the following conditions in addition to the eligibility requirements described above:</p> <p>Injury or illness is not work related; not caused by their job.</p> <p>Injury or illness prevents EE from performing their regular duty.</p> <p>Disability is certified by, and they are under the care of a licensed physician, surgeon, dentist, chiropractor, osteopath, naturopath, physician assistant, advanced practice registered nurse, or an accredited practitioner of a faith-healing group.</p> <p>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.</p> <p>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 meet the eligibility requirements.</p>	<p>Seven (7) day Waiting Period;</p> <p>Benefits begin on the eighth (8th) Consecutive Day of Disability</p> <p>HI RELAPSE PERIOD</p> <p>Same or related cause or condition separated by not more than 2 weeks is considered one continuous period of disability</p>	<p>58% of average weekly earnings</p> <p>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 \$798.</p> <p>Benefit proration: Benefits payable for less than one week will be paid in increments of 1/5th of the weekly benefit.</p>	<p>Maximum Weekly Benefit: \$798</p> <p>Maximum Annual Benefit: \$20,748</p> <p>Minimum Weekly Benefit: \$14</p>	<p>Maximum Duration of Benefit Period for:</p> <p>DISABILITY Twenty-six (26) weeks</p> <p>Claim Year Calculation Method: Rolling Forward Calendar Year</p>

## 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
<p>Paid Family &amp; Medical Leave (MA PFML) Effective 01/01/21</p> <p>Executive Office of Labor and Workforce Development</p> <p>Ph: 833-344-7365</p> <p>State websites: <a href="http://www.mass.gov">www.mass.gov</a></p> <p><a href="http://www.mass.gov/orgs/department-of-family-and-medical-leave">www.mass.gov/orgs/department-of-family-and-medical-leave</a></p>	<p>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.</p> <p>Job protection: Provides wage replacement benefits &amp; job protection to EE's who take time away from work for the following:</p> <ul style="list-style-type: none"> <li>• EE's own serious health condition (SHC).</li> <li>• Care for a family member with a SHC.</li> <li>• Bond w/new child during first 12 months after birth, adoption, or foster care placement.</li> <li>• Military Exigency: Care for a family member's exigency leave pre- and post-deployment activities</li> <li>• Military Caregiver: Care for a family member who is a service-member injured in the line of duty.</li> </ul>	<p>Annual Taxable Wage Base: \$168,600 for 2024</p> <p>Premium withholdings are capped at the Social Security cap, which is updated annually, \$168,600 for 2024</p> <p>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).</p> <p>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).</p>	<p>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.</p> <p>Eligibility can be met globally across employers (ER's). However, the EE's MA PFML weekly benefit is based on individual ER's information &amp; the EE can receive MA PFML benefits from each ER.</p> <p>EE is required to provide the employer with 30-day notice, in writing, unless there are "unforeseeable circumstances"</p>	<p>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.</p> <p>The waiting period will count against total period of paid leave allowed in a benefit year.</p> <p>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.</p>	<p>MA PFML provides a monetary benefit.</p> <p>Monetary eligibility is determined the same for medical and family benefits. Claimant must work in MA and pay into the PFML fund.</p> <p>2022 State Average Weekly Wage: \$1,796.72 (re-evaluated each October for benefits that start on Jan.1st.)</p> <p>Maximum benefit is calculated annually based on 64% of SAWW</p> <p>Weekly benefits will be calculated as follows:</p> <p>80% of the portion of the employee's AWW that is equal to or less than 50% of the SAWW</p> <p>50% of the SAWW 50% of the portion of the employee's AWW that is greater than 50% of the SAWW</p> <p>Benefit proration: Benefits are prorated based on EE's work schedule.</p>	<p>Maximum Weekly Benefit: \$1,149.90</p> <p>There is no minimum benefit amount</p>	<p>Maximum Duration of Benefit Period during a benefit year period (52 weeks) for:</p> <p>The waiting period will count against total period of paid leave allowed in a benefit year.</p> <p>EE's Own Medical Leave: Twenty (20) Weeks</p> <p>Paid Family Leave for Bonding, Care of a family member, Military Exigency Leave: Twelve (12) Weeks</p> <p>Military Caregiver Leave: Up to twenty six (26) weeks</p> <p>Max length for combined Medical &amp; Paid Family Leave benefits cannot exceed 26 weeks in a consecutive 52-week period.</p> <p>Benefit Year begins on Sunday of the week the FDA occurs.</p> <p>Benefit Calculation Method: Rolling Forward Calendar Year</p>

## 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
	Qualifying family members: <ul style="list-style-type: none"> <li>• Spouse</li> <li>• Domestic partner</li> <li>• Children (including foster)</li> <li>• Children in loco parentis</li> <li>• Parent (including foster)</li> <li>• Parent-in-law</li> <li>• Stepparent/child</li> <li>• Person standing in loco parentis</li> <li>• Grandparent</li> <li>• Sibling (including step)</li> <li>• Grandchildren</li> </ul>	Employers premium rate for medical leave: ER's are responsible for contributing the remaining 60% (0.42% of eligible wages).		<p>Intermittent leave is to be taken in increments consistent with the ER's 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.</p> <p>Intermittent leave for bonding requires employer approval.</p> <p>Reduced work schedule is allowed.</p>			

## NEW JERSEY

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period, relapse, and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
<p><b>DISABILITY BENEFIT</b></p> <p>Department of Labor and Workforce Development</p> <p>Division of Temporary Disability and Family Leave Insurance</p> <p>State websites: <a href="https://myleavebenefits.nj.gov/">https://myleavebenefits.nj.gov/</a></p> <p>NJ TDI &amp; FLI: <a href="https://www.myleavebenefits.nj.gov/worker/tdi/">https://www.myleavebenefits.nj.gov/worker/tdi/</a></p> <p><a href="https://www.nj.gov/labor/">https://www.nj.gov/labor/</a></p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>Employee Annual Taxable Wage Base: \$161,400</p> <p>Employee DI Contribution Rate: 0.00%</p> <p>Maximum Annual Employee Contribution: \$0.00, there are no TDI EE contribution deductions for 2024 calendar year.</p> <p>Employer Annual Taxable Wage Base: \$42,300</p>	<p>Eligible EE’s must have earned at least \$283/wk. for twenty (20) calendar weeks (“base weeks”) during the 52 weeks (“base year”) or earn \$14,200/(Base Year) to receive benefits under the State Plan.</p> <p>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</p> <p>2nd alternate base year: the portion of the quarter before disability and the 3 completed quarters immediately preceding disability.</p>	<p>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.</p> <p>Effective 3/25/20 due state of emergency (SB 2304): No (7) day waiting period for COVID-19 related claims.</p> <p>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.</p> <p><b>NJ TDI RELAPSE PERIOD</b></p> <p>Same or related cause or condition separated by not more than 14 days is considered one continuous period of disability</p> <p>Partial Disability:</p> <ul style="list-style-type: none"> <li>• ER has to agree.</li> <li>• EE must be totally disabled &amp; then released to RTW</li> <li>• Benefits prorated based on disability earnings.</li> <li>• Max duration of partial disability is (8) weeks, however, may be extended up to a total of (12) weeks with medical to support.</li> </ul>	<p>Effective 7/1/20: Benefits for NJ TDI increased to 85% of weekly wage to maximum of 70% of Statewide Average Weekly Wage</p> <p>Benefit proration: Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit.</p>	<p>Maximum Weekly Benefit: \$1,055</p> <p>Maximum Annual DI Benefit: \$27,430</p> <p>Minimum Weekly Benefit: N/A</p>	<p>Maximum Duration of Benefit Period for:</p> <p>DISABILITY Twenty-six (26) weeks or the period necessary for benefits to equal 1/3 of total wages in base year whichever is the lesser.</p> <p>Claim Year Calculation Method: The benefit year is calculated “per event.”</p>



## 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
<p>FAMILY CARE LEAVE INSURANCE</p> <p>(Separate Application is Required)</p> <p>Department of Labor and Workforce Development</p> <p>Division of Temporary Disability and Family Leave Insurance</p> <p>State website: <a href="https://www.myleavebenefits.nj.gov/worker/fli">https://www.myleavebenefits.nj.gov/worker/fli</a></p>	<p>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.</p> <p>Employment covered under the New Jersey Unemployment Compensation Law, including state and local government employment, is also covered for Family Leave Insurance.</p> <p>Anti-retaliatory measures enacted that requires an employer to restore the employee following a period of leave.</p> <p>EE may take leave for the following reasons on a continuous or intermittent basis:</p> <ul style="list-style-type: none"> <li>Care of a family member with a serious physical or mental condition, including COVID-19.</li> <li>Bond with a newborn, newly adopted or foster child.</li> <li>Care for self or a family member who is a victim/survivor of domestic or sexual violence.</li> </ul> <p>Allowable uses as a victim/survivor or for supporting a victim/survivor include:</p> <ul style="list-style-type: none"> <li>Seeking medical attention, therapy, victim advocacy, or legal services.</li> <li>Safety planning or escaping abuse, such as staying in a domestic violence shelter.</li> <li>Attending or preparing for court</li> <li>Recovering at home</li> </ul> <p>Qualifying family members: Spouse, domestic partner, child, parent, siblings, grandparents, grandchildren, parents-in-law and the equivalent of a family member.</p>	<p>Employee Annual Taxable Wage Base: \$161,400</p> <p>Employee FLI Contribution Rate: 0.09%</p> <p>Maximum Annual Employee Contribution: \$145.26</p> <p>Employer Contribution Rate: 0%</p> <p>Employer Annual Taxable Wage Base: \$42,300</p>	<p>Eligible employees must have earned at least \$283/wk. for twenty (20) calendar weeks ("base weeks") during the 52 weeks ("base year") or earn \$14,200/Base Year) to receive benefits under the State Plan.</p> <p>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.</p>	<p>Effective 2/19/19: No waiting period</p> <p>Benefit entitlement may be reduced by 14 days if claimant fails to provide 30 days' notice to employer prior to the leave.</p> <p>Intermittent and Reduced Work Schedule Leave is to be taken in increments of at least "1 Full Day".</p>	<p>Family Leave Insurance provides a monetary benefit</p> <p>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</p> <p>Effective 7/1/20: Benefits for NJ FLI increases to 85% of weekly wage to maximum of 70% of Statewide Average Weekly Wage</p> <p>Benefit proration: Benefits payable for less than one week will be paid in increments of 1/7th of the weekly benefit.</p>	<p>Maximum Weekly Benefit: \$1,055</p> <p>Maximum Annual FLI Benefit: \$12,660</p> <p>Minimum Weekly Benefit: N/A</p>	<p>Maximum Duration of Benefit Period for: FAMILY CARE LEAVE Bonding/Care for Family Member (effective 7/1/20):</p> <ul style="list-style-type: none"> <li>Twelve (12) consecutive weeks; or</li> <li>56 intermittent days during a 12-month period beginning with the first date of the claim</li> </ul> <p>Effective 2/19/19: Care for self or a family member who is a victim/survivor of domestic or sexual violence:</p> <ul style="list-style-type: none"> <li>Twelve (12) consecutive weeks; or</li> <li>56 intermittent days during a 12-month period beginning with the first date of the claim.</li> </ul> <p>Claim Year Calculation Method: 12-months measured rolling forward beginning with the first date of the leave.</p>

## NEW YORK

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period and relapse period	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
<p>DISABILITY BENEFIT</p> <p>NY Workers' Compensation Board</p> <p>State websites:  <a href="http://www.wcb.ny.gov">www.wcb.ny.gov</a>  <a href="http://www.wcb.ny.gov/content/main/DisabilityBenefits/employee-disability-benefits.jsp">www.wcb.ny.gov/content/main/DisabilityBenefits/employee-disability-benefits.jsp</a></p>	<p>State Disability Benefits Law (DBL)</p> <p>NY DOES NOT HAVE A STATE PLAN OPTION</p> <p>ER's have the option to have a plan administered by:</p> <ul style="list-style-type: none"> <li>• NY State Insurance Fund (NYSIF) which is an insurance company that operates only in NY</li> <li>• An Insurance Carrier</li> <li>• A Self-Insured Plan meeting minimum state requirements</li> </ul> <p>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.</p> <p>Effective 1/1/24: Covers organ donor in a transplant surgery as a qualifying reason for NY DBL.</p>	<p>Weekly Taxable Wage Base: \$120</p> <p>Employee Contribution Rate: 0.5%</p> <p>Maximum Weekly Employee Contribution: \$0.60</p> <p>Employer Contribution Rate: Pays balance of plan costs not covered by Employee Contributions</p> <p>Benefits are subject to FICA Tax.</p>	<p>A covered EE must be under the care of a physician, chiropractor, podiatrist, psychologist, dentist, or certified nurse midwife to qualify for disability benefits.</p> <p>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.</p>	<p>Seven (7) day Waiting Period:</p> <p>No benefits payable for this week</p> <p>Benefits begin on the eighth (8th) consecutive day of disability.</p> <p>The waiting period is not included in the maximum duration.</p> <p>NY DBL RELAPSE PERIOD:</p> <p>Same or related cause or condition separated by not more than 3 months is considered one continuous period of disability.</p> <p>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.</p>	<p>50% of average weekly wage base on previous 8 weeks earnings</p> <p>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 work days per week.</p> <p>Reduced work schedule benefits are "not" allowed.</p>	<p>Maximum Weekly Benefit: \$170 Effective May 1, 1989</p> <p>Maximum Annual Benefit: \$4,420</p> <p>Minimum Weekly Benefit: If earnings are equal to or less than \$20 per week the benefit to equal 100% of earnings</p>	<p>Maximum Duration of Benefit Period:</p> <p>Twenty-six (26) weeks</p> <p>Max length for DBL &amp; PFL benefits: Combined cannot exceed 26 weeks in a consecutive 52-week period</p> <p>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.</p> <p>Claim Year Calculation Method: This is a rolling back calendar year calculation.</p>

## NEW YORK continued

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period, relapse period, and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
<p>PAID FAMILY LEAVE Effective January 1, 2018</p> <p>NY Workers' Compensation Board</p> <p>NY PFL website: "<a href="https://paidfamilyleave.ny.gov/">https://paidfamilyleave.ny.gov/</a>" New York State Paid Family Leave (<a href="https://ny.gov">ny.gov</a>)</p>	<p>NYPFL PROVIDES JOB PROTECTION</p> <p>NY DOES NOT HAVE A STATE PLAN OPTION</p> <p>ER's have the option to:</p> <ul style="list-style-type: none"> <li>• Insure the benefit with NYSIF</li> <li>• Insure with a carrier or, self-insure NYPFL if they are currently self-insured for NYDBL</li> </ul> <p>EE may provide care for a family member with a SHC or bond with a newborn, adopted child or foster child.</p> <p>Qualifying family members:</p> <ul style="list-style-type: none"> <li>• Spouse</li> <li>• Domestic partner</li> <li>• Child</li> <li>• Parent</li> <li>• Parent-in-law</li> <li>• Grandparent</li> <li>• Grandchild</li> <li>• Siblings (effective 1/1/23)</li> </ul> <p>EE may take Military Family Support Leave (Military Exigency) 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</p>	<p>The maximum Employee NYPFL Contribution % is:</p> <p>The maximum contribution rate will be set at 0.373% of the employee's gross annualized wages. (Capped at NY's current NYAWW of \$1,718.15 x 52 weeks = \$89,343.80 per year)</p> <p>2024 Maximum EE Contribution will be: \$333.25 per year.</p> <p>Employers may underwrite the cost of the NYPFL benefit. Proof of PFL coverage will still be required.</p>	<p>Who is covered:</p> <p>Full-time EE's will be eligible for coverage after 26 consecutive weeks of covered NY Employment.</p> <p>Part-time EE's working less than 20 hours per week will be eligible after 175 workdays of covered NY Employment.</p>	<p>No Waiting Period</p> <p>Benefits begin on the first (1st) day of the qualified leave event.</p> <p>EE must use "Full day" increments to qualify for PFL benefits. Partial days are not paid.</p> <p>NY PFL RELAPSE PERIOD</p> <p>Same or related cause or condition separated by not more than 3 months is considered one continuous period of disability.</p> <p>Termination of NY PFL benefits: An EE's benefits end on the date of termination of their employment.</p>	<p>Payable % of EE's average weekly wage (AWW) To the Maximum % of NY Average Weekly Wage (2022 NYSAWW \$1,718.15)</p> <p>67% of NYSAWW</p> <p>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 work days per week.</p>	<p>Maximum Weekly Benefit is based on 2022 NYSAWW:</p> <p>\$1,151.16</p> <p>**NY DOL releases updated NYSAWW every March 31st</p> <p>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.</p>	<p>Maximum Leave Durations:</p> <p>12 weeks</p> <p>Max length for DBL &amp; PFL benefits: Combined cannot exceed 26 weeks in a consecutive 52-week period</p> <p>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.</p> <p>Claim Year Calculation Method: Rolling Back Calendar Year.</p>

## NEW YORK continued

State	COVID-19 Enhanced NY DBL Coverage Provided for Self	COVID-19 enhanced NY PFL coverage provided for care of a minor child all size employers
<p>Enhanced COVID-19 - Paid NY Disability Benefit Leave and Paid Family Leave:</p> <p>Announced on 3/19/20 effective immediately: Includes EE who were already on leave as of the effective date.</p> <p>The COVID-19 enhanced PFL/DBL benefits will be expiring July 31, 2025.</p> <p>Links to COVID-19 info:</p> <p><a href="https://paidfamilyleave.ny.gov/COVID19">https://paidfamilyleave.ny.gov/COVID19</a></p> <p><a href="http://www.ny.gov/COVIDpaysickleave">http://www.ny.gov/COVIDpaysickleave</a></p>	<p>Enhanced DBL for Self: benefits do not apply to Large Employers. This includes for example the expanded definition of disability, the waived waiting period for DBL, the richer benefit payment for DBL and the access to DBL and PFL benefits on the same day.</p> <p>Standard DBL: benefits may apply after the EE has exhausted all Paid Sick Leave (PSL) which is 14 days for companies with 100 or more EE's to be managed by employer. However, EE is not qualified for additional statutory benefit payments if only quarantined. If there is a continued need for leave due to illness, the employee must meet regular DBL requirements and would receive normal DBL payments.</p> <p>Family leave is redefined to include:</p> <p>Any leave taken by an EE from work when an EE is subject to quarantine</p> <p>This benefit is limited to employers with less than 100 EE's total in the company.</p> <p>Self-Quarantine/Isolation: Any leave taken by an EE from work when an EE is subject to quarantine.</p> <p>Disability redefined to include: inability of an EE to perform the regular duties of their employment or the duties of any other employment which their employer may offer them as a result of a quarantine.</p>	<p>This benefit is available to EE's of all size employers.</p> <p>Care for child under Quarantine/Isolation:</p> <p>Family leave is redefined to include:</p> <ul style="list-style-type: none"> <li>Any leave taken by an EE from work when an EE is subject to quarantine</li> </ul> <p>To provide care for a minor dependent child of the EE who is subject to quarantine.</p> <p>Mandatory or precautionary order of quarantine or isolation is sufficient proof of disability and family leave.</p> <p>Does not apply if employee is physically able to work through remote access or other similar means and is asymptomatic or has not yet been diagnosed with any medical condition</p> <p>NOTE: Maximum benefit amount for Enhanced PFL will not increase in 2021 and thereafter. The benefit rate (60% with a maximum of \$840.70) will remain the same for 2021 and thereafter even though the Standard PFL maximum benefit increased (to 67%) in 2021. Both the enhanced and standard PFL benefit duration increased to 12 weeks in 2021.</p>

## 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
<p>Paid Leave Oregon</p> <p>Effective 9/3/23</p> <p>State of Oregon Employment Department</p> <p>State website: <a href="https://paidleave.oregon.gov/">https://paidleave.oregon.gov/</a></p>	<p>State administered or Employers permitted to provide "Equivalent Plans"</p> <p>Job Protection is provided</p> <p>Who is covered: Oregon Employees</p> <p>Leave types:</p> <ul style="list-style-type: none"> <li>Employee's own serious health condition</li> <li>Care of a seriously ill family member</li> <li>New child bonding within 12 months of birth or placement</li> <li>Safe Leave -covers victims of domestic violence</li> </ul> <p>Qualifying family members: Spouse, domestic partner, child, parent, grandparent, grandchild, sibling</p> <p>Any individual related by blood or affinity whose close relationship is the equivalent of a family relationship</p> <p>Note: The OFLA covers the non-serious health condition of a child, but the Paid Leave Oregon program does not.</p> <p>Job protection: If an employee has been with the employer for more than 90 days, their job remains protected while they use paid leave.</p>	<p>Cost shared by Employee and Employer</p> <p>Program Funding:</p> <p>Not to exceed 1% of EE wages, up to Social Security Taxable Wage Base. Shared by the employer (40%) and employee (60%)</p> <p>Premium withholdings are capped at the Social Security cap, which is updated annually. It is \$168,600 for 2024</p> <p>EE Contribution: 0.6% of gross wages up to SS cap.</p> <p>ER Contribution: 0.4% of gross wages up to SS cap.</p>	<p>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.</p> <p>earned at least \$1,000 in the last 12-month period before they apply for benefits. This includes wages from all employment in Oregon.</p> <p>The period used to confirm benefit eligibility is either:</p> <p>The first four of the five completed quarters before the start of the benefit year (base year); or</p> <p>The four most recently completed quarters before the start of the benefit year (alternate base year)</p>	<p>No Waiting Period</p> <p>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 a week.</p> <p>Benefit amounts must be:</p> <ul style="list-style-type: none"> <li>Prorated to increments that are equivalent to one workday.</li> <li>Paid in increments that are equivalent to one work week.</li> </ul>	<p>Paid Leave Oregon provides a monetary benefit.</p> <p>Maximum benefit is calculated annually based on % of SAWW (effective from July 1 through June 30 of the following year)</p> <p>2023 SAWW = \$1,269.69 (effective 7/1/23 – 6/30/24)</p> <p>2024 SAWW = \$1,307.17 (effective 7/1/24 – 6/30/25)</p> <p>Weekly benefits will be calculated as follows:</p> <ul style="list-style-type: none"> <li>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</li> <li>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 65% of the state's AWW</li> </ul> <p>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.</p> <p>EE must use full days only.</p>	<p>Effective 9/3/23 – 6/30/24:</p> <p>Maximum Weekly Benefit: \$1,523.63</p> <p>Minimum Weekly Benefit: \$63.48</p> <p>Effective 7/1/24 – 6/30/25:</p> <p>Maximum Weekly Benefit: \$1,568.60</p> <p>Minimum Weekly Benefit: \$65.36</p> <p>The SAWW and both the minimum and maximum weekly benefit amounts are effective from July 1 through June 30 of the following year &amp; will be published annually by July.</p>	<p>Maximum Duration of Benefit Period (52 weeks):</p> <p>Up to twelve (12) weeks for any combination of medical leave, family leave, bonding, safe leave</p> <p>Two (2) additional weeks available for limitations related to pregnancy, childbirth, or a related medical condition – medical complications not required.</p> <p>Rolling Forward Calendar Year, beginning on the Sunday before the first day of leave.</p>



## PUERTO RICO

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

## RHODE ISLAND

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
<p>Temporary Disability (TDI)</p> <p>Temporary Disability Insurance Division: P.O. Box 20100 Cranston RI 02920-0941</p> <p>TDI and TCI Claimant Call Center Phone:401-462-8420</p> <p>State website: "<a href="https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance">https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance</a>" Temporary Disability / Caregiver Insurance   RI Department of Labor &amp; Training</p> <p>To apply for TDI/ TCI online: "<a href="https://dltweb.dlt.ri.gov/TDIReserve/?sessionTimeout=true">https://dltweb.dlt.ri.gov/TDIReserve/?sessionTimeout=true</a>"</p>	<p>State administered State Temporary Disability Insurance (TDI) only.</p> <p>Insured or Self-Insured Plans are NOT allowed.</p> <p>TDI provides benefit payments to insured RI workers for weeks of unemployment caused by temporary disability or injury.</p>	<p>Annual Taxable Wage Base: \$87,000</p> <p>Employee Contribution Rate: 1.2% of the 1st \$87,000</p> <p>Maximum Annual Employee Contribution: \$1,044</p> <p>TDI benefits are <u>not</u> 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.</p>	<p>Eligible employees must have earned at least \$16,800 in base period wages, or \$2,800 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 \$5,600. Worked for subject Employer &amp; have medically certified disability.</p> <p>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.</p> <p>Earnings include overtime, vacation, sick leave pay, bonuses, and commissions and exclude Holiday pay if no services were performed.</p>	<p>Effective July 1, 2012:</p> <p>No Waiting Period</p> <p>EE must be disabled for at least 7 consecutive days due to non-job related illness or injury</p>	<p>4.62% of total highest quarter wages in base period.</p> <p>Earnings include overtime, vacation, sick leave pay, bonuses, and commissions and exclude Holiday pay if no services were performed.</p> <p>Eligible employees must have earned at least \$15,600 in base period wages, or \$2,600 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 \$5,200. Worked for subject Employer &amp; have medically certified disability.</p> <p>Benefit proration: Benefits payable for less than one week will be paid in increments of 1/5th of the weekly benefit</p>	<p>As of 07/01/23: Maximum Weekly Benefit: \$1,043 Maximum Annual Benefit: \$31,290 Maximum Weekly Benefit Up to 5 Dependents: \$1,408 Maximum Annual Benefit Up to 5 Dependents: \$42,240</p> <p>As of 07/01/24: Maximum Weekly Benefit: \$1,070 Maximum Annual Benefit: \$32,100 Maximum Weekly Benefit Up to 5 Dependents: \$1,444 Maximum Annual Benefit Up to 5 Dependents: \$43,320</p> <p>As of 01/01/24: Minimum Weekly Benefit: \$130 Maximum Dependents Allowance: Greater of \$10 per dependent or 7% of the Weekly Benefit Rate (up to 5 deps.)</p>	<p>Maximum Duration of Benefit Period for:</p> <p>DISABILITY Thirty (30) weeks in any Benefit Year</p> <p>Claim Year Calculation Method: Rolling Back Calendar Year.</p>

## 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
<p>Temporary Caregiver Insurance Program (TCI) Effective 1/5/14</p> <p>Rhode Island Department of Labor and Training Temporary Disability Insurance</p> <p>Temporary Disability Insurance Division: P.O. Box 20100, Cranston RI 02920-0941</p> <p>TDI and TCI Claimant Call Center Phone: 401-462-8420</p> <p>State website: "<a href="https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance">https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance</a>" Temporary Disability / Caregiver Insurance   RI Department of Labor &amp; Training</p> <p>To apply for TDI/TCI online: "<a href="https://dltweb.dlt.ri.gov/TDIReserve/?sessionTimeout=true">https://dltweb.dlt.ri.gov/TDIReserve/?sessionTimeout=true</a>"</p>	<p>State administered State Temporary Caregiver Insurance (TCI) only.</p> <p>Wage replacement benefits to EE's who take time away from work to care for a seriously ill child, spouse, domestic partner, parent, parent-in-law or grandparent or to bond with a newborn child, adopted child, or foster child.</p> <p>Bonding claims may be requested only during the first 12 months or parenting. Proof of a parent-child relationship is required.</p> <p>Applicants are responsible for obtaining the required medical documents from the Qualified Healthcare provider of the seriously ill family member/care recipient.</p>	<p>Annual Taxable Wage Base: \$87,000</p> <p>Employee Contribution Rate: 1.2% (of the 1st \$87,000)</p> <p>Maximum Annual Employee Contribution: \$1,044</p> <p>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.</p>	<p>Eligible employees must have earned at least \$16,800 in base period wages, or \$2,800 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 \$5,600.</p> <p>EE must have worked for subject Employer &amp; have provided information required on Application for Benefits Form (TDI-1).</p> <p>Monetary eligibility is determined the same as for TDI benefits. Claimant must have worked in RI and paid into the TDI fund.</p>	<p>EE must be out of work for 7 consecutive days but benefits can be paid from day one.</p> <p>EE may take RI TCI intermittently in minimum of 1-week increments.</p> <p>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.</p>	<p>TCI provides a monetary benefit, not a leave entitlement.</p> <p>4.62% of total highest quarter wages in base period.</p> <p>Benefit proration: Benefits payable for less than one week will be paid in increments of 1/5th of the weekly benefit.</p>	<p>As of 07/01/23 - 6/30/24:  Maximum Weekly Benefit: \$1,043</p> <p>Maximum Annual Benefit: \$6,258</p> <p>Maximum Weekly Benefit Up to 5 Dependents: \$1,408</p> <p>Maximum Annual Benefit Up to 5 Dependents: \$8,448</p> <p>As of 07/01/24:  Maximum Weekly Benefit: \$1,070</p> <p>Maximum Annual Benefit: \$6,420</p> <p>Maximum Weekly Benefit Up to 5 Dependents: \$1,444</p> <p>Maximum Annual Benefit Up to 5 Dependents: \$8,664</p> <p>As of 1/1/24:  Minimum Weekly Benefit: \$130</p> <p>Maximum Dependents Allowance: Greater of \$10 per dependent or 7% of the Weekly Benefit Rate (up to 5 dependents)</p>	<p>Maximum Duration of Benefit Period for:</p> <p>Six (6) weeks in a benefit year.</p> <p>Benefit Year (52 weeks) (TCI benefit used will reduce the max. weeks of TDI)</p> <p>Claim Year Calculation Method: Rolling Back Calendar Year.</p>

## WASHINGTON

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period, relapse period, and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
<p>Paid Family &amp; Medical Leave (WAPFML) Effective 01.01.20</p> <p>Employment Security Department</p> <p>Customer Center Team phone: 833-717-2273</p> <p>State websites: <a href="https://esd.wa.gov">https://esd.wa.gov</a> <a href="http://www.paidleave.wa.gov">www.paidleave.wa.gov</a></p>	<p>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.</p> <p>Provides wage replacement benefits &amp; job protection for EE's who take time away from work for:</p> <ul style="list-style-type: none"> <li>EE's own SHC</li> <li>Care for a family member with a SHC</li> <li>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</li> </ul>	<p>Annual Taxable Wage Base: \$168,600 for 2024</p> <p>Employee Contribution Rate: 0.74% of EE's wages, minus tips. (Premium withholdings are capped at the Social Security cap, which is updated annually. It is \$168,600 for 2024</p> <p>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%.</p>	<p>Monetary eligibility is determined the same for medical and family benefits.</p> <p>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.</p>	<p>A waiting period 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.</p> <p>No WP required for:</p> <ul style="list-style-type: none"> <li>Medical leave taken upon the birth of a child.</li> <li>Family Leave related to birth, adoption, or placement of a child, for leave due to a qualifying exigency reason.</li> </ul> <p>Only one (1) waiting period is required per claim year regardless of the number of qualifying events.</p>	<p>WAPFML provides a monetary benefit.</p> <p>Monetary eligibility is determined the same for medical and family benefits.</p> <ul style="list-style-type: none"> <li>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</li> <li>If EE earns more than 1/2 State AWW will receive a benefit rate that is the sum of: <ul style="list-style-type: none"> <li>90% of 1/2 of the State AWW; and</li> <li>50% of the difference of the EE's AWW and 1/2 of the State AWW</li> </ul> </li> </ul>	<p>Maximum Weekly Benefit: \$1,456 (Each year by Sept. 30th, commissioner will adjust the max weekly benefit amount to be 90% of SAWW)</p> <p>Maximum Annual Benefit: shall be based on the type of leave(s) taken by the EE within the same 52 week period.</p> <p>Minimum Weekly Benefit: \$100</p>	<p>Maximum Duration of Benefit Period for a Claim Year (52 weeks):</p> <p>Effective 6/9/22: A waiting period does not reduce the maximum duration of an EE's available paid family or medical leave.</p> <p>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.</p> <p>Medical Leave: Up to 12 weeks (14 if leave is needed for incapacity due to pregnancy or birth related condition)</p>

## WASHINGTON

State	Coverage provided	Taxable wage base and contribution rate	Eligibility	Waiting period, relapse period, and intermittent leave	Weekly statutory benefit rate	Minimum and maximum weekly benefit amount	Maximum duration of benefit period
	<p>Qualifying family members:</p> <ul style="list-style-type: none"> <li>Spouses and domestic partners</li> <li>EE's own SHC</li> <li>Children (biological, adopted, foster or stepchild)</li> <li>Parents and legal guardians (or spouse's parents)</li> <li>Siblings</li> <li>Grandchildren</li> <li>Grandparents (or spouse's grandparents)</li> <li>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.</li> </ul> <p>Job protection: An EE is eligible if they meet the following requirements:</p> <ul style="list-style-type: none"> <li>worked 12 months for employer company.</li> <li>worked 1,250 hours for that company in the year before leave.</li> <li>work for a company that employs 50 or more people.</li> </ul>			<p>EE must use a minimum of (8) consecutive hour increments of leave per week to qualify for benefits.</p> <p>Bonding leave may be taken intermittently &amp; does not require employer approval.</p> <p>Relapse Period: There is no relapse period.</p>	<p>Benefits will be paid as calculated to the cent rather than rounding down.</p> <p>Benefit Maximum is based on 2022 WA Average Annual Wage of \$84,167 and Average Weekly Wage: \$1,618 (2022).</p> <p>Benefit proration: Benefits are prorated based on EE's work schedule.</p>		<p>Family Leave: Up to 12 weeks</p> <p>Combined Medical and Family Leave: Up to 16 weeks (18 weeks if leave is needed for incapacity due to pregnancy or birth related condition)</p> <p>Claim Year Calculation Method: Rolling Forward Calendar Year.</p> <p>The claim year begins on the Sunday of the week EE submits initial application.</p>